

The following information is being collected to update contract services information and the ACBH Contract Units Resource Directory. You <u>must</u> provide a contact for each contact type, i.e., Compliance Lead, Quality Assurance, OIG. A contact may be assigned to multiple contact types.

If there are changes to the existing information on your CBO Contact Information Profile, only complete the sections where there is a change using the checkboxes and the new fields highlighted in yellow. Existing providers do not have to complete the entire form.

Today's Date:	Contract Year Fax #:		
Provider Name:			
Main Address:	Agency Website: Email Address:		
Main Phone #:	Email Address.		
Executive Director:	Financial Officer:		
☐ Update ☐ New	☐ Update ☐ New		
Name:	Name:		
Title:	Title:		
Phone:	Phone:		
Email:	Email:		
Dillings	OIC/Evolucion Attentation		
Billing: Person who will submit monthly Claims or	OIG/Exclusion Attestation: Person who will submit Monthly Staff		
Invoices to ACBH	Update Attestations to ACBH		
\square Update \square New	☐ Update ☐ New		
Add to General Mailing List? ☐ Yes ☐ No	Add to General Mailing List? ☐ Yes ☐ No		
Name:	Name:		
Title:Phone:	Title: Phone:		
Email:	Email:		
Liliali.	Liliali.		
Person of high-level responsibility and sufficient authority to review, investigate and respond to Quality Assurance matters Update □ New Add to General Mailing List? □ Yes □ No Name: Title:	Person of high-level responsibility and sufficient authority to review, investigate and respond to non-compliance matters Update New Add to General Mailing List? Yes No Name: Title:		
Phone:	Phone:		
Email:	Email:		
Administrative: Additional staff in organization who is authorized to receive all ACBH correspondence Update New Add to General Mailing List? Yes No Name: Title: Phone: Email:	Other Contact: Additional contact such as Authorized Signer whose title is not listed on this form. Update New Add to General Mailing List? Yes No Name: Title: Phone: Email:		
Other Contact: ☐ Update ☐ New Add to General Mailing List? ☐ Yes ☐ No Name:	Other Contact: ☐ Update ☐ New Add to General Mailing List? ☐ Yes ☐ No Name:		
Title:	Title:		
Phone:	Phone		
Email:	Email:		

Note: Those added to the General Mailing List will receive a copy of memos that pertain to your organization's service type.

Please continue to next page for Program contacts.



Please provide information for each **Program**.

ACBH Contracted Programs			
☐ Update ☐ New	□ Update □ New		
Add to General Mailing List? ☐ Yes ☐ No Program Name:	Add to General Mailing List? ☐ Yes ☐ No Program Name:		
Director/Lead: Phone: Email:	Director/Lead: Phone: Email:		
□ Update □ New			
Add to General Mailing List?	Add to General Mailing List? Program Name: Director/Lead:		
Phone: Email:	Phone: Email:		
□ Update □ New	□ Update □ New		
Add to General Mailing List?	Add to General Mailing List?		
Phone: Email:	Phone: Email:		

Please continue to next page for Board of Directors.



Please provide information about your Board of Directors.

ACBH is requesting additional information from our contracted providers about Board Membership per our recent audits. The information you provide below will help ACBH to meet current audit requirements and help ACBH to evaluate whether a more comprehensive policy is needed at some point in the future.

□ Update □ Remove □ New		☐ Update ☐ Remove ☐ New			
Board			Board		
President Name:			Member Name:		
Title			Title		
Email:			Email:		
Phone:			Phone:		
Address:			Address:		
Voting Board Member:	☐ Yes	□ No	Voting Board Member:	☐ Yes	□ No
Paid Staff:	□ Yes	□ No	Paid Staff:	□ Yes	□ No
Related to another Board			Related to another Board		
Member/ Owner: *	☐ Yes	☐ No	Member/ Owner: *	☐ Yes	☐ No
Other Interested Party: **	☐ Yes	□ No	Other Interested Party: **	☐ Yes	□ No
other interested rarty.	□ 103		other interested rarty.	□ 103	□ 1 10
□ Undata □ Pa	movo □ No	147	□ Undata □ Pam	ovo 🗆 Now	
☐ Update ☐ Rei	nove 🗆 ive	vv	☐ Update ☐ Rem	iove 🗆 inew	
Member Name:			Member Name:		
Title			Title		
Email:			Email:		
Phone:			Phone:		
Address:			Address:		
Voting Board Member:	☐ Yes	□ No	Voting Board Member:	☐ Yes	□ No
Paid Staff:	☐ Yes	□ No	Paid Staff:	☐ Yes	☐ No
Related to another Board Member/ Owner: *	☐ Yes	□ No	Related to another Board Member/ Owner: *	□ Yes	□ No
Other Interested Party: **	☐ Yes	□ No	Other Interested Party: **	☐ Yes	\square No
☐ Update ☐ Researd Member Name: Title	move □ Ne	w	☐ Update ☐ Rem Board Member Name: Title	nove □ New	
Board Member Name:	move □ Ne	w	Board Member Name:	nove □ New	
Board Member Name: Title Email:	move □ Ne	w	Board Member Name: Title Email:	nove □ New	
Board Member Name: Title Email: Phone:	move □ Ne	w	Board Member Name: Title Email: Phone:	nove □ New	
Board Member Name: Title Email: Phone: Address:			Board Member Name: Title Email: Phone: Address:		□ No
Board Member Name: Title Email: Phone: Address: Voting Board Member:	□ Yes	□ No	Board Member Name: Title Email: Phone: Address: Voting Board Member:	☐ Yes	□ No
Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff:	□ Yes	□ No	Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff:	□ Yes	□ No
Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board	□ Yes	□ No	Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board	☐ Yes	
Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: *	□ Yes	□ No	Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff:	□ Yes	□ No
Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: **	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: **	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No
Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: **	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: **	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No
Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rel Board	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** □ Update □ Rem Board	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No
Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rel Board Member Name:	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** □ Update □ Rem Board Member Name:	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No
Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rel Board Member Name: Title	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rem Board Member Name: Title	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No
Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rel Board Member Name: Title Email:	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rem Board Member Name: Title Email:	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No
Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rel Board Member Name: Title Email: Phone:	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rem Board Member Name: Title Email: Phone:	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No
Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rel Board Member Name: Title Email:	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Ne	□ No □ No □ No	Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rem Board Member Name: Title Email:	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No
Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rel Board Member Name: Title Email: Phone:	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rem Board Member Name: Title Email: Phone:	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No
Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rel Board Member Name: Title Email: Phone: Address:	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Ne	□ No □ No □ No □ No	Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rem Board Member Name: Title Email: Phone: Address:	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No
Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rel Board Member Name: Title Email: Phone: Address: Voting Board Member:	☐ Yes	□ No □ No □ No □ No □ No □ No	Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rem Board Member Name: Title Email: Phone: Address: Voting Board Member:	☐ Yes	□ No □ No □ No □ No
Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update Rel Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff:	☐ Yes☐ Yes☐ Yes☐ Yes☐ Ne☐ Ne☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Ye	□ No □ No □ No □ No □ No	Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff: Related to another Board Member/ Owner: * Other Interested Party: ** Update □ Rem Board Member Name: Title Email: Phone: Address: Voting Board Member: Paid Staff:	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ New☐ New☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	□ No □ No □ No

Please continue to next page for Ownership, For-Profit Organizations Only.

^{*} Please check yes if spouse, parent, child or sibling of another Board Member/Owner within this organization.

^{**} Please see definition of Interested Party on Internal Revenue Service (IRS) website

^{***} If you require more space for programs or board members, please add them on additional sheets.



For-Profit Organizations Only: Please provide information about Ownership.

ACBH is requesting additional information from our contracted providers about individuals with an ownership interest in your organization (as defined under 42 CFR sec. 455.104) per our recent audits. The information you provide below will help ACBH to meet current audit requirements.

☐ Update ☐ Remove ☐ New			☐ Update ☐ Remove ☐ New			
Name of Owner:		Name of Owner:				
Title			Title			
Email:			Email:			
Phone:			Phone:			
Address:			Address:			
Paid Staff:	☐ Yes	□ No	Paid Staff:	☐ Yes	□ No	
Related to another Board	☐ Yes	□ No	Related to another Board	□ Yes	□ No	
Member/ Owner: *			Member/ Owner: *			
Other Interested Party: **	☐ Yes	□ No	Other Interested Party: **	☐ Yes	□ No	
□ Update □ Ren	nove \square Ne	w	□ Update □ Rem	nove □ New		
·			Name of Owner:			
Title			Title			
Email:			Email:			
Phone:			Phone:			
Address:			Address:			
Paid Staff:	☐ Yes	□ No	Paid Staff:	☐ Yes	□ No	
Related to another Board Member/ Owner: *	☐ Yes	□ No	Related to another Board Member/ Owner: *	☐ Yes	□ No	
Other Interested Party: **	☐ Yes	□ No	Other Interested Party: **	☐ Yes	□ No	
⊠ Update □ Ren	nove □ Ne	w	☐ Update ☐ Rem	nove □ New		
Name of Owner:			Name of Owner:			
Title			Title			
Email:			Email:			
Phone:			Phone:			
Address:			Address:			
Voting Board Member:	☐ Yes	□ No	Voting Board Member:	☐ Yes	□ No	
Paid Staff:	☐ Yes	□ No	Paid Staff:	☐ Yes	□ No	
Related to another Board	☐ Yes	□ No	Related to another Board	□ Yes	□ No	
Member/ Owner: *	□ 168		Member/ Owner: *	□ 162		
Other Interested Party: **	☐ Yes	□ No	Other Interested Party: **	☐ Yes	□ No	
☐ Update ☐ Remove ☐ New		□ Update □ Rem	nove □ New			
Name of Owner:			Name of Owner:			
Title			Title			
Email:			Email:			
Phone:			Phone:			
Address:			Address:			
Voting Board Member:	☐ Yes	□ No	Voting Board Member:	☐ Yes	□ No	
Paid Staff:	☐ Yes	□ No	Paid Staff:	☐ Yes	□ No	
Related to another Board Member/ Owner: *	□ Yes	□ No	Related to another Board Member/ Owner: *	□ Yes	□ No	
Other Interested Party: **	□ Yes	□ No	Other Interested Party: **	☐ Yes	□ No	

^{*} Please check yes if spouse, parent, child or sibling of another Board Member/Owner within this organization.

^{**} Please see definition of Interested Party on Internal Revenue Service (IRS) website

^{***} If you require more space for programs or board members, please add them on additional sheets.