Funding Guidelines
Adopted: March 17, 2009

Updates:
April, 2010
June, 2010
March, 2011- (Unspent funds, audit schedules)
April, 2013 - (RFP’s and Letters of Intent clarifications)
March, 2014- (Fundraisers, reallocations of funding)
April, 2014- (Client/Staff Travel Policy; Missed Appointments Policy)
September, 2016- (Updated language and forms, fundraisers)
March, 2018- (Reallocations, sponsorship)
January 2019 – Proof of Residency
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The Community Mental Health Board
of Oak Park Township
Funding Guidelines

INTRODUCTION

In 1975, the citizens of Oak Park Township voted to create the Community Mental Health Board to be funded by a separate tax levy. The Community Mental Health Act [405 ILCS 20/1 et seq.] (the Act) provides that a Community Mental Health CMHB, a unit of local government, will plan, fund, coordinate, and evaluate public services and facilities for the treatment of persons with mental illness, developmental disabilities, and substance abuse problems in its geographic area. The Community Mental Health Board of Oak Park Township (hereinafter identified as the “CMHB”) makes rules and regulations to administer services and facilities that it directs, supervises, or funds consistent with the provisions of the Act.

The CMHB is committed to being a responsible trustee of the Community Mental Health Fund. The CMHB believes that purchasing individual client services best meets its commitment to assure quality services at reasonable costs, with full accountability to the taxpayers of Oak Park Township. This document sets forth the service, financial and administrative accountability requirements of the CMHB. Furthermore, these requirements and guidelines explain the criteria by which the CMHB monitors and evaluates compliance with the CMHB’s service, fiscal and administrative requirements.

I. MISSION STATEMENT

The mission of the Community Mental Health Board of Oak Park Township is to enhance the mental health and developmental potential of Oak Park residents; establish an appropriate continuum of community support services; and manage local resources in a fiscally responsible manner.

II. Service Area of the CMHB

A. The service area of the CMHB, in accordance with the Act, shall be Oak Park Township, Illinois.

B. Services, which are purchased by the CMHB with the Community Mental Health Fund, in accordance with the Act, will be for Oak Park residents.
III. Eligibility Requirements for CMHB Funding

A. General
Any Agency which meets the relevant, appropriate criteria is eligible to receive CMHB funds. These criteria are:

1. An Agency must be a public, not-for-profit entity or a governmental unit.
2. An Agency will demonstrate that it has the appropriate professional staff with the appropriate academic certification/licensure, and appropriate experience.
3. An Agency will demonstrate financial reliability and stability.
4. An Agency will demonstrate service, fiscal, and administrative accountability (Refer to pg. 4 of the attached Application for Funding for specific requirements)
5. Agency must have at least one FTE administrative staff that is funded from a source other than the CMHB. Exemptions may be made for newer organizations for the first year.

B. Funding
The CMHB’s funding will supplement and not supplant other funding sources in accordance with applicable law. If another source of funding can support a service, the CMHB expects those funds be used for that service. In cases where Medicaid payment is received for a service, the CMHB’s funding cannot be used to supplement the Medicaid rate for that service.

C. Service Recipients
Service recipients will be Oak Park Township residents who are living in Oak Park at time of service delivery. A funded Agency assumes full responsibility and liability for proof of residency of its clients. Failure to do so can result in full repayment and loss of future funding. Any questions regarding residency should be directed to the Executive Director of the CMHB. (Please see attached Residency Policy.)

IV. Funding Practices and Methods

A. General

1. Planning
   a) The CMHB annually prepares and adopts a budget/appropriation. The CMHB also adopts an annual tax levy which is sent to the Township Board of Trustees prior to December. The CMHB, by law, administers the Community Mental Health Fund.
   b) The CMHB may administer and manage funds from state, federal, or
private sources. The management of such funds will follow the CMHB guidelines and any additional requirements according to the funding source.

2. Types of Contracts
   a) Grant Contracts
      (1) Any eligible service provider may respond to a request by the CMHB or petition the CMHB for a Grant Contract to supply services for the CMHB. These services are identified in and limited to the CMHB’s current Annual and Three Year Plan for Oak Park Township. The Grant Contract funding method is used primarily when a Purchase of Service (POS) contract is deemed unsuitable.
      (2) In addition to treatment and prevention services, the CMHB may negotiate Grant Contracts for the following kinds of activities/deliverables:
         i) Capital Expenditures
         ii) Administrative Services
         iii) Research
         iv) Training/Stipends
         v) Pilot Projects
         vi) Unique Situations (such as one-time events or to leverage other funding)
   b) Purchase of Service (POS) Contracts
      (1) The POS Contract is the preferred funding method of the CMHB. Such contracts will generally be awarded using a Request for Proposal (RFP) approach in which an eligible Agency may respond to the RFP, and/or request application to the CMHB for a POS contract to supply services identified in the CMHB’s current Annual and Three Year Plan for Oak Park Township.
      (2) The CMHB may develop POS contracts by direct solicitation to one or more eligible service providers to purchase services in accordance with the CMHB’s Annual and Three Year Plan for Oak Park Township. Unless otherwise determined by the CMHB, POS contracts are awarded annually, and may be extended beyond the one year term through the Amendment to Contract (attached).

3. Awarding of Contracts
   This section describes the most common ways the CMHB awards contracts.
   a) Request for Proposals (RFP)
      The CMHB may award funds through a request for proposal bidding process in which providers of service are invited to submit a proposal according to appropriate specifications detailed in the application.

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1 POS contracts utilize Medicaid, state, or negotiated rates to purchase specified units of service or staff hours.
These specifications, in many instances, require that organization/individual/entities meet qualifications set forth in statutes, laws, rules and regulations of federal, state, county, or local government entities. When such legal requirements exist, an Agency will demonstrate the capability to meet these in order to be eligible to respond.

b) Direct Solicitation
The CMHB may award funds through its direct solicitation. This includes, but is not restricted to, when providers of a certain service are limited, or, when providers who meet the legal requirements are limited in number. In instances when the CMHB has targeted a particular population for services, a provider already serving the particular target population may be solicited. In such instances, the CMHB may directly negotiate with the specific provider. This approach will apply when the CMHB chooses to implement a new contract or to renew a current contract that has performed well and has met all requirements.

c) Fiscal Agent
The CMHB may award funds acting as a fiscal agent for a particular Agency. An award of these funds follows the particular instructions and guidelines of the Agency. Federal or state funds are occasionally awarded to planning groups, coalitions, and local units of government. These groups need an administrative organization to manage the funding, to contract with providers, to coordinate the activities, to meet the reporting requirements, and to monitor service implementation. As fiscal agent, the CMHB provides the services to fulfill such requirements. The CMHB will consider each request to serve as a fiscal agent and, if approved, develop an appropriate contractual agreement. The CMHB will follow the contractual obligations and the appropriate rules and regulations related to the original source of the particular funds, and will execute appropriate subcontracts with providers of service.

d) Petitioning the CMHB (Letter of Intent)
(1) Any service provider meeting the CMHB’s eligibility requirements may petition the CMHB for funding. The Letter of Intent can be found on: www.oakparktownship.org. The Agency interested in obtaining funds shall submit: 1.) A concise description of the purpose of the funding, 2.) The amount of funding desired, 3.) A detailed budget narrative, and 4.) The expected impact (outcomes) to the CMHB Staff. The CMHB Staff will provide feedback concerning the substance of the request and how the request relates to the CMHB’s priorities and fund availability.

(2) The CMHB makes decisions regarding unsolicited funding requests based on the following criteria:
i) Is the service identified in the *Annual and Three Year Plan*?

ii) Does the request relate to the priorities communicated in the *Annual and Three Year Plan*?

iii) Is the service within this CMHB’s authority as defined by the Act?

iv) Does this request involve matching funds, which will generate additional funds to Oak Park Township?

v) Are uncommitted funds available to fund the request?

vi) If the request involves funding expected to continue beyond one year, as compared to a one-time request, does it impact the CMHB’s financial status?

vii) Does the Agency’s capability meet the required rules and regulations?

viii) Does the Agency meet all appropriate eligibility requirements for CMHB funding?

(3) The CMHB’s fiscal year runs from April 1st – March 31st. Generally, the CMHB adopts a set budget for each new fiscal year at the preceding February Board meeting. Therefore, an Agency considering requesting funds should forward such a request before October 1st to allow for the opportunity for full consideration. However, the CMHB, for good cause, may consider a new request for funds at any time.

4. **Contract Development**

   a) **General**

   After the CMHB has approved a budget, the contracting process begins. The contracting process involves completion of the documents outlined on page nine (9). The completed and executed contract becomes the controlling document governing the relationship between the CMHB and a provider of service. When an application for funding has been completed and approved according to the specified deadlines, a contract is developed and signed by the Executive Director or Board President of the CMHB. The CMHB then sends the contract and/or subcontract to be signed by the provider. For February awards, the provider will return the executed contract prior to April 1st of the new fiscal year, or prior to the disbursement of the first quarter payment. Unexecuted contracts may become null and void on April 30th of the contract year. In this case, the contract will need to be re-approved at the CMHB’s May Board meeting. For July awards, the executed contract must be returned prior to any funding being disbursed. Contracts that are not executed by the September board meeting may become null and void and will need to be re-approved. For November contract reallocations, and any contract amendments made after November, the contract amendment must be executed within 10 business days of the
reallocation or amendment.
# CMHB Required Documents and Reporting Requirements At A Glance

## REQUIRED DOCUMENTS

<table>
<thead>
<tr>
<th>Annual Contracts</th>
<th>RFP Awards</th>
<th>Reallocation of Amendments Direct Solicitation: November and January</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Posted:</strong> August</td>
<td><strong>Posted:</strong> May</td>
<td><strong>A. Reallocation Process:</strong> In November and January each year, the CMHB Contracts Manager will do an analysis of spending year to date for each agency/program. If it is determined an agency is under- or over-spending, their contract funds may be re-allocated as necessary (if funds are available).</td>
</tr>
<tr>
<td><strong>Due:</strong> October</td>
<td><strong>Due:</strong> June</td>
<td><strong>B. Process:</strong></td>
</tr>
<tr>
<td><strong>Award Date:</strong> February</td>
<td><strong>Award Date:</strong> July</td>
<td>1. Discussing the analysis with the agency that is under- or over-spending; and</td>
</tr>
<tr>
<td><strong>A. Application For Funding</strong></td>
<td><strong>A. Request For Proposals Application:</strong></td>
<td>2. Agreement to transfer funds 1. Within programs in the agency’s contract; 2. To another agency’s contract; or 3. To Program Development. The Contracts Manager will then revise the contract upon CMH Board approval.</td>
</tr>
<tr>
<td>This form defines key characteristics regarding the services or deliverables being agreed to by the CMHB. Included are: program description, outcome measurement information, service statistics and demographic information, and budget narrative that must include calculations for cost projections. Other sources of funding must be reported.</td>
<td>This form defines key characteristics regarding the services or deliverables being agreed to by the CMHB. Included are: executive summary, project design, timelines, proposer’s qualifications, staffing, outcomes, budget narrative and budget spreadsheet. Other sources of funding must be reported.</td>
<td></td>
</tr>
</tbody>
</table>

## REPORTING REQUIREMENTS

<table>
<thead>
<tr>
<th>B. Funding Parameters:</th>
<th>B. None</th>
<th>B. No new Funding Parameters</th>
</tr>
</thead>
<tbody>
<tr>
<td>This form delineates key aspects of service delivery and payment. It contains service and activity codes/descriptions to be purchased, unit rates, eligibility requirements, documentation requirements, and any other special parameters. The information contained in this form may be revised throughout the fiscal year if necessary.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Contracts or Amendment to the Contract:</th>
<th>C. Award letter: This form is the controlling document between the parties and delineates key aspects of service delivery or deliverables, documentation requirements, and payments.</th>
<th>C. Amendment to Contract: This form is an amendment to the original contract and is the controlling document between the parties.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This form is the controlling document between the parties.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Business Associates Agreement (BAA)</th>
<th>D. None</th>
<th>D. No new BAA</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Quarterly statistical and Bi-Annual Fiscal Reports, Report Dates: July 15, October 15, Jan 15, April 15</td>
<td>E. Year-End Statistical, Fiscal and Outcomes Report. Report Date: April 15th</td>
<td>E. N/A</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>F. Annual outcomes Report</td>
<td>F. N/A</td>
<td>F. N/A</td>
</tr>
<tr>
<td>G. Annual compliance on-Site and/or Desk Audits</td>
<td>G. Annual compliance on-site and/or Desk Audits</td>
<td>G. N/A</td>
</tr>
</tbody>
</table>
6. Steps to Contract Development
(a) Annual Applications and Requests for Proposals (RFP)
Once the annual application or an RFP is posted, an Agency may download the Applications from the CMHB website or request an application. It must be returned by the date listed on the form. The contract development process will then follow Direct Solicitation, steps (1)-(5) below.

(b) Direct Solicitation
When the CMHB solicits a service provider directly, it will be to renew the current contract or to seek a specific provider for services. The CMHB solicits organizations/individuals/entities for new or renewed contracts beginning in September. If the CMHB is seeking to initiate or renew a contract the following steps will apply:

(1) The CMHB will contact the Agency to schedule a meeting.
(2) The CMHB will discuss the performance under the current contract and/or previous year and any changes it may or may not require for funding for the next fiscal year.
(3) The Agency will have to complete all documents required on page 9, depending on type of contract. After an initial review of the application and further discussions with the Agency, the CMHB may require an updated application before it’s presented to the Board. Upon completion of all required documentation, the staff will make funding recommendations to the Board at the February Board meeting, or in the case of a special RFP awards, the July Board meeting.
(4) Upon Board approval, the contract will be forwarded to the Agency. The executed contract must be returned to the CMHB by the dates listed on page 8, 4 a) General.

(c) Fiscal Agent
The CMHB will follow the guidelines of the federal, state, or local agency, as well as the applicable CMHB contract development guidelines.

(d) Petitioning the CMHB (Letter of Intent)
Once a Letter of Intent is received, the CMHB will provide feedback concerning the substance of the request and how the request relates to the CMHB’s priorities. If it’s determined the request meets CMHB’s criteria for unsolicited requests and the request is within a funding cycle, the Agency may download the Application for Funding or RFP Application and return it by the due date or another date specified by the CMHB Staff. The request will follow the Grant or POS format and schedule for funding. The contract development process will then follow steps (1)-(5) in Direct Solicitation above.
B. Payment Methods and Practices

1. General

a) The CMHB will pay for services or disburse grant funds according to its Funding Guidelines and the relevant provisions of individual Contracts and Funding Parameters. Payment will be for the approved contractual services to the approved individuals defined in the contract. Total payments will not exceed the maximum amount stated in the contract. The CMHB is not obligated and will not make any payments for services or deliverables that exceed the stated contract amounts, exceeded the quarterly amount allowed or paid, are not part of the defined services, or are not delivered to approved individuals, all as defined in the contract between the parties. Further, upon mutual agreement of the Agency and CMHB, and based on the agency’s projection to underspend their annual award in any program or an RFP, the CMHB may reduce the funding to the agency and reallocate that funding to other CMHB priorities. Refer to Reallocations or Amendments on pg. 9.

b) Although the CMHB’s preferred method of payment is purchase of service, funds may also be disbursed through an annual or one-time grant. Payment methods and practices will vary depending upon the funding method and the funding purpose. Whatever payment method is utilized, the objectives are the following:

(1) CMHB funds support the approved services to the approved individuals.
(2) CMHB funds do not supplant other available funding.
(3) The CMHB’s level of payment is reasonable and cost efficient.
(4) CMHB funds do not supplement Medicaid.

c) CMHB payments may fully pay for a unit of service, or at times, partially support a service, unless that unit of service is co-funded with Medicaid funds. When CMHB payments are expected to cover the full cost of the unit of service, an Agency may not receive payment from another source for the same unit of service, or claim the unit of service as paid by another funding source, i.e., a non-Medicaid or grant contract. When CMHB payment is partially supporting a service, a provider may be billing and/or receiving payments from another source. In those instances, the Agency may claim the unit of service to another funding source and have disclosed all sources and amounts of funding for the service to be co-funded.

d) An Agency under contract must submit all required reports online and participate in annual or semi-annual onsite and desk monitoring checks to generate payment from the CMHB. Notice will be provided for on-site visits. Desk audits may be conducted anytime throughout the funding year depending on CMHB resources and cause, and notice will not be provided. Proper documentation of services and purchases must be available for CMHB audit purposes upon request, and in the format specified in the funding parameters. (Please see attached Auditing Policy and Procedures for CMHB Funding.)

e) An Agency under contract must submit a quarterly report following the report schedule of July 15th (first Q. report), October 15th (mid-year report), January 15th (third Q. report), and April 15th (Year-End Report). The point person
identified at each Agency must email the CMHB Contract Manager for notification that all required reporting is entered, and ready to be reviewed. A returned e-mail will verify the notification was received. The review process for reports does not begin without notification from the assigned point person. A ten (10) business-days extension can be granted for reports upon request. Requests must be submitted to the CMHB Contract Manager via email by the original due date or the CMHB can delay or withhold payment. A returned e-mail will verify the extension request was approved. Reports that are late may delay payment. Reports are reviewed individually, and on a first come first served basis. The CMHB Contract Manager must be notified by the point person at the Agency in order for report review to commence. Agencies that repeatedly request submitted data to be deleted after the database is closed for the quarter may incur a fee from the CMHB’s database contractor.

f) An Agency must include any accrued liabilities for any and all services or other deliverables in the 4th quarter financial report to the CMHB. The next fiscal year funds cannot be used for accrued expenses from a previous funding cycle. The CMHB will not be liable under any contract to pay for such services or expenses and will not pay for services or expenses that were not included in the 4th quarter report, or turned in after the Township FY has been closed out (first Tuesday of May).

g) An Agency with a Contract Amendment or Reallocation is subject to the same terms and conditions as the original contract unless otherwise amended. An Agency with a Contract Amendment or Reallocation is subject to the terms and conditions in f) above.

h) An Agency with an RFP signed award letter (contract) is subject to the terms and conditions in f) above.

2. Purchase of Service (POS)
   a) All requirements listed under “IV. Funding Practices and Methods, B. Payment Methods and Practices, 1. General a) - h)” are applicable to POS Contracts unless specifically waived.
b) The CMHB will provide ¼ of the annual award at the beginning of the first quarter following the report due dates listed in “IV. Funding Practices and Methods, B. Payment Methods and Practices, 1. General e)”. If the CMHB advances an agency their quarterly payment, the second and following quarterly payments will be reconciled based on units delivered the previous quarter(s). Unless otherwise specified to AGENCY, there are no caps on spending from quarter to quarter, and billing patterns may vary. Although there are no caps on spending amounts each quarter, once a quarterly report is downloaded and payment is confirmed, an AGENCY may not bill back to prior or “closed” quarters unless an exception is made by the Executive Director. In the case of the close of the first six months or end of a fiscal year, exceptions will not be made. Any funded AGENCY is required to have the capability to accurately bill for services rendered in a timely and efficient manner. In the case of quarterly advances, any unspent funds from the final reconciliation will follow the guidelines set forth in the Contract, Section I., as set forth hereinafter:

In the event any funds are unexpended, as indicated on the final fiscal year report, said funds must be returned to the CMHB within 30 days of the close of the fiscal year. The new contract will be suspended until funds are received resulting in forfeiture of payments due until such time as the funds are returned.

c) The CMHB will determine a unit rate for each service. A unit rate is the amount of funds that the CMHB will pay for one unit of a particular service. The CMHB may use different methodologies to set rates. Funds may never be used to supplement Medicaid funds for a unit of service or waiver program. The liability for Medicaid supplementation lies with the provider.

d) Unless the award is a one-time event, capital purchase, or special RFP, online reporting is required for payment. No funds will be disbursed without these reports completed in their entirety and reviewed by the CMHB Staff or Consultant. All conditions of “IV. Funding Practices and Methods, B. Payment Methods and Practices, 1. General a) - h)” apply. Reports that require client data must include client RIN (if a registered DHS client) or a valid social security number. If clients fall under a protected HIPAA class a unique ID may be assigned and must be used across all programs and funding years. Reports must also include demographics; address; insurance type; diagnosis; and service codes/types and units of service. All reports must include aggregate service and financial statistics and outcomes measurements. Training on the CMHB’s web-based data reporting site is provided annually, and a manual is available on-line. Technical assistance for outcomes reports is provided annually in November for annual contracts.

e) If a Contract, Funding Parameter, RFP, or other approved request needs to be amended at any time during the fiscal year, the request must be submitted to the Executive Director prior to the beginning of the last Quarter (January 1st), and should contain the following information:
(1) A summary of the changes stating the differences between the current approved request and the new proposed request; and

(2) The reasons for failure to meet the proposed request, and how the Agency intends to meet the new request. Depending on the nature and amount of the proposed changes, the request may be approved by the Executive Director, or may need to go the full Board at the next regularly scheduled Board meeting.

(3) The request shall be for direct services only within an agency’s current contract. Funds allocated for services will not be reallocated for infrastructure purposes.

f) Purchase of Service funding may be awarded for a one-time event or program through the RFP process, Direct Solicitation, or a Letter of Intent. Payment methods may vary depending on the type of award. The award letter will detail the purchase of service payment method.

3. Grant

a) All requirements under “IV. Funding Practices and Methods, B. Payment Methods and Practices, 1. General a) - h)” is applicable to Grant Contracts unless specifically deleted.

b) The CMHB will provide ¼ of the annual award per quarter as promptly as possible following the report due dates listed in “IV. Funding Practices and Methods, B. Payment Methods and Practices, 1. General e)” above. In the case of an RFP awarded in July, the payment will be dependent on the receipts provided which may be for the full or partial amount of the award. In the case of RFP award advancements, the payments may be 1/3 of the total award and will be reconciled upon receipt of staff time logs or other agreed upon accountability documents. The CMHB will fund an Agency for actual allowable quarterly expenses not to exceed the planned distribution of funds. Any unspent funds will follow the guidelines set forth in the Contract, Section I., as set forth hereinafter:

   In the event any funds are unexpended, as indicated on the final fiscal year report, said funds must be returned to the CMHB within 30 days of the close of the fiscal year. The new contract will be suspended until funds are received resulting in forfeiture of payments due until such time as the funds are returned.

c) A completed online quarterly report will be submitted on the following schedule: April 15th, July 15th, October 15th, and January 15th. No funds will be disbursed without these reports completed in their entirety, and reviewed by the CMHB Staff or Consultant. All conditions of “IV. Funding Practices and Methods, B. Payment Methods and Practices, 1. General a) - h)” apply. Reports include aggregate demographics, diagnosis, service and financial statistics, and outcomes measurements. The Revenue and Expense report must show actual revenue and actual expenses for the billing time period. Training on the CMHB’s web-based data reporting site is provided annually, and a manual is...
available on-line. Technical assistance for outcomes reports is provided in November for annual contracts.

d) If a Contract, Funding Parameter, RFP, or other approved request needs to be amended at any time during the fiscal year, the request must be submitted to the Executive Director prior to the beginning of the last Quarter (January 1st) and should contain the following information:
   (1) A summary of the changes stating the differences between the current approved request and the new proposed request; and
   (2) The reasons for failure to meet the proposed request, and how the Agency intends to meet the new request. Depending on the amount of the proposed changes, the request may be approved by the Executive Director or may need to go the full Board at the next regularly scheduled Board meeting.
   (3) The request shall be for direct services only within an agency’s current contract. Funds allocated for services will not be reallocated for infrastructure purposes.

e) Grant funding may be awarded for a one-time event or program through the RFP process, Direct Solicitation, or a Letter of Intent. Payment methods may vary depending on the type of award. The award letter will detail the grant payment method.

4. Fiscal Agent
   a) All of the Funding Practices and Methods listed above per section “IV. Funding Practices and Methods, B. Payment Methods and Practices, 1. General a) - h)” are applicable to Fiscal Agent Contracts unless specifically deleted.

   b) The CMHB will pay an Agency receiving state, federal, or other funds in accordance with all applicable state and federal laws, rules, regulations and guidelines as well as complying with The CMHB’s Funding Guidelines.

   c) As the Fiscal Agent, The CMHB will follow the disbursement guidelines and contractual obligations which it has with the funding source. An Agency under contract with the CMHB must follow the required procedures.

   d) The CMHB will not disburse funds that have been designated under contract from another source until they have been disbursed to the CMHB.

   e) The Agency under contract must follow all applicable federal or state laws, rules and regulations, or other funding source rules and regulations.

5. Advance Payments
   a) The CMHB may provide advance payment(s) to assist an Agency under contract with the CMHB with cash flow difficulties. The CMHB’s Executive Director may authorize an advance payment equal to one month’s planned fund disbursement. Any request larger than the current month’s planned disbursement will be referred to the CMHB’s full Board for consideration.

   b) The written request for advance payment will contain:
      (1) The amount of the advance payment requested
(2) An explanation regarding the cash reserve position of the Agency
(3) Financial documents, which demonstrate the previous explanation
(4) The reason(s) for the cash flow difficulties

V. Accountability Requirements

A. General

1. Meetings
   a) An Agency under contract with the CMHB will notify the CMHB of its Board of Director’s meetings on a timely basis. Upon request, such an Agency agrees to allow a CMHB member or CMHB staff to attend its Board meeting(s).
   b) An Agency under contract with the CMHB must provide to the CMHB Executive Director minutes of its Board of Director’s meetings within ten (10) business days after approval by their Board. Non-compliance may result in delay of payments.

2. Planning and Coordination of Funds
   a) An Agency under contract with the CMHB may be asked to provide the CMHB with a full copy of any request or application for new or adjusted public funding for mental health, developmental disabilities, and/or substance abuse services within one week of the time submitted to the funding body. The Community Mental Health Act allows the CMHB to review and provide comment on such requests and applications. This includes applications to units of the federal government, state government, and local governments.

   b) An Agency that is under contract with the CMHB and receives funds from the Illinois Department of Human Services or funds for mental health, developmental disabilities, and/or substance abuse services from another Department of Illinois State Government may be asked to submit to the CMHB a signed copy of the DHS or other state contract(s) with all attachments within two weeks of execution. The CMHB may also request:
      (1) Budget applications
      (2) Program Service and Funding Plans
      (3) End of year Service and Fiscal Reports, and,
      (4) Any other documents commonly referred to as “Agency Plans”
      (5) Copies of site, monitoring compliance, licensure/certification, evaluation and audit visits performed by any funding authority

3. Financial
   a) The CMHB requires that its funds support effective services to eligible individuals in a cost efficient manner and requires that the cost of services will be reasonable. An Agency under contract to the CMHB agrees to provide any requested financial information or access to any financial record so that the CMHB may make such determinations.
b) An Agency under contract with the CMHB must establish and maintain a modified accrual accounting system in accordance with generally accepted accounting principles. The CMHB requires an Agency to comply with government required and generally accepted accounting procedures appropriate for the type of Agency.

c) Expenses which cannot directly be charged to a cost center, or expenses commonly referred to as indirect or administrative expenses, will be allocated in accordance with a generally acceptable method of cost allocation. An Agency under contract with the CMHB must provide its cost allocation methodology and schedule to the CMHB upon request and at any time involving rate negotiation for purchase of service.

d) Each Agency under contract with the CMHB must submit an annual financial audit within 180 days of the end of its fiscal year. The audit must be a complete and bound audit, with all attachments, including the Management Letter, and be provided prior to funding commencement.

e) The annual financial audit must contain the following schedules:
   1. Statement of Functional Expenses by Program. All programs funded by the CMHB must be listed separately in this schedule. All administrative expenses, including Management and General and Marketing and Development should be clearly stated in a separate line either directly under expenses for each program or in another column in the schedule.
   2. Sources of Revenue by Program. All programs funded by the CMHB must have a schedule that contains all sources of revenue and support by program, with a row that contains the excess or deficiency of revenue and support over expenses. This schedule must list the CMHB in a separate line and not be combined with other governmental sources.

f) An Agency under contract with the CMHB must submit to the CMHB any changes to an audit, related to the last five years, within 30 days of that Agency’s receipt of that change.

g) In the event there is a disagreement about audit findings, an Agency must allow the CMHB to have an independent auditor perform an audit at the CMHB’s expense.

h) Any not-for-profit Agency under contract must supply a copy of the Federal Form 990 tax document when it is filed.

i) An Agency under contract with the CMHB must serve Oak Park Township residents regardless of their ability to pay. The Agency may use a sliding fee schedule and, at times, may be required to do so. If a sliding fee schedule is being used, the Agency must submit a copy for the CMHB’s approval during the contract development stage and at any time the Agency makes changes.
Any revenue generated through fees is required to be used for services in the cost center that the CMHB is funding, or to cover the expense of delivering the contracted services.

j) Any unspent funds over One Hundred ($100.00) Dollars remaining from the amount funded by the CMHB in a fiscal year must be returned to the CMHB within thirty (30) days after the end of the fiscal year.

4. Monitoring and Evaluation

a) An Agency under contract with the CMHB must report services and other contractual activities on a quarterly basis according to a CMHB approved data collection and reporting system. Exceptions will be made for one-time events.

b) An Agency under contract with the CMHB must agree to on-site and desk audit monitoring by CMHB staff. This monitoring will be used to determine the degree of compliance with the application, contract, funding parameters, and the Funding Guidelines. (Please see attached Auditing Policy and Procedures for CMHB Funding.)

c) An Agency under contract with the CMHB must make available at the CMHB site visit any clinical or programmatic reviews conducted by any DHS, other state department or department representative, or other funder in the last twelve months to reduce duplication of efforts.

d) An Agency under contract with the CMHB must make available to staff of the CMHB any financial document, recipient service document, and/or case record necessary to verify contractual service delivery and billing, revenue and expenses, and compliance with the contract, funding parameters, and the Funding Guidelines. Unless an exception has been made, all client records should contain a valid social security number or state RIN, an individual service plan or treatment plan with goals or expected outcomes, service start and stop dates with an authorized signature for each entry, proper release forms for information sharing, and records should directly relate to the data entered for payment. Treatment or service evaluative updates should be done at least annually and contained in the files. Refer to the contract’s funding parameters and Auditing Policy and Procedures for CMHB Funding for more details on record keeping.

If service logs are agreed upon by the CMHB, the log should have full client detail with start and stop times, authorized signatures, and detailed descriptions of activity/services provided. Start and stop times should be in no less than ¼ hour increments.

If staff time sheets are agreed upon by the CMHB, and the staff person is working in more than one position, the time sheets should have start and stop
times, authorized signatures, and a daily detailed activity log showing that the time billed to the CMHB reflects the agreed upon services or activities.

For *contractual or consultant services*, documentation should reflect copies of checks paid to the consultant and a detailed voucher or log of the services or activities provided by the consultant. Voucher or log should include start and stop times and authorized signatures.

For *capital projects or purchases* of any kind, documentation should reflect original receipts, copies of checks for purchases with dates paid and a detailed description of the purchase. Capital purchases may be viewed by CMHB staff or Consultants.

e) The CMHB requires the implementation of program and/or client outcome measures for its contracts. An Agency under contract with the CMHB must comply with the evaluation requirements and will report such information at the required frequency.

f) When CMHB funds are a match or commingled with other funds, CMHB staff will monitor the cost center, which contains those funds, using the appropriate rules and regulations, which govern such funds. An Agency must allow CMHB staff to conduct such monitoring and provide the necessary information for such monitoring.

g) Any Agency under contract with the Community Mental Health Board of Oak Park Township, who does not follow the procedures set forth in these Funding Guidelines, and tries to thwart the monitoring process in any way, will be brought to the attention of the CMHB and may have their funding withdrawn.

5. **Conflict of Interest**

The CMHB requires that an Agency under CMHB contract will identify any corporation, organization or individual with which there is a relationship, which could pose a possible conflict of interest. This includes corporations in which shared CMHB members exist, management or subcontracts for services exist, or shares are owned.
6. Sponsorship

As a Grantee of the Community Mental Health Board of Oak Park Township (CMHB), it is crucial that the agency communicate with government officials and the public about the value of mental health, substance use disorder, and developmental disability programs in your community; acknowledge the public funding you receive; and effectively communicate with elected officials and others how the funding from CMHB enables you/your organization to bring mental health, substance use disorder, and developmental disability programs and services to the residents of Oak Park Township. Your acknowledgement of the support your organization has received from CMHB helps to increase the public’s knowledge and support of CMHB and its funding. Therefore, the Grantee agrees to identify the Community Mental Health Board of Oak Park Township as a sponsor and funding body in its annual report, brochures, newsletters, website, and other promotional materials; and to recognize CMHB at all agency events associated with the funding provided by the CMHB. Exceptions may be made on a case by case basis.

7. Probation

(a) The CMHB may place a provider on probationary status. When a Provider fails to comply with contractual expectations over a period of time, or if there has been a single incident of sufficient gravity, the CMHB may choose to place that provider on probation. Therefore, if designated improvements or corrections are not made by the provider within a specified period of time, the CMHB shall move to payment suspension procedures outlined in Section V:A:7:a)-(e) or shall move to terminate the contract.

(b) Probationary status may be imposed under the following circumstances, but is not limited to the following circumstances:

1. The provider fails to make timely corrections or supply information required or requested as a result of the contractual or monitoring process or other accountability requirements.
2. The provider provides services that deviate from the contract’s parameters or fails to follow the contract’s requirements.
3. The provider’s clinical or financial records do not support billings to the CMHB.
4. The provider has failed or is failing to meet local, state and/or federal requirements and/or regulations.
5. The provider has violated local, state and/or federal requirements and/or regulations.
6. The provider has failed or is failing to comply with the CMHB’s Funding Guidelines and/or contractual parameters.
7. The provider fails to provide financial, programmatic, outcome or other documentation/information requested or required by the CMHB.
8. Another funding Agency or legal authority is investigating the provider.
(9) The organization is at the risk of becoming insolvent.

(c) If the CMHB staff determines that probationary status is warranted, the Executive Director will consult with the CMHB President and if deemed appropriate, send a letter to the Executive Director of the Agency or independent contractor providing service, and inform the CMHB Board. This notification shall include the reasons for such action, the corrective action(s) that would be required, and the date and time of the scheduled Board meeting that the probationary status of the Agency will be discussed. The Agency may submit a written response to the Executive Director within ten (10) business days of the date of the CMHB’s notification of probation. If the Agency so desires, the Agency may attend and address the CMHB at said meeting.

(d) CMHB staff or Consultant shall update the Executive Director on a timely basis on the progress made by the Provider in correcting the deficiency. At the end of this timeframe or at any time during the probationary period the Executive Director may make one of the following recommendations or another recommendation that the Director deems appropriate to the full CMHB Board:

1. Remove the provider from probationary status
2. Extend the time frame of the probation
3. Suspend payments as outlined in Section V:A:7 of these guidelines
4. Terminate the contract
5. Report any findings of inappropriate, illegal, fraudulent or unethical conduct to the appropriate County, State or Federal regulatory and/or law enforcement agencies

8. Payment Suspension

(a) The CMHB may suspend payment(s) to an Agency for noncompliance with the CMHB’s contract, Funding Parameters, or with the Funding Guidelines. Payments may also be suspended should the Agency be investigated for, or found accountable for ethical or legal charges, whether by independent audit, other funding Agency, or other authority.

(b) The Executive Director may temporarily suspend payments following consultation with the Executive Committee of the CMHB. The CMHB will then consider the suspension at its next regularly scheduled full CMHB meeting.

(c) Notice of suspension will occur in writing to the Agency before payments are suspended. The notice will specify the reason(s) for the suspension, the cost center or contracted service impacted, the beginning date and the actions necessary to end the suspension.

(d) The Agency can respond, in writing, to the CMHB’s office address within ten (10) business days of the date of the CMHB’s notification to suspend payments. The response should include a plan of action to correct the situation leading to the suspension and include a time frame for corrective action.

(e) The Agency may address the Executive Director or the full CMHB Board when the suspension is reviewed. The CMHB will send written notification of its actions.
(f) Payment suspension due to a routine or selected records audit is detailed in the Auditing Policies and Procedures for CMHB Funding.

9. Cancellation of Contract
The CMHB reserves the right to terminate an Agency’s contract at any time upon thirty (30) days written notification.
I have received, reviewed, and agree to the terms and conditions of the FUNDING Guidelines. I agree to adhere to these conditions throughout the life of the contract.

____________________________________________________

Signature

____________________________________________________

Print Name

____________________________________________________

Date
Attachment 1:
Application for Funding (Annual)
Community Mental Health Board of Oak Park
Township Annual Award Application

Community Mental Health Board of Oak Park

Question Group

Agency Name*
Character Limit: 100

Amount Requested*
Character Limit: 20

Total Agency Revenue (All Programs/Sources):

FY (April 1, 20- March 31, 20)
FY (April 1, 20- March 31, 20)
FY (April 1, 20- March 31, 20)

Last Completed FY20*
Character Limit: 20

Current FY20 Revenue*
Character Limit: 20

Projected FY20 Revenue*
Character Limit: 20

Service Statistics

Notes:
Unduplicated = Unique Client count for the Fiscal Year
CMHB= Clients the Community Mental Health Board Funds (CMHB)
Non-CMHB Funded= Other Oak Park clients in program not funded through CMHB Funds

Note: If Oak Park Clients are funded by the CMHB and other funding sources, they should only be counted one time under CMHB or non-CMHB.
FY20 - Projected Unduplicated Clients Served- CMHB Funded*
Character Limit: 250

FY Application - Unduplicated Clients Served- CMHB Funded*
Character Limit: 250

FY18 Year End - Unduplicated Clients Served- CMHB Funded*
Character Limit: 250

FY20 - Projected Unduplicated Units of Service- CMHB Funded*
Character Limit: 250

FY Application - Unduplicated Units of Service- CMHB Funded*
Character Limit: 250

FY Year End - Unduplicated Units of Service- CMHB Funded*
Character Limit: 250

FY20 - Projected Unduplicated Clients Served- Non-CMHB Funded*
*Non-CMHB= All clients who receive services through this program, that are Oak Park Residents, but do not receive funds through the CMHB.
Character Limit: 250

FY Application - Unduplicated Clients Served- Non-CMHB Funded*
Character Limit: 250

FY Year End - Unduplicated Clients Served- Non-CMHB Funded*
Character Limit: 250

FY20 - Projected Unduplicated Units of Service- Non-CMHB Funded*
*Non-CMHB= All clients who receive services through this program, that are Oak Park Residents, but do not receive funds through the CMHB.
Character Limit: 250
FY Projected Non-CMHB Funded*
If you listed any Oak Park non-CMHB funded clients, please explain why. (Ex: Not enough funding, the client receives different services then CMHB funds, etc.)

Character Limit: 500

FY Application - Unduplicated Units of Service- Non-CMHB Funded*
Character Limit: 250

Program Narrative

Q1: Program Description*
Provide an overall detailed description of the program and services, including the program's catchment or service area.

Character Limit: 5000

Q2: Purpose of Request*
Summarize the purpose of your request and the services/activities or staff position to be supported with CMHB funds.

Character Limit: 5000

What are the three main ways you measure the impact (outcomes) of your program/services?

Q3A: Measure Impact- Way 1*
What is 1 of 3 ways you measure the impact (outcomes) of your program/services?

File Size Limit: 1 MB

Q3B: Impact Explanation- Way 1*
Did you meet this outcome in the past year? Please explain your evaluation process. Include the name of any measurements/assessments/tools used.

Character Limit: 2500

Q3A: Measure Impact- Way 2*
What is 2 of 3 ways you measure the impact (outcomes) of your program/services?

File Size Limit: 1 MB
Q3B: Impact Explanation- Way 2*

Did you meet this outcome in the past year? Please explain your evaluation process. Include the name of any measurements/assessments/tools used.

*Character Limit: 2500

Community Mental Health Board of Oak Park Township Annual Award Application

Community Mental Health Board of Oak Park

Question Group

Agency Name*
*Character Limit: 100

Amount Requested*
*Character Limit: 20

Total Agency Revenue (All Programs/Sources):

FY (April 1, 20- March 31, 20)
FY (April 1, 20- March 31, 20)
FY (April 1, 20- March 31, 20)

Last Completed FY20*
*Character Limit: 20

Current FY20 Revenue*
*Character Limit: 20

Projected FY20 Revenue*
*Character Limit: 20

Service Statistics
Notes:
Unduplicated = Unique Client count for the Fiscal Year
CMHB= Clients the Community Mental Health Board Funds (CMHB)
Non-CMHB Funded= Other Oak Park clients in program not funded through CMHB Funds

Note: If Oak Park Clients are funded by the CMHB and other funding sources, they should only be counted **one time** under CMHB or non-CMHB.

**FY20 - Projected Unduplicated Clients Served- CMHB Funded***
*Character Limit: 250

**FY Application - Unduplicated Clients Served- CMHB Funded***
*Character Limit: 250

**FY Year End - Unduplicated Clients Served- CMHB Funded***
*Character Limit: 250

**FY - Projected Unduplicated Units of Service- CMHB Funded***
*Character Limit: 250

**FY Application - Unduplicated Units of Service- CMHB Funded***
*Character Limit: 250

**FY Year End - Unduplicated Units of Service- CMHB Funded***
*Character Limit: 250

**FY20 - Projected Unduplicated Clients Served- Non-CMHB Funded***
*Non-CMHB= All clients who receive services through this program, that are Oak Park Residents, but do not receive funds through the CMHB.
*Character Limit: 250

**FY Application - Unduplicated Clients Served- Non-CMHB Funded***
*Character Limit: 250
**Program Narrative**

**Q1: Program Description**

Provide an overall detailed description of the program and services, including the program's catchment or service area.

* Character Limit: 5000

**Q2: Purpose of Request**

Summarize the purpose of your request and the services/activities or staff position to be supported with CMHB funds.

* Character Limit: 5000

What are the three main ways you measure the impact (outcomes) of your program/services?

**Q3A: Measure Impact- Way 1**

What is 1 of 3 ways you measure the impact (outcomes) of your program/services?

* File Size Limit: 1 MB
**Q3B: Impact Explanation- Way 1**
Did you meet this outcome in the past year? Please explain your evaluation process. Include the name of any measurements/assessments/tools used.

*Character Limit: 2500*

**Q3A: Measure Impact- Way 2**
What is 2 of 3 ways you measure the impact (outcomes) of your program/services?

*File Size Limit: 1 MB*

**Q3B: Impact Explanation- Way 2**
Did you meet this outcome in the past year? Please explain your evaluation process. Include the name of any measurements/assessments/tools used.

*Character Limit: 2500*

**Q3A: Measure Impact- Way 3**
What are the three main ways you measure the impact (outcomes) of your program/services? Include the name of the assessment you use if applicable.

*File Size Limit: 1 MB*

**Q3B: Impact Explanation- Way 3**
What is 3 of 3 ways you measure the impact (outcomes) of your program/services?

*Character Limit: 5000*

**Q4: Request v Outcomes**
How is the funding request related to achieving the program outcomes?

*Character Limit: 5000*

**Q5: EBP**
Are the services/activities/other funding request modeled after Evidence-Based Practices in the field? If yes, explain.

*Character Limit: 5000*

**Q6: Service Type**
List each specific type of service you are requesting the CMHB to fund.

Unit Types= Client Hours, Staff Hours, Events, Nights of Care, etc.

*Character Limit: 5000*
**Q7: Service Rates**

For ALL service/staff hour requests:

If you are requesting an hourly rate/per diem/ event that is not a standard state or federal rate, provide the rate methodology. *All rates will be reassessed for FY2020.*

**Character Limit: 5000**

**Q8A: Hours of Operation**

Specify the hours/days/months of operation of the program/services you are requesting funding:

**Character Limit: 5000**

**Q8B: Evening and Weekends**

Does your organization offer evening and weekend services? If yes, please explain

**Character Limit: 5000**

**Q9: Location of Service**

Where are the services provided? (List on-site and off-site locations)

**Character Limit: 5000**

**Q10A: Client Fee**

For the services you are requesting CMHB funds, will you charge the client an additional fee, or will the CMHB Rate be payment in full?

Please explain all circumstances when the client pays any type of fee on top of a CMHB reimbursed service. List the typical fees, or if it's a sliding scale, move to question B below. Answer for each service requested if more than one service and fee schedule.

**Character Limit: 5000**

**Q10B: Sliding Scale**

Do you offer Oak Park Resident's a sliding scale?

If yes, include a copy of the document with your application.

**Character Limit: 1000 | File Size Limit: 1 MB**
Q11: Exclusions*
Program exclusions, if any:

Character Limit: 5000

Q12A: CMHB Strategic Plan*
Does this request directly address the CMHB's Strategic Plan (begins on page 141 of document)? If yes, specify.

Character Limit: 5000

Q12B: Community Needs*
If not, explain how the request relates to the current community needs of Oak Park Township residents.

Character Limit: 5000

Q13: Duplication*
Does this program/service/funding request duplicate another program/service/funding request already being delivered in the community? If "yes", how is your request different?

Character Limit: 5000

Q14: Timeline*
If this is a new program or service, list the start-up timeline for funding request. Attach a complete program plan with goals, objectives, times, and measurements.

Character Limit: 5000 | File Size Limit: 1 MB

Q15: Award Amount*
If Oak Park CMHB awards less than the amount requested, how will that impact this program/service request?

Character Limit: 5000

Q16: Sustainability*
If Oak Park CMHB is not available after the award period, how will the program sustain operations?

Character Limit: 5000
Q17: Residency*
All clients/participants funded with award must be Oak Park residents. Please explain or include your resident check policy.

Character Limit: 5000 | File Size Limit: 1 MB

Q18: Additional Information*
Is there any other relevant information you would like to add to this application?

Character Limit: 5000

FY Last Completed Revenue

Q23: Fiscal Year*
Which month does your fiscal year begin?
Attachment 2:  
Request for Proposals (RFP) Application
The Community Mental Health Board (CMHB) of Oak Park Township

REQUEST FOR PROPOSALS
For FY 2017
Special Funding Opportunity for Service Enhancements and Infrastructure Upgrades

May 18, 2016

Synopsis of Request: Funding will be provided for affiliate agencies that have infrastructure, technology, training, or other one time requests related to increasing the quality of their programs and services in the areas of behavioral health or developmental disabilities. Requests that directly address the CMHB Strategic Plan Priorities and/or benefit multiple organizations that serve large numbers of Oak Park Residents will be given special consideration. The proposal must directly benefit Oak Park residents.
I. PROJECT OVERVIEW

This Request for Proposal (RFP) is for program and service development and enhancements that increase service and system of care quality and effectiveness; workforce professional development; information technology enhancements; capital expenditures; and training opportunities. Requests must be in the areas of behavioral health, substance use disorder, or developmental disabilities service provision, and follow evidence-based best practices where applicable. A demonstrated need and benefit (outcome) must be in all submissions, as well as plans for how the benefit will be sustained beyond the award period. All activities and related expenses must be initiated and expensed by **March 31, 2017**. All final decisions will be made by the CMHB members at the **July 18, 2016** Board meeting. **These funds are for one-time requests only. New direct service pilot projects will not be considered** unless directly solicited by the CMHB.

II. PROPOSAL COMPONENTS

Proposals should contain the following sections:

1. **Executive summary**, including how this award will directly benefit Oak Park residents
2. **Project design**
3. **Timelines**
4. **Proposer’s (or independent contractor)**, including the agency meets the general eligibility requirements of the Funding Guidelines; pg. 4:
   - **A. General**
     - Any Agency which meets the relevant, appropriate criteria is eligible to receive CMHB funds. These criteria are:
     - An Agency must be a public, not-for profit entity or a governmental unit.
     - An Agency will demonstrate that it has the appropriate professional staff with the appropriate academic certification/licensure, and appropriate experience.
     - An Agency will demonstrate financial reliability and stability.
     - An Agency will demonstrate service, fiscal, and administrative accountability.
   
5. **Staffing plan/job description(s) (if applicable)**
6. **Outcome(s) expected** (Attachment A)
7. **Budget narrative and budget spreadsheet** (2 formats attached-Attachments B1&B2). Please note: IT, Training, and infrastructure requests are not eligible for an agency indirect rate.
8. **If this request is for information technology, infrastructure or training, agency must provide a detailed explanation containing:** a) Previous CMHB funded requests that relate to this request; b) How this request connects to, builds on, or enhances any CMHB or otherwise funded it, training, or other request, c). In cases where CMHB funds are leveraged with other funding, an explanation of how and when the other funding will be secured and D) Include the specifications for all equipment, as well as installation and staff training information.

SUBMISSION REQUIREMENTS
Please submit one emailed version of the narrative sections in Microsoft Word, and budget spreadsheet in Excel. This will help expedite any revisions that may be necessary. The document narrative and budget should not exceed 3 pages. Any attachments need to be clearly labeled and related to the narrative and/or budget and should not exceed two (2) pages. Any submission over 5 pages total will not be accepted. If the proposal is accepted, we will contact you by email, and ask you to submit 10 hard copies and attend the July 18, 2016 Board meeting to answer questions regarding your proposal. Only one RFP will be approved per applicant. In cases where an Agency is the fiscal agent on behalf of a Consortium, Coalition, or Commission request, that request will not preclude them from an individual agency application. Awardees will be notified by email after the July 18, 2016 Board meeting. Within two weeks of the award, the Agency will receive a contract. The Contract must be signed and returned to the CMHB before funding commences. The disbursement of funds will follow the CMHB Funding Guidelines for one time funding requests. ALL AGENCIES ARE SUBJECT TO AN RFP YEAR END REPORT DUE APRIL 15TH (2 formats attached-Attachments C1&C2). If you would like a copy of the Funding Guidelines, please contact us or go to www.cmhb.networkofcare and click on Mental Health Board Information.

FREQUENTLY ASKED QUESTIONS

The amount of funding awarded to individual applicants in the RFP funding cycle each year is dependent on many factors, including the number of submissions the CMHB receives and the value of those requests in relationship to the CMHB Strategic Plan. RFP awards over $10,000 are generally solicited by the CMHB and are multi-agency collaborations. Other factors considered include the likelihood of the request to receive leveraged funding, the importance of the request to professionalize the business practices and help the Agency sustain in response to the Affordable Care Act and managed care, and adherence with State and Federal recommended best practices. Other factors include RFP funding history with the Agency, and the Agency’s accountability history, including its ability to fulfill reporting requirements.

SUBMISSION DEADLINE

The deadline for consideration is June 16, 2016 for the July 18, 2016 Board Meeting.
CONTACT INFORMATION: 708-358-8855

Lisa DeVivo
ldevivo@cmhb-oakpark.org

Vanessa Matheny
vmatheny@cmhb-oakpark.org
ATTACHMENT A

Format for Outcome Objectives
(No more than two goals and two outcome objectives per goal)

For Direct Services/ Staff/Consultants Requests

Goal 1: ___________________________________________________________

Objective 1: _______________________________________________________

Your outcome objective must contain the following information:

WHO? (Targeted group)

WILL DO WHAT? (Expected change in behavior, attitude, or education)

HOW will this be changed?

BY WHEN? (Dates or Milestones)

MEASURED HOW? (Include the measurement instrument and analysis process)

For IT and Other Capital Requests

Goal 1: ___________________________________________________________

Objective 1: _______________________________________________________

Your outcome objective must contain the following information:

WHO? (Targeted group)

WILL DO WHAT? (Expected change in behavior, attitude, or education)

HOW? (Implementation Process)

WHEN?

WHAT WILL BE THE IMPACT?
ATTACHMENT B-1

**Sample Budget Narrative For Direct Services/Staff/Consultation Requests**

**DIRECT EXPENSES**

**Personnel**
- Salary: Project Coordinator @ 15% of $40,000: $0.00
- Fringe Benefits @ 25%: $0.00

**Personnel TOTAL**: $0.00

**Contractual**
- Public awareness events 2 @ $0.00 each: $0.00
- Room rental: $0.00
- Refreshments and snacks for 30 participants @ $0.00 each: $0.00
- Speaker fee 2 @ $0.00 each: $0.00
- Meeting Costs 5 @ $0.00 each: $0.00

Costs for holding project planning meetings are approximated. The meetings will include refreshments and meeting materials.

**Contractual TOTAL**: $0.00

**Supplies**

*Office Supplies*
- Project Coordinator requires typical office supplies such as paper, pens, folders, etc. over the 8 month period (August 1-March 31). $17 X 8=$0.00

**Supplies TOTAL**: $0.00

**Travel**
- Mileage for 2 trainings in Springfield: 2 X 356 miles = 712 X .50= $0.00
- Per Diem: $0.00 per day X 2: $0.00
- Hotel: $0.00 per day X 2: $0.00

**Travel TOTAL**: $0.00

**Direct Expenses TOTAL**: $0.00

**Management and General/All Indirect Expenses**
- @10% of direct expenses: In-Kind

**GRAND TOTAL**: $0.00
## Budget Spreadsheet B-1

### Sample Budget Spreadsheet for Direct Services/Staff/Consultation Requests

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<thead>
<tr>
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<th>Totals</th>
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</tr>
<tr>
<td>Contractual</td>
<td>$0.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>$0.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$0.00</td>
</tr>
<tr>
<td>Management and General</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>AMOUNT REQUESTED</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>REVENUE FROM OTHER SOURCES:</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Sources of Other Revenue:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
<td>$0.00</td>
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<tr>
<td>3.</td>
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</table>

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>$0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GRAND TOTAL (CMHB and Other Revenue)</strong></td>
<td>$0.00</td>
</tr>
</tbody>
</table>
ATTACHMENT B-2

**Sample Budget Format for Budget Narrative - IT/Capital Requests**

### Direct Expenses

#### Hardware/Licensing

- Dell 32 GB Certified Replacement Memory Module for Select Dell Systems: $0.00
- Kingston Data Traveler R3.0 USB flash drive 32GB: $0.00
- Dell PowerEdge R530 Server: $0.00
- VMWare vSphere 5 Essentials License: $0.00
- VMWare vSphere 5 Essentials License Subscription: $0.00

Costs for equipment necessary to replace outdated and unsupported servers; to purchase addition equipment; and to purchase anti-virus software licenses.

**Hardware/Licensing Sub-Total:** $0.00

#### Fixed Services

- Migration (POP/Exchange Mailbox Migrations to Office 365): $0.00
- Install Hosted Exchange, including: MS Exchange Server Configuration, Email Setup: $0.00
- Secure Outlook Web Access Setup; Spam and Anti-Virus Setup for all Email Accounts: $0.00
- Install memory upgrade for existing Server: $0.00
- Reconfigure existing server with proper memory, CPU and drive allocations: $0.00
- Install and configure new ESX server: $0.00
- Upgrade ESXi host LOCALHOST to ESXi 5.5: $0.00
- Decommission old SBS Server: $0.00
- Configure one server 2008R2 VM for Blackbaud and one server: $0.00
- Migrate data from OLDSEXCHANGE to new FILE VM: $0.00
- Migrate Active Directory to new server: $0.00
- Clean up and Organize Active Directory: $0.00
- Configure Terminal Services Loopback to 3Points standards: $0.00
- Decommission OLDS-HELPDESK, OLD-FILE-101, OLDS-FUNDWARE: $0.00
- Assist 3rd party with upgrade and migration to new server: $0.00
- Reconfigure all copiers to use new Exchange Server/O365: $0.00
- Reconfigure 3rd party application for O365 Email functionality: $0.00
- Document and label all devices: $0.00
- Quality check and post-project support: $0.00

Costs for physical work of migrating, configuring, upgrading, and uninstalling and reinstalling programs; and for quality assurance and post-project support.

**Fixed Services Sub-Total:** $0.00

#### Other

- Contractual: Project Management: $0.00
- Shipping: $0.00

**Other Sub-Total:** $0.00

Costs for consulting firm to implement the project and any shipping costs for purchased products.

**GRAND TOTAL:** $0.00
### Sample Budget Spreadsheet for IT/Capital Requests

<table>
<thead>
<tr>
<th>Budget Line Item</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardware and Licensing</td>
<td>$0.00</td>
</tr>
<tr>
<td>Fixed Services</td>
<td>$0.00</td>
</tr>
<tr>
<td>Contractual</td>
<td>$0.00</td>
</tr>
<tr>
<td>Shipping</td>
<td>$0.00</td>
</tr>
<tr>
<td>GRAND TOTAL</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Amount Requested from CMHB Funding</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td>Hardware/Licensing</td>
<td>$0.00</td>
</tr>
<tr>
<td>Install Hosted Exchange</td>
<td>$0.00</td>
</tr>
<tr>
<td>Install memory upgrade</td>
<td>$0.00</td>
</tr>
<tr>
<td>Reconfigure existing server with proper memory, CPU and drive allocations</td>
<td>$0.00</td>
</tr>
<tr>
<td>Configure server for Blackbaud</td>
<td>$0.00</td>
</tr>
<tr>
<td>Migrate data from OLDSEXCHANGE to new File VM</td>
<td>$0.00</td>
</tr>
<tr>
<td>Revenue from Other Sources</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Sources of Other Revenue</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td>List each source separately</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total Other Sources</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>GRAND TOTAL (CMHB and Other Revenue)</strong></td>
<td>$0.00</td>
</tr>
</tbody>
</table>
ATTACHMENT C-1
Community Mental Health Board of Oak Park Township

REQUEST FOR PROPOSALS
RFP Year End Report for IT/Capital/Training/Non-Direct Services Funding

Instructions to Agency
Please finish the following:
- Status of Project
- Impact/Outcomes for Oak Park Township
- RFP Budget Against Actuals
- Receipts

Do not exceed two pages for your report.

All Year End Reports are due on April 15th.

Please email this form back to Lisa DeVivo @ ldevivo@cmhb-oakpark.org.

<table>
<thead>
<tr>
<th>Agency Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amt. Awarded:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Amt. Spent:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Purpose:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Status of Project(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impact/Outcomes for Oak Park Township: (May be in general, client specific, or both. Refer to the outcomes in your RFP)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RFP Budget Against Actuals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Attach an excel spreadsheet or word document)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Receipts: (choose one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sent already with Invoice(s)? Yes/no If yes, how many invoices were sent? __________</td>
</tr>
<tr>
<td>2. On file upon an audit (must be pre-approved by the CMHB) Yes/no</td>
</tr>
</tbody>
</table>

36
ATTACHMENT C-2

Community Mental Health Board of Oak Park Township

REQUEST FOR PROPOSALS
RFP Year End Report for Staff/Consultation/ Direct Services Funding

Instructions to Agency
Please finish the following:
- Status of Project
- Service Statistics
- Impact/Outcomes for Oak Park Township
- RFP Budget Against Actuals
- Receipts

Do not exceed two pages for your report.

All Year End Reports are due on April 15th.

Please email this form back to Lisa DeVivo @ ldevivo@cmhb-oakpark.org.

<table>
<thead>
<tr>
<th>Agency Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amt. Awarded:</td>
</tr>
<tr>
<td>Amt. Spent:</td>
</tr>
<tr>
<td>Purpose:</td>
</tr>
<tr>
<td>Status of Project(s):</td>
</tr>
<tr>
<td>*Service Statistics for program period</td>
</tr>
<tr>
<td>Unduplicated Oak Park clients served:</td>
</tr>
<tr>
<td>Units of service:</td>
</tr>
<tr>
<td>*This section may be revised to reflect specific statistics based on the award</td>
</tr>
<tr>
<td>Impact/Outcomes for Oak Park Township: (May be in general, client specific, or both. Refer to the goals listed in your proposal)</td>
</tr>
<tr>
<td>RFP Budget Against Actuals:</td>
</tr>
<tr>
<td>(Attach an excel spreadsheet or word document)</td>
</tr>
<tr>
<td>Receipts: (choose one)</td>
</tr>
<tr>
<td>3. Sent already with Invoice(s)? Yes/no If yes, how many invoices were sent?</td>
</tr>
<tr>
<td>4. On file upon an audit (must be pre-approved by the CMHB) Yes/no</td>
</tr>
</tbody>
</table>
Attachment 3: Residency Policy
RESIDENCY POLICY
Adopted:
April 17th, 2012

I. A Resident Is
- An owner or a registered tenant of a property, or a family member of the owner or tenant that is listed on the rental agreement
- A client/consumer living in an Oak Park group home
- A clients/consumer living in an Oak Park halfway house

A client/consumer is eligible for CMHB-supported services if they are residing in Oak Park Township on the date of service delivery.

II. Residency for Homeless Individuals
A. Initial Point of Contact
- In the case of outreach and engagement activities to individuals in Oak Park, the initial point of contact with the client must be within Oak Park Township boundaries
- In the case of clients/consumers residing in shelters, the initial point of contact must be within an Oak Park shelter
- In the case of clients/consumers living with a resident of Oak Park, the initial point of contact with the client must be within Oak Park Township boundaries

B. Initial Point of Contact (first case note) Until Day 31
The CMHB will provide for up to 30 days of services no matter where the client/consumer resides after the initial point of contact. The agency must be actively engaging the client in linkage to other services, especially if the client will be residing in shelter, transitional, or permanent housing outside of Oak Park Township. The client only qualifies for the 30 days of unrestricted residency services under this portion of the policy once every 120 days.

C. At Day 31
The following policy commences for continued services: He/She has physically resided at an Oak Park address for twenty (20) days of the previous thirty days, or ten (10) of the previous fourteen (14) days, or five (5) days out of the previous week. This requirement must be verified by:
- a log that is signed by a PADS shelter staff
- a witness affidavit attesting to residency if client is living with an Oak Park resident
- a log that is signed by the outreach/engagement staff if the person is not living in a shelter and there is no known residency address

The agency billing for the homeless person must maintain the verifying documentation and have that information available upon request
III. Exception Policy
Any requests for exceptions to the CMHB Residency Policy must be submitted in writing to the Executive Director, and copied to the Contracts Manager. The Executive Director will respond with an approval or denial within one week of the request. Any exceptions will be reported to the Executive Committee.

Proof of residency is the responsibility of the service provider and any falsification of records will result in a recoupment of funding.
Attachment 4: Amendment to Contract
Amendment to CONTRACT between the
COMMUNITY MENTAL HEALTH BOARD OF OAK PARK TOWNSHIP
(Grantor)

and

AGENCY
(Grantee)

For Fiscal Year Ending: _________

This amendment is attached and incorporated into the Contract between COMMUNITY MENTAL HEALTH BOARD (CMHB) of Oak Park Township, and AGENCY which is dated _________ ("Contract").

CMHB will conduct an analysis of contract billings by AGENCY during the third quarter of this amended Contract. If CMHB determines that AGENCY, for any reason, is unable or unlikely to bill out the total amount of this Contract, CMHB has the authority to move unexpended funds to other service contracts with other service providers after issuing a written letter to AGENCY (Contract Amendment).

CONTRACT
SECTION B:
CMHB agrees to remit funds to AGENCY for charges incurred by the Grantee during the 1-year award period of April _______ to _________. Such distribution of funds by the CMHB shall not exceed the total sum of $__________ per annum during this period dependent upon compliance with the CMHB’s Funding Guidelines and Funding Parameters.

SECTION C:
6) The purpose of this agreement between the Grantee and Grantor is to provide the following services as set forth below and the Funding Parameters.

Programs/Services: Amount:

TOTALS

7) Grantee will furnish the CMHB with audited financial statements and any accompanying management letters for the fiscal years covered in this amendment. Refer to the Funding Guidelines for detail of required schedules.

GRANTEE:

Agency:

__________________________________
Executive Director

__________________________________
Date

GRANTOR:

COMMUNITY MENTAL HEALTH BOARD OF OAK PARK TOWNSHIP:

__________________________________
Lisa DeNunzio-DeVivo, Executive Director

__________________________________
Date
Attachment 5: 
Auditing Policy and Procedures for CMHB Funding
Auditing Policies and Procedures for CMHB Funding

Adopted:
February 16th, 2010
Amended:
April 22nd, 2014
September 20th, 2016

Policy:
The Community Mental Health Board (CMHB) is accountable for the expenditure of public funds for services in the areas of mental health, substance use disorders, and developmental disabilities. Based on needs assessment in these areas, the CMHB provides funding for services, and monitors agency contracts. As part of this process, the CMHB will audit agency records to ensure compliance with their CMHB contract guidelines. The CMHB will conduct both on-site and off-site quality assurance program audits.

Purpose:
The CMHB will use the audit to ensure that providers are billing for clinical and preventative services or other approved expenditures, accurately and appropriately, in accordance with CMHB guidelines.

Procedure:
The CMHB will follow the procedures below for routine and selected record audits:

I. On-Site Quality Assurance Program Audits

1. At a minimum, the CMHB will audit funded programs every other year, and at such other times it deems necessary. A selection of funded programs will be identified by the CMHB for onsite record reviews (billing and clinical).
   a. The on-site audits will focus on:
      i. A sample of client files from programs funded by the CMHB, and/or
      ii. Files related to funded positions
      iii. Review of elements required in the funding parameters for a sample of claims randomly selected

2. Additionally, the CMHB may choose to review files related to program services that have changed significantly from one year to the next. The CMHB may also choose to review financial records related to clients funded by the CMHB who are co-funded by other sources of revenue.

3. The agency will be notified that an on-site audit will take place, providing at least a 5 business day notice. Staff will schedule a time to conduct the audits within the CMHB’s timeframe.

4. The CMHB will conduct a brief exit interview with the Executive Director, Program Director, or their designee, immediately following the on-site audit.

5. Within 45 days of the audit, the CMHB will release a report of the audit findings to the organization.

6. If the report is satisfactory, no response from the agency will be required.

7. If the agency is required to submit supporting documentation to reflect compliance with funding parameters upon an on-site audit, the CMHB will provide the organization with a 10 business day period to provide a response.

8. If procedural or clerical errors are found in the on-site audit, a corrective action plan will be required. The CMHB will provide the organization with a 30 day period to provide a response and corrective action plan. Quarterly program disbursements will not be impacted once the clerical error(s) is corrected.
9. If significant deficiencies are found in the audit a corrective action plan will be required. Significant deficiency is defined an aggregate score of less than 80% compliance averaged across all client records reviewed. Items asterisked below under Service and Staff Hours are weighted heavier in that score. If the final program audits score is less than 80% compliant, the audit for that program is considered meeting the criteria of significant deficiencies. The Executive Director, in consultation with the Executive Committee, may suspend payments pending resolution, and require the agency to initiate one of two options for the corrective action plan.
   a. The agency would be required to perform an internal audit on the remaining billings to the CMHB for the period under review. The Executive Director of the agency would be required to certify the results of the audit, and to attest that the significant deficiencies have been corrected.
   b. The CMHB would require the remaining billings of the agency for the period under review to be audited by an external auditor at the agency’s expense.

10. The option chosen will be included in the CMHB audit report to the agency, and will be a required element of the corrective action plan. The CMHB will give the organization a 30 day period to provide a response and corrective action plan to address the deficiencies. The plan should contain both short- and long-term solutions to the problem identified.

11. Based on the results of the second audit and corrective action plan under options one or two, a reconciliation of payments made by CMHB to the agency may be required. The CMHB may utilize an extrapolation method to determine the amount of billing recoupment as a result of the reconciliation. The organization may appeal the decision for recoupment or request a waiver, payment plan, or other remedy within 10 days of receipt of the notice for recoupment. The appeal must be submitted in writing, addressing the significant deficiencies identified and the corrective actions taken. The agency may appear in person at the next scheduled board meeting.

12. If the results of the second audit and corrective action plan are satisfactory, and the reconciliation of payments has been made, the funding suspension for the next quarter will be lifted, and the agency will be audited again in six months. If the six month audit is satisfactory, the agency will resume a biennial audit schedule. If the six month follow-up audit is unsatisfactory, #13 will apply.

13. If the results of the second audit and corrective action plan are unsatisfactory, the agency’s funding may be terminated indefinitely. In this case, the Executive Director, in consultation with the Executive Committee, would make a recommendation to the full board to terminate funding to the program. The CMHB will have the final decision on terminating funding for a program or agency. Funding would continue to be suspended during this time. The organization may appeal the decision to terminate funding or request a waiver, payment plan, or other remedy within 10 days of receipt of the notice from the CMHB. The appeal must be submitted in writing, addressing the significant deficiencies identified and the corrective actions taken. The agency may appear in person at the next scheduled board meeting.

14. The program audit looks at the following documentation. These items comprise the best practice and post-payment review:

Service Hours
If the Consent for Release of Information is not on file, the audit will not be conducted
Consent for Release of Information in accordance with Mental Health & Developmental Disabilities Confidentiality Act (740 ILCS 110/1 et seq) on file and meets all elements:
- Signed within 30 days of assessment
- The person or agency to whom the disclosures were made
- The purpose for which disclosure was made
- The nature of the information to be disclosed
- The right to inspect and copy the information to be disclosed
- The consequences of a refusal to consent, if any
- The calendar date on which the consent expires
- The right to revoke consent at any time

An agency informed consent secured at intake to facilitate treatment and/or release of information for third party review for billing and other operations

Legible Assessment/Intake is Completed OR Assessment/Intake has been updated annually or with change of service as required *

Summary of findings and recommendations

Legible signature and credentials of person completing the assessment/intake OR electronic signature

Assessment/intake confirms that the services are appropriate and beneficial *

Eligible client must be diagnosed as having, or at risk for having, a behavioral health diagnosis defined by DSM IV-TR OR developmental disability OR risk factor as defined in the funding parameters

Legible Treatment OR Service Plan with Goals is Present *

Measurable goals/objectives

Anticipated dates for meeting each goal/objective

Legible signature and credentials of person completing the treatment/service plan OR electronic signature

Signature of client agreeing to the treatment plan

Treatment/service plan updates include all of the above elements

Agency has done Due Diligence to Establish Residency as evidenced by validating documents. Validating documents include:
- Rent Receipts
- Leases
- Mortgage Books
- Utility Bills
- Current vehicle registration
- Current public or private school enrollment records (of applicant or family member who lives with them)
- Employment Records
- Voter's Registration Card
- Driver's License
- Medical Records and Clinic Card
- Statement from homeless shelter, or social service agency verifying Illinois residency (on their letterhead)
- Current home owners or renters insurance policy
- Property tax bill/statement with name & address
- Mail postmarked within the last 30 days that includes first & last name and address of residence (no P.O. Box).
• Legible Progress/Service Note for Each Encounter that includes required elements per funding parameters OR Service Log with start and stop times, detailed activities that reflect funding parameters *
• Time Billed Matches Time Documented; Start & End/Duration Documented *
• Service Billed is Allowed under Funding Parameters *
• The Place of Service is Documented
• Legible signature and credentials of person completing Progress Notes OR electronic signature

*These items are weighted heavier in the audit scoring

Staff Hours (Include items as indicated in funding parameters)
If the Consent for Release of Information is not on file, the audit will not be conducted
• Consent for Release of Information in accordance with Mental Health & Developmental Disabilities Confidentiality Act (740 ILCS 110/1 et seq) on file and meets all elements:
  o Signed within 30 days of assessment
  o The person or agency to whom the disclosures were made
  o The purpose for which disclosure was made
  o The nature of the information to be disclosed
  o The right to inspect and copy the information to be disclosed
  o The consequences of a refusal to consent, if any
  o The calendar date on which the consent expires
  o The right to revoke consent at any time
• An agency informed consent secured at intake to facilitate treatment and/or release of information for third party review for billing and other operations
• Legible Running Log detailing staff activities during shift. Entries must include staff that performed activities *
• System identifying individual served, info shared shift to shift
• Legible signature and credentials/title of person signing/approving purchase of concrete goods
  System to assure all Client Assistance Fund Purchases are documented (receipts, fund monitoring) *
• Eligible client must be diagnosed as having, or at risk for having, a behavioral health diagnosis defined by DSM IV-TR OR developmental disability OR risk factor as defined in the funding parameters. (Also: Homelessness or risk of homelessness, etc. as applicable)
• Staff time includes phone calls or emails to community organizations on behalf of an individual/homeless service, etc. *
• Travel time is permitted from first point of contact on behalf of client or organization until last point within employee shift.
• Travel time is documented on staff logs
• Legible signature and credentials of person completing the service OR electronic signature
• Needs assessment conducted; screening tools, etc.
• Signature of client agreeing to service
• Agency has done Due Diligence to Establish Residency as evidenced by validating documents
• Legible Progress/Service Note for Each Encounter that includes required elements per funding parameters; detailed activities that reflect funding parameters *
- Time Billed Matches Time Documented *
- Service Billed is Allowed under Funding Parameters *
- The Place of Service is Documented
- Start & End Time Documented
*These items are weighted heavier in the audit scoring

II. Off-Site (desk) Quality Assurance Program Audits

1. Off-site audits may be conducted quarterly, and at such other times as deemed necessary.
   a. The off-site audits will focus on:
      i. Client identification numbers must be a 9-digit social security number or DHS Recipient Identification Number. Exceptions are domestic violence clients or clients under 18 years of age. If there is not a 9-digit social security number or DHS Recipient Identification Number on file, all claims are disallowed
      ii. Client eligibility for reimbursement from private insurance, Medicaid, Medicaid Managed Care, Medicare and/or county or state health insurance (verification by DHS Medi System)
      iii. Agency has done Due Diligence to Establish Residency as evidenced by validating documents (verification by DHS Medi System and/or other)
      iv. Service Billed is allowed under Funding Parameters

2. Within 10 business days of the audit, the CMHB will release a report of the audit findings to the organization.

3. If the report is satisfactory, no response from the agency will be required.

4. If the agency is required to submit supporting documentation to reflect compliance with funding parameters, the CMHB will provide the organization with a 10 business day period to provide a response.

5. If procedural or clerical errors are found in the off-site audit, a corrective action plan will be required. The CMHB will provide the organization with a 10 business day period to provide a response and corrective action plan. Quarterly program disbursements will not be impacted once the clerical error(s) is corrected

6. If significant deficiencies are found in the audit a corrective action plan will be required. Significant deficiencies may be found in two ways. First, a significant deficiency is automatically determined if any of the clients were found to be non-residents or have ineligible billings. Those clients’ claims and billings will be automatically deleted from the database. Second, a significant deficiency can also be determined if there is less than 80% compliance across all client records. If significant deficiencies are found in the audit, a corrective action plan will be required and the program will be audited again next quarter. The Executive Director, in consultation with the Executive Committee, may suspend payments pending resolution, and require the agency to initiate one of two options for the corrective action plan.
   a. The agency would be required to perform an internal audit on the billings to the CMHB for the period under review. The Executive Director of the agency would be required to certify the results of the audit, and to attest that the significant deficiencies have been corrected.
   b. The CMHB would require the billings of the agency for the period under review to be audited by an external auditor at the agency’s expense.

7. The option chosen will be included in the CMHB audit report to the agency, and will be a required element of the corrective action plan. The CMHB will give the organization a 10 business day period to provide a response and corrective
action plan to address the deficiencies. The plan should contain both short- and long-term solutions to the problem identified.

8. Based on the results of the second audit and corrective action plan under options one or two, a reconciliation of payments made by CMHB to the agency may be required. The agency may be required to repay the CMHB for any overpayments if the billings related to residency or ineligible billings has been advanced and can’t be reconciled to a following quarter’s payment. The organization may appeal the decision for recoupment or request a waiver, payment plan, or other remedy within 10 days of receipt of the notice for recoupment. The appeal must be submitted in writing, addressing the significant deficiencies identified and the corrective actions taken. The agency may appear in person at the next scheduled board meeting.

9. If the results of the second audit and corrective action plan are *satisfactory*, and the reconciliation of payments has been made, the funding suspension for the next quarter will be lifted, but the agency may be audited again the following quarter. If the next quarter’s audit is *unsatisfactory*, #10 will apply.

10. If the results of the second audit and corrective action plan are *unsatisfactory*, the agency’s funding may be terminated indefinitely. In this case, the Executive Director, in consultation with the Executive Committee, would make a recommendation to the full board to terminate funding to the program. The CMHB will have the final decision on terminating funding for a program or agency. Funding would continue to be suspended during this time. The organization may appeal the decision to terminate funding or request a waiver, payment plan, or other remedy within 10 days of receipt of the notice from the CMHB. The appeal must be submitted in writing, addressing the significant deficiencies identified and the corrective actions taken. The agency may appear in person at the next scheduled board meeting.
Attachment 6:
Travel Policy for Clients and Staff
Travel Policy for Clients and Staff  
Adopted: April 15, 2014

**Purpose:** To formalize and streamline the service definitions, eligibility, rates, restrictions, and documentation for staff travel to off-site services and client travel reimbursement.

**Client Travel:** is to and from client’s home. It must be associated with a CMHB or other payer billed therapy/service to an eligible Oak Park client within Oak Park. Client travel time within walking distance in non-billable.

**Rate:** $20 per round trip. The cab fare shall not exceed $10 each way per associated therapy/service. Bus or train reimbursement should not exceed the standard round trip fare. In the case of families, bus or train fare should not exceed $10 each way per associated therapy/service. The reimbursement shall equal the actual charge and shall not exceed $10 each way.

**Documentation:** Cab travel reimbursement should be documented within the client’s chart and should contain a receipt and associated therapy/service documentation. The travel reimbursement billed to the CMHB may not be expensed to another source.

**Staff Travel:** is not a reimbursable expense.
Attachment 7: Missed Appointments
Missed Appointments

*Adopted by the CMHB on 1-19-2010*

It is the policy of the CMHB of Oak Park Township that funds awarded to agencies in the form of purchase of service or grants may not be directly utilized for missed appointments.
Attachment 8: Business Associates Agreement
BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement ("Agreement") is made effective MONTH DAY, 2016 by and between _______________ (the "Business Associate") and CLIENT (the "Covered Entity").

RECITALS

A. The purpose of this Agreement is to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") which sets forth the standards for protecting the privacy of certain Protected Health Information ("PHI").

B. This Agreement will also comply with Part I of Subtitle D of Title XXX the American Recovery Reinvestment Act ("ARRA"), enacted on February 17, 2009, P.L.11-5 regulations on business associates and entities covered under HIPAA.

C. Said Regulations are cited at USC Title 42, Chapter 156 (Health Information Technology Privacy-Improved Privacy provisions and Security provisions) sections 17921-17954.

D. The Covered Entity as contracted with the Business Associate to provide certain products and/or Services (collectively, the "Services") pursuant to an existing contract (the "Underlying Contract"), or a business arrangement or relationship described in the Underlying Contract.

E. The Business Associate will regularly receive PHI in its performances of the Services pursuant to the Underlying Contract.

F. Covered Entity has requested Business Associate to perform the Services pursuant to the requirements set forth in the HIPAA Regulations.

NOW, THEREFORE, in consideration of the foregoing and of the mutual covenants contained in this Agreement, parties agree as follows:

1. Definitions. Capitalized terms used, but not otherwise defined in this Agreement, shall have the same meaning those terms have in 45 Code of Federal Regulations (CFR) 160.103 & 164.501 and 42 USC Section 17921.

2. Obligations and Activities of Business Associate. If Business Associate obtains Protected Health Information pursuant to this Agreement or any other written agreement between Business Associate and Covered Entity as described in section 164.502(e)(2) of Title 45 of the Code of Federal Regulations, with regard to the use and/or disclosure of PHI, Business Associate agrees to use and disclose such information only if in strict compliance with each applicable requirement of section 164.504(e) of Title 45 of the Code of Federal Regulations

(a) Use appropriate safeguards to prevent the use or disclosure of PHI other than as provided for by this Agreement and apply the security provisions of sections 164.308 (administrative safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards) and 164.316 (policies and procedures) of Title 45 of the Code of Federal Regulations. All security provisions requirements of Covered Entity are also applicable to Business Associate and are deemed incorporated into this Agreement and any amendments.

(b) Mitigate, to the extent practicable, any harmful effect that is known to
Business Associate from a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

(c) Upon discovery by Business Associate of any breach, immediately notify such breach to Covered Entity that will allow Covered Entity to notify affected individuals of the breach as required by 42 USC Section 17932(a). Such notice shall include: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known. (2) a description of the unsecured protected health information subject to the breach; (3) the steps individuals should take to protect themselves from potential harm resulting from the breach; (4) a brief description of what the Business Associate is doing to investigate the breach, to mitigate loses, and to protect against further breaches; (5) contact procedures for individuals to ask questions or learn information, which could include a toll-free telephone number, an e-mail address, Web-site, or postal address, if the contact is to be with the Business Associate.

The notices referred to in this section shall be made without any reasonable delay and in no case later than 60 calendar days after the discovery of the breach. The method of notice shall comply with the provisions stated at 42 USC Section 17932(e). For purpose of this subsection, breach means the unauthorized acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information as defined, and subject to the exceptions set forth, in 45 CFR 164.402 and 42 USC Section 17921(1).

(d) For purpose of subsection (c), Business Associate shall treat any use or disclosure of PHI not permitted by HIPAA and ARRA provisions as a breach if such use or disclosure falls into the definition of breach under 42 USC Section 17921(1).

A breach shall be treated as discovered by Business Associate and Covered Entity as of the first day on which such breach is known to Business Associate or Covered Entity, (including any person, other than the individual committing the breach, that is an employee, officer, or other agent of Business Associate or Covered Entity), or should reasonably have been known to Business Associate or Covered Entity to have occurred.

(e) Ensure that any agent, including a subcontractor, to whom it provides PHI, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

(f) If applicable, provide access, at the request of Covered Entity, and in the time and manner designated by Covered Entity, to PHI in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR 165.524.

(g) If applicable, make any amendment(s) to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR 164.526 at the request of Covered Entity or an Individual, and in the time and manner designated by Covered Entity.

(h) Make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Business Associate on Behalf of Covered Entity available to the Covered Entity, or at the request of the Covered Entity to the Secretary, in a time and manner designated by the Covered
Entity or the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the HIPAA Regulations.

(i) Document such disclosures of PHI and information related to such disclosures as is required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.

(j) Provide to Covered Entity or an Individual in a time and manner designated by Covered Entity, information collected in accordance with Section (i) above, in order to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528 that will allow Covered Entity to elect how to respond to the request as authorized by 42 USC Section 17935(C) regarding accounting of PHI maintained in an electronic record format. If Business Associate is required to provide an accounting of disclosure to an individual; upon said individual's direct request to Business Associate, Business Associate shall notify Covered Entity of such direct request in a timely manner.

(k) Limit the use, disclosure, or request of PHI described in 45 CFR 164.502(b)(1) to the extent practicable, to the limited date set (as defined in section 164.514(e)(2)) or to the minimum necessary to accomplish the intended purpose of such use, disclosure or request, respectively.

(l) Shall not directly or indirectly receive remuneration in exchange for any PHI of an individual, unless the Covered Entity obtained a valid authorization in compliance with section 164.508 of Title 45 of the Code of Federal Regulations and 42 USC Section 17935(d). This provision is subject to the exceptions enumerated at 42 USC Section 17935(d)(2).

(m) Comply with the privacy provisions as stated in 42 USC Section 17934. Said section is deemed incorporated into this Agreement and any amendments.

(n) Not make or cause to be made any communication about a product or service that is prohibited by 42 USC Section 17936(a).

(o) Not make or cause to be made any fundraising communication that is prohibited by 42 USC Section 17936(b).

3. Permitted Uses and Disclosures by Business Associate.

(a) General Use and Disclosure Provisions. Except as otherwise limited in this Agreement, Business Associate may use or disclose PHI on behalf of, or to provide the Services to, Covered Entity, for the purposes described in the Underlying Contract, if such use or disclosure of PHI would not violate the requirements of HIPAA if done by Covered Entity. All privacy requirements concerning use and disclose of PHI under HIPAA and ARRA provisions that apply to Covered Entity shall also apply to Business Associate and are deemed incorporated into this Agreement and any amendments.

(b) Specific Use and Disclosure Provisions.

(1) Except as otherwise limited in this Agreement, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided such uses do not violate the requirements of HIPAA.

(2) Except as otherwise limited in this Agreement, Business Associate may disclose PHI for the proper management and administration of the Business Associate, provided that disclosures are required by law, or
Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(3) Except as otherwise limited in this Agreement, Business Associate may use PHI to provide Data Aggregation Services to Covered Entity as permitted by 42 CFR 164.504(e)(2)(i)(B).

4. Obligations of Covered Entity. Covered Entity shall:
   
   (a) Provide Business Associate with the notice of privacy practices (the "Notice") that Covered Entity produces in accordance with 45 CFR 164.520, as well as any changes to such Notice.

   (b) Provide Business Associate with any changes in, or revocation of, permission by Individual to use or disclose PHI, if such changes affect Business Associate’s permitted or required uses and disclosures.

   (c) Notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522 and follow guidelines from said section and from 42 USC section 17935(a).

   (d) Limit the use, disclosure, or request of PHI described in 45 CFR 164.502(b)(1) to the extent practicable, to the limited date set (as defined in section 164.514(e)(2)) or to the minimum necessary to accomplish the intended purpose of such use, disclosure or request, respectively.

   (e) In applying section 164.524 of Title 45 of the Code of Federal Regulations and upon an individual’s request, provide access to said individual’s PHI in an electronic format and in accordance with 42 USC Section 17935(e).

   (f) Covered Entity shall not directly or indirectly receive remuneration in exchange for any PHI of an individual, unless the Covered Entity obtained a valid authorization in compliance with section 164.508 of Title 45 of the Code of Federal Regulations and 42 USC section 17935(d). This provision is subject to the exceptions enumerated at 42 USC section 17935(d)(2).

   (g) Not make or cause to be made any communication about a product or service that is prohibited by 42 USC Section 17936(a).

   (h) Not make or cause to be made any fundraising communication that is prohibited by 42 USC Section 17936(b).

5. Terms and Termination.
   
   (a) Term; Termination. The Term of this Agreement shall be effective as of the date first above written and shall terminate upon the termination of the Underlying Contract between the parties.

   (b) In addition to any other provisions in the Underlying Contract regarding breach, in accordance with 45 CFR 164.314(a)(1)(ii), if either party knows of a pattern of activity or practice of the other party that constitutes a material breach or violation of this Addendum then the non-breaching party shall provide written notice of the breach or violation to the other party that specifies the nature of the breach or violation. The breaching party must cure the breach or end the violation on or before
thirty (30) days after receipt of the written notice. In the absence of a timely cure reasonably satisfactory to the non-breaching party, or in the event that cure is not reasonably possible, then the non-breaching party may immediately terminate the Agreement.

(c) Effect of Termination. Upon termination of this Agreement, the following provisions apply:

(1) Except as provided in paragraph (2) of this subsection, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. The obligations of the Business Associate with respect to access, use, and disclosure of PHI under this Agreement shall continue until all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is not feasible to return or destroy the PHI then Business Associate shall provide to Covered Entity written notification of the conditions that make return or destruction infeasible. Upon determination by Business Associate that return or destruction of PHI is infeasible, then the obligations of Business Associate with respect to access, use and disclosure of PHI shall continue as provided in sub-section (2) of this section. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies, summaries or excerpts of the PHI. Business Associate shall certify in writing within thirty (30) days from the date of termination or expiration of this Agreement or the Underlying Contract that all PHI has been returned or disposed of as provided and the PHI has not been retained in any form.

(2). In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

6. Miscellaneous.

(a) Waiver and Severability. The waiver by either party of a violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provisions hereof. If any provision of this Agreement or the application thereof to any person or circumstance shall, to any extent, be invalid or unenforceable, the remainder of this Agreement shall not be affected thereby, and each provision of this Agreement shall be valid and enforceable to the fullest extent permitted by law.

(b) Assignment. Neither party shall assign or transfer or permit the assignment or transfer of this Agreement without the prior written consent of the other.

(c) Applicable Law. This Agreement shall be governed by the laws of the State of Michigan.

(d) Binding Effect and Third Party Rights. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their permitted successors and
assigns; and is not entered into for the benefit of, and shall not be construed to confer any benefit upon, any other party or entity.

(e) Notices. Notices, statements and other communications to be given under the terms of this Agreement shall be in writing and delivered by hand, or sent by certified or registered mail or by Federal Express or other similar overnight mail service, return receipt requested, addressed as follows:

If to Business Associate:


If to Covered Entity:


Or to such address as from time to time is designated by the Party receiving the notice. Notice shall be deemed effective upon receipt.

(f) Entire Agreement. This Agreement, together with the other documents signed by the parties expressly stated to be supplementing hereto and together with any instruments to be executed and delivered pursuant to this Agreement, constitutes the entire Agreement between the parties and supersedes all prior understandings and writings, and may be changed only by a written statement signed by the parties hereto. This Agreement will automatically amend to comply with any final regulation or amendment to a final regulation adopted by the department of Health and Human Services concerning the subject matter of this Agreement upon the effective date of the final regulation or amendment.

(g) Counterparts and Facsimiles. This Agreement may be executed and delivered in any number of counterparts, all of which when executed and delivered shall have the force and effect of an original. Facsimile copies hereof shall be deemed to be originals.

(h) Survival of Rights and Obligations. The respective rights and obligations of Business Associate under Section 7(c) of this Agreement shall survive the termination of this Agreement.

(i) Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity and/or Business Associate to comply with the HIPAA Privacy Rule.

(j) Indemnification. To the extent Business Associate has purchased insurance coverage for such claims, Business Associate agrees to indemnify
and hold Covered Entity harmless from and against any and all third party claims, liabilities, judgments, fines, assessments, penalties or assessments arising out of any breach or alleged violation of HIPAA arising solely from an act or omission of Business Associate, its employees, agents or independent contractors. Covered Entity agrees to indemnify and hold Business Associate harmless from and against any and all third party claims, liabilities, judgments, fines, assessments, penalties or assessments arising out of any breach or alleged violation of HIPAA arising solely from the act or omission of Covered Entity, its employees, agents or independent contractors. Provided, however, that each party shall be responsible for engagement and payment of its own attorneys, experts or other consultants or experts necessary to respond to any federal or state government investigation arising out of a claimed violation of law. Additionally, each party is responsible for any and all fines, penalties, assessment or civil money penalties assessed by a governmental entity arising from that Party’s violation of law, its failure to properly respond to a federal or state government investigation or otherwise comply with a federal or state government rule, regulation, or audit pertaining to said investigation.

(i) Mutual Disclaimer: Each Party is responsible for its own compliance with federal and state law. Covered Entity is not responsible or liable to Business Associate for its failure to comply with HIPAA or the regulations promulgated thereunder. Further, Covered Entity will not be liable to Business Associate for any claim, loss or damage relating to unauthorized use or disclosure of any PHI received by Business Associate from Covered Entity or from any other source. Business Associate is not responsible or liable to Covered Entity for Covered Entity’s failure to comply with HIPAA or the regulations promulgated thereunder. Further, Business Associate will not be liable to Covered Entity for any claim, loss or damage relating to unauthorized use or disclosure of PHI in the possession and control of Covered Entity.

(m) Headings and Terms. Headings, in this Agreement, are provided solely for the convenience of the parties and shall not be used to interpret or construe its provisions. Nouns and pronouns will be deemed to refer to the masculine, feminine, neuter, singular and plural, as the identity of the person or persons, firm or corporation may in the context require.

IN WITNESS WHEREOF, each of the parties has executed this Agreement as of the date first above written.

COVERED ENTITY

______________________________
Signature

______________________________
Title

______________________________

BUSINESS ASSOCIATE

______________________________
Signature

______________________________
Title