2025

Application for Managed Care Community Network Certification

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

1 INTRODUCTION

1.1 PURPOSE

Under Section 5-11(b) of the Public Aid Code, the Illinois Department of Healthcare and Family Services (Department) may certify provider-led Managed Care Community Networks (MCCNs) as risk-bearing entities solely for the purpose of meeting the requirements of a Medicaid Managed Care Organization (MCO), as defined in Section 1903(m) of the Social Security Act. The Department is currently accepting applications from provider-led entities (Applicants) seeking certification as an MCCN.

1.2 ELIGIBILITY CRITERIA

1.2.1 The Department will consider completed applications submitted by Applicants, other than health maintenance organizations, that are owned, operated, or governed by providers of health care services within the State.

1.2.2 Applicants should demonstrate that they are (i) financially sounds and able to provide Medicaid covered services through risk-based contracts and (ii) able to comply with organizational and operational requirements, and (iii) meet any other criteria specified by the Department and State and federal law and regulations, including 42 CFR Part 438, 305 ILCS 5/11(b), and 89 Ill. Adm. Code Part 143.

1.3 LIMITATIONS

1.3.1 **MCCN certification does not guarantee or imply selection for any future Medicaid managed care contract opportunities with the State of Illinois.**

1.3.2 Section 5/5-30.6 of the Public Aid Code mandates that, effective March 12, 2018, any new contracts between the Department and an MCO, including an MCCN, shall be procured in accordance with the Illinois Procurement Code.

1.3.3 All MCCN certification decisions are made independently by the Department and in accordance with applicable laws, regulations, and policies.

1.3.4 In all events, the Department reserves the right not to contract with an MCCN.

2 APPLICATION SUBMISSION INSTRUCTIONS

2.1 KEY DATES AND CONTACT INFORMATION

Application Period Open Date:	06/20/2025
Application Period Close Date:	08/04/2025
Notification of Deficiencies:	08/06/2025
Cure Due Date:	08/15/2025
Notification of Results:	09/15/2025
Contact for Assistance:	HFS.MCCN.Certification@Illinois.gov

2.2 DEADLINE FOR SUBMISSION

2.2.1 Applications should be received by the Department no later than 11:59 CDT on August 4, 2025. Applications submitted to the Department after 11:59 p.m. CDT on August 4, 2025 will not be considered.

2.3 SUBMISSION METHOD

2.3.1 Applications should be submitted via electronic mail to HFS.MCCN.Certification@Illinois.gov.

2.3.2 The email subject line should read: "MCCN Application— [APPLICANT NAME]."

2.4 FORMATTING STANDARDS

2.4.1 Responses to each section should be submitted in the same order as listed in the application document.

2.4.2 Each response should be labeled with the corresponding section number in the application document.

2.4.3 Supporting documents should be organized in sequential appendices, as described in each section of the application.

2.4.4 Responses should meet the following specifications:

Requirement	**Specification**
Font	Times New Roman, 12 pt
Margins	One (1) inch on all sides
Spacing	Single-spaced
Footer	MCCN Application | [Applicant Name] | [Submission Date] | Page #
Format	Microsoft Word or searchable PDF

3 APPLICATION REVIEW PROCESS

3.1 REVIEW CONSIDERATIONS

3.1.1 Applications should be complete, submitted timely, respond to all requirements of this application form in a straightforward and concise manner, conform in all material respects to the application requirements, and include all required documents, attestations, and certifications.

3.1.2 The Department will determine whether the Applicant complied with the instructions for submitting applications. Except for late submissions, and other requirements that by law should be part of the submission, the Department may require that an Applicant correct any deficiencies identified in the Level 1 screening process, as a condition of further evaluation.

3.1.3 The Department reserves the right to waive any minor, insubstantial variances in the form of any application.

3.1.4 Completed applications must pass each level of review in sequential order to be considered by the Department for certification.

3.1.5 Each level will be screened, reviewed, or evaluated by the Department on a pass/fail basis.

3.1.6 The Department may take its prior experience and knowledge of the applicant into account in screening, reviewing, and evaluating completed applications.

3.2 REVIEW LEVELS

3.2.1 Level 1. Screening for Application Completeness.

3.2.1.1 Each completed application will be screened to determine whether it conforms to the submission requirements, responds to all application requirements, and includes all required supporting documentation, certifications, and attestations.

3.2.1.2 The Department will review responses for compliance with the organizational structure requirements specified in 89 Ill. Admin. Code 143.200. A new or existing MCCN that fails to meet the organizational requirements will not be considered for certification.

3.2.1.3 Applicants will be notified of any missing information within two (2) business days of submission and given seven (7) business days to cure any deficiencies. Failure to cure deficiencies within the specified timeframe will result in the application being removed from consideration.

3.2.2 Level 2. Review of Disclosure Requirements.

3.2.2.1 The Department will review responses for compliance with the following disclosure requirements, in accordance with 42 CFR 455: financial disclosures; criminal disclosures; and terminated, barred, suspended persons disclosures.

3.2.2.2 A new or existing MCCN that fails to disclose and/or demonstrate compliance with the disclosure requirements will not be considered for certification.

3.2.3 Level 3. Evaluation of Financial Requirements.

3.2.3.1 The Department will evaluate responses for compliance with the financial requirements specified in 89 Ill. Admin. Code 143.400.

3.2.3.2 In no event will the solvency and financial standards be more restrictive than the solvency and financial standards adopted under Section 1856(a) of the Social Security Act for provider-sponsored organizations.

3.2.3.3 A new or existing MCCN that fails to meet the financial requirements will not be considered for certification.

3.2.4 Level 4. Evaluation of General Requirements.

3.2.4.1 The Department will evaluate responses for compliance with the general requirements specified in 89 Ill. Admin. Code 143.300.

3.2.4.2 A new or existing MCCN that fails to meet the general requirements will not be considered for certification.

3.3 NOTIFICATION OF RESULTS

3.3.1 The Department will notify the applicant of its pass or fail rating in writing within the timeframe outlined in Section 2.1.

3.3.2 MCCN certification does not guarantee or imply selection for any future Medicaid managed care contract opportunities with the State of Illinois.

4 APPLICANT INFORMATION

Complete this section in full and attach as the **cover page** to the completed application.

4.1 ORGANIZATIONAL STRUCTURE

4.1.1 The completed application should clearly identify the name of the applicant and the applicant's legal status.

Applicant Name	[Enter Applicant Name]
Applicant Legal Status	[Select Applicant Legal Status] ☐ Corporation ☐ Not-for-profit corporation ☐ Limited liability company ☐ Partnership
IDHR Eligibility Number[1]	[Enter IDHR Eligibility Number]
FEIN	[Enter FEIN]

4.2 DESIGNATED CONTACT

4.2.1 Identify the individual designated to receive, on behalf of the applicant, all communications from the Department concerning this application.

Name	[Enter Name]
Title	[Enter Title]
Organization	[Enter Organization]
Mailing Address	[Enter Mailing Address]
Phone	[Enter Phone Number]
Email	[Enter Email Address]

[1] Applicants with 15 or more employees must have an Eligibility Number issued by (or completed application submitted to) the Illinois Department of Human Rights (IDHR) prior to submitting this application. Proof of issuance of an Eligibility Number must be provided prior to execution of a contract. IDHR may be contacted at 312-814-2431.

5 DISCLOSURES REQUIREMENTS

The applicant should provide the disclosure statements requested in this Section as Appendix 1.

5.1 FINANCIAL DISCLOSURES

5.1.1 The name, address, and FEIN of each person with an ownership or controlling interest in disclosing entity; for individuals, include home address, work address, date of birth, Social Security Number, and gender; and whether any of the persons identified is related to another so identified as the individual's spouse, child, brother, sister, or parent.

5.1.2 The name of any person with an ownership or controlling interest, who also has an ownership or controlling interest of five percent (5 percent) or more in another disclosing entity, as defined in 42 CFR 455.101, and the name or names of the other disclosing entity.

5.2 CRIMINAL DISCLOSURES

5.2.1 The name and address of any person with an ownership or controlling interest or who is an agent or employee of the applicant who has been convicted of a criminal offense related to that person's involvement in any Federal program including any program under Title XVIII, XIX, XX or XXI of the Social Security Act, since the inception of such programs.

5.3 TERMINATED, SUSPENDED, BARRED PERSONS DISCLOSURES

5.3.1 Whether any person identified in the section above is terminated, suspended, barred or otherwise excluded from participation, or has voluntarily withdrawn as the result of a settlement agreement, from any program under Federal law including any program under Titles XVIII, XIX, XX or XXI of the Social Security Act, or has within the last five (5) years been reinstated to participation in any program under Federal law including any program under Titles XVIII, XIX, XX or XXI of the Social Security Act, and prior to said reinstatement had been terminated, suspended, barred or otherwise excluded from participation, or had voluntarily withdrawn as the result of a settlement agreement, in such programs; and whether the medical director of the entity is a Person with ownership or a controlling interest.

6 FINANCIAL REQUIREMENTS

The applicant should provide the documentation requested in this section as Appendix 2.

6.1 NET WORTH

6.1.1 The documentation submitted should be sufficient for the Department to validate an applicant's net worth and include:

6.1.1.1 Audited financial statements for the past three years, including:

- Balance Sheet
- Income Statement
- Cash Flow Statement
- Tax Returns

6.1.1.2 Evidence of financial commitments from participating providers.

6.1.1.3 Certification that, if the applicant is certified as an MCCN and awarded an MCO contract under the Illinois Procurement Code per Section 1.3.2, the net worth of the entity at the time such contract is executed will be no less than $500,000.

6.2 SOLVENCY

6.2.1 Documentation that the applicant has no less than $250,000 in cash or cash equivalents.

6.2.2 Certification that, if the applicant is certified as an MCCN and awarded an MCO contract under the Illinois Procurement Code per Section 1.3.2, applicant will have at the time such contract is executed, and will maintain thereafter, $250,000 or 40 percent of the required minimum net worth, whichever is greater, in cash or cash equivalents.

6.2.3 Documentation that applicant's solvency is guaranteed by guarantees or letters of credit from recognized financial institutions or by the establishment of escrow or trust accounts.

6.2.4 Documentation that the applicant has deposited $100,000 in cash or securities (or any combination thereof) in a trust or escrow account, and that such account restricts the deposit for use in the event of insolvency to help assure continuation of services or pay costs associated with receivership or liquidation.

6.2.5 Certification that enrollers will in no case be held liable for applicant's debts in the event of insolvency.

6.3 FINANCIAL PLAN

6.3.1 A financial plan that meets the requirements of 42 CFR 422.384(a)-(f).

7 GENERAL REQUIREMENTS

The applicant should provide the documentation requested in this section as Appendix 3.

7.1 MCCN STRUCTURE

7.1.1 Provide a comprehensive proposed organizational chart.

7.1.2 Provide job descriptions for all key leadership staff identified in *Attachment I. Key Positions*.

7.1.3 Provide the resumes of key leadership staff.

7.1.4 Identify the individuals leading the creation and implementation of the MCCN.

7.1.5 Provide a description of the applicant's plan to transition from the implementation team to the permanent staff, including:

7.1.5.1 How the implementation team will differ from permanent staff.

7.1.5.2 How long they will overlap and how applicant will ensure the permanent staff is equipped to operate the program.

7.1.5.3 A timeline for transitioning from the implementation team to permanent staff.

7.1.6 Describe applicant's plan for keeping management level staff turnover to a minimum.

7.2 ENROLLEE ENGAGEMENT

7.2.1 Describe applicant's plan for enrollee input into the operations and management of the entity, including:

7.2.1.1 Structure and responsibilities of an enrollee advisory board;

7.2.1.2 Number of required enrollee or enrollee representatives on the board;

7.2.1.3 Description of enrollee representatives allowed to participate;

7.2.1.4 Roles and responsibilities of the enrollee advisory board;

7.2.1.5 How feedback of the enrollee advisory board will be integrated into the ongoing management of the entity; and

7.2.1.6 Describe experience in other programs with enrollee input and any examples of program changes that resulted from this input.

7.2.2 Describe applicant's philosophy and approach to enrollee engagement, including:

7.2.2.1 How applicant plans to engage and support enrollees in directing their own care, including selecting network providers and accessing services.

7.2.2.2 Oversight and management of service use, including any referral requirements; and

7.2.2.3 How applicant manages situations that are not achieving desired outcomes.

7.2.3 Describe applicant's procedures and timeframes for responding to and recording enrollee complaints and grievances.

7.2.4 Describe how applicant will monitor both significant and minor complaints against providers and coordinate this function with established grievance procedures, as appropriate.

7.2.5 Describe how applicant will approach abuse and neglect and unusual incidents in the community setting.

7.2.6 Describe how applicant will implement its Cultural Competence Plan in accordance with 42 CFR 438.206(c)(2) and how covered services will be provided in a culturally competent manner to all enrollees, including those with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, experience with discrimination resulting in medical mistrust, regardless of gender, sexual orientation or gender identity, by ensuring the cultural competence of all staff, from clerical to executive management, and network providers.

7.2.7 Attest that applicant will become compliant with the National Committee for Quality Assurance (NCQA) Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) after receiving full risk capitation payments for at least one year and seek accreditation within two years of the date applicant is eligible for accreditation.

7.3 National Committee for Quality Assurance (NCQA) Accreditation

7.3.1 Describe plan to achieve NCQA Health Plan Accreditation, NCQA LTSS Distinction, and the NCQA Health Equity Accreditation within two years of MCCN certification.

7.4 Quality Assessment and Performance Improvement (QAPI)

7.4.1 Describe applicant's quality program, including its philosophy toward and the resources invested in its Quality Assessment and Performance Improvement (QAPI) Program. At a minimum, the description shall describe:

7.4.1.1 Governing body;

7.4.1.2 Committee for development, implementation, and overseeing the QAPI Program;

7.4.1.3 Resources, staffing, and qualifications including data and analytical resources;

7.4.1.4 Network provider participation through planning, design, implementation, and review;

7.4.1.5 QAPI Program education to providers and enrollees; and

7.4.1.6 Draft QAPI Program plan.

7.4.2 Describe applicant's ongoing monitoring and evaluation of its QAPI plan including:

7.4.2.1 Overall effectiveness and demonstrated improvement;

7.4.2.2 Ongoing analysis of key performance measures; and

7.4.2.3 Frequency of monitoring, evaluation, and analysis.

7.4.3 Describe applicant's experience performing Performance Improvement Projects (PIPs) and Quality Improvement Projects (QIPs). Give examples of actual PIPs/QIPs, detailing the PIPs/QIP's focus and reason for selection, barriers, interventions used, and improvement achieved, including sustained improvement.

7.5 Utilization Management and Utilization Review

7.5.1 Provide a narrative describing applicant's Utilization Management (UM) Program plan as well as its procedures, functions, and responsibilities.

7.5.1.1 Describe how applicant exercises these responsibilities, including criteria used and any special issues in applying UM guidelines for N.B. class members, behavioral health, waiver services, and long-term care services; and

7.5.1.2 Describe how applicant's UM Program detects, monitors, and evaluates under-utilization, over-utilization, and inappropriate utilization of services as well as processes to address opportunities for improvement.

7.5.2 Specify the type of personnel responsible for each level of UM, including service authorization and decision-making. Provide a narrative description of applicant's service authorization processes.

7.5.3 Describe applicant's methods of assuring the appropriateness of inpatient care. Such methodologies should be based on individualized determinations of medical necessity in accordance with UM policies and procedures, and at a minimum include:

7.5.3.1 Preadmission certification process for non-emergent admission;

7.5.3.2 A concurrent review program to monitor and review continued inpatient hospitalization, length of stay, or diagnostic ancillary services regarding medical necessity;

7.5.3.3 Admission review for urgent and/or emergency admissions; and

7.5.3.4 Reviews of same day surgery procedures.

7.5.4 Provide plans to establish a peer review committee and describe how it will review medical care provided and provide recommendations for changes when problems, like conflicts of interest, are identified.

8 FREEDOM OF INFORMATION ACT

The applicant should provide the documentation requested in this section as Appendix 5.

8.1 FOIA EXEMPTION REQUEST

The applicant should clearly identify any portion of the completed application that it considers exempt from disclosure under the Illinois Freedom of Information Act (FOIA).

8.1.1 List each section of the application it considers exempt from FOIA; and

8.1.2 A detailed written explanation as to why the specified information in each section listed should be considered exempt.

ATTACHMENT I: KEY POSITIONS

1. Chief Executive Officer (CEO) – The CEO shall be a full-time position, with clear authority over general administration and implementation of requirements set forth in the contract.

2. Chief Operating Officer (COO) - The COO shall be a full-time position, with clear authority over operations of applicant's business including overseeing the strategy and implementation of all non-clerical responsibilities of this contract. This position shall be responsible for the daily conduct and operations of the applicant's plan.

3. Chief Financial Officer (CFO) – The CFO shall be a full-time position, with oversight of the budget and accounting systems of the applicant. This position shall, at a minimum, ensure that the applicant meets the Department's requirements for financial performance and for applicant's reporting.

4. Chief Medical Officer (CMO) – The CMO shall a full-time position, a board-certified Illinois-licensed physician and have a minimum of eight (8) years of experience practicing medicine. This position will lead and oversee applicant's clinical strategy and clinical programs (both physical and behavioral health). This position will be responsible for applicant's Utilization Management (UM) Program, care coordination, Long-Term Services and Support (LTSS) quality improvement, accreditation, credentialing, pharmacy, appeals and grievances, health services, behavioral health services, and medical policy. This position shall manage applicant's Quality Assessment and Performance Improvement (QAPI) Program. This position shall attend all quarterly quality meetings.

5. Medical Director – The Medical Director shall be an Illinois-licensed physician with a minimum of five (5) years of experience practicing in internal medicine, or primary care, or pediatrics. This position shall be actively involved in all major clinical program components of the applicant's plan, including review of medical care provided, medical professional aspects of network provider contracts, and other areas of responsibility as may be designated by the applicant. This provider shall devote sufficient time to the applicant's plan to ensure timely medical decisions, including after-hours consultation as needed.

6. Chief Psychiatrist – The Chief Psychiatrist shall be a full-time senior executive who is a board-certified, Illinois-licensed psychiatrist with a minimum of eight (8) years of experience in mental health, substance use, or children services. This position shall be responsible for all behavioral health services.

7. Enrollee Services Director – The Enrollee Services Director shall be a full-time position that coordinates communications with enrollees and other enrollee services, such as acting as an enrollee advocate. This position shall ensure that applicant maintains sufficient enrollee service staff to enable enrollees to receive prompt resolution of their problems or inquiries.

8. Network Provider Service Director - The Network Provider Service Director shall be a full-time position that coordinates communications between the applicant and its network providers and other subcontractors.

9. Management Information System (MIS) Director – The MIS Director shall be a full-time position that oversees and maintains applicant's data-management system such that is capable of valid data collection and processing, timely, and accurate reporting, and correct claims payment. The individual shall be trained and experienced in information systems, data processing, data reporting and the Department's unique claims processing requirements to the extent required to oversee all information system aspects identified in the contract.

10. Care Management Manager – The Care Management Manager shall be a full-time position. This position shall be a licensed physician, licensed registered nurse, or other professional as approved by the Department based on the applicant's ability to demonstrate that the professional possesses the training and education necessary to meet the requirements for case management and condition management program activities required in the contract. This position will direct all activities pertaining to case management and care coordination activities and monitor utilization of enrollees' physical health and behavioral health.

11. Long-Term Services and Supports (LTSS) Program Manager - The LTSS Program Manager shall be a full-time position that administers managed long-term care programs and services and oversees and trains LTSS care coordination staff. This position shall ensure that LTSS staff are knowledgeable and adhere to the requirements of the Illinois HCBS Waivers, IPoC and service plans, contract standards, the Money Follows the Person Program, Illinois Long-Term Care rules and regulations, and the Williams and Colbert consent decrees. This position shall coordinate all communications between LTSS State agency liaisons, including the Department, IDoA, DHS-DRS, and DHS-DDD and UIC-DSCC. This position shall oversee report submissions specific to the LTSS membership.

12. Olmstead Director - The Olmstead Director shall be a full-time position that administers the Community Transitions Initiative program, and any additional programs and services developed to ensure the state's compliance with Olmstead Consent Decrees. This position shall ensure that the health plan's programs and services are provided, documented, and reported in accordance with Department's existing and future policies. Additionally, this position shall consult and advise on health plan policies and operations broadly to ensure that they uphold the principles of the Supreme Court Olmstead Decision.

13. Community Liaison – The Community Liaison shall be a full-time position that develops and maintains relationships with community resources, State agencies, and community entities that traditionally provide services for enrollees or potential enrollees. This individual will coordinate the provision of community-based services to enrollees, assist in enrollee outreach, and manage community engagement activities.

14. Quality Management Coordinator – The Quality Management Coordinator shall be a full-time position. This position shall be an Illinois licensed physician, Illinois licensed registered nurse, or another licensed clinician as approved by the Department based on the applicant's ability to demonstrate that the clinician possesses the training and education necessary to meet the requirements for quality improvement activities required in the contract. This position shall, at a minimum, direct the activities of the quality improvement staff in monitoring and auditing the applicant's healthcare delivery system to meet the Department's goal of providing healthcare services that improve the health status and health outcomes of the applicant's enrollees.

15. Utilization Management Coordinator – The Utilization Management Coordinator shall be a full-time position. This position shall be an Illinois-licensed physician, Illinois-licensed registered nurse licensed, or other professional as approved by the Department based on the applicant's ability to demonstrate that the professional possesses the training and education necessary to meet the requirements for Utilization Review (UR) activities required in the contract. This position will oversee prior authorizations and manage the inpatient certification review staff for inpatient initial, concurrent and retrospective reviews. The review staff shall consist of registered nurses, physicians, physician's assistants or licensed practical nurses who are experienced in inpatient reviews and who operate under the direct supervision of a registered nurse, physician, or physician's assistant.

16. Compliance Officer – The Compliance Officer be a full-time position, which shall develop and implement policies, procedures, and practices designed to ensure compliance with the requirements of the contract. This position shall oversee applicant's program integrity program; the Grievance Committee and the Special Investigations Unit; and the fair hearing process and ensure that fraud, waste, and abuse is reported in accordance with the guidelines in 42 CFR 438.608 and the requirements of this contract. This position shall report directly to the CEO and Board of Directors.

17. Registered Pharmacist - The Registered Pharmacist shall be a full-time position and shall oversee pharmaceutical prior authorizations; support Fraud, Waste and Abuse staff; and participate in Department led formulary reviews.

18. Transition Officer - The Transition Officer shall be a full-time position and shall assist an applicant in the transition from applicant's implementation team to regular ongoing operations. This position shall be filled no later than the start date of the Contract and shall continue through 120 days after the Operational Start Date, or until all administrative roles are fully staffed, whichever is later.

19. Health Equity Director - The Health Equity Director shall be a full-time position. The Health Equity Director should hold at least a bachelor's degree from a recognized college or university and a minimum of five (5) years professional work experience, preferably in public health, social/human services, social work, public policy, health care, education, community development, or justice. This position should also have

demonstrated community and stakeholder engagement experience and experience in actively applying or overseeing the application of science-based quality improvement methods to reduce health disparities. Primary role and responsibilities include:

- Oversee applicant's strategic design, implementation, and evaluation of health equity efforts in the context of applicant's population health initiatives;
- Inform decision-making around best payer practices related to disparity reductions, including the provision of health equity and social determinant of health resources and research to leadership and programmatic areas; collaborate with applicant's MIS Director to ensure applicant collects and meaningfully uses race, ethnicity, and language data to identify disparities; and
- Ensure that efforts addressed at improving health equity, reducing disparities, and improving cultural competence are designed collaboratively with other contracted managed care entities to have a collective impact for the population and the lessons learned are incorporated into future decision-making. This position shall report directly to the CEO.

20. Children's Behavioral Health (CBH) Program Manager - The Children's Behavioral Health Program Manager shall be a full-time position filled by the applicant, that oversees and ensures alignment of applicant's behavioral health service delivery system for children with Department requirements in Section 1.2.35 of the contract, the N.B. Consent Decree Implementation Plan and any subsequent revisions. The Children's Behavioral Health Program Manager shall:
    - Serve as the single point of contact for the Department related to Children's Behavioral Health;
    - Complete and maintain annual certification in the Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS) provided by a Department approved certification vendor;
    - Attend training on the Behavioral Health services available to N.B. class members and achieve certification provided by the Department approved certification vendor in the Wraparound process;
    - Ensure that applicant's reports and other information specific to N.B. class members are submitted timely and accurately to the Department or its designee; and
    - Co-chair applicant's Family Leadership Council and participate in the Children's Behavioral Health Family Leadership Workgroup as required by the N.B. implementation plan.

21. Other key personnel identified by the applicant.