



NEW MEGA REGS POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: Addendum to Santa Clara County Meal Policy (Non-Travel)

Assigned Policy Number: BHSD 1201

Mega Regs Policy Area(s): Mark All That Apply

- | | |
|---|--|
| <input type="checkbox"/> Plan Administration and Organization | <input type="checkbox"/> Provider Network |
| <input type="checkbox"/> Scope of Services | <input type="checkbox"/> Documentation Requirements |
| <input type="checkbox"/> Financial Reporting Requirements | <input type="checkbox"/> Coordination and Continuity of Care |
| <input type="checkbox"/> Management Information Systems | <input type="checkbox"/> Beneficiary Rights |
| <input type="checkbox"/> Quality Improvement System | <input type="checkbox"/> Beneficiary Problem Resolution |
| <input type="checkbox"/> Utilization Management Program | <input type="checkbox"/> Program Integrity |
| <input type="checkbox"/> Access and Availability of Services | <input type="checkbox"/> Reporting Requirements |

Submitted by: Victor Ibabao Date: 1/7/2019

Policy developed by: Todd Landreneau, Sherri Terao, Maretta Juarez

Attach P&P Document For Review In this Section



II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: DocuSigned by: Victoria Phan Date: 1/7/2019

County Counsel: 3527B4B4F12742C... DocuSigned by: Lorraine Van Kirk Date: 1/9/2019

Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Toni Tullys Date: 1/9/2019

Note - A copy of the Approved Mega Regs P&P Form will be emailed to: BHSD Compliance Unit



Policy & Procedure Number: BHSD # 1201

<input checked="" type="checkbox"/>	BHSD County Staff
<input checked="" type="checkbox"/>	Contract Providers
<input checked="" type="checkbox"/>	Specialty Mental Health
<input checked="" type="checkbox"/>	Specialty Substance Use Treatment Services

Title: Addendum to Santa Clara County Meal Policy (Non-Travel)

Approved/Issue Date:	Behavioral Health Services Director:	
Last Review/Revision Date:	Next Review Date:	Inactive Date:

<p><u>REFERENCE:</u></p> <p>Santa Clara County Meal Policy (Non-Travel)</p>
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<p><u>POLICY:</u></p> <p>Purpose: To provide procedural and functional guidance regarding ordering food and beverages for County meetings, events, and trainings.</p> <p>Policy: It is BHSD policy to adhere to the Santa Clara County Meal Policy (non-Travel) and to this Addendum to that policy, as indicated below in “Allowable Conditions” and in “Meal Policy (Non-Travel) Condition B – Policy Guideline” and in the Procedures section of Responsible Party and Action Required.</p> <p>Allowable Conditions:</p> <p>General Rule: All meals must comply with the following policies:</p> <ol style="list-style-type: none"> County’s Nutrition Guidelines and Zero Waste Policies. Meal Policy-Non travel: https://connect.sccgov.org/sites/policies/policypages/Pages/Meal-Policy-Non-Travel.aspx Catering Reimbursement Policy: https://sccconnect.sharepoint.com/sites/o365-phd-nutritionhub/Shared%20Documents/Catering%20Reimbursement%20Policy.pdf Food and Beverage Sales: https://connect.sccgov.org/sites/policies/policypages/Pages/Food-and-Beverage-Sales.aspx County Nutrition Standards: https://connect.sccgov.org/sites/resources/County-Nutrition-Standards/Pages/default.aspx
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Meal Policy (Non-Travel) Condition B - Policy Guideline:

Conducting staff development, staff training or staff meetings:

1. One per year per program or clinic
2. One per year per Division
3. Requestor obtains a catering estimate from an approved vendor.
4. Completes County of Santa Clara Meal Expense (Non-Travel) Voucher
5. Claimant Name and Signature for the voucher must be pre-approved and signed at Division Director level or higher.
6. Written meal justification required
7. Pre-approval by BHSD Director, HHS Director/Deputy County Executive, and HHS Director of Finance at least 2 months in advance

DEFINITIONS:



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<u>PROCEDURE:</u>	
<p>(a) All responsible parties (stakeholders) must obtain pre-approval for catering for staff development, staff training, or staff meetings.</p> <p>(b) All responsible parties (stakeholders) will ensure that they follow the requirements of the County’s catering reimbursement policy, nutrition standards, food and beverage sales, and meal policies. (See above.)</p>	
Responsible Party	Action Required
Request or and/or Program /Clinic Manager or higher	<ol style="list-style-type: none"> 1. Obtains catering estimate from an approved vendor. 2. Completes the County of Santa Clara Meal Expense (Non-Travel) Voucher. 3. Writes meal justification. 4. Submits these documents for pre-approval and signatures at least 2 months in advance of the proposed event.
Request or	<p>Written meal justification shall have the following components on BHSD letterhead:</p> <ol style="list-style-type: none"> 1. Requestor Name 2. Name of event 3. Date and time of the event 4. Location of event 5. Target Audience 6. Event description 7. Objectives 8. Justification narrative
Request or or	Track documents through the approval process to ensure the return of documents and timely ordering.



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assigned staff	
Division Director's Administrative Assistant	<ol style="list-style-type: none"> 1. Develop a list of approved vendors. Check sccdineout.org. 2. Keep BHSD's ASM informed on any requests. 3. After approval and all signatures have been obtained, work with the requestor to pay approved vendor through P-card. 4. Develop and maintain a tracking system for all catering requests for the Division.
Attachments:	<ol style="list-style-type: none"> 1. Meal Expense (Non-Travel) Voucher: https://connect.sccgov.org/sites/forms/controller/layouts/15/WopiFrame.aspx?source=doc=/sites/forms/controller/ControllerCountywideforms/meal-non-trvl-reimbrsmnt-vchr-may2018.xlsx&action=default 2. Example justification letter (attached)