

FY27 Annual Informational Meeting Questions

- 1. I just want to confirm that you all utilize the updated federal de minimus rate of 15%?**

Yes, we will allow the federal de minimus rate of 15% to be used for indirect administrative expenses.

- 2. Projected Number Served for FY27- As a grant, prevention program- should we include direct clients and greater community members into this number? More details: clients do full intake paperwork for ongoing direct support; greater community members may attend a one-time training or event that does not require the same level of intake, ongoing support and documentation. However, MHB funds have allowed us to educate 100's of community members in addition to our direct clients each year.**

Yes, if your program description includes education or community initiatives, please include this in the projection and clients served. Just be sure to be able to accurately count participants in wider community initiatives. The Mental Health Board wants to accurately capture your program.

- 3. Fee-for-Service, can a detailed description be provided for monthly reporting expectations for FFS?**

Fee-for-Service (FFS) reimbursement is based on a service delivery model similar to Medicaid billing, where eligible services are reimbursed based on approved activity codes. Activity codes correspond to reimbursable services provided to McHenry County residents who meet DSM-5-TR diagnostic criteria and/or medical necessity requirements. Activity codes are used to support reporting requirements and facilitate program monitoring and audit review. Administrative and paperwork activities are not eligible for reimbursement.

Monthly FFS reporting will include service-level data associated with billable activity codes. Agencies will submit this information with the required affidavit using the Mental Health Board (MHB)-provided Excel Service Data Sheet. Fee-for-Service billing and supporting documentation are due by the ninth (9th) day of the month following the month in which services were provided.

Each client's unique identifier is used consistently across agency programs and services for reporting purposes. Submitted data will not include Personal Health Information (PHI) or personally identifiable client information.

Monthly submissions should accurately reflect services provided during the reporting period and include the required service data elements necessary to verify eligible reimbursable activities.

- 4. For many years our organization used to be CARF accredited. We were then told that we were no longer required to be accredited. Would an application for direct mental health services require us to be CARF accredited again? Our reason we stopped the process was purely financial. We most likely meet most of the criteria. If we are required to be CARF accredited, can we still apply for funding and complete the accreditation process during the first year of funding?**

The Mental Health Board recognizes the value of accreditation and considers it a positive indicator of quality and organizational standards. However, accreditation is not required to apply for funding. All eligible organizations are encouraged to submit applications, which will be reviewed based on the merits of their proposed services, outcomes, and alignment with community needs.

- 5. Can you clarify what you mean by “completely filled out budgets?”**

- The budget should match the narrative of the applications being submitted – include all programs and positions included on the applications.
- Be sure to complete the agency name, budget contact and programs at the top of the revenue worksheet. This information will flow to other worksheets.
- Total agency columns should be completed for all budgeted revenue and expenses for the agency. If left blank, your budget will not be accepted.
- For each program that an application is being submitted for, a total program column should be completed (pink column). Include all revenue/expenses related to that program.
- For each program that an application is being submitted for where POP and Grant funding is requested, the MHB portion column (blue column) should be completed identifying all expenses that MHB support is being requested for.
- Client counts should be included for each program that matches those included on the application.
- If indirect administration support is being requested, the allocation method used should agree with the cost allocation plan submitted and be consistently applied to all programs.

- 6. Can you talk more about how program descriptions are used?**

Accurate and detailed program descriptions are essential because they provide the foundation for understanding the services, activities, and outcomes a program provides to the community. Program descriptions are a crucial aspect of determining what resources and services are available to the community as a whole, how grant funding is allocated and paid out, and how program performance and impact are measured. Clear descriptions allow for informed funding decisions, ensure alignment between the proposed services and

community needs, support accountability for the use of grant funds, and provide a consistent basis for evaluating program effectiveness. Inaccurate or incomplete descriptions may impact the understanding of available services, funding decisions, and the ability to accurately measure program outcomes.

7. Who do I reach out to if I have questions?

General overall questions: Bridget Geenen, Executive Director at bgeenen@mc708.org

Budget questions: Melanie Duran, Fiscal Operations Manager at mduran@mc708.org

Compliance questions: Amanda Teachout, Deputy Director at ateachout@mc708.org

Technical Assistance questions: Vickie Johansen, Contract Management Specialist at vjohansen@mc708.org