

**PROVISO TOWNSHIP MENTAL HEALTH COMMISSION FUNDING OBLIGATIONS**

<b>Standards</b>	<b>Guidelines &amp; Instructions</b>				
<b><u>Organizational Requirement</u></b>	<b><u>Compliance Requirements</u></b>	<b><u>FC</u></b>	<b><u>SC</u></b>	<b><u>NC</u></b>	<b><u>NA</u></b>
A provider shall make available written operating policies and procedures that detail and explain the operation of programs and the delivery of services, including a description of staff decision-making authority.	<b>An organizational chart</b> is an acceptable method for documenting decision-making authority. The policies and procedures must describe how the provider operates its programs and delivers services.				
<p>The provider shall have an active system of program evaluation.</p> <ul style="list-style-type: none"> <li>• This system shall monitor quantitative characteristics such as caseload information and qualitative characteristics such as client satisfaction.</li> <li>• The evaluation system shall include mechanisms for producing evaluation reports that describe the outcome of monitoring activities and provide for the use of the results to improve the program.</li> </ul>	The provider must show a program evaluation plan, reports or other documents demonstrating that the <b>program evaluation</b> system is active.				
<b>Personnel and Administrative Recordkeeping</b>					
<p>The provider shall have a comprehensive set of personnel policies and procedures that include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Job descriptions, qualifications and documentation of current licensure (If applicable) and certification for all</li> </ul>	Verify that each staff person has a job description, current license if applicable and that provider has documented their qualifications. Staff includes employees, persons on contract with the provider, and persons who are associated with another entity that subcontracts with the provider.				

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<p>staff, including those on contract with the provider or with an entity subcontracting with the provider. The provider shall also maintain job descriptions for volunteers and unpaid personnel.</p>	<p>Volunteers and unpaid personnel must have job descriptions as well.</p>				
<p>The provider must show documentation indicating that staff has engaged in professional development and continuing education activities.</p>	<p>Non clinical positions must demonstrate competency through professional development and continuing education activities.</p> <p>Acceptable documentation may include, but is not limited to, training approval forms, reimbursement/payments for training, training calendars, outlines of training activities, or a list of notifications or training events.</p>				
<p><b>Fiscal Requirements</b></p>					
<p>Providers shall have a formal accrual accounting system in accordance with any generally accepted accounting principles (GAAP).</p>	<p>Ask provider for copy of the current independent audit including management letters or evidence of an extension if applicable and a previous audit. There should be a statement that the accounting system is in accordance with GAAP. If no audit or no extension of previous audit, provider is noncompliant.</p>				
<p>The provider shall comply with the requirements governing audits, false reporting and other fraudulent activities pursuant to 89 Ill. Adm. Code 140.30 and 140.35 for services provided to Medicaid-eligible clients.</p>	<p>Compliance determined by the Proviso Township Mental Health Commission. No points awarded here.</p>				
<p>Billings for services rendered under the Proviso Township Mental Health Commission service program shall be submitted only by</p>	<p>Manner of billing is specified in Proviso Township Mental Health Commission contract/appendix. No points awarded here.</p>				

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<p>the provider of the service and only to the Proviso Township Mental Health Commission with which the provider has contracted for the service.</p>	<p>Please see Contract for additional billing requirements and restriction (All client information reported to the Proviso Township Mental Health Commission shall not be reported to any other agency, organization or funding source without first obtaining prior approval from this office)</p>				
<p>In addition the Provider shall include:</p> <ul style="list-style-type: none"> <li>• A copy of their completed Form 990</li> <li>• Proof of Insurance Liability with a minimum \$1,000,000.00 coverage and the Proviso Township Mental Health Commission named as additional insured</li> <li>• Proof of Crime Insurance</li> <li>• Agency Operating Budget</li> <li>• Provide copies of any DHS executed contracts if funded by the State</li> <li>• Agency Audit</li> <li>• Board Minutes</li> <li>• List of Board of Dir.</li> <li>• Schedule of their Board meetings</li> </ul>	<p>Quarterly payments may be held, delayed, or cancelled pending compliance.</p>				

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<b>Record keeping</b>					
<p>The provider shall maintain records, including but not limited to the following:</p> <ol style="list-style-type: none"> <li>1) All payments received, including cash;</li> <li>2) All payments made, including cash;</li> <li>3) Corporate papers, including stock record books and minute books;</li> <li>4) All arrangements and payments related in any way to the leasing of real estate or personal property, including any equipment;</li> <li>5) All accounts receivable and payable;</li> <li>6) Service billing files;</li> <li>7) Individual client information, including: guardianship, representative payee, trust beneficiary and resource availability.</li> </ol>	<p>The standard audit process can be used to address 1,2,4 and 5</p> <p>For 3, the provider must show or provide Board minute for the past 12 months Corporate papers and, if applicable, record books.</p> <p>For 6, the provider must show how it tracks billings.</p> <p>For 7, the provider must show how it records client information pertaining to guardianship, representative payee, and trust beneficiary and resource availability.</p>				
<p>The compilation and storage of and accessibility to client information and clinical records shall be governed by written policies and procedures, in accordance with the Confidentiality Act and HIPAA.</p>	<p>Provider must have in site written policy and procedures for client record confidentiality that conform with the Confidentiality Act and HIPAA that speaks to security and the handling of sensitive information.</p>				
<p>Clinical records and other client information shall be secured from theft, loss, or fire.</p>	<p>Provider must have a method for securing clinical records and other client information. If the provider stores these materials at an uncertified site, the provider must show its policies, procedures, or a description of practices indicating how security is maintained for those materials.</p>				
<b>Provider Sites</b>					
<p>The provider shall use sites deemed accessible</p>	<p>If any on-site services are provided, the provider</p>				

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<p>in accordance with the Americans with Disabilities Act of 1990 (42 USC 12101 et. seq.). “Accessibility” is determined by the extent to which the provider has adapted sites where services are provided to render its parking lot, entrances, hallways and physical facilities (lavatories, drinking fountains, ramps, etc.) available to persons with disabilities as well as the provider’s arrangement to provide services to otherwise eligible clients for whom their site is inaccessible. The Proviso Township Mental Health Commission may waive or require specific accommodations to meet the needs of clients served at a particular site.</p>	<p>must have within its own service location(s) at least one site that is accessible at which a client can receive any service the provider is certified to provide.</p> <ul style="list-style-type: none"> <li>• A letter from a licensed architect stating that a site is ADA compliant will suffice.</li> <li>• If the sites have been adapted so that their parking lots, entrances, hallways and physical facilities such as lavatories, drinking fountains and ramps are available to persons with disabilities, the site(s) will be considered accessible.</li> </ul>				
<p>Designate space, equipment, and furnishings for the provision of services which shall be conducive to privacy, comfort and safety. This includes such aspects as child size furniture in children’s programs, rooms sufficiently large to accommodate groups or families, and doors that close to afford privacy.</p>	<ul style="list-style-type: none"> <li>• Review may include walk through of sites.</li> <li>• All sites must have evacuations plans and visible diagram outlining exit points</li> </ul>	•	•	•	•
<p><b>Utilization Review (Policies)</b></p>					
<p>The methods and procedures for performing and recording individual case reviews by persons not involved in providing services to the clients whose records are reviewed.</p>	<p>Record review will be used to determine implementation.</p>				
<p>Procedures to ensure that the review includes and summarizes the client’s progress at minimum of 4 times a year.</p>	<p>Record review will be used to determine implementation.</p>				

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<p>Policies and procedures for documenting and reporting individual case reviews findings, determinations and recommendations to the supervising QMHP and, if applicable, the billing department.</p>					
<p>Procedures for following up on case review recommendations.</p>					
<p><b>Clinical Records</b></p>					
<p>The client’s clinical record shall contain, but is not limited to the following:</p> <ul style="list-style-type: none"> <li>• Identifying information, including client’s name, recipient identification number (If Appropriate), address and telephone number, gender, date of birth, primary language or method of communication (e.g., Spanish, American Sign Language, communication board), name and phone number of emergency contact, date of initial contact and initiation of services, third party insurance coverage, marital status, and source of referral;</li> </ul>	<p>For Prevention programs the name, gender, date of birth, and primary identifying information may be documented in any part of the client’s clinical record.</p>				
<ul style="list-style-type: none"> <li>• Documentation of consent or refusal of services;</li> <li>• Assessment and reassessment reports (if Applicable)</li> <li>• PTMHC approved Release of</li> </ul>					

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Information					
A single consolidated ITP within a provider organization. The ITP must be current; (If Applicable)	All services provided must be included on a single plan. Review client records selected to determine if all services are included on a single plan.				
Documentation to support services provided for which reimbursement is claimed shall be in the format specified by the public payer, shall be legible and shall include, but not limited to, the following elements:	<ul style="list-style-type: none"> <li>• Documentation must be legible.</li> <li>• Handwriting must be able to be read by someone other than the author.</li> <li>• Documentation to support service provision is determined under each service.</li> </ul>				
The specific service, including whether the service was rendered in a group, individual or family setting and a note in the periodic report indicating the specific healthcare services billed by name or code;	Specific service means detail including group, individuals and family. The record must include a note in the required format that includes the specific healthcare service(s) billed by name or code.				
The date the service was provided;	The clinical record must contain a note in the required format that indicates the date the service was provided.				
The start time and stop time for each service.	Records must coincide with billing dates and times as reported to the public payor.				
The name and credential of the staff providing the service;	Signature and credential(s) of staff providing service must be on note.				
The specific provider site or off-site location where services were rendered; and	The record must reflect on-site vs. off-site service. The record must include the specific location in which service was provided, both off-site and on-site.				
Written documentation describing the interaction that occurred during service delivery, including the client’s response to the clinical interventions and progress toward attainment of the goals in the ITP.	The record must describe the provision of the specific health service (intervention) provided and the client’s response to that service (intervention). The record must also describe the client’s progress toward attainment of the goal(s) in the ITP as a result of the provision of that service (intervention).				
Discharge summary documenting the outcome of treatment and, as necessary, the linkages	If the client has been discharged, the client record must contain documentation of the outcomes.				

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for continued services.					
Each report generated by a user shall be separately authenticated.	Violation of this standard will be made under each service when it is determined that notes, mental health assessment report or treatment plan are not properly signed.				
Provider will include in each client record of residence in the form of a unexpired driver's license, state id, or other form of government document.	Proof of residency may include utility bill, student id or a notarized document by the resident of the Township				
<b>Clients' Rights</b>					
A client's rights shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code [405 ILCS 5]. The right of a client to confidentiality shall be governed by the Confidentiality Act and the Health Insurance Portability and Accountability Act of 1996.	If the written document(s) does not specifically reference Chapter 2, all the rights enumerated in Chapter 2 must be included in the document(s). The written document(s) must specifically reference the Confidentiality Act [740 ILCS 110] and HIPAA (45 CFR 160 and 164).				
The client rights information shall be explained using language or a method of communication that the client understands and documentation of such explanation shall be placed in the clinical record.	There must be a signed and dated statement by the client and staff person who explained the rights to the client attesting to having explained them and to his or her belief that they were understood. The statement must be in each client's record.				
<b>General Provisions</b>					
A provider may subcontract for services, all					



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<p>subcontractors must be certified to provide services funded by the Proviso Township Mental Health Commission. A written agreement between the provider and the subcontractor that defines their contractual agreement and assures the subcontractor is in compliance with funding parameters.</p>					
<p>Consent:</p> <ul style="list-style-type: none"> <li>• Prior to the initiation of services, the provider shall obtain written consent from the client and the client’s parent or guardian, as applicable.</li> <li>• Consent must be given by the parent or</li> <li>• If the client is determined to be in need of crisis intervention services, or if the assessment is court-ordered for the client, consent is not required.</li> <li>• Legally competent adults who participate in treatment services are deemed to have consented.</li> </ul>	<p>There must be evidence of consent for services by the guardian of an adult adjudicated disabled. Consent must be signed by the guardian. A person 12 years of age or older is considered an adult unless specified otherwise.</p>				
<p>When discharging a client from services, the provider shall ensure the continuity and coordination of services as provided in the client’s ITP. The provider shall:</p> <ul style="list-style-type: none"> <li>• Document in the client’s record the referrals to other human service providers and follow-up efforts to link the clients to services when applicable or possible.</li> </ul>	<ul style="list-style-type: none"> <li>• If the client has been discharged, the client record must have documentation of referrals, linkages, and follow-up efforts. If there are no referrals, linkages, or follow-up efforts, the client record must document that none were needed.</li> <li>• If the client has been discharged, the provider must communicate the relevant</li> </ul>				

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<ul style="list-style-type: none"> <li>Alternative: Client information may be forwarded to the Proviso Network of Care for additional services</li> </ul>	<p>treatment and service information to the receiving program/staff person before the client is discharged/transferred or at the time the client is discharged/transferred.</p>				
<b>Administrative Action</b>					
<b>Monitoring and Compliance</b>					
<p>Provider must be available for onsite reviews and as follows:</p> <ul style="list-style-type: none"> <li>on site audits of program site(s)</li> <li>on site review of policies and procedures</li> <li>on site review of client files</li> <li>off site audits of program sites (on site reviews, off site reviews, may be unannounced)</li> </ul>	<p>Reviews and audits will include information provided electronically.</p> <p>Files not on site, unavailable or not reviewed after a request was made by the PTMHC staff will be considered non compliant and all funds related to the file will need to be removed from billing system and/or eligible for Payback.</p> <p>In the event you, as a Grantee are found to have any insurance (eg. Managed Care Organizations or Managed Care Coordination Networks, or private health insurance) you are not permitted to and are explicitly prohibited from submitting claims (“Prohibited Claims”) to the Commission. In the event as Grantee you are found to have submitted a Prohibited Claim, you, as Grantee, (1) will be found in material breach of this Grant Agreement and (2) will be required to reimburse the Commission for all Prohibited Claims without limitation including all costs and expenses of the Commission in recapturing these erroneously paid Prohibited Claims.</p>				

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<p><b>Administrative Audit Non Compliance</b>          Programs identified to remain non compliant with auditing corrections will be forwarded for administrative action.</p> <p>Administrative action will include:</p>	<p><b>Step 1:</b>          Provide program administrators and Chief Executive Officer a letter outlining deficiencies and amount owed to the Commission. Funds may be returned or deducted from the next billing cycle and will no longer be available for use.</p> <p><b>Step 2:</b>          Submit a corrective action plan outlining cause for deficiencies and what preventative measures will be taken in the future to avoid this problem. (Submit within 30 days of notification)</p> <p><b>Action 1:</b>          Further non compliance will be a cause for suspension and provider will need to appear before the Board of Commissioners to address deficiencies and corrective action plan.</p>				
<p><b>Unexpended Funds:</b>          If an organization/individual/entity fails to expend all planned funds for a given year, any unspent funds will follow the guidelines set forth in the contract, #11, as hereinafter set forth:</p>	<ul style="list-style-type: none"> <li>• Contract Item 11: In the event any funds are unexpended, as indicated on the final fiscal year report, said funds must be returned to the <b>COMMISSION</b> within 60 days of the close of the fiscal year. The new contract will be suspended until funds are received resulting in the forfeiture of payments due until such time as the funds are returned.</li> <li>• Any revenue surplus over One Hundred (\$100.00) Dollars remaining from the amount funded by the Commission in a fiscal year must be returned to the Commission within sixty (60) days after notification.</li> </ul>				

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	<ul style="list-style-type: none"> <li>• If, in a single quarter, an organization/individual/entity fails to deliver 25% or more of the projected services, and it is not specified in the Funding Parameters, (such as a school based curriculum), the organization/individual/entity will submit in writing the reasons for such performance and a corrective action plan. This plan is due 30 days after the quarter ends. The Commission will review the effectiveness of the corrective action plan at the end of the two succeeding quarters.</li>   <li>• If an organization/individual/entity fails to expend 10% or more of the budget for any program for a fiscal year, the organization/individual/entity will submit in writing the reasons for such performance and a corrective action plan. The Commission may discontinue or reduce the level of funding in the succeeding year.</li>   <li>• If an organization/individual/entity expend over the quarterly allotment for any program for a fiscal year, the organization/individual/entity will submit in writing a request for additional funds from subsequent quarters no later than 3 days before the close of the quarter.</li> </ul>				
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<p><b>Payment Suspension</b>          The Commission may suspend payment(s) to an organization/individual/entity for noncompliance with the Commission’s contract or with the <i>Funding Guidelines</i>. Payments may also be suspended should the organization/individual/entity be investigated for, or found accountable for ethical or legal charges, whether by independent audit, other funding agency, or other authority. The Commission has the right to terminate a contract if public funds are deemed to be in jeopardy of a crime or any act that violates a law, command, ethics or moral code.</p>	<ul style="list-style-type: none"> <li>• The Executive Director may temporarily suspend payments following consultation with a ranking officer of the Commission. The Commission will then consider the suspension at its next regularly scheduled full Commission meeting.</li> <li>• Notice of suspension will occur in writing to the organization/individual/entity before payments are suspended. The notice will specify the reason(s) for the suspension, the cost center or contracted service affected, the beginning date and the actions necessary to end the suspension. Payments withheld by the Commission during the suspension continue to accrue to the account of the organization/individual/entity and will be paid or not paid consistent with the terms of the resolution determined by the Commission.</li> <li>• The organization/individual/entity will respond, in writing, to the Commission’s office address within ten (10) business days of the date of the Commission’s notification to suspend payments. The response will include a plan of action to correct the situation leading to the suspension and include a time frame for corrective action.</li> <li>• The organization/individual/entity may address the Executive Director or the full Commission board when the suspension is</li> </ul>				
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	<p>reviewed. The Commission will send written notification of its actions.</p>				
<p><b>Probation</b>          The Commission may place a provider on probationary status. When a Provider consistently fails to comply with contractual expectations over a period of time, or if there has been a single incident of major gravity, the Commission 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 that shall not exceed 1 (One) month the Commission shall move to payment suspension procedures outlined above or shall move to terminate the contract.</p>	<ul style="list-style-type: none"> <li>• Probationary status may be imposed under the following circumstances but is not limited to the following circumstances:</li> <li>• The provider fails to make timely corrections or supply information required or requested as a result of the monitoring process or other accountability requirements.</li> <li>• The provider provides services that deviate from the contract’s parameters or fails to follow the contract’s requirements.</li> <li>• The provider has failed or is failing to meet local, state and/or federal requirements and/or regulations.</li> <li>• The provider has failed or is failing to provide required and/or requested information within a reasonable amount of time as determined by the Commission.</li> <li>• The provider has failed or is failing to comply with the Commission’s Funding Guidelines and/or contractual parameters.</li> <li>• The provider fails to provide financial, programmatic or other documentation/information requested or required by the Commission.</li> </ul>				

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	<ul style="list-style-type: none"> <li>• Another funding agency or legal authority is investigating the provider.</li> <li>• If the Commission staff determines that probationary status is warranted, the Executive Director will consult with the Commission President and Commission Attorney and, if deemed appropriate, send a letter to the CEO of the agency, and inform the Commission 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. If the agency so desires, the agency may attend and address the Commission at said meeting.</li> <li>• Commission staff shall update the Executive Director on a timely basis on the progress made by the Provider in correcting the deficiency. At the end of the aforementioned 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 Commission board:             <ul style="list-style-type: none"> <li>• Remove the provider from probationary status</li> <li>• Extend the time frame of the probation</li> <li>• Terminate the contract</li> <li>• Report any findings of allegedly</li> </ul> </li> </ul>				
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	inappropriate, illegal, fraudulent or unethical conduct to the appropriate County.				
<b>Cancellation of Contract</b> The Commission reserves the right to terminate an organization/individual/entity's contract at any time upon thirty (30) days written notification.					
	<b>Total Score</b>				



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Legend

<u>FC</u> <b>Full Compliance</b>	<u>SC</u> <b>Substantial Compliance</b>	<u>NC</u> <b>Non-Compliance</b>	<u>NA</u> <b>Not Assessed</b>
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**Proviso Township Mental Health Commission  
Funding Guidelines Instructions and Checklist  
Effective July 1, 2016**

**Provider** \_\_\_\_\_

**Date review** \_\_\_\_\_

**Type of Review (Check One)**  **Full Review**  **Special Review**