



Section: Finance	Policy Name: Stipends to Substance Use Disorder Oversight Policy Board (SUDOPB) Members	Policy Number: 08.03
Owner: Chief Financial Officer	Reviewed By: Chief Financial Officer	Total Pages: 3
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input checked="" type="checkbox"/> Other (please specify): <u>Substance Use Disorder Oversight Policy Board</u>	Final Approval By: <i>GARYL GUARDY</i>	Date Approved: Mar 11, 2024
Application: <input type="checkbox"/> SWMBH Staff/Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input checked="" type="checkbox"/> Other (please specify): SUDOPB Members	Line of Business: <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Other (Board Motion): <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link <input checked="" type="checkbox"/> PA2	Effective Date: 3/20/23

**Policy:** Substance Abuse Disorder Oversight Policy Board (SUDOPB) board members will be provided with a stipend for live attendance for their service on the SUDOPB. Remote or telephonic attendance does not qualify as live attendance.

**Purpose:** To provide stipends for SUDOPB members that attend the board meeting in person.

**Scope:** Substance Abuse Disorder Oversight Policy Board (SUDOPB)

**Responsibilities:** SWMBH Finance Department.

**Definitions:** None

**Standards and Guidelines:**

1. SWMBH will maintain a stipend rate of \$50 per SUDOPB meeting attended in person.
2. SUDOPB Members must sign a check request form, identifying the services and amount to be paid (Exhibit A). A single check request may cover multiple service activities.
3. Request for payment must be submitted within 60 days of the date of activity to be paid.
4. Check request must be signed by the SUDOPB Member, the Senior Operations Specialist and be approved by the SWMBH SUD Director prior to submission to finance for payment.
5. Any payments that total \$600.00 or greater in any one calendar year will be reported to the IRS as required by regulations.



- a. Federal or State income taxes are not withheld from stipend payments.
- b. A 1099-NEC shall be sent to the Board Member if required or requested.
- 6. Checks will be mailed directly to the address appearing on the request for payment.
- B. Board Member is responsible for any impact on taxes or reporting elsewhere.

**References:** None

**Attachments:** 08.03A SWMBH SUD Board Check Request 2023



### Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	3/20/23	New Policy		G. Guidry C. Casemore
1	3/1/2024	Throughout	Annual Review	G. Guidry


# 08.03 Stipends to Substance Use Disorder Oversight Policy Board (SUDOPB) Members


Final Audit Report

2024-03-11


Created:	2024-03-11
By:	Megan O'Dea (megan.odea@swmbh.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAXcOutnsT-YWUbjWhfkFORVSbsqrYnekF


## "08.03 Stipends to Substance Use Disorder Oversight Policy Board (SUDOPB) Members" History

 Document created by Megan O'Dea (megan.odea@swmbh.org)  
2024-03-11 - 6:09:54 PM GMT

 Document emailed to GARYL GUIDRY (garyl.guidry@swmbh.org) for signature  
2024-03-11 - 6:10:17 PM GMT

 Email viewed by GARYL GUIDRY (garyl.guidry@swmbh.org)  
2024-03-11 - 6:35:09 PM GMT

 Document e-signed by GARYL GUIDRY (garyl.guidry@swmbh.org)  
Signature Date: 2024-03-11 - 6:35:30 PM GMT - Time Source: server

 Agreement completed.  
2024-03-11 - 6:35:30 PM GMT



**SWMBH  
SUDOP Board Check  
Request**

Hold Check:  Yes  No

Date of Meeting: \_\_\_\_\_

Make Check Payable: \_\_\_\_\_

Name

Address

City/State/Zip

Type of Meeting: Check (✓) all that apply

{ } SUD Board

Reason for Expenditure: Must check, if eligible.

{ } Stipend \$50.00

NOTES:

Coding \*\*Finance department\*\*

Account# _____	Sub-Acct# _____	Amount _____	
-------------------	--------------------	-----------------	--

Total
\$ _____

Authorization

Requested By: _____	Date _____
---------------------	---------------

Approved By: _____	Date _____
--------------------	---------------



