

MHCA Board Meeting

May 10, 2016
 4:00 pm – 6:00 pm

Arrowwood Resort, Le Homme Dieu Room
 2100 Arrowwood Lane
 Alexandria, MN 56308

Time	Item	Topic, Presenter	Type	Supporting Documents
4:00 pm	I.	Call to Order & Minute Taker <i>Jan Usset</i>	Action	
4:00 pm	II.	Approval of Minutes	Action	Minutes
4:00 pm	III.	Approval of Agenda	Action	
4:05 pm	IV.	Treasurer Report <i>Austin Figge</i>	Action	March Report
4:15 pm	V.	Nominating Committee Report <i>Jan Usset</i> A. 2016-17 Officer Election B. Finance Committee Membership C. Retreat	Action	
4:30 pm	VI.	Team Reports A. Clinical Quality – Sue Morgan B. Education – Kathy C. Legislative – Jay Jones D. MA – Kim Olson E. Medicare Team- Denise Edgett F. Membership – Linda Hesper G. Survey/Regulatory – Lisa Fowler H. Rehabilitation – Austin Figge	Information	
5:00 pm	VII.	Workforce Initiatives A. LeadingAge Council B. MHCA Task Force 1. Charge 2. Membership	Action	Task Force Proposal
5:20 pm	VIII.	MHCA Policies <i>Kathy Messerli</i>	Information	MHCA Policies
5:30 pm	IX.	Education Report <i>Allison Kindseth/Kathy Messerli</i> A. Annual Meeting Overview	Information	

		B. Education Trends/Requests		
5:50 pm	X.	Executive Director Updates <i>Kathy Messerli</i> A. Membership Report B. PCA Fraud dialogue C. Employment Law Hotline D. Sick Leave Update	Information	Membership Report
6:00 pm	XI.	Adjourn	Action	

Staff will join us for dinner in Le Homme Dieu Room at 6:00 pm

Next Meeting:
July 21, 9 am – 3:00 pm
MHCA Office

Meeting Minutes

Team: Board of Directors
Date: 3/17/2016
Time: 9 a.m. – 3 p.m.
Location: MHCA, 2550 University Ave. W., Ste 350 S, St. Paul, MN 55114

ATTENDANCE								
Jan Usset Chair	<input checked="" type="checkbox"/> In Person <input type="checkbox"/> On Phone	Denise Edgett	<input checked="" type="checkbox"/> In Person <input type="checkbox"/> On Phone	Andrea Jung	<input checked="" type="checkbox"/> In Person <input type="checkbox"/> On Phone	Kathy Messerli Executive Director	<input checked="" type="checkbox"/> In Person <input type="checkbox"/> On Phone	<input type="checkbox"/> In Person <input type="checkbox"/> On Phone
Jay Jones Vice Chair	<input checked="" type="checkbox"/> In Person <input type="checkbox"/> On Phone	Lisa Fowler	<input checked="" type="checkbox"/> In Person <input type="checkbox"/> On Phone	Susan Morgan	<input checked="" type="checkbox"/> In Person <input type="checkbox"/> On Phone	<input type="checkbox"/> In Person <input type="checkbox"/> On Phone	<input type="checkbox"/> In Person <input type="checkbox"/> On Phone	<input type="checkbox"/> In Person <input type="checkbox"/> On Phone
Austin Figge Treasure	<input type="checkbox"/> In Person <input type="checkbox"/> On Phone	Linda Hespe	<input checked="" type="checkbox"/> In Person <input type="checkbox"/> On Phone	Kim Olson	<input type="checkbox"/> In Person <input type="checkbox"/> On Phone	<input type="checkbox"/> In Person <input type="checkbox"/> On Phone	<input type="checkbox"/> In Person <input type="checkbox"/> On Phone	<input type="checkbox"/> In Person <input type="checkbox"/> On Phone

TOPIC	DISCUSSION/FINDINGS	CONCLUSION/ACTION/FOLLOWUP
Call to order	.Jan Usset called the meeting to order at 9:04 am	
Approval of Minutes	Motion to approve by Linda Hespe, second by Jay Jones	Approved by BOD
Approval of Agenda	Motion to approve by Andrea Jung , second by Susan Morgan	Approved by BOD
Legislative Update-Kevin Goodno and Kathy Messerli	Session in second week of short session; surplus forecast changed and concern about pending recession. Governor’s budget is conservative on spending. New 245D licensure rate proposed, increasing provider fees. Best Life 5%- still opportunity for passing, but anticipate < increase with an encumbrance. Spenddown- fiscal note from DHS received and significant dollars attached. Will be difficult to pass with this price tag. Work proceeding to decrease spend down amounts. Medical Cannabis- clarifying language not included in bill form at this time Community Health Workers- not moving forward Compassionate Care Act- heard in Senate and bill pulled back MDH bill re: temporary license for up to one year clarification and increased authority of MDH to revoke licenses. Continues to work with provider groups on language; Kathy authored letter and will be attending meeting tomorrow	Kevin and team continue to lobby for initiatives and inform BOD
Treasure Report Austin Figge	Balance sheet and P & L statements for January reviewed Motion to approve- Jay Jones, second by Austin Figge	Approved by BOD

Office Suite Tour	Association well settled in new space; technology issues addressed	
Team Reports	Clinical Quality- Sue Morgan reported Ability will attend upcoming meeting to demonstrate and discuss data analysis on outcomes/star ratings. Working on Annual Meeting presentation	Sue will report back to BOD at next meeting on Ability demo
	Education Team- Kathy Messerli- Apps webinars not taking off- low registration	
	Legislative Team- Jay Jones	
	MA Team- Kathy Messerli- DHS team came to meeting to discuss issues related to fraud/abuse issues	Potential PCA summit in collaboration with DHS
	Medicare Team- Denise Edgett- Team continues to prep for Annual Meeting; Kathy reported reaching out on state F2F issue and Medicare Team will be available to share experience with Medicare F2F with state, also a potential collaboration with MHA. In MN, law needs to be enacted before requirement goes into effect, anticipated in 2017. Dr Koranne joined conversation and recommended alignment with CMS standards where ever possible, seeking input from physicians and EMR.	
	Membership- Linda Hespe. Not much progress on recruitment calls; Rebecca will be focused on this issue. Regional leader meeting planned to discuss increased engagement of regions in promoting benefits of membership	
	Survey/Regulatory- Andrea Jung- met with MDH and received clarification on several issues that will be included in Annual Meeting presentation on issues of survey prep, response, etc. Seeing trends with medication citations and an upcoming article planned	
	Rehabilitation- Austin Figge- team addressing PTA supervision. Webinar presented with good attendance- repeat of last year's Annual Meeting presentation	
MHA Collaboration-Dr. Koranne MD	Discussion about how MHA, Leading Age and MHCA can work more closely together. Challenge is that MHA focus on acute care revenue and changing revenue models. He advises focus on Medicare Home Care Compare and improving publically reported outcomes. Recommends 90 minute webinar on top 3 drivers of low outcomes to identify areas of focus. As an association, focus on data related to 30 day hospitalization rates of those with and without homecare. Also encouraged BOD members to identify % amount of cost reductions each agency could make, states to read MEDPAC June 2015 report and look at profitability graph.	Dr. Koranne returned to BOD meeting to continue discussion
Annual Meeting	Kathy reviewed agenda and offerings- see handouts. Still looking for Federal Update Session speaker	Ongoing work to finalize speaker
Nominating Committee	Nominating Committee has 3 nominees for slate: Austin, Lisa and Linda. Motion to approve this- Lisa Fowler, second Denise Edgett; vote to be sent out 3/24/16	Slate approved for election

	with 4/11/16 deadline. Results will be identified 4/15/16 and announced 5/11/16.	
Strategic Plan Review	Kathy Messerli presented updates to strategic plan. Question on request to sponsor workforce summit with DHS. Board supports this initiative. Board recognizes the hard work of MHCA staff during the recent office relocation.	See meeting handout.
Team Structure	Kathy presented a proposal on re-framing structure, responsibilities and charges of the teams, eliminating workgroups and forming an Education Advisory Group instead of an Education Team and potential task forces. Motion to approve- Linda Hespe, second by Jay Jones	See meeting handout. Motion approved
Membership Update-Kathy Messerli	See reports. Membership is flat or behind. 11 new members, but 53 members have not renewed yet. 7 due to homecare closures. 65% renewal rate for business partners. 14 business partners have not renewed. Calls going out.	Rebecca Swanson will focus on membership renewal and growth
Executive Director Updates-Kathy Messerli	Move- went well Congressional Visits- Kathy will not be attending the NAHC March on Washington. Council of States starting quarterly federal update calls and planning a policy conference in July. Kathy and Jay plan to attend. Also plan to attend VNAA conference and also meet with legislators. Education- OASIS Training scheduled during BOD retreat- determined to not be a conflict Sick leave initiatives in St. Paul and Minneapolis- Groups in place to provide input to cities. Kathy encourages members to contact city council members with concerns. Collaboration initiatives as discussed previously. Potential conflict with Public Policy and Quality Conference by Leading Age being addressed	
Adjourn	Motion made by Lisa Fowler and seconded by Andrea Jung.	Meeting adjourned at 2:00 PM
NEXT MEETING DATE: May 10 4-6:30 PM Arrowwood Resort		
Date:	Tuesday, May 10, 2016	
Time:	4 p.m. – 6 p.m.	
Location:	Arrowwood Resort & Conference Center, 2100 Arrowwood Lane NW, Alexandria, MN 56308	

Minnesota HomeCare Association
Balance Sheet
 As of March 31, 2016

				Mar 31, 16
ASSETS				
Current Assets				
	Total Checking/Savings			356,682.38
	Total Accounts Receivable			59,082.97
	Other Current Assets			
	Total 1200 · Mutual Funds-Reserve Account			397,945.48
	1499 · Undeposited Funds			4,042.96
	2500 · Prepaid Expenses			657.00
	Total Other Current Assets			402,645.44
	Total Current Assets			818,410.79
Fixed Assets				
	1300 · Office Equipment & Furniture			100,840.02
	1310 · Accumulated Depreciation			-94,470.15
	Total Fixed Assets			6,369.87
TOTAL ASSETS				824,780.66
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
	Total Accounts Payable			906.71
	Other Current Liabilities			
	3500 · Accrued Vacation			2,192.53
	3510 · Accrues Payroll			8,213.94
	3600 · Deferred Revenue - Member Dues			
	3601 · Dues - Agencies - Maximum			142,223.31
	3602 · Dues - Agencies - Variable			130,743.02
	3603 · Dues - Agencies - Minimum			16,107.75
	3604 · Dues - Business Partner			16,997.55
	Total 3600 · Deferred Revenue - Member Dues			306,071.63
	3801 · *Sales Tax Payable			5.00
	Total Other Current Liabilities			316,483.10
	Total Current Liabilities			317,389.81
	Total Liabilities			317,389.81
Equity				
	1600 · Retained Earnings			467,206.79
	Net Income			40,184.06
	Total Equity			507,390.85
TOTAL LIABILITIES & EQUITY				824,780.66

Minnesota HomeCare Association

Profit & Loss Budget Performance

March 2016

		Mar 16	Budget	\$ Over Budget
Income				
Total 2200 · Investment Income		19,176.34		
4000 · Membership Dues				
4001 · Agencies - Max. Rate Dues		15,802.59	15,090.00	712.59
4002 · Agencies - Variable Rate Dues		14,405.45	15,186.67	-781.22
4003 · Agencies - Min. Rate Dues		1,771.88	2,493.75	-721.87
4006 · Business Partner Dues		1,779.45	2,074.17	-294.72
Total 4000 · Membership Dues		33,759.37	34,844.59	-1,085.22
4100 · Event Income				
4110 · Annual Meeting				
4111 · Conference Registrations		10,237.50	31,166.67	-20,929.17
4112 · Exhibitor/Sponsor Registration		11,775.00	8,000.00	3,775.00
Total 4110 · Annual Meeting		22,012.50	39,166.67	-17,154.17
Total 4120 · Fall Conference		0.00	0.00	0.00
4130 · Education Seminars/Webinars		5,524.00	5,931.25	-407.25
Total 4140 · Future of HC Conference		0.00	0.00	0.00
Total 4100 · Event Income		27,536.50	45,097.92	-17,561.42
4200 · Sales				
4202 · Merchandise Sales		306.00	0.00	306.00
4203 · Revenue Share		50.00		
4205 · Non-Dues Revenue		0.00	0.00	0.00
Total 4200 · Sales		356.00	0.00	356.00
4300 · Other (Misc) Income		110.00		
Total Income		80,938.21	79,942.51	995.70
Gross Profit		80,938.21	79,942.51	995.70
Expense				
7000 · Other (Misc) Expenses		329.16	1,083.33	-754.17
7100 · Merchandise Expenses		0.00	0.00	0.00
7200 · Event Expenses				
7210 · Annual Meeting Expenses		397.69	1,350.00	-952.31
7220 · Fall Conference Expenses		0.00	0.00	0.00
7230 · Education Seminars/Webinars		9,531.56	3,031.93	6,499.63
7240 · Future of HC Conf. Expenses		355.08	0.00	355.08
Total 7200 · Event Expenses		10,284.33	4,381.93	5,902.40
Total 7300 · Operations Expenses		48,505.99	49,905.71	-1,399.72
Total Expense		59,119.48	55,370.97	3,748.51
Net Income		21,818.73	24,571.54	-2,752.81

Minnesota HomeCare Association Profit & Loss Budget Performance March 2016

				Jan - Mar 16	YTD Budget	\$ Over Budget	Annual Budget
Income							
Total 2200 · Investment Income				4,917.85			
4000 · Membership Dues							
4001 · Agencies - Max. Rate Dues				41,371.69	45,270.00	-3,898.31	181,080.00
4002 · Agencies - Variable Rate Dues				36,922.46	45,559.97	-8,637.51	182,240.00
4003 · Agencies - Min. Rate Dues				4,303.08	7,481.25	-3,178.17	29,925.00
4006 · Business Partner Dues				4,890.37	6,222.47	-1,332.10	24,890.00
Total 4000 · Membership Dues				87,487.60	104,533.69	-17,046.09	418,135.00
4100 · Event Income							
4110 · Annual Meeting							
4111 · Conference Registrations				10,237.50	31,166.67	-20,929.17	93,500.00
4112 · Exhibitor/Sponsor Registration				28,905.00	24,000.00	4,905.00	40,000.00
Total 4110 · Annual Meeting				39,142.50	55,166.67	-16,024.17	133,500.00
Total 4120 · Fall Conference				0.00	0.00	0.00	39,450.00
4130 · Education Seminars/Webinars				21,238.00	20,731.25	506.75	98,575.00
Total 4140 · Future of HC Conference				22,085.00	29,500.00	-7,415.00	29,500.00
Total 4100 · Event Income				82,465.50	105,397.92	-22,932.42	301,025.00
4200 · Sales							
4202 · Merchandise Sales				1,761.00	0.00	1,761.00	800.00
4203 · Revenue Share				50.00			
4205 · Non-Dues Revenue				0.00	2,000.00	-2,000.00	8,000.00
Total 4200 · Sales				1,811.00	2,000.00	-189.00	8,800.00
4300 · Other (Misc) Income				110.00			
Total Income				176,791.95	211,931.61	-35,139.66	727,960.00
Gross Profit				176,791.95	211,931.61	-35,139.66	727,960.00
Expense							
7000 · Other (Misc) Expenses				329.16	1,250.03	-920.87	2,000.00
7100 · Merchandise Expenses				0.00	0.00	0.00	770.00
7200 · Event Expenses							
7210 · Annual Meeting Expenses				3,759.69	4,350.00	-590.31	68,543.00
7220 · Fall Conference Expenses				100.00	0.00	100.00	27,064.00
7230 · Education Seminars/Webinars				11,255.13	14,009.63	-2,754.50	54,611.20
7240 · Future of HC Conf. Expenses				5,662.69	17,841.00	-12,178.31	17,841.00
Total 7200 · Event Expenses				20,777.51	36,200.63	-15,423.12	168,059.20
Total 7300 · Operations Expenses				115,501.22	141,244.96	-25,743.74	567,195.00
Total Expense				136,607.89	178,695.62	-42,087.73	738,024.20
Net Income				40,184.06	33,235.99	6,948.07	-10,064.20

Minnesota HomeCare Association

Profit & Loss Prev Year Comparison

January through March 2016

				Jan - Mar 16	Jan - Mar 15	\$ Change	% Change
Income							
		2185	Bad Debt Expense	0.00	-323.96	323.96	100.0%
		Total 2200 - Investment Income		4,917.85	5,478.33	-560.48	-10.23%
		4000 - Membership Dues					
		4001	Agencies - Max. Rate Dues	41,371.69	47,465.81	-6,094.12	-12.84%
		4002	Agencies - Variable Rate Dues	36,922.46	40,333.15	-3,410.69	-8.46%
		4003	Agencies - Min. Rate Dues	4,303.08	6,643.75	-2,340.67	-35.23%
		4006	Business Partner Dues	4,890.37	5,176.28	-285.91	-5.52%
		Total 4000 - Membership Dues		87,487.60	99,618.99	-12,131.39	-12.18%
		4100 - Event Income					
		4110 - Annual Meeting					
			4111 - Conference Registrations	10,237.50	13,700.00	-3,462.50	-25.27%
			4112 - Exhibitor/Sponsor Registration	28,905.00	28,575.00	330.00	1.16%
		Total 4110 - Annual Meeting		39,142.50	42,275.00	-3,132.50	-7.41%
		4130 - Education Seminars/Webinars		21,238.00	18,891.00	2,347.00	12.42%
		Total 4140 - Future of HC Conference		22,085.00	0.00	22,085.00	100.0%
		Total 4100 - Event Income		82,465.50	61,166.00	21,299.50	34.82%
		4200 - Sales					
		4202 - Merchandise Sales		1,761.00	0.00	1,761.00	100.0%
		4203 - Revenue Share		50.00	0.00	50.00	100.0%
		4204 - Advertisement		0.00	575.00	-575.00	-100.0%
		4205 - Non-Dues Revenue		0.00	1,751.20	-1,751.20	-100.0%
		Total 4200 - Sales		1,811.00	2,326.20	-515.20	-22.15%
		4300 - Other (Misc) Income		110.00	0.00	110.00	100.0%
		Total Income		176,791.95	168,265.56	8,526.39	5.07%
		Gross Profit		176,791.95	168,265.56	8,526.39	5.07%
		Expense					
		7000 - Other (Misc) Expenses		329.16	8.57	320.59	3,740.84%
		7200 - Event Expenses					
		7210 - Annual Meeting Expenses		3,759.69	2,434.92	1,324.77	54.41%
		7220 - Fall Conference Expenses		100.00	30.00	70.00	233.33%
		7230 - Education Seminars/Webinars		11,255.13	10,458.59	796.54	7.62%
		7240 - Future of HC Conf. Expenses		5,662.69	0.00	5,662.69	100.0%
		Total 7200 - Event Expenses		20,777.51	12,923.51	7,854.00	60.77%
		Total 7300 - Operations Expenses		115,501.22	114,599.50	901.72	0.79%
		Total Expense		136,607.89	127,531.58	9,076.31	7.12%
		Net Income		40,184.06	40,733.98	-549.92	-1.35%

Minnesota HomeCare Association

Workforce Task Force Proposal

Purpose:

MHCA will convene a Workforce Task Force to address nursing and home health aide staffing challenges that MHCA members are facing.

Charge

- Identify greatest challenges that are causing the shortage of workers.
- Prioritize 3-5 issues that will have the greatest impact and can be implemented by MHCA within a 2-year time period.
- Create an achievable implementation work plan for addressing these top priorities.
- Forward the plan to the MHCA Board of Directors for approval.

Timeline

- This group will convene in 2nd or 3rd quarter 2016 and meet at least quarterly.
- A proposal will be presented to the Board of Directors no later than March 2016.

Leaders

- Denise Edgett and Susan Morgan will represent the Board of Directors on this Task Force
- The Task Force will be Chaired by and staffed by Kathy Messerli.

Members

- MHCA Representation
 - Type of Agency: Home Care Nursing, Medicare Certified, Comprehensive, Hospice
 - Geographic areas: Metro, NW, NE, SW, SE
- HealthForce MN/ Healthcare Education Industry Partnership Council (HEIP)
- Teddy Potter, U of M
- RCTC
- Board on Aging
- Area Agency on Aging
- Public Health?
- LeadingAge MN representative

Minnesota HomeCare Association

Policy Statements

Board of Directors

Last Amended: May 2016

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Antitrust

The Minnesota HomeCare Association (MHCA or Association) believes that collaborative efforts among its members can result in improved health care and outcomes for the patients and communities we serve, but recognizes the possibility that the Association and its activities could be viewed by some as an opportunity for anticompetitive business conduct. As the MHCA intends fully to comply with both the letter and the spirit of the antitrust laws, the following policy and procedures are to be followed by all employees, directors and officers, and members.

1. Discussions of commercial matters among competitors may create the appearance of an antitrust violation, whether or not a violation occurred. It is essential that all meetings be conducted in a manner that fully adheres to the antitrust laws.
 - a. Agendas will be reviewed by staff prior to meetings and provided to each attendee. Agendas will be specific and avoid topics that may cause antitrust concerns. Minutes will be kept that accurately report what actions were taken during meetings.
 - b. There shall be no discussion of prices, costs, customers, allocating or dividing service territories or customers, contract terms, buyer or supplier relationships, competitive bids, discouraging entry into any segment of the marketplace, or any other competitively sensitive information, whether before, during or after association meetings.
2. Outside speakers at committees, educational meetings, or other MHCA meetings or events will be informed that they must comply with this policy in the preparation and presentation of their remarks.
3. MHCA's attorney should review any matter of communication that could raise a question of anti-competitiveness or any other anti-trust question, and attend meetings where there is potential for discussion of legally sensitive subjects.
4. This policy will be reviewed with the Board of Directors annually.
5. This policy will be reviewed during the annual orientation for committees (including teams, workgroups, etc).
6. This policy will be reviewed annually with Region Chairs.
7. Participants are expected to adhere to this policy and should interrupt meetings to raise any concerns regarding adherence to the antitrust laws.

Annual Business Meeting Voting Procedure

1. Voting members shall designate a primary and alternate representative on their membership application form.
2. Voting for Board elections and other issues may be done electronically prior to the Annual Meeting or in person at the meeting.

3. A vote shall be cast by the primary, or, if not available, by the alternate representative.
4. Changes in designated voter made be made in accordance to the MHCA Bylaws, Article III, Section 5.
5. Elections will be handled in accordance with the MHCA Bylaws, Article V, Section 5.
6. If a vote will take place at the Business Meeting, the Board Chair will appoint at least three tellers prior to the start of the business. Tellers will be non-voting participants, unless no such persons are present at the meeting.
7. Written and/or secret ballots may be used at the discretion of the Board Chair. All other votes shall be cast as directed by the Board Chair.
8. See Article V of the MHCA Bylaws.

Financial Operations

Budget Process

1. MHCA staff will project income and expenses by September 15, for the following calendar year and submit to the Executive Director.
2. The Executive Director is responsible for presenting a draft budget to the Finance Committee in October. A final draft budget will be presented to the Board no later than the November Board meeting, for approval prior to year-end.
3. Requests for modifications to the budget during the year must be submitted to the Finance Committee for approval and to the Board for ratification.

Checks

1. An invoice or other supporting documentation shall be retained for each check issued.
2. Signers on the MHCA checking account will be the Executive Director, Treasurer and Board Chair.
3. Checks under \$5,000 require one signature; checks of \$5,000 or more must have two signatures.
4. Under no circumstances may a check be signed by an individual to whom the check is payable.

Contract/Agreement Signatures

The Executive Director shall be the authorized agent to sign contracts or agreements on behalf of MHCA except for educational program contracts, which may be signed by the Education Manager if within the

budgeted amount and less than \$2,500. Any Executive Director agreement(s) shall be signed by the Board Chair, the Vice Chair or the Treasurer.

Finance Committee

1. The Finance Committee operates in accordance to the MHCA Bylaws (Article IX, Section 2).
2. There shall be a minimum of three persons on this committee. The composition shall be as follows, with consent of the Board Chair and the Executive Director: the Treasurer as Chair; the Board Chair; and the Vice Chair or Past Chair and at least one at-large board member appointed by the Board Chair.
3. The at-large director(s) shall be appointed at the first Board meeting following the Annual Meeting. The Committee is responsible for preparation of the annual budget, recommending fiscal policies, reviewing financial requests that have potentially significant impact on MHCA and ensuring that all reports are filed on a timely basis and an annual review is completed by an independent accountant.

Monitoring & Review of Financial Reports

1. Financial statements, including an income statement and balance sheet, will be prepared monthly by the Office Manager and be reviewed by the Executive Director and Treasurer.
2. Financial statements shall be approved by the Board of Directors at each board meeting.
3. The Chair and/or the Treasurer will approve the Executive Director expenses on a monthly basis.
4. For non-budgeted expenses that are greater than \$_____, a memo requesting approval must be submitted in advance to the Finance Committee. The Finance Committee will either approve the request or determine that it requires Board action.

Policy Review

These financial policies shall be reviewed at least annually by the Finance Committee, which shall forward any recommendations for amendment to the Board for approval.

Reserve

1. Reserve funds equal to 25% of annual operating expenses is considered minimum for a well-managed association (a more conservative view would set this minimum at 50%).
2. MHCA will prepare an annual budget to maintain a standard for reserve funds in the 25% to 50% range. During those times when the reserve falls below this range, or when the board chooses, the annual budget will include in the "expense" ledger a line item for the reserve account. The amount shall be designated by the finance committee and approved by the board.

3. Reserve funds shall be invested according to the association's investment policy and are considered separate from MHCA's operating savings.

Investments

Introduction

The purpose of this policy is to establish guidelines, investment objectives, and goals for investing funds for MHCA. It is intended to provide appropriate guidance in the management of fund assets and not be overly restrictive given economic, business, and investment market conditions.

The association's investment activities will be reported to the Board of Directors on an annual basis by the Finance Committee and as changes occur.

Authorized Investment Officers

The Executive Director, in consultation with the Treasurer and the investment advisor, will act on behalf of MHCA in purchasing and selling all investment funds for the investment portfolio.

Investment Objectives

Assets in the various funds should be managed in a prudent manner. In this context, prudent relates to such issues as expected long-term rates of return and return volatility, and investment vehicles. The primary investment objective is the safety of the principle, the growth of the income from investment, and the liquidity of the investment.

Investment Guidelines

Investments are to be made consistent with the safeguards and diversity to which a prudent investor would adhere. All assets selected for the portfolio must provide adequate liquidity for operational needs. To simultaneously serve the essential goals of maximum liquidity and maximum incomes, the portfolio should be generally structured as follows:

1. **Liquidity:** For purposes of satisfying operational and grant requirements, the Treasurer and Executive Director will ensure that sufficient cash equivalent assets are maintained as the first priority for investable funds. Transactions for this fund should be guided by the principle that, while income is of concern, liquidity is paramount.
2. **Income Fund:** When in the considered judgment of the Treasurer and Executive Director, liquidity requirements have been sufficiently provided for, excess funds may be invested to maximize the rate of return on the investment. Transactions for this fund should be guided by the principle that while liquidity is of concern, income is paramount.
3. **Cash Flow:** With the assistance of the association's financial advisor, the Treasurer and Executive Director may make determinations related to cash flow requirements.

Recommended Securities

For the purpose of facilitating attainment of the established investment goals, the following security types are recommended to the Treasurer and Executive Director for inclusion in the association's portfolio.

1. Government-backed securities, i.e. Treasury bills, notes, bonds
2. Mutual Funds
3. Agency discount notes/short-term coupon agencies (one year or less)
4. Money market instruments
5. FDIC insured certificates of deposit
6. FDIC insured interest-bearing deposits in financial institutions

Other security types that may be considered include:

1. Repurchase agreements
2. Commercial paper
3. Bankers acceptances
4. Municipal bonds tax-exempt or taxable/general obligation/revenue bonds
5. Corporate notes, bonds, and debentures

Maturity Structure

Within the limits of prudent executive judgment, the Treasurer and Executive Director should adhere to the following maturity structure.

1. Interest bearing deposits in financial institutions should mature within one year.
2. Other investments should mature within five years of purchase.

Standard of Credit Worthiness

Within the limits of prudent executive judgment, the Treasurer and Executive Director should adhere to the following standards of credit worthiness.

1. Corporate notes, bonds, and debentures should bear a Standard and Poor or Moody's rating of "A" or better at the time of purchase.
2. General obligations of states, agencies of states, governmental bodies subsidiary to states, should bear Moody's rating of "A" or better at the time or purchase.
3. Revenue bonds, notes, and debentures should bear a Standard and Poor or Moody's rating of "A" or better at the time or purchase.

Credit Watch List

To safeguard all investments, the Treasurer and Executive Director shall review the credit worthiness of the assets on a regular basis. If the credit rating of any investment is downgraded, an immediate review of the asset shall be conducted and a decision on whether or not to sell the asset must be documented. In addition, the Treasurer and Executive Director will automatically sell any investment when its credit rating drops below "A" rating.

Conflict of Interest

Any investment (e.g. bonds) with an interest involving a MHCA member must be scrutinized and rated by an outside or independent agency (e.g. Standard and Poor, or Moody=s). After the quality of the investment is independently verified, the investment will be further reviewed by the association's financial advisor as to its desirability, financial stability, and appropriateness for the association. See also Article V, Section 16 of MHCA Bylaws.

Safekeeping

For the purposes of convenience, all securities purchased for the portfolio should be held in safekeeping at a bank or investment firm where the investment was purchased.

Records

To provide sufficient historical data for adequate supervision and a periodic audit or examination, the Executive Director shall maintain the following records:

1. A permanent record of each transaction executed for the bank's account.
2. A file of credit data pertinent to all issues of corporate owned notes, municipals, bonds, and debentures.
3. Summary reports presented to the Finance Committee annually.

Performance Evaluation of the Executive Director & Staff Salaries

1. The performance evaluation of the Executive Director is conducted by the Board Chair. The evaluation is completed on an annual basis, prior to December 15.
2. The Board Chair shall complete the Executive Director Annual Performance Review. The Board Chair shall consult with the Board of Directors and may consider seeking input from MHCA staff, members or other stakeholders.
3. One permanent file copy of the evaluation documentation shall be placed in the Executive Director's personnel file at the MHCA office. The Board Chair may request at any time to view at the MHCA office the Executive Director's permanent personnel file.
4. Either the Board Chair or the Executive Director may bring to the evaluation appointment written recommendations for revisions to the Executive Director job description. Any revisions agreed upon are forwarded to the Executive Committee, and then the Board of Directors approval. The approved changes are then used to revise the MHCA Executive Director Review form, if applicable.
5. The Board Chair, on behalf of the Board, shall negotiate Executive Director compensation for the upcoming association fiscal (calendar) year. Based on the negotiated agreement, a letter of compensation shall be written and signed by the Executive Director and the Board Chair within one month of the evaluation.

6. The Board Chair shall follow these guidelines in negotiating the Executive Director's base salary:
 - a. A cost of living increase based on the most recent Twin Cities consumer price index (the percentage increase over one year ago) shall be considered standard, unless budget projections in the strategic plan specifically prohibit such an increase.
 - b. A merit increase of 0 to 5 percent may be given in addition to the cost of living percentage.
 - c. There shall be a salary differential of at least 10% between the Executive Director, as the chief staff executive who is responsible for headquarters administration, including supervision of all other employees, and the next highest paid, full-time regular, exempt MHCA employee. The maximum base salary for the executive, excluding benefits and incentives, shall be no more than 3.5 times that of the lowest paid, full-time regular, exempt MHCA employee.
 - d. If either the Board Chair or the Executive Committee fails to act on items #1 and #2, the Executive Director shall be provided an automatic increase to her/his base salary for the next calendar year based on the most recent Twin Cities consumer price index available as of 12/1.
 - e. As specified in the Executive Director Position Description, the Executive Director is responsible for conducting performance evaluations for all other staff, and for determining staff compensation. In negotiating staff base salaries, the Executive Director shall follow the guidelines in items #6 (a) and (b).

7. Negotiation of an incentive bonus, which is in addition to base salary, is optional for all MHCA Staff. The incentive bonus is to be paid in a lump sum in the last month of the MHCA fiscal year.
 - a. The incentive bonus will be determined by the variance between the dues and education budgeted and actual net revenue.
 - b. If the variance reflects an increase over budget, one half of that amount will be placed in association reserves and the remaining half will be distributed to the association staff.
 - c. The distribution among staff will be as follows:
 - i. Up to 50% shall be given to the Executive Director, as determined by the Executive Committee.
 - ii. The Executive Director shall determine the distribution of the remaining dollars to the staff, taking into consideration their overall performance rating and projects for which they performed above and beyond the expectations of the position.

Reimbursement for Expenses

General Guidelines

1. Requests for reimbursement are to be submitted on a Minnesota HomeCare Association (MHCA) check request/mileage reimbursement form, available from the MHCA Office Manager. For Board of Directors, an email request may be substituted, supplying the same information as is on the Check request/mileage reimbursement form.

2. In the event that revenue falls short of budget projections, or the association incurs unexpected expenses, the Finance Committee or Board may decide to delay payment of expense reimbursement requests. Every effort will be made to notify those affected.
3. Supplies should be purchased through the MHCA office, unless approved by the Executive Director due to a more cost effective option or availability.

In-State Travel

1. Expense eligible for reimbursement include transportation, lodging and meals.
2. **Mileage** is paid at the IRS current approved rate.
3. **Air travel** or **car rental** may be substituted for automobile travel and reimbursed up to an amount equal to round-trip mileage. Exceptions for the Board Chair may be made by the Finance Committee on a case-by-case basis.
4. **MHCA Staff:** Mileage is paid for all travel that is MHCA business related. If traveling from home, the miles above and beyond mileage to the MHCA office will be covered.
5. **Board Chair:** Mileage is paid for all MHCA meetings she/he attends to perform required leadership duties.
6. **Board Members:** Mileage is paid for all board meetings. Unless specifically approved, lodging and meal expenses are not reimbursed for in-state meetings. Factors such as weather, distance, or time may be considered in approving these expenses. If the one-way mileage is greater than 200 miles or the travel time is 3 hours or greater, lodging will be covered by MHCA, if requested.
7. **For All MHCA Members:** Unless specifically approved, travel to team, committee, task force, ad hoc, or regional meetings is not reimbursed.
8. **Requests for reimbursement** should be submitted to the MHCA office within thirty (30) days of the date on which the expenses were incurred, or prior to December 31 of the current year, whichever comes first.

Out-of-State Travel

1. Out of state travel expenses must be itemized on the MHCA check request/mileage reimbursement form and submitted to the MHCA office within ten (10) days of the date of return. Receipts are required for any expense over \$15.
2. Expenses eligible for reimbursement include transportation (air, car rental, cab/shuttle), one baggage fee each way, travel to/off-site airport parking, lodging and meals (up to \$60 per day).

3. Individuals are expected to plan travel far enough in advance to take advantage of economies in air travel; coach-class or equivalent flights are to be booked. MHCA will not reimburse individuals choosing to use frequent flyer coupons or other travel awards.
4. For a travel advance, a request must be submitted to the MHCA office at least two weeks prior to departure date. A check request/mileage reimbursement form must be completed and submitted to the MHCA office within ten (10) days of the date of return, with an itemized record of how advance funds were spent.
5. As specified in the current year's budget, the Executive Director and/or designated staff, Board Chair or alternate designated by the Board Chair, may be reimbursed for registration fees and travel costs to attend applicable national meetings. An itemized request for reimbursement must be submitted, along with receipts. If budget limitations dictate, priority for attendance will be Executive Director, staff who are presenting at the conference, followed by the Board Chair.

MHCA Annual Meeting

1. As specified in the current year's budget, the Board Chair may be reimbursed for travel and lodging costs to attend the MHCA Annual Meeting.
2. The association shall waive Annual Meeting registration fees for current members of the Board of Directors. Individuals planning to attend must still complete and return a registration form by the published deadline. Board members are responsible for their own lodging and meals.
3. When an MHCA Board of Directors meeting is held the day prior to the Annual Meeting, lodging for one night will be covered for the attending board members, if the budget allows.

Sponsorship Criteria for External Events

1. All requests received by MHCA to sponsor or collaborate on workshops or conferences will be reviewed and approved by the Executive Director.
2. The association will not cosponsor workshops or conferences with any MHCA member due to the potential for conflicts of interest with other members with same or similar services/interests. Exceptions that may offer MHCA a unique opportunity, without jeopardizing the association's relationships with other members, must be reviewed and approved by the Board of Directors or Executive Committee.
3. The following criteria shall be considered when reviewing sponsorship requests:
 - a. Advances the MHCA mission of promoting quality home care services.
 - b. Presents MHCA and home care in a positive light.
 - c. Is scheduled for a date that will not adversely impact a planned or proposed MHCA event.
4. A draft of registration and publicity materials in which MHCA's name appears should be reviewed by the Education **Manager and approved by the Executive Director prior to printing. It**

is recognized that state agencies may not provide an opportunity for this review, but an effort should be made by MHCA staff to review all material prior to printing.

5. Programs that offer Co-Sponsorship with revenue sharing must be approved by the Executive Director.
 - a. MHCA will approve all program content and speakers.
 - b. Sponsors share financial responsibility and conference tasks equally.
 - c. Sponsors divide net revenue according to the percent of the association's member attendance, or in the event of a loss, share costs according to the attendance percentages.

Teams Protocol

Team Member Position Description

Basic Function: Is an active contributor in team meetings/calls; actively seeks, accepts, and carries out Team assignments; and works toward the fulfillment of Team objectives.

1. Specific Responsibilities

- a. Makes meeting/call attendance a priority and keeps Team Chair informed about availability.
- b. Promptly acknowledges RSVP notices or other communications concerning the Team.
- c. Reviews agenda and all relevant materials before meetings/calls and is prepared to actively participate in discussions and projects. Stays on topic during discussions.
- d. Actively seeks, accepts, and carries out individual assignments, respecting deadlines and parameters of assignments.
- e. Shares relevant information and experiences with the group.
- f. Asks for clarification on any point or problem when necessary.
- g. Approaches problems objectively and from the broader industry perspective.
- h. Respects other ideas or conflicting viewpoints and supports resulting decision.

2. Qualifications

- a. Must be from MHCA voting member organization (an exception will be made for up to one Business Partner per team, as space allows).
- b. Understands importance of placing broader home care interests ahead of individual or agency specific views.
- c. Understands active participation (attendance) is crucial to success of Team and is able to commit time necessary for Team meetings, conference calls, and assignments.
- d. Past experience with MHCA may be helpful, but isn't necessary

Team Chair Position Description

Basic Function: Provides leadership to Team; plans agenda, facilitates discussion, is Team's liaison to MHCA office, and communicates regularly with Team's Board Liaison.

1. Specific Responsibilities

- a. Coordinates meeting schedule, agendas and other logistics with MHCA Staff Liaison.
- b. Develops agenda for Team meetings and reviews with Staff Liaison prior to distribution to the team listserv.
- c. Convenes and facilitates team meetings and conference calls.
- d. Appoints Team member(s) to complete meeting notes for each meeting/call and other tasks, as needed.
- e. Assures Team remains focused on priorities identified in the team charge, MHCA strategic plan or by the Board.
- f. Is responsible for reporting ongoing progress/activities to the Board Liaison.
- g. Upon request of MHCA Board Chair, may be asked to present information to the Board of Directors or MHCA members.

2. Qualifications

- a. Must be from MHCA voting member organization.
- b. Available for travel to conduct/attend in person meetings.
- c. Able to commit time necessary for meetings, conference calls, and duties related to position.
- d. Able to facilitate the work of a Team and is willing to be proactive in providing leadership on the Team.
- e. Past experience with MHCA may be helpful, but is not required

Team Policies

1. Committees required in MHCA Bylaws will be retained:
 - a. Executive Committee
 - b. Finance Committee
 - c. Nominations Committee
2. Board of Directors identifies a limited number of strategic priorities for MHCA and forms applicable standing teams, in addition to those required in the Bylaws. The Board of Directors provides direction to all teams.
3. Members will be invited to submit a team member application on an annual basis:
 - a. MHCA Board is responsible for reviewing and approving team members.
 - b. Executive Committee responsible for appointing a Chair for each Team.
 - c. Consultation on Team selection will be provided by staff and/or Board as needed.
4. In an effort to bring diverse perspectives and encourage robust dialogue, the following will be taken into consideration when forming teams:
 - a. Competency or expertise related to given Team's focus
 - b. Broad representation of MHCA regions, provider members and agency types
 - c. There will be a maximum of one business partner per team
 - d. There will be a maximum of 15 members per team
 - e. Ability/willingness to function as a Team player
5. All Team members shall be appointed to a one-year term.

6. If a Team member should find it necessary to resign before the end of the one-year term, she/he will do so in writing to the MHCA office. Mid-term appointments may be made by the Executive Committee based on the following priorities:
 - a. The timing is deemed appropriate by the Staff Liaison & Chair
 - b. Other members who applied for this team will be considered first.
 - c. Secondary consideration will be given to new members who express desire to get engaged.
 - d. Final consideration will be given to other members who express interest.
7. If a Team member is absent from three consecutive meetings/calls, she/he may be regarded as having resigned from the team.
8. Primary options for accomplishing Team's work is face to face meetings, virtual meetings, conference calling or e-mail. The meetings will be held at the MHCA offices, unless otherwise approved by the Executive Directors.
9. A MHCA staff liaison and a Board liaison will be assigned to each team. The staff liaison will assist the Team Chair with logistics and provide guidance. The Board Liaison's role is to facilitate communication between the Team Chair and the MHCA Board of Directors and to ensure that the team is staying focused on its charge.
 - a. Board liaison communicates regularly with the Team's Chair. At a minimum, this consists of communication prior to and following each Board meeting and attending occasional team meetings.
 - b. Board liaison will be included on the team listserv, thereby receiving all team correspondence and meeting minutes.
10. Communication to members is a priority. Each team prepares regular updates on its activities/projects and other related issues. Updates, which may be articles or other formats, are forwarded to MHCA for appropriate distribution to members. Some teams may be asked to do a presentation at the Annual Meeting.
11. Team members review and agree to adhere to the MHCA Anti-Trust policy.
12. Team Chair works with MHCA staff liaison to plan agenda and sends the agenda and minutes to the team members approximately one week prior to the team meetings.
13. Team Chair facilitates meetings/discussion, is Team's liaison to MHCA staff and the Board Liaison.
14. Team Chair appoints one team member to take meeting minutes for each meeting/call. Team member forwards minutes to the MHCA staff liaison, who will post them on the MHCA website and ensure timely distribution of the minutes to Team members, the MHCA staff.

Minnesota HomeCare Association

Policy Statements

For Staff

Last Amended: May 2016

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Antitrust

The Minnesota HomeCare Association (MHCA or Association) believes that collaborative efforts among its members can result in improved health care and outcomes for the patients and communities we serve, but recognizes the possibility that the Association and its activities could be viewed by some as an opportunity for anticompetitive business conduct. As the MHCA intends fully to comply with both the letter and the spirit of the antitrust laws, the following policy and procedures are to be followed by all employees, directors and officers, and members.

1. Discussions of commercial matters among competitors may create the appearance of an antitrust violation, whether or not a violation occurred. It is essential that all meetings be conducted in a manner that fully adheres to the antitrust laws.
 - a. Agendas will be reviewed by staff prior to meetings and provided to each attendee. Agendas will be specific and avoid topics that may cause antitrust concerns. Minutes will be kept that accurately report what actions were taken during meetings.
 - b. There shall be no discussion of prices, costs, customers, allocating or dividing service territories or customers, contract terms, buyer or supplier relationships, competitive bids, discouraging entry into any segment of the marketplace, or any other competitively sensitive information, whether before, during or after association meetings.
2. Outside speakers at committees, educational meetings, or other MHCA meetings or events will be informed that they must comply with this policy in the preparation and presentation of their remarks.
3. MHCA's attorney should review any matter of communication that could raise a question of anti-competitiveness or any other anti-trust question, and attend meetings where there is potential for discussion of legally sensitive subjects.
4. This policy will be reviewed with the Board of Directors annually.
5. This policy will be reviewed during the annual orientation for committees (including teams, workgroups, etc).
6. This policy will be reviewed annually with Region Chairs.
7. Participants are expected to adhere to this policy and should interrupt meetings to raise any concerns regarding adherence to the antitrust laws.

Corporate Credit Card

1. Application for use of a new corporate credit card by the executive director must be approved by the Treasurer. The executive director may approve additional cards for employees of the association.

2. Corporate credit cards will not be issued to association officers, directors or other volunteer leaders.
3. The corporate credit card is to be used primarily for travel or office related expenses as identified in the annual budget. The executive director may use the card for other association business expenses consistent with the annual budget. Other employees may use the card for other association business when approved by the executive director.
4. The corporate credit card may not be used for personal or family expenses.
5. Receipts are to be provided to the Office Manager within one month of expenditure. A written explanation of the expense must be written on each receipt.
6. A lost or stolen credit card will be reported immediately (within 24 hours) to the credit card company by the Executive Director or other MHCA staff members who hold credit cards.
7. Since the MHCA credit card is in the name of the Executive Director, if the Executive Director leaves the position he/she will cancel the credit card(s) in the presence of the Office Manager or an Executive Committee member of the Board and put a signed statement to that effect in the credit card file.

Education (MHCA Programs)

Cancellation and Refunds

1. **Webinars Policy:** Any and all cancellations must be received at least one week in advance of the webinar start time in order to receive a refund less a \$25.00 cancellation fee per registration. All cancellations must be documented in writing.
2. **Workshops Policy:** Any and all cancellations must be received at least two weeks in advance of the class start time in order to receive a refund less a \$25.00 cancellation fee per registration. All cancellations must be documented in writing.
3. Substitutions may be made up until the class begins at no charge.
4. **Please note:** MHCA typically does not cancel or postpone classes due to inclement weather. In the extremely unlikely event that a class was to be canceled or postponed, notification would be made via the MHCA website or via direct email, if time allows.
5. Attendees who cancel after the deadline and/or who do not attend are liable for full fees and will not be entitled to a refund.
 - a. **Exceptions:** MHCA will make an exception to this policy, for those that are unable to participate due to state survey, hospitalization, or family death. In such cases, we will refund less the \$25.00 fee. Additional exceptions may be made on a case by case basis per the Executive Director's approval.

6. Transfers to a future offering of the class after the deadline has passed are not allowed. The attendee would need to re-register and pay a new fee for any future offering of the class.
7. These policies may vary for conferences, which will then have the cancellation policy outlined in the respective brochure.
8. Should someone register under the wrong registration category online and require an invoice adjustment or credit card/check refund, a \$5.00 processing fee per transaction will apply.

Registration Fees

1. Non-members (providers and business partners) pay 50% more than members for all educational offerings.
2. All on-site registrations are subject to an additional \$50 fee.
3. A discounted registration rate for multiple attendees from an organization will only be used for the Annual Meeting.
4. Early Bird deadlines only pertain to MHCA conferences. All other educational events will have standard member and non-member rates.

Exhibitor & Sponsor (MHCA Programs)

1. Non-members pay 50% more than members for sponsorship, expo booths, and marketing opportunities.
2. Sponsorships are not secured or promoted until paid in full (unless otherwise approved by the Executive Director).
3. Sponsorships are non-refundable.
4. In order to be secured or promoted, the booth must be paid in full.
5. Expo cancellations must be in writing and received by MHCA 60-days prior to the event to receive a 50% refund. There will be no refunds for cancellations made after the cancellation deadline or for no-shows (exceptions will only be made to this policy, should we be sold out with a waitlist and be able to secure a replacement).
6. MHCA will provide all sponsors with a pre-attendee list and all exhibitors/sponsors with a post-attendee list. Full name, title, organization, email, and mailing address are included on the attendee list. All lists are provided in Excel format. Conference attendees have the right to opt out and will be given this opportunity at the time of registration.

Financial Operations

Budget Process

1. MHCA staff will project income and expenses by September 15, for the following calendar year and submit to the Executive Director.
2. The Executive Director is responsible for presenting a draft budget to the Finance Committee in October. A final draft budget will be presented to the Board no later than the November Board meeting, for approval prior to year-end.
3. Requests for modifications to the budget during the year must be submitted to the Finance Committee for approval and to the Board for ratification.

Checks

1. An invoice or other supporting documentation shall be retained for each check issued.
2. Signers on the MHCA checking account will be the Executive Director, Treasurer and Board Chair.
3. Checks under \$5,000 require one signature; checks of \$5,000 or more must have two signatures.
4. Under no circumstances may a check be signed by an individual to whom the check is payable.

Contract/Agreement Signatures

The Executive Director shall be the authorized agent to sign contracts or agreements on behalf of MHCA except for educational program contracts, which may be signed by the Education Manager if within the budgeted amount and less than \$2,500. Any Executive Director agreement(s) shall be signed by the Board Chair, the Vice Chair **or the** Treasurer.

Finance Committee

1. The Finance Committee operates in accordance to the MHCA Bylaws (Article IX, Section 2).
2. There shall be a minimum of three persons on this committee. The composition shall be as follows, with consent of the Board Chair and the Executive Director, the Treasurer as Chair; the Board Chair; and the Vice Chair or Past Chair and at least one at large board member appointed by the Board Chair.
3. The at-large director(s) shall be appointed at the first Board meeting following the Annual Meeting. The Committee is responsible for preparation of the annual budget, recommending fiscal policies, reviewing financial requests that have potentially significant impact on MHCA and ensuring that all reports are filed on a timely basis and an annual review is completed by an independent accountant.

Monitoring & Review of Financial Reports

1. Financial statements, including an income statement and balance sheet, will be prepared monthly by the Office Manager and be reviewed by the Executive Director and Treasurer.
2. Financial statements shall be approved by the Board of Directors at each board meeting.
3. The Chair and/or the Treasurer will approve the Executive Director expenses on a monthly basis.
4. For non-budgeted expenses that are greater than \$ [REDACTED], a memo requesting approval must be submitted in advance to the Finance Committee. The Finance Committee will either approve the request or determine that it requires Board action.

Policy Review

These financial policies shall be reviewed at least annually by the Finance Committee, which shall forward any recommendations for amendment to the Board for approval.

Reserve

1. Reserve funds equal to 25% of annual operating expenses is considered minimum for a well-managed association (a more conservative view would set this minimum at 50%).
2. MHCA will prepare an annual budget to maintain a standard for reserve funds in the 25% to 50% range. During those times when the reserve falls below this range, or when the board chooses, the annual budget will include in the "expense" ledger a line item for the reserve account. The amount shall be designated by the finance committee and approved by the board.
3. Reserve funds shall be invested according to the association's investment policy and are considered separate from MHCA's operating savings.

Performance Evaluation for Staff

1. The performance evaluations for staff will be conducted by the Executive Director in December of each year.
2. One permanent file copy of the evaluation documentation shall be placed in the individual's personnel file at the MHCA office. In accordance with our Employee Policies, employees may request to review their file.
3. Negotiation of an incentive bonus, which is in addition to base salary, is optional for all MHCA Staff. The incentive bonus is to be paid in a lump sum in the last month of the MHCA fiscal year.
 - a. The incentive bonus will be determined by the variance between the dues and education budgeted and actual net revenue.

- b. If the variance reflects an increase over budget, one half of that amount will be placed in association reserves and the remaining half will be distributed to the association staff.
- c. The distribution among staff will be as follows:
 - i. The Executive Committee shall determine the amount given to the Executive Director.
 - ii. The Executive Director shall determine the distribution of the remaining dollars to the staff, taking into consideration their overall performance rating and tasks for which they performed above and beyond the expectations of the position.

Reimbursement for Expenses

General Guidelines

1. Requests for reimbursement are to be submitted on a Minnesota HomeCare Association (MHCA) check request/mileage reimbursement form, available from the MHCA Office Manager. For Board of Directors, an email request may be substituted, supplying the same information as is on the Check request/mileage reimbursement form.
2. In the event that revenue falls short of budget projections, or the association incurs unexpected expenses, the Finance Committee or Board may decide to delay payment of expense reimbursement requests. Every effort will be made to notify those affected.
3. Supplies should be purchased through the MHCA office, unless approved by the Executive Director due to a more cost effective option or availability.

In-State Travel

1. Expenses eligible for reimbursement include transportation, lodging and meals.
2. **Mileage** is paid at the IRS current approved rate.
3. **Air travel** or **car rental** may be substituted for automobile travel and reimbursed up to an amount equal to round-trip mileage. Exceptions for the Board Chair may be made by the Finance Committee on a case-by-case basis.
4. **MHCA Staff:** Mileage is paid for all travel that is MHCA business related. If traveling from home, the miles above and beyond mileage to the MHCA office will be covered.
5. **Board Chair:** Mileage is paid for all MHCA meetings she/he attends to perform required leadership duties.
6. **Board Members:** Mileage is paid for all board meetings. Unless specifically approved, lodging and meal expenses are not reimbursed for in-state meetings. Factors such as weather, distance, or time may be considered in approving these expenses. If the one-way mileage is greater than 200 miles or the travel time is 3 hours or greater, lodging will be covered by MHCA, if requested.

7. **For All MHCA Members:** Unless specifically approved, travel to team, committee, task force, ad hoc, or regional meetings is not reimbursed.
8. **Requests for reimbursement** should be submitted to the MHCA office within thirty (30) days of the date on which the expenses were incurred, or prior to December 31 of the current year, whichever comes first.

Out-of-State Travel

1. Out of state travel expenses must be itemized on the MHCA check request/mileage reimbursement form and submitted to the MHCA office within thirty (30) days of the date of return. Receipts are required for any expense over \$15.
2. Expenses eligible for reimbursement include transportation (air, car rental, cab/shuttle), one baggage fee each way, travel to/off-site airport parking, lodging and meals (up to \$60 per day).
3. Individuals are expected to plan travel far enough in advance to take advantage of economies in air travel; coach-class or equivalent flights are to be booked. MHCA will not reimburse individuals choosing to use frequent flyer coupons or other travel awards.
4. For a travel advance, a request must be submitted to the MHCA office at least two weeks prior to departure date. A check request/mileage reimbursement form must be completed and submitted to the MHCA office within ten (10) days of the date of return, with an itemized record of how advance funds were spent.
5. As specified in the current year's budget, the Executive Director and/or designated staff, Board Chair or alternate designated by the Board Chair, may be reimbursed for registration fees and travel costs to attend applicable national meetings. An itemized request for reimbursement must be submitted, along with receipts. If budget limitations dictate, priority for attendance will be Executive Director, staff who are presenting at the conference, followed by the Board Chair.

MHCA Annual Meeting

1. As specified in the current year's budget, the Board Chair may be reimbursed for travel and lodging costs to attend the MHCA Annual Meeting.
2. The association shall waive Annual Meeting registration fees for current members of the Board of Directors. Board members are responsible for their own lodging and meals.
3. When an MHCA Board of Directors meeting is held the day prior to the Annual Meeting, lodging for one night will be covered for the attending board members, if the budget allows.

Speaker Payments Policy

All Speaker Contracts and Negotiations

1. MHCA Executive Director or Education Manager are responsible for speaker negotiations and contracts.
2. All speaker expenses must be in line with the budget set for the conference or workshop unless approved by the Executive Director.

MHCA Member Presenters

MHCA Members who are presenting at an MHCA workshop or the MHCA Annual Meeting may be eligible for a discounted registration.

Option #1 (preferred) There will be a maximum of three presenters per session. Each presenter is eligible for one 25% discount on the registration.

Option #2 There will be a maximum of three presenters, unless otherwise approved. Each presenter is eligible for a special conference rate (which is equal to the 'at-cost' MHCA rate).

Speakers Employed by State/Federal Agencies/Organizations Which Administer Programs or Have a Purpose Related to Home Care

1. Speaker will be asked if their agency/organization covers expenses for speaking engagements as part of the individual's job responsibilities.
2. If not, all expenses for bringing in the speaker must be in line with the budget set for workshop, unless approved by the Executive Director.
3. The speaker will not be charged a registration fee.

Sponsorship of External Programs

1. All requests received by MHCA to sponsor or collaborate on educational events will be reviewed and approved by the Executive Director.
2. The association will not cosponsor workshops or conferences with any MHCA member due to the potential for conflicts of interest with other members with same or similar services/interests. Exceptions that may offer MHCA a unique opportunity, without jeopardizing the association's relationships with other members, must be reviewed and approved by the Board of Directors or Executive Committee.

3. The following criteria shall be considered when reviewing sponsorship requests:
 - a. Advances the MHCA mission of promoting quality home care services.
 - b. Presents MHCA and home care in a positive light.
 - c. Is scheduled for a date that will not adversely impact a planned or proposed MHCA event.
4. A draft of registration and publicity materials in which MHCA's name appears should be reviewed by the Education Manager and approved by the Executive Director prior to printing. It is recognized that state agencies may not provide an opportunity for this review, but an effort should be made by MHCA staff to review all material prior to printing.
5. Programs that offer Co-Sponsorship with revenue sharing must follow the guidelines below and be approved by the Executive Director.
 - a. MHCA will approve all program content and speakers.
 - b. Sponsors share financial responsibility and conference tasks equally.
 - c. Sponsors divide net revenue according to the percent of the association's member attendance, or in the event of a loss, share costs according to the attendance percentage.

Teams Protocol

Team Member Position Description

Basic Function: Is an active contributor in team meetings/calls; actively seeks, accepts, and carries out Team assignments; and works toward the fulfillment of Team objectives.

1. Specific Responsibilities

- a. Makes meeting/call attendance a priority and keeps Team Chair informed about availability.
- b. Promptly acknowledges RSVP notices or other communications concerning the Team.
- c. Reviews agenda and all relevant materials before meetings/calls and is prepared to actively participate in discussions and projects. Stays on topic during discussions.
- d. Actively seeks, accepts, and carries out individual assignments, respecting deadlines and parameters of assignments.
- e. Shares relevant information and experiences with the group.
- f. Asks for clarification on any point or problem when necessary.
- g. Approaches problems objectively and from the broader industry perspective.
- h. Respects other ideas or conflicting viewpoints and supports resulting decision.

2. Qualifications

- a. Must be from MHCA voting member organization (an exception will be made for up to one Business Partner per team, as space allows).
- b. Understands importance of placing broader home care interests ahead of individual or agency specific views.
- c. Understands active participation (attendance) is crucial to success of Team and is able to commit time necessary for Team meetings, conference calls, and assignments.

- d. Past experience with MHCA may be helpful, but isn't necessary

Team Chair Position Description

Basic Function: Provides leadership to Team; plans agenda, facilitates discussion, is Team's liaison to MHCA office, and communicates regularly with Team's Board Liaison.

1. Specific Responsibilities

- a. Coordinates meeting schedule, agendas and other logistics with MHCA Staff Liaison.
- b. Develops agenda for Team meetings and reviews with Staff Liaison prior to distribution to the team listserv.
- c. Convenes and facilitates team meetings and conference calls.
- d. Appoints Team member(s) to complete meeting notes for each meeting/call and other tasks, as needed.
- e. Assures Team remains focused on priorities identified in the team charge, MHCA strategic plan or by the Board.
- f. Is responsible for reporting ongoing progress/activities to the Board Liaison.
- g. Upon request of MHCA Board Chair, may be asked to present information to the Board of Directors or MHCA members.

2. Qualifications

- a. Must be from MHCA voting member organization.
- b. Available for travel to conduct/attend in person meetings.
- c. Able to commit time necessary for meetings, conference calls, and duties related to position.
- d. Able to facilitate the work of a Team and is willing to be proactive in providing leadership on the Team.
- e. Past experience with MHCA may be helpful, but is not required

Team Policies

1. Committees required in MHCA Bylaws will be retained:
 - a. Executive Committee
 - b. Finance Committee
 - c. Nominations Committee
2. Board of Directors identifies a limited number of strategic priorities for MHCA and forms applicable standing teams, in addition to those required in the Bylaws. The Board of Directors provides direction to all teams.
3. Members will be invited to submit a team member application on an annual basis:
 - a. MHCA Board is responsible for reviewing and approving team members.
 - b. Executive Committee responsible for appointing a Chair for each Team.
 - c. Consultation on Team selection will be provided by staff and/or Board as needed.
4. In an effort to bring diverse perspectives and encourage robust dialogue, the following will be taken into consideration when forming teams:

- a. Competency or expertise related to given Team's focus
 - b. Broad representation of MHCA regions, provider members and agency types
 - c. There will be a maximum of one business partner per team
 - d. There will be a maximum of 15 members per team
 - e. Ability/willingness to function as a Team player
5. All Team members shall be appointed to a one-year term.
6. If a Team member should find it necessary to resign before the end of the one-year term, she/he will do so in writing to the MHCA office. Mid-term appointments may be made by the Executive Committee based on the following priorities:
 - a. The timing is deemed appropriate by the Staff Liaison & Chair
 - b. Other members who applied for this team will be considered first.
 - c. Secondary consideration will be given to new members who express desire to get engaged.
 - d. Final consideration will be given to other members who express interest.
7. If a Team member is absent from three consecutive meetings/calls, she/he may be regarded as having resigned from the team.
8. Primary options for accomplishing Team's work is face to face meetings, virtual meetings, conference calling or e-mail. The meetings will be held at the MHCA offices, unless otherwise approved by the Executive Directors.
9. A MHCA staff liaison and a Board liaison will be assigned to each team. The staff liaison will assist the Team Chair with logistics and provide guidance. The Board Liaison's role is to facilitate communication between the Team Chair and the MHCA Board of Directors and to ensure that the team is staying focused on its charge.
 - a. Board liaison communicates regularly with the Team's Chair. At a minimum, this consists of communication prior to and following each Board meeting and attending occasional team meetings.
 - b. Board liaison will be included on the team listserv, thereby receiving all team correspondence and meeting minutes.
10. Communication to members is a priority. Each team prepares regular updates on its activities/projects and other related issues. Updates, which may be articles or other formats, are forwarded to MHCA for appropriate distribution to members. Some teams may be asked to do a presentation at the Annual Meeting.
11. Team members review and agree to adhere to the MHCA Anti-Trust policy.
12. Team Chair works with MHCA staff liaison to plan agenda and sends the agenda and minutes to the team members approximately one week prior to the team meetings.
13. Team Chair facilitates meetings/discussion, is Team's liaison to MHCA staff and the Board Liaison.

14. Team Chair appoints one team member to take meeting minutes for each meeting/call. Team member forwards minutes to the MHCA staff liaison, who will post them on the MHCA website and ensure timely distribution of the minutes to Team members, the MHCA staff.

2016 Membership Report

as of 05/03/2016

MEMBERS	Count	Income
New	11	\$11,016.62
Renewed	147	\$365,719.32
Total	158	\$376,735.94
Not Renewed	28	

See notes*

2015	2014
12	19
150	148
162	167
29	16

Dues Level	Count	Income
Maximum	39	\$188,625.00
Variable	85	\$167,185.94
Minimum	34	\$20,925.00

MEMBERSHIP RENEWAL

Year	Count	%
2016	147	84%
2015	175	

84% 90%

BUSINESS PARTNERS	Count	Income
New	7	\$3,984.59
Renewed	29	\$18,340.00
Total	36	\$22,324.59
Not Renewed	11	

See notes*

2015	2014
2	13
31	24
33	37
11	12

BUSINESS PARTNER RENEWAL

Year	Count	%
2016	29	73%
2015	40	

72% 67%

BUDGET COMPARISON - Members and Business Partners combined

	2016	2015	Variance
Income (actual)	\$399,060.53	\$415,777.73	(\$16,717.20)
Budget	\$418,135.00	\$412,972.00	\$5,163.00
Over/Under Budget	(\$19,074.47)	\$2,805.73	(\$21,880.20)

* Notes:

- 8 Members closed their Home Care division
- 1 Member switched membership to larger agency
- 2 Members financial hardship
- 2 BP merged with another company
- 1 BP retired
- 1 BP did not receive enough business from members