Calendar Year 2027

Pre-Contracting Questionnaire

Notice of Intent for Application Submission Deadline:
September 30, 2026--only applications from non-profit providers will be considered for a contract.

Calendar Year 2027

Pre-Contracting Questionnaire

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Organizational Information

Please fill in the below information.

Organization Name:	
Primary Contracting Contact Name:	
Primary Contracting Contact Email:	
Primary Contracting Contact Phone Number:	

Organization Contacts

Administrative Team:

CEO Name:	
Title:	
Phone:	
Email:	

CFO Name:	
Title:	
Phone:	
Email:	

COO Name:	
Title:	
Phone:	
Email:	

Compliance Contact:	
Title:	
Phone:	
Email:	

KPI Contact:	
Title:	
Phone:	
Email:	

Billing Contact:	
Title:	
Phone:	
Email:	

Program Team:

Name:	
Title:	
Phone:	
Email:	

Name:	
Title:	
Phone:	
Email:	

Name:	
Title:	
Phone:	
Email:	

Name:	
Title:	
Phone:	
Email:	

Name:	
Title:	
Phone:	
Email:	

Board of Directors:

In a separate document please provide a list of all current Board Members and their email addresses.

Organizational Description

Please provide a brief Organizational History (200 words or less):

Date of Incorporation:	

List of Organization's office sites/addresses where services are/would be provided to PVADAMH Board Residents:

Address	Phone#	Services available @ Location	Days of Operation	Hours of Operation

Current number of PVADAMH Board Residents served by Primary Payor Source:

Medicaid:		Private Insurance:	
Medicare:		Other Payor:	

Does your organization utilize Trauma-Informed Care principles? Yes ☐ No ☐

Does your organization take Medicaid insurance? Yes ☐ No ☐

Does your organization take *any* private health insurance? Yes ☐ No ☐

Accreditation/Certification Information

Attach the most recent copy of any of the applicable accreditations.

Does your agency have National Accreditation?*

☐ Yes ☐ No

If **yes**, which entity? ☐ CARF ☐ COA ☐ JCAHO ☐ Other:

Is your organization certified by the OhioMHAS?*

☐ Yes ☐ No

If **no**, describe your organization:

Is your organization certified by Ohio Recovery Housing?*

☐ Yes ☐ No

*Contract Provider shall submit to PVADAMH Board Certificates for all accreditations within 30 days of each renewal.

In the past 2 years, have there been any actions against your organization through a national accreditation body (CARF, COA, JCAHO), OMHAS, or any other state licensing body requiring a corrective action plan, a temporary license, or certification suspension or revocation?

☐ Yes ☐ No

If **yes**, please explain including step(s) taken to resolve the issue(s):

In the past 10 years, has a national accrediting body (CARF, COA, JCAHO), governmental entity (Medicare, Medicaid), or a state licensing authority (OMHAS) suspended, revoked, or terminated their relationship with your organization?

☐ Yes ☐ No

If **yes**, please explain including step(s) taken to resolve the issue(s)

Insurance Information

Send evidence of the insurance requirements.

The following insurance is required of *all* *Contract Agencies*: *Send current certificate(s) of Insurance with the application and fill out the coverages below.*

Required Insurance Description	Amount of Agency Coverage in $	
Automotive Liability Insurance – equal to Ohio minimum requirements if vehicles are used to transport clients.		
Workers' Compensation – either through state fund or self-insured.		
General Liability – at least $1,000,000 per occurrence with an annual aggregate limit of at least 3,000,000.		
Professional Liability - single limit coverage in an amount of at least $1,000,000 per occurrence with an annual aggregate limit of at least $3,000,000.		
Employers' Liability – minimum amount of $500,000.		
Employee Dishonesty – recommended coverage either through bond insurance or liability insurance. (If no coverage obtained, the Contract Agency assumes all risk for losses.)		
Directors and Officers Insurance – at least $1,000,000 per occurrence with an annual aggregate of at least 2,000,000.		
Is PVADAMH Board identified as an additional named insured of all coverage?	☐ Yes	☐ No

Does your organization have a Claims-made policy?	☐ Yes*	☐ No

*If yes, extended reporting period ("tail") coverage or continuous coverage from date of first contract with PVADAMH Board is required. Provide the following: *Attach Tail Coverage endorsement or evidence of continued coverage from first claims-made policy issued while under contract with the Board.*

All Contract Agencies shall submit to PVADAMH Board Certificates of Insurance evidencing each type of coverage required and shall provide PVADAMH Board with notice of cancellation or non-renewal of any such coverage within 30 days of the time the Agency receives such notice.

Financial Monitoring/Sub-Recipient Monitoring

A. Financial Audit Information

Most Recent Audit Completed FY or CY ending date:	
Audit Completion date (report date):	
Name of Audit Agency/Firm:	
Name of the Lead Partner on the Audit Engagement:	
How many years have they been Lead Partner on organization's audit?	

1. Attach a copy of your organization's most recent financial audit report.

2. Does your organization receive federal funds? ☐ Yes ☐ No

   If yes, what were the results of previous audits including whether or not a Single Audit was performed in accordance with the Uniform Guidance, and the extent to which the same or similar sub-awards has been audited as a major program.

B. Accounting System/Controls

1. Identify the methods(s) used for financial reporting on your organization level reports and your Financial Statements during Audit (i.e., Cash, Accrual, etc.)

2. How often do you report your financial statements to your board of directors?
   ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other, please explain:

3. What financial software package does the Organization utilize (i.e., Excel, Quickbooks, etc.)?

4. What EHR software/program is being utilized by the Organization?

5. Does your accounting system identify the receipt and expenditure of program funds separately for each grant?
   ☐ Yes ☐ No ☐ Not Sure

6. Does your accounting system provide for the recording of expenditures for each grant/contract by budget cost categories shown in the approved budget?
   ☐ Yes ☐ No ☐ Not Sure

7. Are time distribution records maintained for each employee that specifically identify effort charged to a particular grant or cost objective?
   ☐ Yes ☐ No ☐ Not Sure

8. Does your accounting system include budgetary controls to preclude incurring obligations or costs in excess of total funds available or by budget cost category (e.g., Personnel, Travel, etc.)?
   ☐ Yes ☐ No ☐ Not Sure

C. Management/Personnel Stability

a) Has the Organization undergone a re-organization, re-structuring or downsizing in the past 12 months and/or any anticipated changes in the foreseeable future?

☐ Yes ☐ No

If yes, describe:

b) Identify major changes in policies or procedures in the past 12 months and/or any anticipated changes in the foreseeable future? (i.e. funding priorities, organization operations)

If yes, describe:

c)Is there a known potential for funding, or loss of funding within your organization or any other issues that may cause concern about program or organization viability?

☐ Yes ☐ No

If yes, provide details including corrective actions taken and the effectiveness of those actions:

d) What was the Organization's average staff turnover rate during CY26?

# of employees leaving for any reason between in most recent CY	
# of employees on 1/1/25	
# of employees on 12/31/25	
$Turnover\ Rate = \frac{\#\ Employees\ Leaving}{Average\ (\#\ Employees\ Beginning, \#\ Employees\ End)}$	

D. Irregularities

a) Is the Organization aware of any of the following at the Organization or with its sub-contractors?

1) Fraud	☐ Yes	☐ No
2) Waste	☐ Yes	☐ No
3) Abuse	☐ Yes	☐ No

If so, what are the proposed or actual actions?

b) Has Organization been suspended, debarred, or determined ineligible from entering into contracts with any department or other agency of the Federal Government, or received a notice of proposed debarment or suspension? Yes ☐ No ☐

c) Organization agrees to provide immediate notice to PVADAMH Board if it is suspended, debarred, or declared ineligible by any department or other agency of the Federal Government at any time while under contract.

d) Pursuant to ORC 9.24, does the organization have a certified, unresolved finding(s) for recovery with the Auditor of State or received notice of proposed finding for recovery? ☐ Yes ☐ No

Organization agrees to provide immediate notice to PVADAMH Board if it has a finding for recovery from the Auditor of State any time while under contract ☐ I Agree

Consumer Outcomes and Satisfaction

Pursuant to OAC 5122-28-04, each provider shall collect data on consumer outcomes and satisfaction with services in order to improve its ability to provide quality mental health and addiction services.

Send a copy of your organization's most recent Consumer Satisfaction Report with the application.

Client Rights and Grievance Procedure

Pursuant to OAC 5122-26-18, each OMHAS certified provider shall have a written policy/procedure for client rights and grievances. PVADAMH must ensure this policy/procedure is in compliance per OAC 5122:2-1-02. If applicable, provide the written policies and procedures related to seclusion and restraint pursuant to OAC 5122-26-16.

Send a copy of the most recent Client Rights/Grievance Policy/Procedure with this application. If applicable, send a copy of the most recent Seclusion, Restraint, and Time-Out Policy/ Procedure.

The Client Rights Policy and Grievance Procedure is to be posted in each location in which services are provided, unless the location is not under control of the provider (i.e., a shared location such as a school, jail, etc. and where it is not feasible for provider to do so). The Client Rights Officer's name, location, hours and contact information shall be included. Where can the posting(s) be found in Paint Valley ADAMH Board sites (specify by site/location)?

If not posted, specify plans to come into compliance:

Section I

List Number of Grievances reported/ resolved in your Organization during **SFY25** involving PVADAMH Board County Residents:

Types of Grievances by Client Rights Categories	Number of Grievances Received	Number of Grievances Resolved	FOR REFERENCE: Category aligns with the following Client Rights:		
			Community Provider	Residential Class 1 Provider	Residential Class 2/3 Provider
Right to Dignity and Respect			1, 2, 3	5, 6, 7, 8, 20, 21, 29	5, 6, 7, 8, 21, 22, 30
Right to Informed Choice and Treatment			4, 5, 6, 12, 13, 20	14, 18, 19, 22, 30	14, 19, 20, 23, 31
Right to Freedom			7, 8, 9	9, 10, 11, 24, 26, 25, 28, 29, 31, 32	9, 10, 11, 25, 26, 28, 29, 32, 33
Right to Personal Liberties			10, 11, 14, 15, 21	12, 13, 15, 16, 17, 23	12, 13, 15, 16, 17, 18, 24
Right to Freely Exercise All Rights			16, 17, 18	1, 2, 3, 4, 27	1, 2, 3, 4, 27
Service Improvement and Environment					
Other: (Housing, Employment, Custody, etc.)					

Briefly describe grievances received and resolution:

How many grievances resulted in some sort of Quality Improvement at the Provider Level?

Briefly list/describe client rights quality improvement initiatives implemented in **SFY26** to address
client grievances?

Checklist of Attachments

- ☐ **National Accreditation Certificate** (if applicable)
- ☐ **OMHAS Certificate(s)** for each site (if applicable)
- ☐ **Ohio Recovery Housing Certification(s)** for each site (if applicable)
- ☐ **Insurance Certificate(s)** (as applicable-see Insurance Section)
    - ☐ General Liability Insurance
    - ☐ Certificate of Professional Liability Insurance
    - ☐ Certificate of Employers' Liability Insurance
    - ☐ Certificate of Automobile Insurance
    - ☐ Verification of OBWC Certificate of Premium Payment
    - ☐ Certificate of Employee Dishonesty Insurance Coverage
    - ☐ Certificate of Directors and Officers Insurance
    - ☐ Claims-Made Insurance Policy (if applicable)
- ☐ Most Recent Financial Audit
- ☐ Most Recent Standardized Utilization Report
- ☐ Most Recent Satisfaction Survey Report
- ☐ Current Client Rights/Grievance Policy/Procedure Current
- ☐ Seclusion/Restraint/Time-Out Policy/Procedure
- ☐ Grant Funded Positions Form

NOTE: Should funding be awarded, the following will require completion and submission (due in late June):

- FY27 OMHAS Agreement and Assurances Attachment 4 - Standard Affirmation and Disclosure Executive Order 2011-12K
- Any additional attachments to the FY27 OMHAS Agreement and Assurances requiring provider completion and submission.

Executive Director/CEO Certification/Signature

I hereby attest that this document is a true and complete reflection of our organization and the services/project(s) being proposed for funding.

Executive Director/CEO Name

Executive Director/CEO Signature

Date