



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
DON KINGDON, PHD, INTERIM DIRECTOR

Network Office
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To: Alameda County Behavioral Health Care Services Providers
From: BHCS Network Office
Subject: CBO Signature Authorization and Contact Information Update
Date: **February 23, 2017**

It is time for the annual update of provider information. The BHCS Network Office requires this information to fully execute your FY 2017-18 contract, process amendments, and pay invoices that you submit. Each provider, whether they are single year or multi-year contract holders, must provide this vital information.

This year, due to recent audit results, we are requesting additional relationship information regarding board membership. This information identifies whether a board member is a voting member, paid staff, related to another board member/owner or can be identified as an interested party.

Additionally, we are requesting the contact information for the person managing your OIG Attestation process.

In order to ensure that we have the most updated information, please complete the following two documents by **Thursday, March 9, 2017**.

1. **CBO Signature Authorization Form:** If you have a current form on file with us, we have attached it for your review. Please respond to this email by either submitting a new form OR confirming that the information on the existing form is current. Follow the steps below to ensure that your form is accurate and complete:
 - a. Please assure that the number of people required to bind (execute) a contract is equal to or less than the number of people listed on the form.
 - b. Please remember to put a check box in each category in which each individual is authorized to sign.
 - c. Please make sure that both the Board Chairperson and Secretary have signed off at the bottom section of the completed form.
 - d. Please double check that your organization's name appears both at the top of the page and at the bottom of the page.
 - e. The original document with wet signatures must be submitted to the Network Office: 1900 Embarcadero Cove, Suite 205, Oakland, CA 94606
 - f. A sample of a completed form is attached for your reference.



2. **Provider Contact Information Sheet:** The completion of this form is an annual requirement.
 - a. If you require more space for programs or board members, please add them on additional sheets.
 - b. The completed document may be submitted to the contracts mailbox: contracts@acgov.org

If additional time is needed or you have questions, please contact your Fiscal Contract Manager.

Attachments:

Current CBO Signature Authorization on File, if any.
CBO Signature Authorization Form
Sample CBO Signature Authorization Form
Provider Contact Information Sheet