Funding Guidelines

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I. INTRODUCTION

A. History

The Community Mental Health Act [405 ILCS 20/1 et seq.] (the Act), established in 1968, provides that a Community Mental Health Board, acting as a unit of local government, will plan, fund, coordinate, and evaluate public services and facilities for the treatment of persons with mental health disorders, developmental disabilities, and substance use disorders in its geographic area. In 1973, the residents of Oak Park Township voted to create the Community Mental Health Board of Oak Park Township (CMHB) to be funded through a property tax levy for purposes consistent with the provisions of the Act.

CMHB is committed to being a responsible trustee of the Community Mental Health Fund. CMHB believes that funding and evaluating direct-service agencies best meets its commitment to assure access to high-quality services at reasonable costs, with full accountability to the taxpayers of Oak Park Township. This document sets forth the program, financial, and administrative accountability requirements of CMHB. Furthermore, these requirements and guidelines explain the criteria by which CMHB monitors and evaluates compliance with CMHB's funding requirements.

B. Mission Statement

The mission of CMHB 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.

C. Vision Statement

CMHB shall provide leadership to develop a comprehensive array of community-based services, which are cost-effective, systematically evaluated, and responsive to evolving community needs. This requires a flexible network of easily accessible services for the treatment and prevention of mental health disorders, developmental disabilities, and substance use disorders. In pursuit of this vision, CMHB holds the following values:

- An accessible, community-focused network of care
- A continuum of care that is responsive to the evolving needs of the community
- Client-centered approach to the provision of care
- Client choice within an array of community-based alternatives
- Services that build on client strengths as well as limitations
- Highest quality of life for Oak Park residents with disabilities

II. ELIGIBILITY REQUIREMENTS FOR CMHB FUNDING

A. General

Any agency that meets the following criteria is eligible to receive funding from CMHB:

- Agency must be a public, not-for-profit entity or a governmental unit.
- Agency must demonstrate that it has the appropriate professional staff with the required academic certification/licensure and experience to provide the requested services.
- Agency must demonstrate sound fiscal policies and financial reliability and stability.
- Agency must demonstrate programmatic, fiscal, and administrative accountability in accordance with these funding guidelines as well as federal, state, and local requirements.
- Agency must have at least one full-time equivalent (FTE) staff that is funded from a source other than CMHB. Exemptions may be made at the discretion of CMHB for purposes of seed funding for the first year.

B. Funding

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 Community Mental Health Act [405 ILCS 20/1 et seq.] and CMHB require those funds be used to fund that service. In cases where Medicaid payment is received for a service, CMHB's funding cannot be used to supplement the Medicaid rate for that service.

C. Service Recipients

Service recipients must be Oak Park Township residents who are living in Oak Park Township at the time services are delivered. The funded agency assumes full responsibility and liability for proof of residency of its clients. Failure to do so will result in full repayment for the services provided and potential denial of any future funding. Any questions regarding residency should be directed to the executive director of CMHB.

III. FUNDING PRACTICES AND METHODS

A. Planning

CMHB annually prepares and adopts a budget/appropriation. CMHB also adopts an annual tax levy, which is approved by the Township Board of Trustees. CMHB, by law, administers the Community Mental Health Fund. Allocations for funding are determined based on the annual levy, operating budget, and any other available resources. CMHB releases competitive requests for proposals to the community, highlighting strategic funding priorities informed by local needs assessments and gaps analyses, based on the amount of funding available through this budgeting process.

CMHB may administer and manage funds from state, federal, or private sources. The management of such funds will follow CMHB guidelines and any additional requirements according to the funding source.

B. Awarding of Contracts

1. Request for Proposals and Direct Solicitation

CMHB may award funds through a competitive request for proposals (RFP) process in which eligible providers of services are invited to submit a proposal according to appropriate specifications detailed in the RFP. These specifications, in many instances, require that an applicant 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 must demonstrate the capability to meet these in order to be eligible to respond.

CMHB may also award funds through direct solicitation. This includes, but is not restricted to, instances where the existing service providers are unable to meet the level of need demonstrated by Oak Park residents. In instances when CMHB has identified a particular population for service, an agency already serving the particular population may be solicited. In such instances, CMHB may directly negotiate with the specific agency to develop and implement appropriate programming. This approach will apply when CMHB chooses to implement a new contract or to renew a current contract that has performed well and has met all requirements.

2. Fiscal Agent

CMHB may award funds to an entity acting as a fiscal agent on behalf of a particular organization or coalition. Federal or state funds are occasionally awarded to planning groups, coalitions, and local units of government. These groups require an administrative organization to manage funding, subcontract with agencies, coordinate the activities, meet the reporting requirements, and monitor service implementation.

3. Petitioning CMHB (Letter of Intent)

Any service provider meeting CMHB's eligibility requirements may petition CMHB for funding. The agency interested in obtaining funds shall submit a formal Letter of Intent, not to exceed three pages, to CMHB's executive director including, at minimum, the following information: 1) a concise description of the purpose of the funding, 2) the amount of funding desired, 3) a detailed budget narrative, 4) the expected impact (outcomes) of the proposed services, and 5) an explanation of how the services and outcomes support CMHB's strategic priorities. CMHB staff will provide feedback concerning the

substance of the request and how the request relates to CMHB's strategic plan, priorities, and fund availability.

CMHB makes decisions regarding unsolicited funding requests submitted through this letter of intent process based on the following criteria:

- Does the agency meet all appropriate eligibility requirements for CMHB funding?
- Does the proposed service and requested funding meet a gap in service or demographic population prioritized in CMHB's strategic plan?
- Is the service within CMHB's authority as defined by the Community Mental Health Act?
- Does this request involve matching funds that will generate additional funds to Oak Park Township?
- Are adequate funds available within the operating budget to fund the request?
- If the request involves multi-year funding, will CMHB's projected operating budgets be able to sustain commitment?

CMHB's fiscal year runs April 1 – March 31. Generally, CMHB adopts a set budget for each new fiscal year in March, before it begins. Therefore, an agency considering requesting funds should forward such a request to CMHB typically no later than January 8 to allow an opportunity for full consideration. However, for good cause, CMHB may consider a new request for funds at any time.

C. Types of Contracts

The purpose of CMHB funding is to solicit proposals addressing prevention, treatment, and/or recovery support services targeting the mental health, substance use, and/or intellectual/developmental disability needs of Oak Park residents. CMHB will release a public, competitive RFP, and all eligible agencies are welcome to apply. In accordance with the Community Mental Health Act, board members and staff of CMHB have the responsibility to ensure that the standards of services delivered are of the highest degree possible and that they are free from any negative influences caused by conflict-of-interest situations. CMHB allocation and contracting decisions are made in board meetings open to the public. Allocation decisions will be based on statutory mandates and community priorities.

CMHB reserves the right to not fund an applicant. CMHB reserves the right to submit a new notice of funding for re-defined services, when necessary. CMHB also reserves the right to begin negotiations with funded agencies for all or part of the proposal components based on its selection criteria. CMHB has the full discretion to provide funding through either a grant or purchase of service (POS) contract. The contract format decision rests solely with CMHB and is based on the appropriateness of the format relative to the objectives of the program plan.

1. Grant Contracts

Payment is predicated on the budget and performance obligations associated with the contract. Typically, payments are divided into equal quarterly amounts over the term of the contract. Reconciliation of payments to actual expenditures shall be submitted to CMHB at the end of CMHB's fiscal year, and any unspent funds over one hundred dollars ($100) will be returned to CMHB within 30 days of the contract end. Accountability is tied to defined outcomes, performance measures, and service data. Grants are typically funded to ensure access to a particular level of care or to underwrite the cost of infrastructure needed for the program. The grant contract funding method is used primarily when a

POS contract is deemed unsuitable by CMHB and/or the service capacity would be hindered by a POS contract.

In addition to treatment and prevention services, CMHB may negotiate grant contracts for the following kinds of activities/deliverables:

- Capital expenditures
- Administrative services
- Research
- Training/stipends
- Pilot projects
- Unique situations (such as one-time events or to leverage other funding)

CMHB maintains full discretion in determining when to contract through grants versus POS.

2. Purchase of Service (POS) Contracts

Payment is driven by retrospective billing for units of service provided within the constraints of the contract maximum. Whenever possible and appropriate, CMHB contracts will establish rates based on those used by the State of Illinois (e.g., Rule 132, Medicaid Community Mental Health Services Program). The funded agency must maintain sufficient documentation to show coordination of benefits and eligibility of funding. This responsibility lies solely on the funded agency. The contract specifies the base rate.

CMHB maintains full discretion in determining when to contract through grants versus POS.

D. Contract Development

After CMHB has approved a funding request, whether as a grant or as POS, the contracting process begins. The contracting process involves execution of the following documents:

- Formal contract
- Funding parameters
- Business associates agreement
- Signed receipt for Funding Guidelines

The completed and executed contract becomes the controlling document governing the relationship between CMHB and the agency. When an application for funding has been completed and approved according to the specified deadlines contained within the RFP, a contract is developed and signed by the executive director of CMHB. CMHB then sends the contract to be signed by the authorized agency representative (i.e., board chair, CEO, executive director). The agency must return the executed contract prior to April 1. Unexecuted contracts will become null and void on May 1 unless otherwise documented by CMHB staff. In this case of a contract voided in this manner, the agency must make a formal, written request that the contract be re-approved at the following CMHB board meeting. For contract reallocations and any contract amendments, the contract amendment must be executed within ten (10) business days of the reallocation or amendment.

E. Payment Methods and Practices

1. General

a. CMHB will pay for services or disburse awarded funds according to the specific funding parameters contained in the funded agency's contract packet. Payment will be for the approved contractual services to the approved individuals defined in the contract and predicated on performance measures negotiated with CMHB. Total payments will not exceed the maximum amount stated in the contract. CMHB is not obligated and will not make any payments for services or deliverables that exceed the stated contract amounts, exceed 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 service, CMHB may reduce the funding to the agency and reallocate that funding to other CMHB priorities upon written notification to the funded agency.

b. Although CMHB's preferred method of payment is POS, 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:

   i) CMHB funds support the approved services to the approved individuals.
   ii) CMHB funds do not supplant existing funding and are used only as the funds of last resort.
   iii) CMHB's level of payment is reasonable and cost-efficient.
   iv) CMHB funds do not supplement Medicaid.

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

   CMHB may pay for the client portion (including copayment, co-insurance, or high deductible payment required by the client's health insurance) of a program or unit of service if (1) the funded agency documents, through a policy approved by CMHB, that the client portion would prohibit the client from engaging in the program or services, (2) the funded agency's policy includes a methodology for calculating and determining whether a client portion results in an undue financial burden on the client, (3) the program or unit of service requiring the

client portion are included in the existing agency contract and funding parameters, and (4) the client, program, and unit of service meet all of the eligibility requirements outlined within this document. **Funds may not be used for Medicaid supplementation.**

d. An agency under contract must submit all required data and information online and participate in annual or semi-annual on-site and off-site monitoring checks to generate payment from CMHB. Notice will be provided for on-site visits. Off-site audits may be conducted on data submitted through the CMHB-approved data collection and reporting systems any time 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 within these funding parameters. More detail is provided in Section V. Monitoring and Auditing.

e. An agency under contract must submit quarterly and/or biannual reports, following the report schedule as defined in its contract and funding parameters. The point person identified at each agency must email the appropriate CMHB staff 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. If reports are not entered by the deadline, a corrective action plan will be required. An agency must submit the corrective action plan within 30 days of the deadline to the executive director. Quarterly disbursement will commence once an action plan is reviewed and approved by the executive director. Once approved, payments will be disbursed and reconciled on a quarterly schedule. If the agency does not comply with contractual expectations after submission of the corrective action plan, payment may be suspended and/or the contract may be terminated in accordance with these guidelines. Reports are reviewed individually, and on a first-come-first-serve basis. Training on the CMHB-approved data collection and reporting systems is provided at least annually, and a training manual and/or recordings will be made available electronically.

f. An agency must include all accrued expenses for any services or other deliverables in the fourth quarter financial report to CMHB. The next fiscal year's funds cannot be used for accrued expenses from a previous funding cycle. 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 fourth quarter report or turned in after the Township's fiscal year has been closed out (first Tuesday in May following the end of the fiscal year).

g. If a contract, funding parameter, or other approved request needs to be amended at any time during the fiscal year, the request must be submitted to the executive director in writing prior to the beginning of the last quarter of the contract (typically by January 1) and should contain the following information:

    i) A summary of the changes stating the differences between the current approved request and the new proposed request

ii) The reasons for failure to meet the current approved 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. Changes that exceed 10 percent of the total award or one thousand dollars ($1,000), whichever is greater, must be approved by the full board and will be considered at the next regularly scheduled board meeting.

The request shall be for direct services only within an agency's current contract. Funds allocated for services will not be reallocated for infrastructure or administrative purposes.

h. An agency with a contract amendment or reallocation is subject to the same terms and conditions as the original contract unless otherwise amended.

2. Purchase of Service (POS)

a. All requirements listed in these guidelines are applicable to POS contracts unless specifically waived and documented in the contract and funding parameters.

b. CMHB will provide one-quarter (1/4) of the annual award upon receipt of the executed contract and each remaining quarter thereafter following the report due dates listed in the contract and funding parameters (typically payments will be made in late April, July, October, and January of the contract year). If CMHB advances an agency their quarterly payment, the following quarterly payments will be reconciled based on units of service delivered the previous quarter(s). Unless otherwise specified to the 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 CMHB executive director. In the case of the close of the first six months or end of CMHB's 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. Total payments will not exceed the maximum amount stated in the contract.

c. In the event any funds over one hundred dollars ($100) are unexpended, as indicated on the final fiscal year report, said funds must be returned to CMHB within 30 days of the close of the fiscal year. The new contract will be suspended until funds are received.

d. CMHB will determine a unit rate for each service. A unit rate is the amount of funds that CMHB will pay for one unit of a particular service. CMHB may use different methodologies to set rates but will be informed primarily by state and federal funding for similar services. If CMHB approves for a funded agency to be reimbursed for the client portion (including copayment, co-insurance, or high deductible payment required by the client's health insurance) of a program or unit of service, the funded agency must request reimbursement from CMHB for

the exact portion required by the health insurance plan.

e. 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 funded agency.

f. Unless the award is a one-time event, capital purchase, or special RFP, quarterly online reporting is required for payment. No funds will be disbursed without these reports completed in their entirety and reviewed by CMHB staff or consultant. Reports for services that may be covered through Medicaid or commercial insurance must include a client RIN (if a registered DHS client) or a valid Social Security number. If clients fall under a protected HIPAA class or receive education services, a unique ID may be assigned and must be used across all programs and funding years. All exceptions to the RIN or Social Security number must be pre-approved by CMHB staff. Reports must also include demographics, address, insurance type, diagnosis, service codes/types, and units of service. All reports must include aggregate service and financial statistics and outcomes measurements.

g. POS funding may be awarded for a one-time event or program through the RFP process, direct solicitation, or a letter of intent.

3. Grant Contracts

a. All requirements listed in these guidelines are applicable to grant contracts unless specifically waived and documented in the contract and funding parameters.

b. CMHB will provide one-quarter (1/4) of the annual award after receipt of the executed contract (typically late April) and each quarter thereafter following the report due dates listed in the contract and funding parameters. Each funded agency will have specific reporting requirements, including programmatic activity and expenses related to the grant, that will be outlined in the funding parameters and required to be submitted at the end of Q2 and Q4 (reports are typically due October 15 and April 15). In the case of an infrastructure or capital grant award, the payment will be dependent on the receipts provided, which may be for the full or partial amount of the award. CMHB will fund an agency for actual allowable quarterly expenses not to exceed the planned distribution of funds.

c. In the event any funds over one hundred dollars ($100) are unexpended, as indicated on the final fiscal year report, said funds must be returned to 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. Infrastructure and capital grants, which are paid on a reimbursement basis, will only total the amount listed on the receipts, not to exceed the funded amount.

A completed online biannual report will be submitted on the following schedule:

October 15 and April 15. No funds will be disbursed without these reports completed in their entirety and reviewed by CMHB staff. Reports include aggregate demographics and service statistics. Outcomes measures and financial reporting are required at the end of the grant year. A revenue/expense report must be included and show actual revenues/expenses for the billing period.

d. For programs in which include salaries and fringe benefits are allowable costs, funded agencies must notify CMHB's executive director in writing within ten (10) business days of any vacancy in a CMHB-funded position. Failure to provide timely notification may result in recoupment of funds already disbursed and/or forfeiture of future funding.

e. Grant funding may be awarded for a one-time event or program through the RFP process, direct solicitation, or a letter of intent.

4. Fiscal Agent

a. All of the funding practices and methods listed above are applicable to a fiscal agent unless specifically negotiated with CMHB.

b. 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 CMHB's Funding Guidelines.

c. CMHB will follow the disbursement guidelines and contractual obligations to the fiscal agent as it would with any other contract as defined in these guidelines.

d. The fiscal agent must follow all applicable federal or state laws, rules, and regulations and ensure subcontractor compliance.

5. Advance Payments

a. CMHB may provide advance payment(s) to assist a funded agency that identifies a unique justification, such as experiencing challenges with cash flow. CMHB's executive director may authorize an advance payment equal to one month's planned fund disbursement. Any request larger than that will be referred to the full board for consideration and approval.

b. The written request for advance payment must be submitted to the CMHB executive director and contain all of the following information:

i) The amount of the advance payment requested
ii) An explanation of the need for the advance
iii) An explanation of the cash reserve position of the agency
iv) Financial documents that demonstrate the need and include a narrative

IV. ACCOUNTABILITY REQUIREMENTS

A. Agency Board Meetings

A CMHB member or CMHB staff may request to attend a funded agency's board meeting(s). Upon approval from the funded agency's board, staff will coordinate the details for participation.

The funded agency must provide to the CMHB executive director minutes of its board meetings within ten (10) business days after approval by their board. Non-compliance may result in a delay of payments.

B. Planning and Coordination of Funds

The funded agency may be asked to provide CMHB with a full copy of any request or application for new or adjusted public funding for mental health, developmental disabilities, and/or substance use services within one week submission to the funding body. The Community Mental Health Act allows CMHB to review and provide comment on such requests and applications for the purposes of local program coordination and service planning. This includes applications to units of federal, state, and local governments.

An agency funded by both CMHB and the Illinois Department of Human Services or another department of Illinois state government for mental health, developmental disabilities, and/or substance use services may be asked to submit to CMHB a signed copy of the state contract(s) with all attachments within two weeks of execution. CMHB may also request the following information:

- Budget applications
- Program service and funding plans
- End-of-year service and fiscal reports
- Any other documents commonly referred to as "Agency Plans"
- Copies of site monitoring compliance, licensure/certification, evaluation, and audit visits performed by any funding authority

C. Financial

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 and based on national and/or state benchmarks. The funded agency agrees to provide any requested financial information or access to any financial record so that CMHB may make such determinations.

The funded agency must establish and maintain an accounting system in accordance with generally accepted accounting principles. CMHB requires an agency to comply with government-required and generally accepted accounting procedures appropriate for the type of agency and services.

Expenses that 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. The funded agency must provide its administrative cost allocation methodology and schedule to CMHB upon request and/or during rate negotiation for purchase of service. Consistent with the State of Illinois, a de minimus indirect rate of 15% will be honored in lieu of an administrative cost allocation methodology.

Each agency under contract with 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 for consideration for any future funding. The annual financial audit must contain the following schedules:

- Statement of Functional Expenses by Program. All programs funded by CMHB must be listed separately in this schedule. All administrative expenses, including management, general, marketing, and development, must be clearly stated in a separate line either directly under expenses for each program or in another column in the schedule.
- Sources of Revenue by Program. All programs funded by 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 CMHB in a separate line and not be combined with other governmental sources.

The funded agency must submit to CMHB any changes to an audit related to the last five (5) years within 30 days of that agency's receipt of that change.

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

Any not-for-profit agency under contract that does not meet the threshold requiring completion of a financial audit by an independent certified public accountant (i.e., does not have revenue exceeding $500,000) must supply a copy of the federal Form 990 tax document when it is filed.

The funded agency 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 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 CMHB is funding, or to cover the expense of delivering the contracted services.

D. Certificate of Insurance

An agency must annually provide a Certificate of Insurance (COI) documenting that it has general liability, automobile liability, and workers' compensation/employee liability insurance of at least $1 million per category in order to receive funding. The agency is responsible for obtaining the COI from its insurance provider listing the Community Mental Health Board of Oak Park Township as the Certificate Holder.

E. Outcomes and Evaluation

CMHB requires the implementation of program and/or client outcome measures for its contracts. The funded agency must comply with the evaluation requirements and will report such information at the required frequency.

With the exception of infrastructure grants, CMHB requires that all funded agencies report service-level data (i.e., service provided, number of people served, basic demographics of people served) on a quarterly and/or biannual basis (at minimum) according to CMHB-approved data collection and reporting systems. Exceptions will be made for one-time events and purchases approved through infrastructure grants. Specifications regarding reporting requirements will be included with the funded agency's contract and funding parameters.

In addition, CMHB has adopted a revised version of the Substance Abuse and Mental Health Administration's (SAMHSA) National Outcome Measures (NOMs) Framework to promote the inclusion of social determinants of health within prevention, treatment, and/or recovery support services. CMHB-funded services are expected to help people live independently as they stabilize and move toward recovery. Services may include core services such as counseling, individual and group therapy, medication, and medication monitoring, or they may include support in getting and holding a job, finding a place to live, staying in school, improving social relationships, and gaining access to benefit programs. Ultimately, services should embody meaningful, real-life outcomes for people who are striving to attain and sustain recovery; build resilience; and work, learn, live, and participate fully in Oak Park.

Applicants seeking grant or POS funding shall demonstrate operational ability to collect and report on two (2) outcomes of its choice from domains 1–7 and all three of domains 8–10 during the contract period:

- Domain 1 – Increased Knowledge/Resiliency
- Domain 2 – Abstinence/Reduction in Substance Use
- Domain 3 – Increased Level of Functioning
- Domain 4 – Employment & Education
- Domain 5 – Housing Stability
- Domain 6 – Criminal Justice Involvement
- Domain 7 – Social Connectedness
- Domain 8 – Access/Capacity (REQUIRED)
- Domain 9 – Consumer Satisfaction Survey (REQUIRED)
- Domain 10 – Utilization of Evidence-based Programming (REQUIRED)

Applicants seeking funding to increase capacity for psychiatry or psychotherapy shall demonstrate operational ability to collect and report on the following metrics during the contract period:

- Total Hours of Clinician Capacity (Hours)
- Total Hours of Utilized Clinician Capacity (Hours)
- Client "No Show" Rate for Appointments (% – "No Show" is defined as non-attendance or cancellation within 24 hours of appointment) *Please note: It is the policy of CMHB that funds awarded to agencies in the form of purchase of service may not be directly utilized for missed appointments.*
- Average Length of Time from Intake/Appointment Setting to Assessment (Days)
- Number of New Clients Receiving Services (# – Includes New Psychiatric Evaluations)
- Percentage of Active Clients Showing Improvement in Functioning (%)
- Number of Clients Discharged from Services (#)
- Client Reported Behavioral Health related Hospitalization Rate (%)
- Client Reported Crisis Utilization Rate (%)
- Client Experience Rating (%)
- Number of Client Responses sought and received to Client Experience Survey (#)

All data must be reported, at a minimum, on an annual basis through the CMHB-approved data collection and reporting system(s). Specific details regarding an agency's data reporting requirements and frequencies are outlined in its executed contract and funding parameters.

F. Documentation of Residency

In alignment with the Community Mental Health Act, all service recipients must be Oak Park Township residents who are living in Oak Park Township at the time services are delivered. This includes:

- 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; or
- A client living in a facility located in Oak Park Township that is designated by the State of Illinois as a residential treatment facility.

Acceptable forms of documentation of residency include, but are not limited to:

- Rent receipts from last 90 days with name home address (no older than one year)
- Current lease or mortgage agreement with name and home address (no older than one year)
- Utility bills from last 90 days with name and home address
- Unexpired vehicle registration with name and home address
- Current public or private school enrollment records (of client) with name and home address (no older than one year)
- Current voter registration card with name and home address
- Employment records from last 90 days with name and home address
- Unexpired driver's license or State of Illinois identification card with name and home address
- Government benefits document or health insurance card with name and home address (no older than 1 year)
- Unexpired homeowner's or renter's insurance policy with name and home address
- Tax bill/statement/receipt with name and home address
- Letter from government agency stating name and home address (no older than 1 year)

Documentation of residency must be current and unexpired for the period services are provided.

In the case of outreach and engagement activities to individuals in Oak Park who may be unhoused, the initial point of contact with the client must be within the Oak Park Township boundaries.

In the case of clients residing in an emergency shelter or warming center, the initial point of contact must be within Oak Park Township boundaries.

In the case of clients living with a resident of Oak Park, the initial point of contact with the client must be within Oak Park Township boundaries.

CMHB will provide funding for up to 30 days of service no matter where the client resides after the initial point of contact. The funded agency must actively engage the client in linkage to other services, especially if the client will be residing in emergency shelter, transitional housing, or permanent housing outside of Oak Park Township. The client only qualifies for the 30 days of unrestricted services once every 120 days. Compliance with this requirement must be documented by at least one of the following:

- A log that is signed by an emergency shelter staff member
- A witness affidavit attesting to residency if the client is living with an Oak Park resident but is not on the lease

- A log that is signed by the outreach/engagement staff if the person is living in a place not meant for human habitation and/or there is no known residency address
- A statement from a social service agency, on its letterhead, verifying residency

Any requests for exceptions to CMHB's residency requirement must be submitted in writing to the executive director. The executive director will respond with an approval or denial within one (1) week of the request. Any exceptions will be reported to CMHB's executive committee.

Proof of residency is the responsibility of the agency, and any falsification of records will result in a recoupment of funding. Funded agencies are required to verify residency during initial intake into services and thereafter at least annually or any time the client moves residence.

G. Conflict of Interest

CMHB is committed to preserving the public's trust that funded services are conducted without bias and with the highest ethical standards. The regulation on promoting objectivity in funding establishes the standards to provide a reasonable expectation that the design, conduct, and reporting of funded services will be free from bias resulting from a funded agency's financial conflicts of interest.

CMHB requires that a funded agency will identify any corporation, organization, or individual with which there is a relationship that could pose a possible conflict of interest. An actual or potential conflict of interest occurs when an employee, board member, or volunteer of a funded agency is in a position to influence a decision that may result in a personal gain for that individual, organization, or a relative as a result of funding. For the purpose of this policy, a relative is any person who is related by blood, marriage, or adoption, or whose relationship with the employee is similar to that of such persons. The funded agency must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees, board members, and volunteers engaged in acquiring and administrating contracts.

Conflict-of-interest situations may include but are not limited to the following:

- A funded agency's board member, employee, volunteer, or family member is a member of the governing body of CMHB
- Personal financial or material gain or business advantage result from a contract or relationship with CMHB
- A funded agency's board member, employee, volunteer, or family member relationship with another member, consultant, or vendor of CMHB will intrude upon judgment or decision-making
- When a policy or decision would favor a funded entity in which a member has a significant relationship

No "presumption of guilt" is created by the mere existence of a conflict of interest. Instead, CMHB requires that a funded agency provide full disclosure, in writing, to the executive director regarding all current and potential conflicts of interest within 30 days of funding and/or the identification of the conflict, including but not limited to the following:

- A funded agency's board member, employee, or volunteer is a "family member" to a CMHB board or staff member. "Family member" is defined as being related by blood, marriage, domestic partnership, or other legally-defined relationship

- A funded agency's board member, employee, or volunteer stands to benefit from a CMHB transaction or staff member of such organization receives payment from CMHB for any subcontract, goods, or services other than as a part of regular job responsibilities

Following full disclosure of a possible conflict of interest, the executive director shall determine if the conflict poses a credible threat to the integrity of CMHB. The executive director shall request legal counsel opinion, when necessary. If a funded agency's conflict of interest is deemed to threaten the integrity of CMHB and its funding, CMHB shall work with the funded agency to mitigate the situation through revising the funding decision or terminating the contract.

H. Acknowledgement of Funding

It is crucial that funded agencies communicate with government officials and the public about the value of mental health, substance use disorder, and developmental disability programs in our community; acknowledge receipt of public funding; and effectively communicate with elected officials and other stakeholders how funding from CMHB enables the organization to bring programs and services to Oak Park Township residents. Acknowledgement of CMHB support helps increase the public's knowledge and support for CMHB and its funding. Therefore, funded agencies agree to identify CMHB as a funder of services in their annual reports, brochures, newsletters, website, and other promotional materials related to the services funded by CMHB, and agree to recognize CMHB at all agency events associated with funding provided by CMHB.

V. MONITORING AND AUDITING

A. Purpose

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, CMHB provides funding for services and monitors agency contracts. As part of this process, CMHB conducts both on-site and off-site quality assurance program audits, reviewing funded agency records to ensure compliance with CMHB contract guidelines.

CMHB conducts audits to ensure that funded agencies are billing for clinical treatment, preventative services, or other approved expenditures, accurately and appropriately, in accordance with applicable legal requirements and funded agencies' specific contractual obligations. This includes both POS and grant-based funding.

At a minimum, 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 CMHB for on-site record reviews (billing and clinical, as applicable according to the agency's funding parameters).

B. On-Site Program Compliance Audits

Funded agencies will be provided at least 30 calendar days' notice of an on-site audit. During the on-site audits, a minimum of two CMHB staff members (or a staff member and consultant) will be on-site and will require a private, secure space to review files.

CMHB staff will conduct a brief audit overview at the beginning of the audit as well as an exit interview with the funded agency's executive director, program director, and/or their designee. While it is not necessary for staff members to be available during the entire audit process, CMHB requests that an agency staff person knowledgeable of the funded programs be available and accessible in the case that questions arise.

During on-site audits, CMHB staff will review a randomly selected sample of client files from programs funded by CMHB (list/instructions will be provided at least ten [10] business days ahead of the audit) and/or personnel files related to directly funded positions as outlined in the contract and funding parameters.

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

The on-site audit is intended to review documentation that justifies CMHB funding from and payment to the grantee. Given this, the documentation requested may vary from grantee to grantee based on the type of services funded. CMHB has sole discretion in determining into which of the following categories funded programs will fall. Grantees are encouraged to review their contracts and funding parameters for more detail regarding which of the following category(ies) of documentation will apply to their on-site audit. Grantees may also contact CMHB staff to obtain clarification if they are uncertain of the applicable category(ies).

1. *Documentation to Be Reviewed*

Direct Clinical Programs and Services

- Consent for Release of Information to CMHB 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

  ** Please note, if the Consent for Release of Information is not on file, the audit cannot legally be conducted on that client's file and that individual file will immediately fail the audit with a score of 0 percent.*

- Documentation of residency in Oak Park
- An informed consent to engage in treatment/services secured at intake
- Legible intake/assessment is completed documenting need for treatment/services and confirms that the treatment/services are appropriate
- Legal signature and credentials of person completing the intake/assessment
- Eligible client must be diagnosed as having a mental health disorder, substance use disorder, or intellectual/developmental disability defined by the Diagnostic and Statistical Manual, 5th Edition, Text Revision and/or International Classification of Diseases, 10th Revision, or an intellectual/developmental disability defined by the American Association on Intellectual and Developmental Disabilities framework
- Legible treatment/service plan with SMART goals relevant and appropriate for assessed need
- Legal signature and credentials of person completing the treatment/service plan
- Legal signature of client agreeing to the treatment/service plan
- Treatment/service plan updated at least every six months for mental health services, at least every 12 months for I/DD services, and per the American Society of Addiction Medicine level of care for substance use services
- Legible progress/service note for each encounter that includes the treatment/service location, type , date , length of time, and start/stop times rounded to the nearest quarter hour
- Claims billed to CMHB match progress/service notes
- Treatment/services billed are allowable under the grantee contract and funding parameters
- Legal signature and credentials of person completing progress/service notes
- If the treatment/service involves collateral, the name, relationship, and relevance of each collateral must be documented in the treatment/service plan, update, and/or progress notes
- If CMHB approves for a funded agency to be reimbursed for the client portion of a program or unit of service (including copayment, co-insurance, or high deductible payment required by the client's health insurance), the funded agency must provide documentation of the client's financial burden that necessitated the support in addition to documentation of the client's health insurance plan requiring client contribution
- Documentation that CMHB funding was used as the last resort

Direct Sub-clinical Programs and Services

- Consent for Release of Information to CMHB 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

  ** Please note, if the Consent for Release of Information is not on file, the audit cannot legally be conducted on that client's file and that individual file will immediately fail the audit with a score of 0 percent.*

- Documentation of residency in Oak Park
- An informed consent to engage in treatment/services secured at intake
- Eligible client must be diagnosed as having a mental health disorder, substance use disorder, or intellectual/developmental disability defined by the Diagnostic and Statistical Manual, 5th Edition, Text Revision and/or International Classification of Diseases, 10th Revision, or an intellectual/developmental disability defined by the American Association on Intellectual and Developmental Disabilities framework
- If this is an ongoing program and not a drop-in or one-time setting, documentation of goals relevant and appropriate for assessed need
- Legal signature and credentials of person completing the goal plan
- Legal signature of client agreeing to the goal plan
- Goals are updated at least every six months for mental health services, at least every 12 months for I/DD services, and per the American Society of Addiction Medicine level of care for substance use services
- Legible progress/service note for each encounter that includes the location of the service, type of service provided, date service was provided, length of time of the service, and start/stop times rounded to the nearest quarter hour
- Services billed to CMHB match progress/service notes
- Services billed are allowable under the grantee contract and funding parameters
- Legal signature and credentials of person completing progress/service notes
- If the service involves collateral, the name, relationship, and relevance of each collateral must be documented in the treatment plan, update to treatment plan, and/or progress notes
- Documentation that CMHB funding was used as the last resort

Prevention/Early Intervention Programs and Services

****For All****

- Documentation of residency in Oak Park
- Claims billed to or services funded by CMHB match progress/service notes, attendance sheets, and/or service logs.
- Services billed are allowable under grantee contract and funding parameters

- Documentation that CMHB funding was used as the last resort

****For Ongoing Interventions (e.g., mentoring, employment programs)****

- Consent for Release of Information 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

  **Please note, if the Consent for Release of Information is not on file, the audit cannot legally be conducted on that client's file, and that individual file will immediately fail the audit with a score of 0 percent.*

- An informed consent to engage in services secured at intake
- Legible intake/assessment is completed documenting need for services and confirms that services are appropriate
- Legal signature and credentials of person completing intake/assessment
- Legible service plan with SMART goals relevant and appropriate for assessed need
- Legal signature and credentials of person completing service plan
- Legal signature of client agreeing to service plan
- Legible progress/service note for each encounter that includes service location, type, date, length of time, and start and stop times rounded to the nearest quarter hour
- Legal signature and credentials of person completing progress/service notes

****For One-Time Interventions (e.g., hotlines, education programs, workshops)****

- Agendas for each meeting are provided
- System of documenting attendees (i.e., attendance sheets) and/or services (i.e., service logs) relevant to the funded program
- Documentation of start times, stop times, and locations of funded services
- Legal signature and credentials of person facilitating service/intervention
- Curricula for support group/classes available for review

Outreach Services

- Documentation of participation including staff name(s), location, date and time, length of outreach event/activity, and who participated besides staff
- Description of outreach event/activity, which must be relevant to CMHB-funded programs and services and allowable under funding parameters
- Claims billed/allocated to CMHB match outreach documentation

Travel

- Documentation of travel (receipts, Uber/Lyft, logs, etc.)

- Legible progress/service note that includes description of travel provided and that travel was relevant to CMHB-funded programs and services
- Claims billed/allocated to CMHB match travel documentation
- Travel:
  - Must be to and from client's residence
  - Must be associated with CMHB-funded services to an eligible Oak Park client
  - Is not billable if it is within a reasonable walking distance and for an ambulatory client
  - Is not billable for staff travel unless explicitly noted in funded agency's contract or funding parameters

Program-Related Supplies and Non-Travel Expenses

- Documentation includes a valid receipt or invoice with date, purchase summary, and vendor.
- Legible progress/service note includes description of event, activity, supplies, or other valid purchase that is related to the receipt.
- Event, activity, supplies, or other valid purchase is relevant to CMHB-funded programs and services and allowable under funding parameters.
- Receipts provided total an amount that is reasonable given the grant payments provided.
- Documentation of the number of clients who participated in the event, activity, or other valid purchase.

Staff Hours

If staff members are directly funded through CMHB, the following documentation may also be requested:

- Letter of hire, documenting staff position, staff name, start date, and starting salary
- Documentation of clinical credentials from the Illinois Department of Financial and Professional Regulation or other applicable state department (must have been active for the period of time being audited). Educational degree, certification, and/or training requirements of staff positions met (e.g., resume, diploma, certificate).
- Timesheets including time allocations to funded projects that demonstrate that staff positions are not overfunded (i.e., "double dipping").
- Documentation demonstrating that staff time and efforts devoted to CMHB-funded programs and services are commensurate with the funding amount allocated to salary and benefits. If timesheets do not adequately reflect this alignment, the agency must provide a reasonable cost allocation methodology that accurately distributes personnel costs in proportion to actual work performed.
- Description of staff activities related to the program documented (e.g., job description)
- Staff activities are relevant to CMHB-funded programs and services

2. At Audit Completion

Within 45 days of the audit, CMHB will release a report of the audit findings to the agency. If the report is satisfactory, no response from the agency will be required. If minor procedural or clerical error(s) are found in the on-site audit, CMHB will provide the organization with a 30-day period to provide a response and/or documentation for resolution. Quarterly program disbursements will not be impacted while the procedural and/or clerical error(s) are corrected. If significant deficiencies are found in the

audit, a corrective action plan will be required. “Significant deficiency” is defined as an aggregate score of less than 80 percent compliance averaged across all client records reviewed and/or within any discrete program or service funded. The CMHB executive director, in consultation with the executive committee, may suspend payments pending resolution and require the agency to initiate one of the following options in addition to a corrective action plan:

- The agency would be required to perform an internal audit on the remaining funding from 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.
- CMHB would require the remaining financial disbursements to the agency for the period under review to be audited by an external auditor at the agency’s expense.

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. 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 relevant to the problem identified.

Based on the results of the second audit and corrective action plan, a reconciliation of payments made by CMHB to the agency may be required. CMHB may utilize an extrapolation method to determine the amount of funding 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 to present their appeal.

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 (6) months. If the six-month audit is satisfactory, the agency will resume a biennial audit schedule.

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. CMHB will make 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 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 to present their appeal.

C. Off-Site (Desk) Quality Assurance Program Audits

CMHB staff will conduct desk audits of agency-reported data off-site (in CMHB’s offices) annually for funded agencies not subject to an on-site audit and at such other times as deemed necessary. The purpose of this off-site audit is to ensure compliance with the contract and funding parameters as well as to identify any potential areas where technical assistance may be necessary to help the agency comply.

The off-site audits will include reviews of the following as applicable to contract type:

- Accurate client identification numbers (9-digit Social Security number or DHS Recipient Identification Number) for services that are Medicaid- or commercial insurance–billable
- Client eligibility for reimbursement from private insurance, Medicaid, Medicaid Managed Care, Medicare and/or county or state health insurance (verification by DHS Medi System)
- Verification of client residency
- Billing/allocations for services that are allowable under the Community Mental Health Act and are consistent with the agency contract and funding parameters

Within ten (10) business days of the audit, CMHB will release a report of the audit findings to the organization. If the report is satisfactory, no response from the agency will be required. If the agency is required to submit supporting documentation to reflect compliance with funding parameters, CMHB will provide the organization with a period of ten (10) business days to provide a response.

If an explanation or alternative date for compliance is not met within ten (10) business days, this will be viewed as a failure to comply with the auditing policies and procedures and will result in an on-site audit, payment suspension, and/or contract termination, following the above process.

D. Additional Auditing Requirements

The funded agency must make available at the CMHB site visit any clinical or programmatic reviews conducted by an Illinois state department or other funder in the last twelve (12) months to reduce duplication of efforts.

The funded agency must make available to CMHB staff any financial documentation, client service documentation, and/or case records necessary to verify contractual service delivery and billing, revenues and expenses, and compliance with the contract, funding parameters, and the Funding Guidelines.

For contractual or consultant services, documentation must include a detailed contract, voucher, and/or log of the services or activities provided by the consultant, and verification of payment (i.e., bank statements or a copy of the cancelled check). The voucher or log must include start and stop times and authorized signatures.

For capital projects or tangible item purchases of any kind, documentation must include the original receipts or verification of payment (i.e., bank statements or a copy of the cancelled check) with dates paid and a detailed description of the purchase. Capital purchases over $1,000 will be viewed by CMHB staff during site visits.

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 that govern such funds. An agency must allow CMHB staff to conduct such monitoring and provide the necessary information for such monitoring to ensure appropriate utilization of funds that do not apply multiple sources of funding for one cost (i.e., “double dipping”), which is illegal and unethical.

Any agency under contract with CMHB that does not follow the procedures set forth in these Funding Guidelines and tries to thwart the monitoring process in any way will be investigated by CMHB and may have their funding suspended and/or contract terminated.

E. Probation

CMHB may place a funded agency on probationary status when an agency fails to comply with these Funding Guidelines, the contract, or the funding parameters. If designated improvements or corrections are not made by the agency within a specified period of time, CMHB shall take action including but not limited to payment suspension or contract termination.

Probationary status may be imposed under the following circumstances, including but not limited to:

- The funded agency fails to make timely corrections or supply information required or requested as a result of the contract or monitoring processes or other accountability requirements.
- The services provided deviate from the contract's funding parameters or fail to follow the contract's requirements.
- The funded agency's clinical or financial records do not support claims billed to CMHB.
- The funded agency has failed or is failing to meet local, state, and/or federal requirements and/or regulations.
- The funded agency has violated local, state, and/or federal requirements and/or regulations.
- The funded agency fails to provide financial, programmatic, outcome, or other documentation requested or required by CMHB.
- Another funding agency or legal authority is investigating the funded agency.
- The funded agency is at the risk of becoming insolvent.
- Other circumstances that significantly disrupt or threaten to disrupt the provision of services.

If 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 funded agency and inform the CMHB Board. This notification shall include the reasons for such action, the corrective action(s) that would be required to remove the probation, and the date and time of the scheduled board meeting that the probationary status of the funded agency will be discussed. The funded agency may submit a written response to the executive director within ten (10) business days of the date of CMHB's notification of probation. If the funded agency so desires, it may send a representative to attend and address CMHB at said meeting.

CMHB staff shall update the executive director on a timely basis on the progress made by the funded agency in correcting the deficiency. At the end of this timeframe or at any time during the probationary period, the executive director may make one or more of the following recommendations to the full CMHB Board:

- Remove the agency from probationary status
- Extend the timeframe of the probation

- Suspend payments to the agency per these Funding Guidelines
- Terminate the contract
- Report any findings of inappropriate, illegal, fraudulent, or unethical conduct to the appropriate county, state, or federal regulatory and/or law enforcement agencies

F. Payment Suspension

CMHB may suspend payment(s) to an agency for noncompliance with CMHB's contract, funding parameters, or with these Funding Guidelines. Payments may also be suspended should the agency be investigated or found accountable for ethical or legal violations, whether by independent audit, other funding agency, or other authority.

The executive director may temporarily suspend payments following consultation with the executive committee of CMHB. CMHB will then consider the suspension at its next regularly scheduled full CMHB meeting.

Notice of suspension will occur in writing to the funded agency before payments are suspended. This notification shall include the reasons for such action, the corrective action(s) that would be required to remove the suspension, and the date and time of the scheduled board meeting that the suspension of the contract will be discussed. The funded agency may submit a written response to the executive director within ten (10) business days of the date of CMHB's notification of suspension. If the funded agency so desires, it may send a representative to attend and address CMHB at said meeting.

If the infractions are corrected and the funded agency has demonstrated that it has regained compliance with CMHB's contract, funding parameters, and Funding Guidelines, the CMHB full board may vote to reinstate payments with or without retroactive payments or recoupment. If the infractions are not corrected within the timeframe established and/or if CMHB full board are not confident in the agency's capacity for long-term compliance, the full board may vote to terminate the contract. CMHB will send written notification of its actions and final decision.

G. Termination of Contract

CMHB reserves the right to terminate a funded agency's contract: 1) upon violation of CMHB's contract, funding parameters, and/or Funding Guidelines (as per the previously outlined process), or 2) at any time given thirty (30) days written notification.

Notice of termination will occur in writing to the agency. The notice of termination is final and may not be appealed.

VI. REVISION HISTORY

- April 2010
- June 2010
- March 2011 – Unspent funds, audit schedules
- April 2013 – RFPs and letters of intent classifications
- 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
- September 2019 – Payment methods
- July 2022 – Types of contracts, accountability requirements, monitoring, and auditing
- June 2023 – Reimbursement of the client portion of a service, and reporting updates
- February 2024 – Residency requirements and audit policy
- March 2025 – Audit documentation and required documentation
- March 2026 – Reporting, audits, de minimus rate, notification of funded position vacancy

VII. SIGNATURE PAGE

I have received, reviewed, and agree to the terms and conditions set forth in these **Funding Guidelines**. I agree to adhere to these conditions throughout the life of the contract.

_____

Signature

_____

Print Name

_____

Title

_____

Agency

_____

Date