

Pennsylvania (PA) CARE Partnership Consultation Compensation Policy Policy #001

Purpose

The PA CARE Partnership (the Partnerships) employs the experience and skills that a youth and family collaboration process can benefit from when individuals meet in person and can actively participate in program development, implementation, evaluation, learning and governance. This policy outlines amounts and eligibility for youth and family consultation payments.

Those who are receiving consultation compensation are not employees of the PA CARE Partnership and they will be paid a set amount based on time at meetings or events in support of the Partnership. Payment will be approved in advance, by the Director of the Pennsylvania CARE Partnership or designee.

Objective:

The PA CARE Partnership encourages youth and family members to be active participants in the development of the Partnership through participation on the State Leadership and Management Team and attendance at meetings, conferences, sponsored events and interviews. Youth and family involvement is valued because:

- Family members provide expertise about the realities of raising a child or young adult with behavioral health, substance use, or co-occurring issues.
- Youth provide expertise about living with and managing their behavioral health, substance use and co-occurring issues.
- Mutual sharing and learning among system partners, family members, and youth creates a unique and worthwhile partnership that enhances the work of the PARTNERSHIP.

Definition:

A Consultation Compensation is a payment provided to a family or youth member as an acknowledgement of the value of their time and expertise. Youth and family members, who attend State Leadership and Management Team meetings and/or participate in select committees or other approved activities are eligible to receive a consultation compensation for the time spent in these activities. Family members and youth are not eligible for a consultation compensation if their employing organization supports their participation in Partnership activities and they are receiving their regular wage during this time.

- Meetings: A “Meeting” refers to sitting on a Board/ Committee/ Workgroup where the individual is assigned/ approved by the Director of the PA System of Care Partnership or designee.
- Trainings: Attending a County/ State sponsored training initiative where the individual is considered a partner, participant, or co-trainer; these individuals will receive
- Presentation: A presentation is considered when a youth or family, at the request or for the Partnership is asked to discuss, share, or express personal or gained knowledge on a subject to a group of individuals.
- The Partnership has the sole responsibility for the implementation of this policy. Payment of the consultation compensations are paid only if funds are available through PA System of Care Partnership and the required documentation has been submitted by the youth or family member requesting the consultation compensation.

- ❖ Required documentation
 - Completed reimbursement request form
 - Mapquest or other printable map that will support mileage reimbursement
 - Receipts for tolls, parking, hotel, meals any costs for which the youth or family member is requesting reimbursement.
- The Partnership will ensure that youth and family members are aware of this policy prior to their participation.
- Youth and family members will complete a letter of agreement (Prior to participation, which outlines the expectations and requirements of participating on any committee or for any approved activity that may result in payment of a consultation compensation.
- The process and necessary paperwork for receiving a consultation compensation will be explained to eligible youth and family members. A sample reimbursement form is attached to this policy.
- The Partnership will identify and select youth and family members to participate in related activities, as needed, based on development criteria, interests, and qualifications.
- The Partnership reimbursement of consultation compensation amounts and other reimbursable costs to the youth and family member will be paid after all documentation is completed and approved.
- The Director of the Partnership has the authority to approve or deny payment on consultation compensation.

Approved Youth and Family Involvement activities:

The following activities are considered eligible for reimbursement:

- State Leadership and Management Team (SLMT)
- SLMT Subcommittee and Ad hoc Committee Meetings
- Other Approved meetings and conferences
- Interviews of candidates for the Partnership positions
- The Partnership training sessions which SLMT members are invited
- Other committee(s) participation at the description of the Partnership
- If asked to present information or train others about the SLMT or the Partnership
- If asked to attend training sessions on behalf of the SLMT or the Partnership

Other Considerations include:

- If PARTNERSHIP invites the youth or family member to attend/present at a conference or event on behalf of the Partnership, conference/event costs, meals and travel reimbursement will be provided by the Partnership.
- If the youth and family member receives a scholarship to an approved/relevant conference or event, and the Partnership has funding available, the youth or family member can ask for travel and meal reimbursement.
- If the youth or family member receives a scholarship to a conference or event and is presenting on behalf of the Partnership, a consultation compensation will be given as well as travel and meals.

Exclusions:

The Partnership will not pay a consultation compensation for the following:

- If the youth or family member personally chooses to attend a conference or event, they are not eligible for consultation compensation, conference/event costs, meals and travel reimbursement.

- Attendance at any meeting, educational event or support group relating to the family members own child/children or to the youth's own care/treatment.
- Any meeting or event not pre-approved by the PARTNERSHIP Director.
- Travel time
- Meal time (unless a working lunch is part of the agenda)
- Overnight time (if applicable)
- Meetings with legislative representatives
- If the SLMT member is being paid by their supporting employer for eligible time invested.

Consultation compensation Amounts:

Based on the availability of funds, consultation compensations will be provided in the following increments:

- **\$12** per hour for meetings, trainings, assignments etc.
- **\$20** per hour for presentations on behalf of PA System of Care Partnership, and presentation preparation

Reimbursements are also available for dependent care, and must be pre-approved by the Partnership Director.

- Dependent care is \$10.00 (Ten dollars) per hour with a maximum dependent care consultation compensation of \$40.00.

Travel Amounts:

Based on the availability of funds, mileage reimbursement will be provided in the following increments:

- \$0.545 per mile (As of 1/1/18, and based on the U.S. General Services Administration Rate. Rate subject to change.)

Meal Reimbursement:

Based on the availability of funds, reimbursement for meals will be provided.

Meals are reimbursable up to \$60.00 a day for overnight travel

- If meals are provided as part the training or conference, additional meals purchased during the provided meal will not be reimbursed.
- If meals are not provided for a meeting between Monday and Friday reimbursement is allowable with receipt at the following rates:
 - Breakfast, Lunch and Dinner up to \$60.00 (Sixty dollars) per day.
- Alcohol is unallowable and is not reimbursable.

Lodging Reimbursement and Reservations:

Based on the availability of funds, hotel reservations for meetings and events will be made and paid for by the Partnership.

Taxes:

Youth and family members who accrue more than \$600.00 (Six hundred dollars) per year in consultation compensations will have a 1099 Tax Form sent to them by UPMC/University of Pittsburgh by January 31 of the following year. Travel reimbursement is not taxable so will not

be included in the 600.00 maximum to generate a 1099. It is the responsibility of the youth or family member to report this income on their federal, state, or local tax filings as applicable.

Youth and family members can elect to stop receiving consultation compensations at any point during the year before they accrue a total of \$600.00 (Six hundred dollars) in reportable compensation.

Youth and family members who elect to not receive a consultation compensation from a PARTNERSHIP activity will still be reimbursed for travel, lodging, and childcare.

Interpretation:

The Partnership is responsible for the official interpretation of this policy. Questions regarding the application for this policy should be directed to the Partnership director.

Authority

The Partnership has sole responsibility for the implementation of this policy. Reimbursement by the Partnership toward childcare cost is dependent on the availability of funds.

Signed: _____

Mark Durgin, Director, Pennsylvania System of Care Partnership
Effective 9/1/18, Updated 4/25/18

PA CARE Partnership Reimbursement Form

Name: _____ Phone: (____) _____ - _____

Address: _____ Email: _____

For New or Reissued Cards Only
 Date of Birth: ____ / ____ / _____
 Social Security Number: _____ - _____ - _____

Date of Event: ____ / ____ / ____ Name of Event: _____

Meeting Start Time: _____ Meeting End Time: _____

Host of the Event (circle one): PA System of Care Partnership Other _____

Type of Event: Meeting (Face to face) Conference (In person) Interview Presentation

Mode of transportation: Your Vehicle Uber/Lyft Train Bus Subway Other _____
 If driving your vehicle (or a support partner is driving you) please include total miles with supporting documents.
Total Miles (with supporting documentation): _____ **Mileage Reimbursement(Rate X Miles):** _____
Other Transportation: _____ **Parking:** _____ **Toll Amounts** (with receipts): _____

Meal Total (receipts must be provided): _____

Enter Total Hours Attending the Event: _____ @\$20.00/hr

Consultation Compensation Request for Event (Total Hours Multiplied by \$20.00): \$ _____

Dependent Care (\$10 per hour, circle one): 1 hour 2 hours 3 hours 4+hours (not to exceed \$40)

By signing below, I affirm I am not receiving other compensation or funding for my time from my employer or a county to attend or participate in this meeting or event.

Signature of Requestor: _____ Date Submitted: ____ / ____ / _____

Please note the following:

- All mileage is calculated via MapQuest or Google Maps.
- Reimbursement for meals are determined by length of travel.
- Dependent care must be pre-arranged.
- All reimbursements are based upon available funding and subject to director or designee approval.
- Receipts must be submitted for all requested reimbursements. No reimbursement will be paid without a receipt. All receipts must be received within 30 days of the event.

To be completed by event host:

Date Received by Host: ____ / ____ / _____ **Last Four # of Card:** _____

Date Processed by Event Host: ____ / ____ / _____ **Vincent Card #:** _____

REIMBURSEMENT FORM INFORMATION

It is important for all the event information and reimbursement requests to be fully completed. This will insure a reimbursement and paying in a timely manner routed and paid. Please submit within 30 days.

PERSONAL INFORMATION

- Address: Requestors home address
- Phone: Best contact phone number
- Date of Birth: Is Required for issuing a new card
- Social Security Number: (Optional) In number is not provided, 24% will be deducted from total.

Adhere new Vincent Card Here

REIMBURSEMENT INFORMATION

Mileage Total: The total miles for which you are requesting reimbursement with MapQuest backup. If you wish to email this, please feel free to do so. Go to www.mapquest.com or www.googlemaps.com, click on directions and enter starting and ending addresses.

Toll Amount: The total amount of tolls, with receipts, for which you are requesting reimbursement.

Dependent Care: The total amount of pre-approved dependent care for which you are requesting reimbursement.

Consultation compensation for Event: Consultation compensation is determined by meeting time only, travel time cannot be included.

Meal Reimbursement: Is only provided to the approved individual requesting reimbursement. If meals have not been provided, reimbursement is up to \$60.00 per day is reimbursable for overnight travel Monday – Friday; with receipts. If no meals are provided for overnight travel on a weekend, breakfast, lunch and dinner are reimbursable with receipts.

- Will not provide consultation compensation for unapproved conference attendance
- Will not provide consultation compensation for phone calls
- Will not provide consultation compensation for travel time

VINCENT CARD INFORMATION

Vincent Card Admin Number: Seven-digit number on the lower right back side of the card (this is required on all forms)

PIN: **PIN #:** 0+ Three Digit Security Code

Credit Card Number: The last four digits of the card number on the front of the card is required if being issued a new card

PLEASE NOTE:

- ❖ Before submitting a request for reimbursement, please make sure the form has been completed and the supporting documentation is attached.
- ❖ Reimbursements will be made according to the supported items on the request.
- ❖ We cannot guarantee reimbursement if requested after 30 days of the event.
- ❖ All compensation is taxable income to the participant regardless of the amount. If the Payee does not, or cannot provide their social security number, Vincent will automatically withhold 24% of the compensation payment and provide to the IRS.
- ❖ If a participant receives \$600 or more in a calendar year from one organization, that organization is required by law to file a Form 1099 – Miscellaneous with the IRS and provide a copy to the taxpayer. Expense reimbursement refers to payments made to research subjects to repay them for expenses such as parking, transportation or meals. Reimbursement payments are not taxable income to the participant and no funds will be withheld in Vincent.