

**City of Chicago Department of Public Health  
Request for Proposals (RFP)  
For  
Mental Health Infrastructure Community Health Centers  
RFP # 11-01 Mental Health Infrastructure**

**Key Dates**

Release date	December 12, 2011
Intent to Apply Form due	December 20, 2011
Bidder's Conferences	December 15, 2011 at 3:00 PM
Proposal due	December 27, 2011
Contract start date	After January 1, 2012

**Submit one (1) original, five (5) complete copies, and a complete electronic copy on a CD of the proposal**

**All proposals must be addressed and delivered to:**

**Department of Public Health  
DePaul Center—Room 200  
333 South State Street  
Chicago, Illinois, 60604**

**PROPOSALS MUST BE RECEIVED NO LATER THAN 4:00 P.M. CENTRAL STANDARD  
TIME ON  
December 27, 2011**

**NO PROPOSALS WILL BE ACCEPTED FOR ANY REASON AFTER THIS DEADLINE.**

City of Chicago  
Department of Public Health  
Mental Health Division

**Mayor  
Rahm Emanuel**

**Commissioner  
Bechara Choucair M.D.**

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Department of Public Health, Mental Health Division  
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## **I. Program Authority**

The Chicago Department of Public Health (CDPH) functions as the local health department for the City of Chicago. CDPH will fund Community Mental Health Centers (CMHC) to increase adult psychiatry services in the Community. The funding available for this opportunity is through corporate funds from the City of Chicago.

## **II. Purpose**

The City of Chicago (“City”) acting through its Department of Public Health (“Department”) invites the submission of proposals from Community Mental Health Centers with experience in providing quality and cost effective mental health services to uninsured and underinsured individuals in Chicago. The chosen party(ies) selected from Respondents (“Respondent(s)”) to this request for proposal (“RFP”) will be responsible for providing psychiatry services including medication management for residents of Chicago with mental illness.

The objective is to increase access to psychiatry service in Chicago and strengthen the mental health infrastructure. Successful Respondent(s) will demonstrate their ability increase the number of psychiatry hours that are provided by their agency. Respondent(s) should explain how the funding will facilitate this increase in psychiatry services and fill the gap in State funding. Respondent(s) can use this funding to increase services at current locations, but this should be clearly outlined in their response. If funding is being used to increase capacity to new clients, Respondent(s) should clearly outline the number of potential new clients receiving service. Increased access to psychiatry services could lead to better medication adherence for individuals that have limited or no access to psychiatry services.

The work contemplated is professional in nature. It is required that the selected Respondent(s) acting as a partnership, corporation or other legal entity, is of professional status, licensed to perform in the State of Illinois and the City of Chicago for all applicable professional discipline(s) requiring licensing and will be governed by the professional ethics in its relationship to the City. It is also required that the Respondent(s) would be certified through the State of Illinois as a Medicaid Mental Health Services Provider. It is also required that all reports, information, or data prepared or assembled by the Respondent(s) under a contract awarded pursuant to this RFP may be made available to any individual or organization under the Freedom of Information Act (FOIA). The Respondent shall be financially solvent and each of its members if a joint venture, its employees, agents or sub-Contractors of any tier shall be competent to perform the services required under this RFP document.

## **III. Background**

There are 41 CMHC organizations providing outpatient mental health services that are funded by the State to provide mental health services. Most CMHC organizations have multiple locations where clients can access services. In Chicago, these organizations care for patients that are uninsured and underinsured. Many of these organizations provide comprehensive services for individuals living with mental illness including case management, individual and group therapy, psychosocial rehabilitation, and assertive community treatment. These services in conjunction with medication management are an important part of the recovery model.

In 2010, the State of Illinois removed the maximum amount that CMHCs could bill for Medicaid services. Many organizations have increased their capacity for patients. However there is still a gap in the cost to provide psychiatry services and the State reimbursement for the service. According to the

American Journal of Psychiatry, medication adherence is critical to preventing relapse<sup>1</sup>. Access to psychiatry services is a key component to adherence.

#### **A. Overview**

Currently, there are 72 CMHC locations in Chicago registered with the Illinois Mental Health Collaborative. These agencies provide a broad array of recovery-oriented services. The agencies provide services to insured and uninsured clients. These agencies provide a safety net for patients with mental illness. As mental health providers, each organization participates in quality monitoring with the State's Administrative Services Organization, currently the Illinois Mental Health Collaborative.

#### **B. Program Changes**

The State of Illinois has been slowly converting the reimbursement of mental health services from a grant structure to a fee-for-service model. Services for Medicaid and uninsured moved to a fee-for-service model of reimbursement based on the type of service being billed. The State created services codes with a reimbursement fee schedule for each service. CMHC were able to bill the State for these services up the maximum amount allowable in the grant.

In July 2010, the State moved the Medicaid billing into a full fee-for-service model. CMHCs were no longer limited to the amount indicated by a grant. CMHCs can now bill for all allowable Medicaid services provided at the Medicaid rate. There is no longer a cap on the number of services that each CMHC can bill for Medicaid services.

### **IV. Eligibility Requirements for Respondents**

CMHC are certified by the State of Illinois as Medicaid Mental Health Services Providers to provide comprehensive mental health services. In order to be eligible for funding CMHC must offer adult psychiatry service directly or through an onsite contractual arrangement. Respondent(s) must have at least one year of experience providing this service.

CMHCs with a limited capacity to administer the fiscal responsibilities associated with their programs are encouraged to sub-contract with a third-party fiscal agent.

All successful Respondents must use a documented cost allocation methodology, approved by the agency's accounting firm, for all shared costs like space/rent, utilities, telephone and general office supplies.

All Respondents must complete the City's electronic Economic Disclosure Statement and Affidavit [www.cityofchicago.org](http://www.cityofchicago.org) in the search button type in "Economic Disclosure".

All Respondents must submit proof of insurance with completed proposal.

An Intent to Apply form (Appendix A) or a reasonable facsimile that includes all the information requested on the form should be completed and returned by December 20, 2011. The form may be submitted via e-mail, fax, mail or in person to:

<sup>1</sup> American Journal of Psychiatry 2011, Delbert Robinson M.D.

Richard W. Rzeszutko  
Chicago Department of Public Health  
333 South State Street, Room 200  
Chicago, IL 60604  
Telephone: 312-745-3504  
Fax: 312-747-9716  
/E-mail: Richard.Rzeszutko@cityofchicago.org

The Intent to Apply form is not mandatory, however, those organizations interested in responding to this RFP are strongly encouraged to submit the form as it assists the Department in planning for proposal evaluation.

**V. Bidders' Conference**

An in-person Bidders' Conference has been scheduled for this RFP. The purpose of the Bidders' Conference is to provide an overview of this RFP, describe the proposal review process, and answer prospective Respondents' questions. Organizations planning to apply for funding are strongly encouraged to participate in a Bidders' Conference. The Bidders' Conference will be held at the following location and date:

In-person Bidders' Conference, December 15, 2011 at 3pm  
Location: Chicago Department of Public Health, 333 South State, Chicago, IL, 60604, suite 200  
In the CDPH Board Room

**VI. Available Funding**

An estimated \$500,000 will be available through this RFP to fund adult psychiatry services in Chicago during 2012. Awards will begin on January 1, 2012. It is anticipated that the initial term of the contract will be funded for a 12 month project period. This project may be extended, provided that subject to funding availability, the City's discretion and other factors, the term of the contract may be extended by up to one period, each period not to exceed one year. Applicants should develop a plan for sustaining the project after the funding under this RFP expires.

Funding is available to increase psychiatry hours to patients in the CMHC. CDPH will pay \$150 per hour for each additional hour provided by a psychiatrist that is added to the CMHC above the current hours being provided. CDPH will pay \$100 per hour for each additional hour provided by a nurse practitioner or physician assistant to provide psychiatric medication management that is added to the CMHC above the current hours being provided. The hourly rate includes all costs including provider time, facility and supply costs as well as malpractice coverage.

**VII. Eligible Program Activities and Priorities**

**A. Funding Categories**

<b>Eligible Service Categories</b>	<b>Estimated Funds Available</b>	<b>Estimated Number of Awards</b>
Psychiatry Services	\$500,000	1-8

## **B. Service Requirements and Priorities**

### **1. Access to Clinical Services**

The Respondent(s) must plan for increased adult psychiatry access above the current number of hours being provided by the CMHC. Services should be available for clients without insurance or with Medicaid or Medicare coverage.

### **2. Access to Services in Community**

CMHC that are registered with the State as Mental Health provide comprehensive services for clients with mental illness will be eligible to apply. CMHC should have comprehensive services such as crisis intervention, case management and individual and/or group therapy to work in conjunction with psychiatric medication management. CMHC with wide ranging services such as Assertive Community Treatment, Psychosocial Rehabilitation, Community Support Team, etc should describe how these programs will work together with medication management to help the patient move toward recovery.

### **3. Benefits and Entitlement Services**

Respondent(s) will be required to assess clients for access to insurance. Respondent(s) should help clients directly or through referral apply for benefits for which they are eligible.

The Respondent(s) should have consistent method for monitoring the financial sustainability of the CMHC.

### **4. Quality Initiatives**

Each CMHC certified by the State participates in regular quality audits in order to maintain certification. In addition, the CMHC should demonstrate quality through attaining and maintain certification through an external quality accrediting body such as CARF, JCAHO, Council on Accreditation (COA) or another independent accrediting body.

CMHC will be required to submit their annual score for:

- Evidence of changes in, or evaluation of, medication during periods instability
- Evidence in the clinical record that primary health care coordination and integrated care is occurring with the primary physical health care provider.

These items should be submitted annually from the State's Clinical Practice Review. In the event that the State does not perform the Clinical Practice Review, the CMHC will be responsible for completing the review on a random sample of patients.

### **5. Coordination of Laboratory Services**

Psychiatric medications require ongoing monitoring. The Respondent(s) should demonstrate their ability to manage medication and coordinate appropriate laboratory testing necessary to monitor the therapeutic

levels of psychiatric medications being prescribed. The testing does not need to be performed by the Respondent(s) directly but the CMHC is responsible for coordinating the service for the patient.

## **6. State Certification**

The Respondent(s) shall be required to maintain certification as a Medicaid Mental Health Services Provider through the State of Illinois. The Respondent(s) will be obligated to meet all requirements necessary to maintain status.

## **7. Access to Medications**

The Respondent(s) shall have mechanisms to help patients obtain medications that are prescribed by the Respondent(s)' medical providers. For Medicaid patients, the Respondent(s) can utilize the Medicaid formulary. For uninsured patients, the Respondent(s) can utilize pharmacy assistance program, sample medications, or patient drug assistance programs through pharmacies. The Respondent(s) respondents should demonstrate their ability to help individual access medications.

## **C. Program and Fiscal Monitoring Standards**

Any grantee found to be non-compliant with the standards at any time will be held responsible and required by the City of Chicago to restore any damages and/or costs associated with grantee non-compliance.

## **VIII. Instructions for Completing a Proposal**

This section provides information on proposal requirements and submission guidelines. Each Respondent(s) must be complete and narrative responses should be self-explanatory. Only documents requested in this RFP or directly related to the RFP should be submitted. Any unsolicited material submitted with a proposal will be discarded before review.

### **A. Intent to Apply**

All applicants are requested to complete and submit the *Intent to Apply* form by 4:00 p.m. on December 20, 2011. This form is for informational purposes only and will not be used to determine eligibility or funding.

### **B. Application Guidelines**

This section provides information on application requirements and submission guidelines. Page limits for each section are included. Follow these instructions and outline when preparing and submitting an application. Include a table of contents reflecting major categories and corresponding page numbers. Use headings and subheadings to ensure that your application covers all the required elements. Use the Application Checklist in Appendix B to ensure that your application is complete.

"Note: Respondents are required to execute the Economic Disclosure Statement annually through the City's on-line EDS system. Its completion will be required for those Respondents who are awarded contracts as part of the contracting process. Attached is the link:

<https://webapps.cityofchicago.org/EDSWeb/appmanager/OnlineEDS/desktop>

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*Note: All successful applicants will be required to complete and submit an Economic Disclosure Statement and Affidavit. This document can be found at:*

<http://www.cityofchicago.org/content/dam/city/depts/dps/EDS/EDS11012005FINAL.pdf>.

*This note is included for informational purposes only and does not need to be submitted with this application.*

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### Required Documentation

- Internal Revenue Service 501(c)3 tax exempt determination letter
- Copy of Respondent's Articles of Incorporation
- Copy of the Respondent's most recent Financial Statement and OMB Circular A-133 Audit
- List of Board of Directors (must include place of employment for each member)
- Copy of State of Illinois Certification as a Medicaid Mental Health Services Provider
- Copy of Certification by External Quality Body, ie CARF, JCAHO, COA, etc

### **Proposal Guidelines**

#### Title Page

Complete Title Page (appendix B) for each application. This page must be the first page of your proposal.

#### Project Abstract (1 page)

The Project Abstract provides a brief description of the applicant organization and its experience relevant to this application. The Project Abstract should include the following information.

- Organization's history and experience providing comprehensive mental health services
- Description of the proposed geographic area.
- Description of the target population that the CMHS is applying to serve.
- Description of the project for which funds are being requested.
- Description the project's measurable and expected outcomes.

#### Target Population(s) (no more than 1 page)

- Describe your experience providing services to the target population(s) and describe how you assess the needs of this population.
- Identify and describe the characteristics of the target population(s) this project will serve. At a minimum, this should include race and ethnicity, gender, sexual orientation and age.
- Describe your agency's ability to meet capability to provide services for the target population(s)
- Describe how unmet needs and barriers will be addressed by the proposed project (e.g., bilingual staff, extended and weekend hours of service, child care, and transportation)

#### Cultural Competence (no more than 1 page)

Cultural competence describes the ability of organizations and individuals to provide service to clients with diverse values, beliefs and behaviors, including tailoring service delivery to meet clients' social, cultural and linguistic needs. Cultural competence is a vehicle to increase access to quality service for all target populations, address disparities in health care, and a strategy to attract and retain clients. Address the following points to describe your agency's ability to provide culturally competent service.

- Describe your agency's efforts to integrate the values, attitudes and beliefs of the community your proposal targets population.



- Describe the involvement of community members.
- Describe current or proposed relationship(s) with Community Partners and/or medical providers.

Description of Proposed Project (2 pages max.) and Workplan (No page limit on the workplan)

The Project Description narrative and Work Plan describes the proposed project will increase psychiatry access in the City of Chicago. The program should include the following:

- Staffing model and plan to increase psychiatry hours.
- Description of the location where the services will occur. If the Respondent(s) plans to utilize a current location of the Respondent, include a brief description of the current physical capacity for the health center to increase volume. If the Respondent(s) proposes to utilize the current Department location, a description of the planned utilization of the space.
- Description of how the Respondent(s) will incorporate current services such as case management, individual/group therapy, PSR, etc into the care plans for the patients.
- The Respondent(s) should describe its past history with increasing access to psychiatry services.

Implementation Plan (no more than 2 pages)

Respondent(s) must submit an implementation plan for transition services. At a minimum, the plan should include:

- Designated staff to serve in the implementation plan
- Timeline to start providing services
- Staffing plan and hours of operation
- Potential impact including the number of new patients receiving service

Respondent(s) can submit additional items necessary to define their implementation plan.

Budget and Justification ( no more than 2 pages for justification)

Provide a narrative description of the proposed project budget. Your narrative must address the following questions.

- Describe your organization’s fiscal capacity and stability to manage the proposed project.
- All contracts will be paid on a reimbursement basis. Describe your organization’s demonstrated capacity to operate on a reimbursement basis.
- Describe and justify all costs proposed in the budget. The budget and narrative must meet all requirements set forth in this section.

**C. Proposal Checklist**

The Proposal Checklist should be used to ensure that the proposal is complete. Include the Checklist with the proposal. Proposals that do not contain each of the items indicated in the checklist will be considered incomplete and will not be reviewed. (See appendix E for a copy of the Checklist).

**IX. Submission Guidelines**

Failure to follow any of the instructions related to content will result in the proposal being eliminated from consideration. Other than late delivery, the most common reasons that proposals are rejected include: inadequate number of copies, missing sections of the proposal, and failure to include requested documents.

It is the responsibility of the Respondent(s) to insure delivery of the proposal to the Department by the designated deadline. All proposal will be date and time stamped upon receipt and the receipt will be given to the person delivering the package at the time of receipt. Respondents using a messenger service to deliver their proposals should advise the messenger service of the 4:00 pm deadline and make sure the messenger knows to wait for a receipt.

Respondent(s) wishing to drop off completed proposals prior to the deadline December 27, 2011 should contact Richard W. Rzeszutko to arrange for a drop off time. Contact information is [Richard.Rzeszutko@cityofchicago.org](mailto:Richard.Rzeszutko@cityofchicago.org) or 312-747-8841.

All programmatic questions regarding this RFP (i.e., objectives, review criteria, work plan, budget components, etc.), and assistance with the proposal guidelines should be referred to:

Richard W. Rzeszutko  
Chicago Department of Public Health  
333 South State Street, Room 200  
Chicago, IL 60604  
Telephone: 312-745-3504  
Fax: 312-747-9716  
/E-mail: [Richard.Rzeszutko@cityofchicago.org](mailto:Richard.Rzeszutko@cityofchicago.org)

Submit one (1) original and five (5) complete copies, six (6) in total, and an electronic version of the proposal on CD to:

**Department of Public Health  
DePaul Center—Room 200  
333 South State Street  
Chicago, Illinois, 60604**

The proposal must be received by 4:00 p.m. Central Standard Time on December 27, 2011. No extension will be permitted. No late proposals will be accepted.

#### **A. Format Instructions**

Follow these instructions in completing your proposal

- Use at least 1.5 line spacing and at 11-point font size.
- Proposals should have margins of at least ¾ inch on all sides.
- Submit only unbound proposals (i.e., no staples, ring binders, covers)
- All documents should be on 8 ½"x11" paper
- Print only on the front of each page (if any of your supporting documents are two-sided, photocopy them to meet this requirement)
- Include a table of contents reflecting major categories and corresponding page numbers
- Attach only supporting documentation requested or directly related to the proposal
- Sequentially number the entire proposal including all the attachments
- No faxes will be accepted

#### **B. Required Documentation**

Please submit the following as attachments in the completed proposal. Clearly mark each as separate appendices.

- Internal Revenue Service 501c(3) tax exempt determination letter.
- Copy of respondent's Articles of Incorporation.
- Copy of the respondent's most recent financial statement and the most recent audit including A-133, if applicable.
- Board of Directors List (must include place of employment for each member)
- Copy of State of Illinois Certification as a Medicaid Mental Health Services Provider
- Copy of Certification by External Quality Body, ie CARF, JCAHO, COA, etc

## **X. Evaluation of Proposals**

All proposals that are received on time will undergo a technical review to determine whether all required components have been addressed and included. Proposals that are determined by the City to be incomplete will not be further considered. The City reserves the right to waive irregularities that, within its sole discretion, it determines to be minor. If such irregularities are waived, similar irregularities in all proposals will be waived. Proposals that are determined to be complete will be forwarded to a Review Panel.

The Review Panel will evaluate and rate all remaining proposals based on the Evaluation Criteria listed below. The Review Panel forwards its recommendations and comments to the First Deputy Commissioner of Chicago Department of Public Health. Past contractual performance may also be considered for applicants that have previously received funding. Final funding decisions are made by the CDPH program and Commissioner of Public Health. All applicants will be notified of the results in writing.

Evaluation Criteria:

- Respondent's relevant experience in providing the proposed service
- Respondent's plan to ensure clients and providers know about available services
- Identification and description of the socio-demographic characteristics of the target population and mental health service needs of the target population
- Respondent's cultural capability and linguistic capacity
- Comprehensiveness and soundness of proposed program approach and Workplan
- Soundness of proposed budget and respondent's financial capacity and stability to manage a program of the size and scope contemplated

The City of Chicago reserves the right to recommend qualified funding proposals out of rank in order to ensure adequate geographic distribution. If an insufficient number of qualified proposals are submitted in any particular service category, the City reserves the right to directly solicit and select appropriate community-based providers to fill the gaps.

## **XI. Reporting and Other Requirements for Successful Respondents**

All successful respondents will be required to submit annual program reports, voucher on a quarterly, and participate in all CDPH-sponsored site visits, evaluation and quality assurance activities.

## **XI. Compliance with Laws, Statutes, Ordinances and Executive Orders**

Grant awards will not be final until the City and the respondent have fully negotiated and executed a Grant Agreement. All payments under Grant Agreements are subject to annual appropriation and

availability of funds. The City assumes no liability for costs incurred in responding to this RFP or for costs incurred by the respondent in anticipation of a grant agreement. As a condition of a grant award, respondents must comply with a number of requirements in the grant agreement.

**Appendix A**

**Intent to Apply for Community Health Funding of**  
City of Chicago  
Department of Public Health,  
Mental Health Division (RFP # 11-01 Mental Health Infrastructure)

Agencies interested in applying for funding under this RFP are asked to complete and submit this form or a reasonable facsimile by **4:00 pm on December 20, 2011**. The form may be e-mailed, mailed, faxed or delivered to:

Richard W. Rzeszutko  
Chicago Department of Public Health  
333 South State Street, Room 200  
Chicago, IL 60604  
Telephone: 312-745-3504  
Fax: 312-747-9716  
/E-mail: Richard.Rzeszutko@cityofchicago.org

Agency Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Appendix B

**Title Page**  
City of Chicago  
Mental Health Division  
**RFP # 11-01 Mental Health Infrastructure**

<b>Agency Name:</b>	
<b>Agency Administrative Mailing Address:</b>	
<b>Agency Service Site Address:</b>	
<b>Agency Tax Identification Number:</b>	
<b>Service Category Applying for:</b>	<b>Total Amount Requested:</b>
<b>Executive Director:</b>	<b>President of the Board of Directors:</b>
<b>Executive Director's Phone Number:</b>	<b>Executive Director's Email Address:</b>
<b>Primary Program Contact Person:</b>	
<b>Primary Program Contact's Phone Number:</b>	<b>Primary Program Contact's Fax Number:</b>
<b>Primary Program Contact's Email Address:</b>	
<b>Fiscal Agent Name (if applicable):</b>	
<b>Fiscal Organization Mailing Address:</b>	
<b>Fiscal Agent's Phone Number:</b>	<b>Fiscal Agent's Fax Number:</b>
<b>Fiscal Agent's Email Address:</b>	
<b>Signature of the Executive Director:</b>	<b>Date:</b>

**Appendix C**

**Current Administrative and Service Site(s)**  
 City of Chicago  
 Department of Public Health, Mental Health Division  
 Community Health Centers  
 (RFP # 11-01 Mental Health Infrastructure)

In this table, please provide information about the current administrative and service sites of the organization. Delineate the services provided at each site. Copy and use additional pages if necessary.

<b>Name of Site (indicate if it is an Administrative Office)</b>	<b>Location (neighborhood/city name and street address)</b>	<b>Zip code</b>	<b>List service(s) provided at this site</b>	<b>Indicate if the site will provide the service proposed in this proposal (yes or no)</b>

If the organization has mobile unit(s), list mobile unit(s) and the neighborhoods/areas they primarily serve below


**Appendix D**

**Program Work Plan**  
 City of Chicago  
 Department of Public Health, Mental Health Division  
 (RFP # 11-01 Mental Health Infrastructure)  
 (If additional space is needed, this page can be copied)

Agency														
Service Category														
SCOPES OF SERVICES	ACTIVITIES	WORKPLAN											STAFF	
<i>What are we going to do?</i>	<i>How are we going to do this?</i>	<i>When are we going to do this?</i>											<i>Who will do this?</i>	
		M	A	M	J	J	A	S	O	N	D	J	F	
Example 1: Provide 100 mental health visits to 150 clients	Establish care plans for each clients and ensure appointments are scheduled for each client	X	X	X	X	X	X	X	X	X	X	X	X	Mental Health Physicians
Example 2: Submit data reports to CDPH	Send an electronic file of the required data variables	X	X	X	X	X	X	X	X	X	X	X	X	Program director





## Appendix E

**Proposal Checklist**  
City of Chicago  
Department of Public Health, Mental Health Division  
(RFP # 11-01 Mental Health Infrastructure)

The proposal checklist should be used to ensure that the proposal is complete. Include the checklist with the proposal. Proposals that do not contain each of the items below will be considered incomplete and will not be reviewed.

- Title Page using Appendix B (1 page)
- Proposal Checklist
- Table of Contents

### Proposal Narrative

- Project Abstract ( 1 page limit)
- Target Population ( 1 page limit)
- Cultural Competency ( 1 page limit)
- Description of Project (5 page limit); work plan (there is no page limit for the work plan)
- Quality Plan ( 2 page limit)
- Implementation Plan ( 2 page limit)
- Budget Justification (2 page limit for narrative)
- Budget (There is no page limit for the Budget forms)

### Required Documentation

- Internal Revenue Service 501(c)3 tax exempt determination letter
  - Copy of Articles of Incorporation
  - Copy of the most recent Financial Statement and OMB Circular A-133 Audit (if applicable)
  - Board of Directors List (Must include place of employment)
  - Copy of State of Illinois Certification as a Medicaid Mental Health Services Provider
  - Copy of Certification by External Quality Body, ie CARF, JCAHO, COA, etc
- 
- One (1) original, five (5) complete copies and one (1) electronic copy on CD of the proposal are submitted
-