



Section: <b>Financial Management</b>	Policy Name: <b>Stipends to Substance Use Disorder Oversight Policy Board (SUDOPB) Members</b>	Policy Number: <b>08.03</b>
Owner: <b>Chief Financial Officer</b>	Reviewed By: <b>Garyl Guidry</b>	Total Pages: <b>3</b>
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input checked="" type="checkbox"/> <b>Other (please specify): Substance Use Disorder Oversight Policy Board</b>	Final Approval By:  <i>GARYL GUIDRY</i>	Date Approved:  May 12, 2023
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"/> <b>Other (please specify): SUDOPB Members</b>	Line of Business: <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> <b>Other (Board Motion):</b> <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: <b>3/20/23</b>

**Policy:** Per SUDOPB action on 3/20/23 Southwest Michigan Behavioral Health (SWMBH) will provide a \$50 stipend for live attendance.

**Purpose:** Stipends for SUDOPB Members live attendance. Remote attendance does not qualify.

**Scope:** SUDOPB

**Responsibilities:** SWMBH staff will ensure that SUDOPB Members live participation at SUDOPB meetings.

**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 agreement may cover multiple service activities.
3. Request for payment must be submitted within 60 days of the date of activity in order to be paid.
4. It must be signed by the SUDOPB Member and the Senior Operations Specialist and be approved by the SUD Director prior to submission to finance for payment.
5. Any payments that total \$600.00 or more in any one calendar year will be reported to the IRS as required by regulations. Federal or State income taxes are not withheld from stipend payments. A 1099 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		Garyl Guidry, Jr. Brad Casemore


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


Final Audit Report


2023-05-12


Created:	2023-05-12
By:	Megan O'Dea (megan.odea@swmbh.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA8hi-EDogWpTNLLaXh1fKx5SNeC8b1ftG


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

 Document created by Megan O'Dea (megan.odea@swmbh.org)  
2023-05-12 - 3:25:50 PM GMT

 Document emailed to GARYL GUIDRY (garyl.guidry@swmbh.org) for signature  
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Signature Date: 2023-05-12 - 3:30:49 PM GMT - Time Source: server

 Agreement completed.  
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# 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\*\***

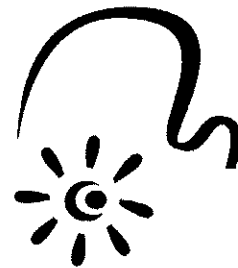
Account#	Sub-Acct#	Amount
_____	_____	_____

Total \$ _____
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**Authorization**

\_\_\_\_\_  
Requested By:    Date

\_\_\_\_\_  
Approved By:    Date



*Note: All information on this form must be completed and appropriate documentation attached prior to processing  
Revised 3/21/2023-RS*

