

Allowable Cost by Line Item

Listed below are items that may be included in MCH Programs’ budgets, grouped by line item. This is not a complete list, but rather a sample of the types of items in each category. Allowable costs must be reasonable, necessary, and directly support the MCH program. Shared costs must be allowable costs and assigned to programs through a process of allocation.

Allowed by Program/s	Category	Allowable Cost	Not allowed:
FCM HRIF/HWIL BBO	Personnel Services and Fringe Benefits	- Personnel Services (salary of agency employees) and fringe benefits for staff working in the FCM, HRIF/HWIL, or BBO programs	- Employee recognition programs and incentives
FCM HRIF/HWIL BBO	Travel	- Program related travel costs (mileage, transportation, lodging, meals and per diem, agency vehicle costs) for meetings, training, in-service education, nutrition and breastfeeding task force events/meetings	- Transportation for MCH Programs participants
FCM HRIF/HWIL BBO	Equipment Prior approval is required for items costing \$5,000 or more.	Equipment is defined as items costing <u>\$100 or more per unit</u> , such as: - Office & copy equipment - Office furniture - Medical equipment (Stethoscope, blood pressure cuff) - Reference and training materials and exhibits - Computer hardware (including monitors, printers, modems) - Computer software and computer supplies (word processing, spreadsheet, anti-virus applications)	- Otoscope - Laryngoscope - Sphygmomanometer - Toothbrushes - Exam tables - Any equipment/supplies used for well-child exams

Allowed by Program/s	Category	Allowable Cost	Not allowed:
<p>FCM HRIF/HWIL BBO</p>	<p>Supplies</p>	<p>Office supplies are defined as items (other than computer) costing <u>less than \$100</u> each such as:</p> <ul style="list-style-type: none"> - Medical supplies (band aids, alcohol pads, bio-hazard waste containers, hemoglobin/hematocrit testing supplies) - Client education materials - Diapers - Cleaning supplies - Stationery and envelopes - Photocopy paper, toner - Postage, postal services, UPS, or other carrier costs - ASQ, screening forms - Items for distribution to clients who complete portions of the program (i.e. safe sleep kits, diapers) the number of items must be in alignment with the assigned caseload for the program. 	<ul style="list-style-type: none"> - Water coolers/bottled water - Any supplies used for well-child exams, immunizations, and lead testing
<p>FCM HRIF/HWIL BBO</p>	<p>Contractual Services</p>	<ul style="list-style-type: none"> - Contractual Employees (salary of contractual employees who work in the FCM, HRIF/HWIL or BBO programs) - Contracts and leases which support program activities such as printing costs outside of agency 	<ul style="list-style-type: none"> - Billing services - Staff and software for billing non-MCH programs services
<p>FCM HRIF/HWIL BBO</p>	<p>Occupancy – Rent and Utilities</p>	<ul style="list-style-type: none"> - Rent or lease of space or property (prior approval from Department required for new sites/locations) - Utility costs - Insurance (building, fire, & theft) - Building and ground maintenance 	
<p>FCM HRIF/HWIL BBO</p>	<p>Telecommunications</p>	<ul style="list-style-type: none"> - Communications – telephone, internet, and answering services - Repair, maintenance, and parts for communications 	
<p>FCM HRIF/HWIL BBO</p>	<p>Other</p>	<ul style="list-style-type: none"> - Advertising costs - Costs of subscriptions - Membership fees - License fees/renewals 	

Allowed by Program/s	Category	Allowable Cost	Not allowed:
FCM HRIF/HWIL BBO	Indirect Costs	- Allowed in compliance with 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards	
FCM BBO	Grant Exclusive – Outreach¹	- Outreach activities to promote the programs - business cards - flyers, books, brochures - Staff time / salary - Travel to perform outreach activities - Advertisement costs	- Food - Incentives for clients enrolled in the program
BBO	Grant Exclusive – Transportation²	- Costs for transportation for clients to attend appointments if unable to arrange transportation through MCOs.	

¹Outreach activities cannot be greater than 10% of the overall grant amount.

²Transportation costs cannot be greater than 10% of the overall grant amount.

Illinois Department of Human Services
Bureau of Maternal & Child Health

Client Transfer Request Form

Date of request _____ Program Effected _____

Agency Initiating Request _____

Client Information

Client First Name _____ Client Last Name _____

Client DOB _____ Cornerstone ID _____

If the request is for a minor

Guardian First Name _____ Guardian Last Name _____

Guardian DOB _____ Guardian Cornerstone ID _____

Address _____

City _____ Zip _____ Phone # _____

Releasing Agency Information

Agency Name _____

Address _____

City _____ Zip _____ Phone # _____

Agency Contact Name (Program Coordinator) _____

Receiving Agency Information

Agency Name _____

Address _____

City _____ Zip _____ Phone Number _____

Agency Contact Name (Program Coordinator) _____

Reason for Client Transfer (please select at least one)

- Client moved out of service area
- Barrier due to client's needs (language, cultural, physical etc.)
- Client has established a relationship with receiving agency
- Client is receiving WIC from receiving agency
- Client is receiving medical care from receiving agency
- Client is requesting change for other reason

I understand and agree to be transferred to _____ from _____
Agency Name Agency Name

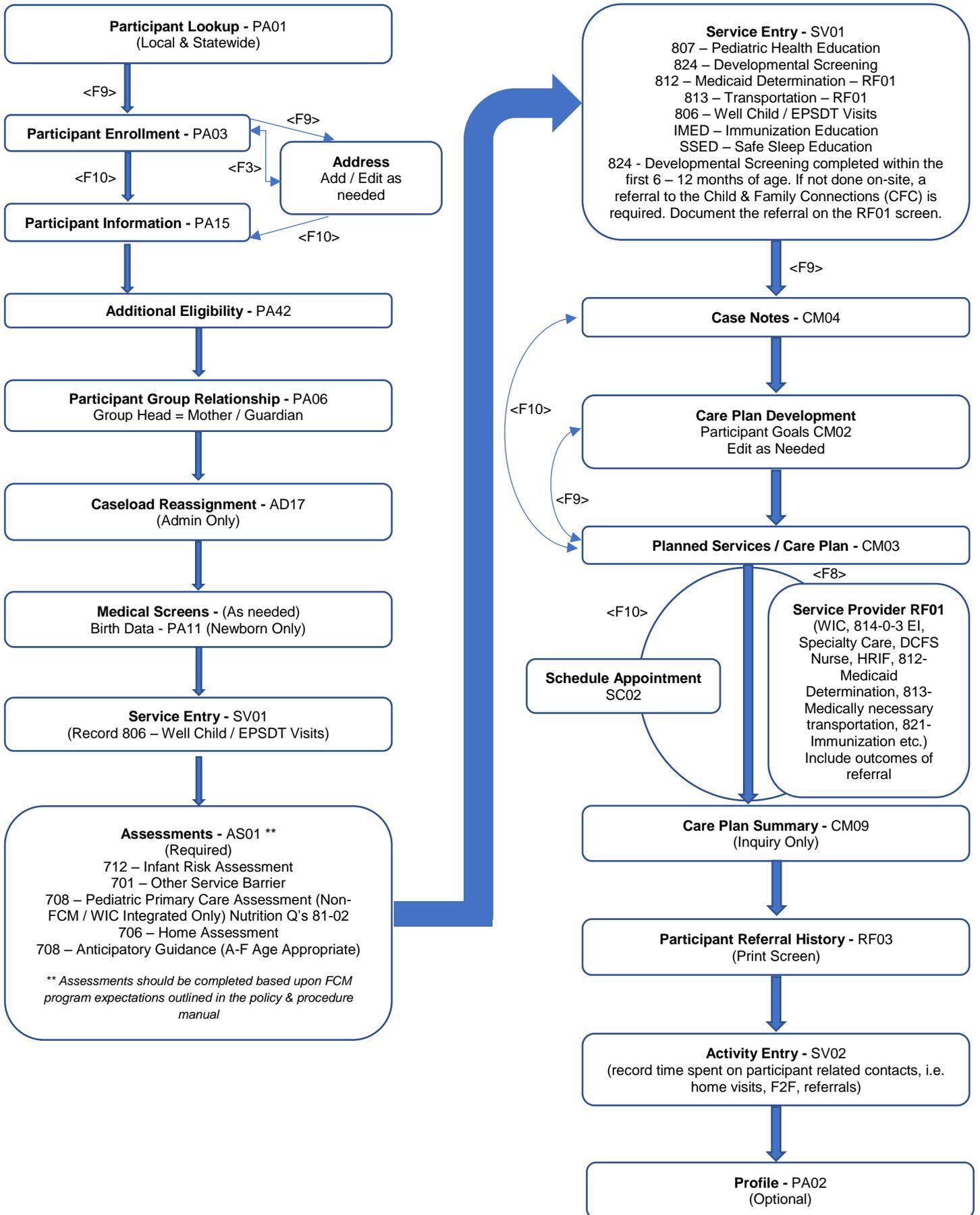
I also understand that I cannot be transferred back unless I move, begin to receive WIC or other services from this agency again.

Client Signature _____ Date _____

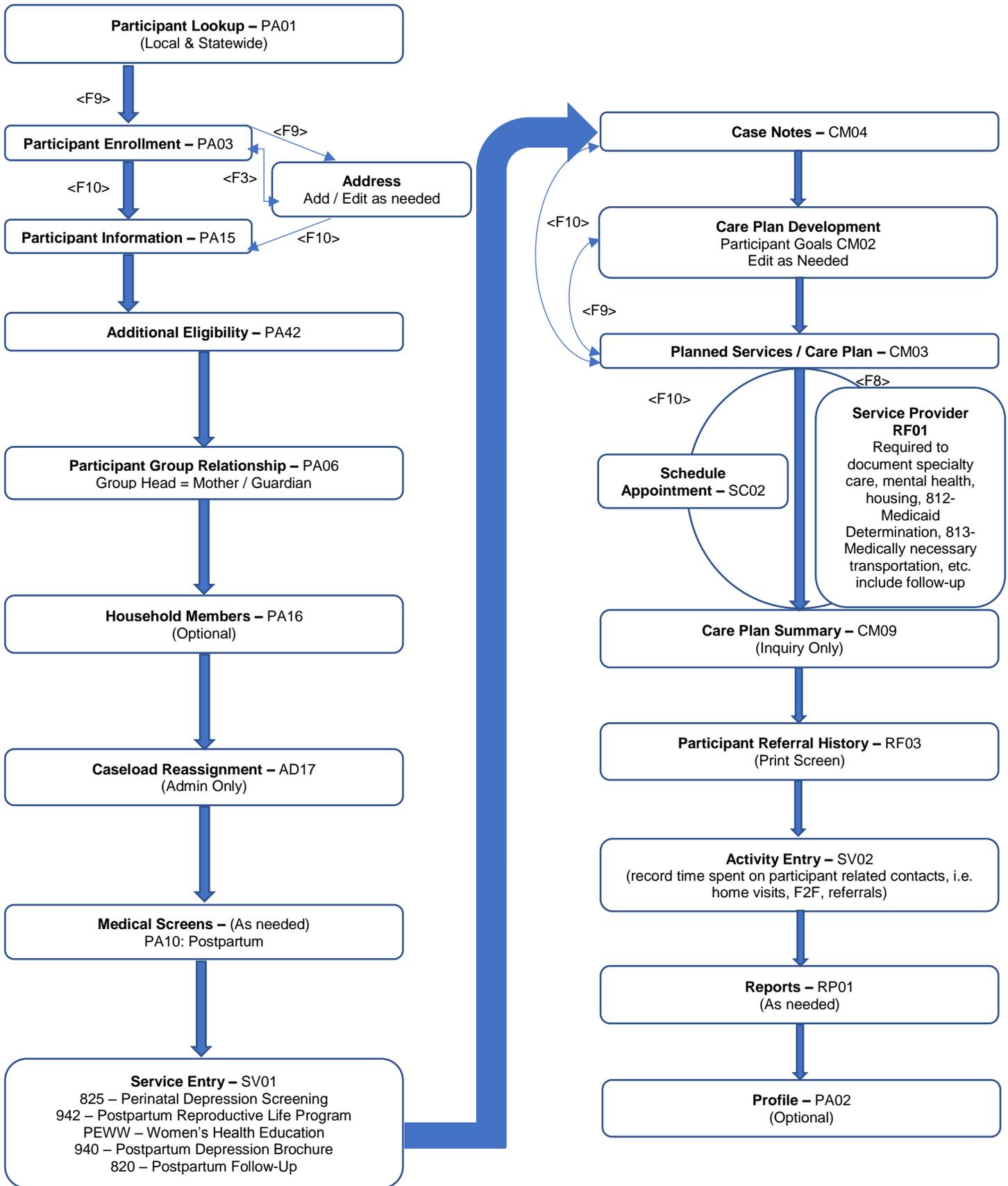
Transferring Agency Signature _____ Date _____

Receiving Agency Signature _____ Date _____

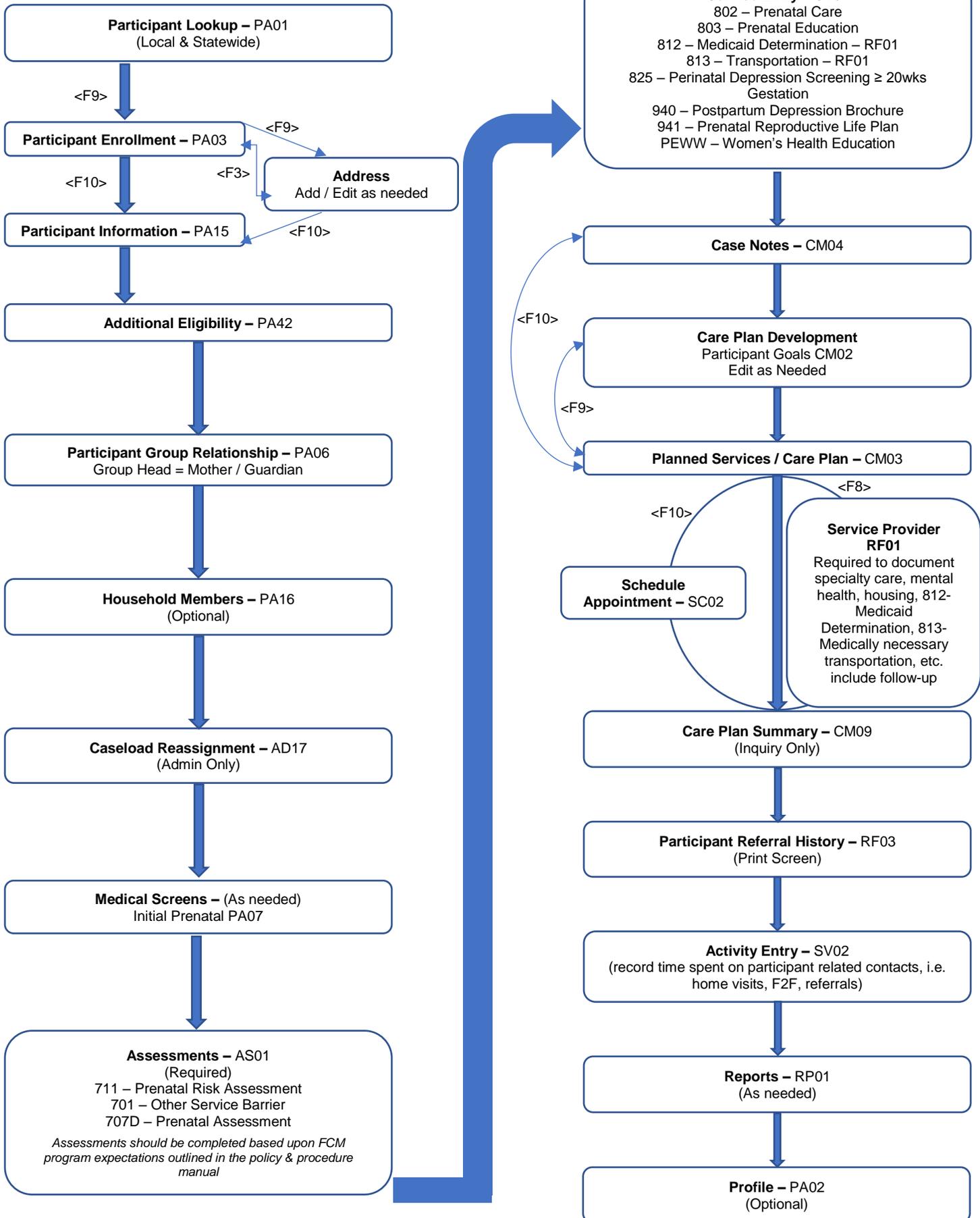
FCM Infant Cornerstone Workflow



FCM Postpartum Cornerstone Workflow



FCM Pregnant Cornerstone Workflow



Income Eligibility Guidelines at 318% of the Federal Poverty Level (FPL) Matrix*

# in household	Monthly Income Guideline	Annual Income Guideline
1	\$0 – \$3,310	\$0 – \$39,720
2	\$0 – \$4,481	\$0 – \$53,772
3	\$0 – \$5,652	\$0 – \$67,824
4	\$0 – \$6,824	\$0 – \$81,888
5	\$0 – \$7,995	\$0 – \$95,940
6	\$0 – \$9,166	\$0 – \$109,992
7	\$0 – \$10,338	\$0 – \$124,056
8	\$0 – \$11,680	\$0 – \$140,160
9	\$0 – \$12,680	\$0 – \$152,160
10	\$0 – \$13,851	\$0 – \$166,212
Each additional person	+\$1,171	+\$14,052

* Current as of April 2019

Illinois Department of Human Services
Determining Financial Eligibility for Pediatric Primary Care Billing through Family
Case Management

Date: _____

Client Last Name: _____ First: _____ M.I. _____ Cornerstone ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: _____ DOB: _____ Present Age: _____

Prenatal or Pediatric Primary Care (PPC) services paid for by the Illinois Department of Human Services (IDHS) through the Family Case Management (FCM) program are available to pregnant women and children, whose family income is at or below 318% of the Federal Poverty Level, otherwise uninsured, and unable to enroll in Medicaid services due to religious reasons.

The following questions will lead to the appropriate determination of eligibility for PPC services to be billed to FCM.

1) Is the client currently active in Medicaid or a Medicaid Managed Care Organization (MCO)?

_____ Yes (*well child services must be billed to Medicaid or the MCO as appropriate*)

_____ No (*proceed to question 2*)

If yes, record Medicaid or MCO ID Number: _____

2) Does the client currently have private health insurance coverage?

_____ Yes (*well child services must be billed to the private insurance agency*)

_____ No (*proceed to question 3*)

If yes, record Private Health Insurance Provider: _____

3) Determine the total gross household income before deductions of income tax, social security, etc., and the number of family members supported by this income.

_____ Family Income monthly or _____ family income annually

_____ Number of family members supported by income

Refer to the current Income Eligibility Guidelines at 318% of the Federal Poverty Level (FPL) matrix. Match family size income levels by the appropriate column.

Does the family meet the income guideline of being at or below 318% FPL?

_____ Yes (*continue to question 4*)

_____ No (*refer the client to the Marketplace, or request payment for services from the client*)

4) Is the client unable to apply for Medicaid through the state of Illinois based on current religious beliefs?

_____ Yes (*Client is eligible for basic primary care services through PPC program*)

_____ No (*Complete an MPE application or refer the client to the IDHS local office for a Medicaid Eligibility Determination*).

ILLINOIS DEPARTMENT OF HUMAN SERVICES
Bureau of Maternal and Child Health
Family Case Management – Pediatric Primary Care
Monthly Claim Form

AGENCY: _____ **DATES** _____
CONTRACT # _____ **TIN#** _____

CLIENT I.D. NUMBER	CPT/PROCEDURE SERVICE CODE	REIMBURSEMENT RATE
# of New Prenatal clients (unduplicated)		Total This Page GRAND TOTAL:
# of New Ped. clients (unduplicated)		

Certification:

I hereby certify that the goods and/or services claimed above are necessary expenditures for the program and are a part of the approved budget, that appropriate purchasing procedures have been followed and that payment has not previously been requested or received.

Authorized Agency Official

PREPARED BY _____
E-MAIL ADDRESS _____
PHONE: _____
DATE SUBMITTED _____

PRIMARY CARE QUARTERLY SUMMARY REPORT

AGENCY: _____

ATTACHMENT # _____ **TIN:** _____

Cost per Quarter	DUE BY
\$ _____ Quarter 1: Jul, Aug, Sep	October 30
\$ _____ Quarter 2: Oct, Nov, Dec	January 30
\$ _____ Quarter 3: Jan, Feb, Mar	April 30
\$ _____ Quarter 4: Apr, May, Jun	July 30
\$ _____ Cumulative Cost	

X if Revised Report

Month				Quarterly Total
Cost				
New Prenatal Clients				
New Pediatric Clients				

I hereby certify that the goods and/or services claimed above are necessary expenditures for the program and are a part of the approved budget that appropriate purchasing procedures have been followed and that payment has not previously been requested or received.

Authorized Agency Official: _____
Signature
Date

MCH Nurse Consultant Approval: _____
Signature
Date

**Illinois Department of Public Health
APORS Case Definition**

Gestational age less than 31 completed weeks (based on physician's assessment)

Multiple birth, triplets or higher order

Death (fetal death or death before discharge from the newborn stay)

Prenatal drug exposure

Diagnosis of a positive toxicology for any drug (except marijuana or drugs administered during labor and delivery)

Signs of drug toxicity or withdrawal (in the infant)

Children of mothers who admit to illicit drug use during this pregnancy (except marijuana)

Birth defect or congenital anomaly (except as listed below)

*Congenital pigment anomalies
(stork bites, Mongolian spots etc.)*

Dacrostenosis

Incomplete or redundant penile foreskin

Isolated choroid plexus cyst

Isolated simian crease

Patent ductus arteriosus (PDA)

Patent foramen ovale (PFO)

Peripheral pulmonic stenosis (PPS)

Persistent fetal circulation

Polydactyly

Preauricular sinus

*Prenatal diagnosis of hydronephrosis,
caliectasis or pelviectasis*

*Sacral dimple with visualized base or post-natal imaging
ruling out a problem*

Skin tag

Syndactyly

Tongue tie

Two-vessel cord

Umbilical hernia

Undescended testes

*Vascular hamartomas (small or insignificant birth
marks, port wine stains, strawberry nevi etc.)*

Serious congenital infections (Excludes: Hepatitis C or HIV exposure, neonatal candidiasis (thrush), conjunctivitis, dacrocystitis, infective mastitis and omphalitis, and HIV.)

Chlamydia

Confirmed septicemia (sepsis)

Cytomegalovirus

Gonococcal conjunctivitis neonatorum

Group B streptococcus

Hepatitis B (disease or perinatal exposure)

Herpes

Listeriosis

Meningitis

Necrotizing enterocolitis leading to surgery

Rubella

Syphilis

Tetanus neonatorum

Endocrine, metabolic or immune disorders

Adrenogenital syndrome

Combined immunity deficiency

Cystic Fibrosis

Inborn errors of metabolism

Blood disorder

Coagulation defects

Constitutional aplastic anemia

Hereditary hemolytic anemia

Leukemia

Other conditions

Bronchopulmonary dysplasia

Cerebral lipidoses

Chorioretinitis

Conditions leading to ECMO

Conditions leading to > 72 hours on a ventilator

Endocardial fibroelastosis

Erb's palsy

Fetal alcohol syndrome

HIE leading to cooling treatment

Intrauterine growth restriction leading to SGA

IVH grade III or IV

Neurofibromatosis

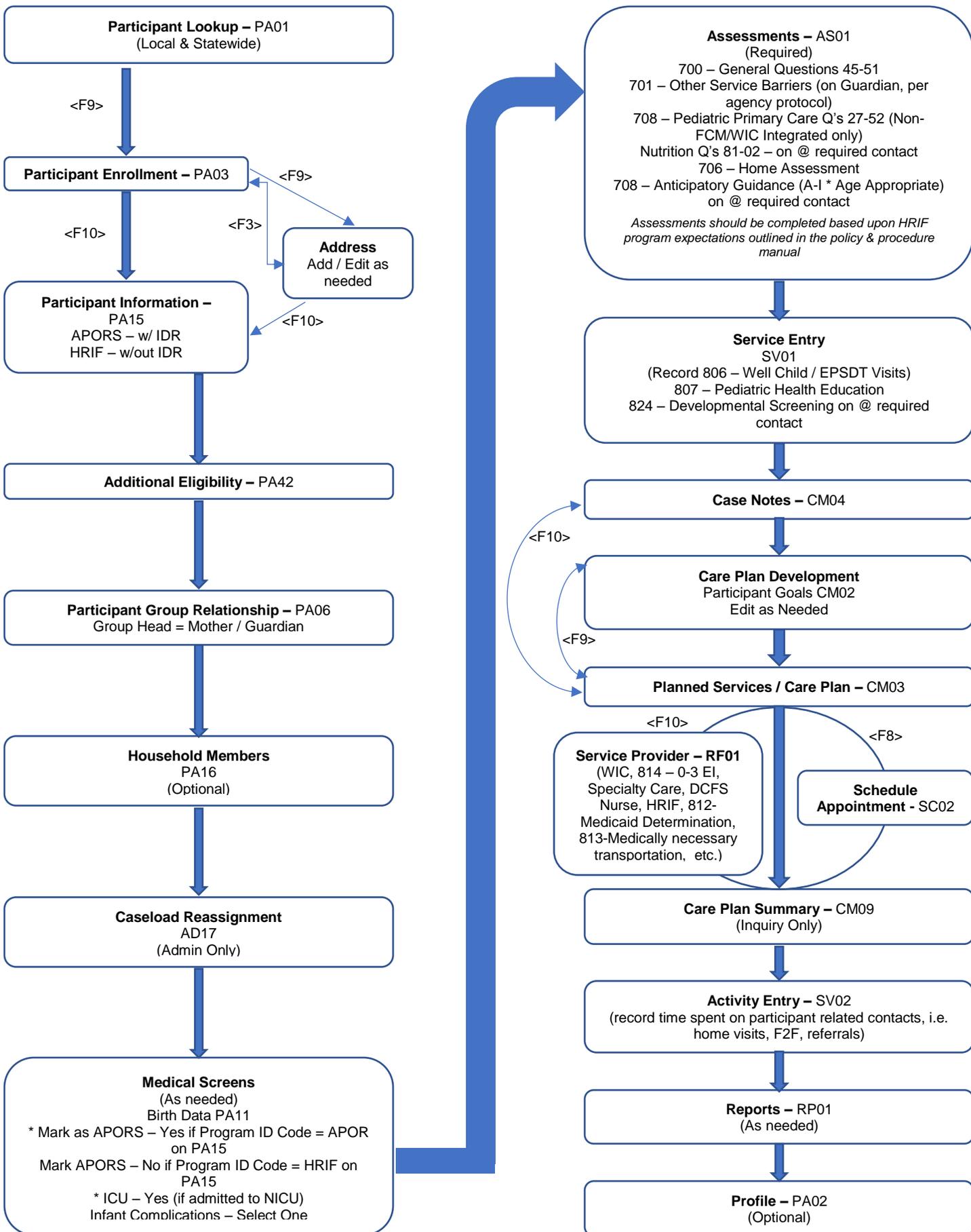
Occlusion of cerebral arteries

Retinopathy of prematurity

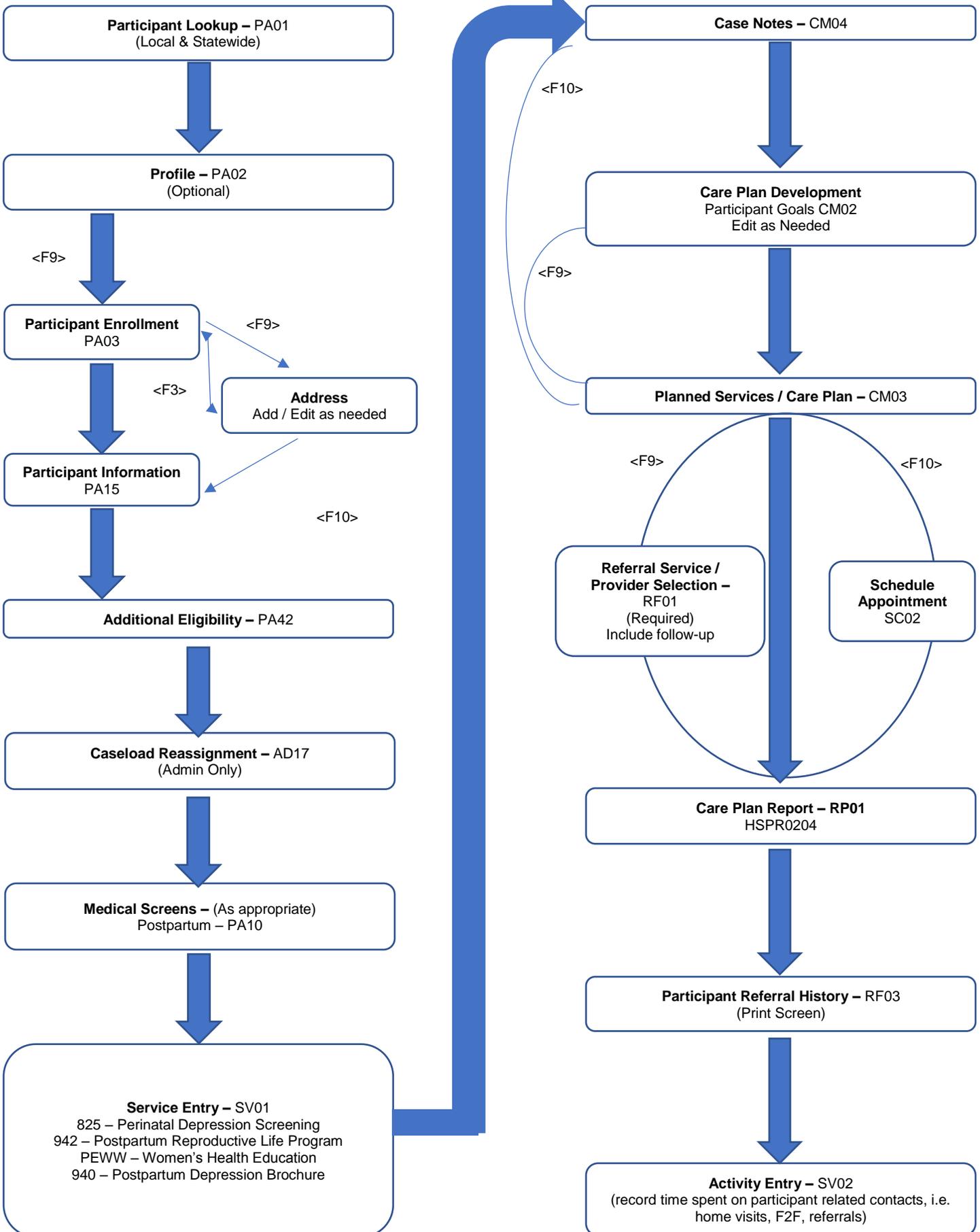
Strabismus

Seizures

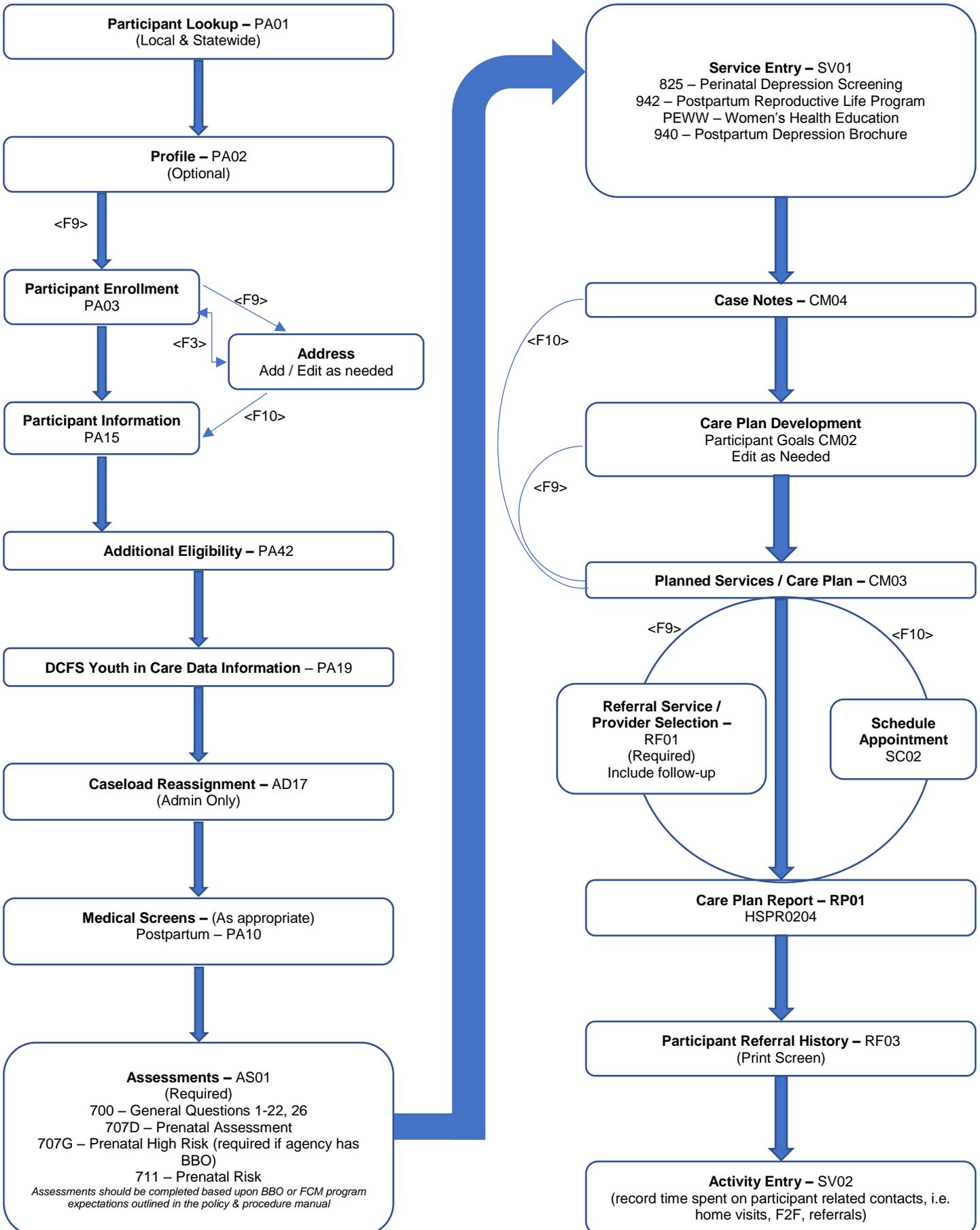
HRIF / APOR Cornerstone Workflow



HealthWorks Postpartum Cornerstone Workflow



HealthWorks Pregnant Cornerstone Workflow



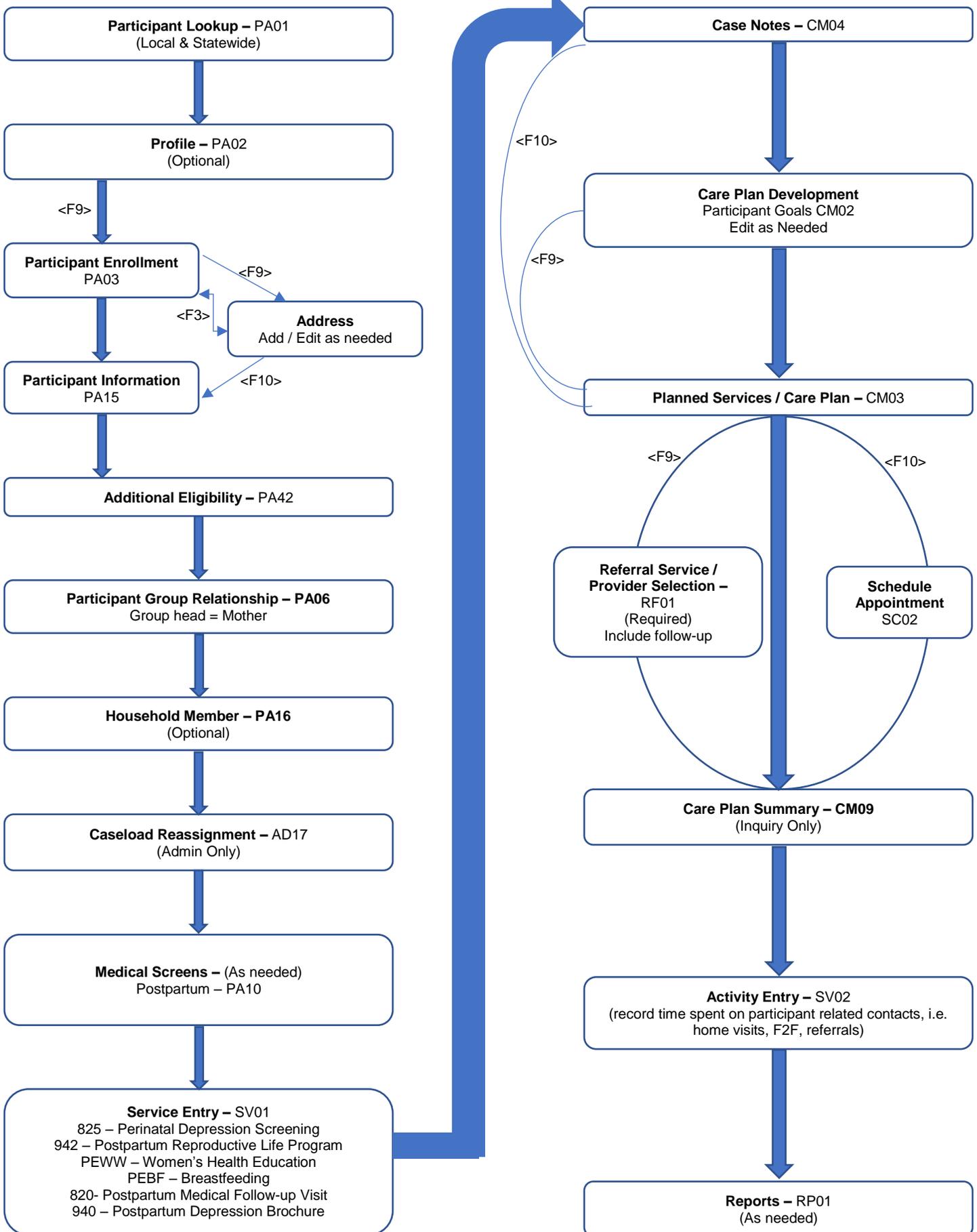
BBO Curriculum Guide

Guidelines for use: While the original curriculum is divided into a series of sessions structured by trimester, the workgroup recommends that case managers should discuss the individual topics based upon the client’s knowledge and needs during any given point in time. Client needs should drive the education delivered with all, if not most of the content / topics listed over the course of the potential ten to eleven contacts made with the client. The curriculum should be administered with fidelity based upon client engagement & relationship building using a client centered approach and motivational interviewing techniques. Supporting Materials and Cornerstone Documentation listed below may be repeated for more than one trimester.

Trimester	Topic	Supporting Materials	Cornerstone Documentation
<p>First Trimester</p>	<p>Prenatal Care</p>	<p>Set up Text4Baby messaging</p> <p><i>What to Expect When You’re Expecting</i> (recommend this book be given to client at first trimester home visit).</p> <p><i>Note: Alternative book selection - “Baby Basics: Your Month by Month Guide to a Healthy Pregnancy”. This is available from the March of Dimes catalog, #09-1763-02.</i></p> <p>March of Dimes <i>Becoming A Mom</i> handbook or pamphlets:</p> <ul style="list-style-type: none"> • <i>Keeping Healthy During Pregnancy</i> • <i>Common Discomforts of Pregnancy</i> • Prenatal Care (09-2473-10) • <i>Prenatal Tests</i> • Becoming A Mom (09-2457-09) • <i>Tips for a Successful Appointment</i> • My Pregnancy Month by Month (09-2318-08) 	<p>Address risk factors identified by 700 q1-40, 701, 703, 704, 705, 706, 707D, 707G PA07 Initial Prenatal RF01 Referral for WIC & other resources RF01 for Primary Care Provider (PCP) required, if the PA03 PCP is blank.</p> <p>SV01 (Service Entry) for: 802 Prenatal Care 825 Perinatal Depression 922 Childbirth classes (or RF01)</p> <p>PE01 You & Your PG PE02 Prenatal Care PEPL Preterm Labor PE06 Labor/Delivery</p>
	<p>Nutrition During Pregnancy</p>	<p>March of Dimes <i>Becoming A Mom</i> handbook or pamphlets:</p> <ul style="list-style-type: none"> • Eating Healthy (09-2482-10) • <i>Don’t Eat That</i> • <i>Shopping on a Budget</i> <p>IDHS Pamphlets:</p> <ul style="list-style-type: none"> • Folic Acid (IDHS 4758 E&S) • Calcium and Vitamin D (DHS 4443 E & S) 	<p>PE03 Eating Healthy</p> <p>PEFA Folic Acid</p>

<p>Fourth Trimester (Postpartum)</p>	<p>Well Woman Ed</p> <p>Postpartum Warning Signs</p> <p>Reproductive Life Plan</p>	<p>ACOG Infographics (not printable):</p> <ul style="list-style-type: none"> • Annual Well-Woman Examination • Preeclampsia and Pregnancy (for postpartum) • Your Postpartum Care Team <p>IDHS handouts:</p> <ul style="list-style-type: none"> • Tips for a Healthy You: After Delivery (DHS 4597) <p>AWHONN handout:</p> <ul style="list-style-type: none"> • Save Your Life: Get Care for These Post-Birth Warning Signs <p>CDC Infographics:</p> <ul style="list-style-type: none"> • It's Your Future. You Can Protect It. • Dual Protection Infographic • Birth Control Methods 	<p>PA10: Postpartum</p> <ul style="list-style-type: none"> • Number of Prenatal Medical Visits • Length of Pregnancy in Weeks <p>SV01 for:</p> <p>820 Postpartum Medical Follow-up Visit</p> <p>825 Depression Screening</p> <p>PE08 Postpartum Care</p> <p>PEPP Post Delivery Ed</p> <p>PEFA Folic Acid</p> <p>PEBF Breastfeeding (or RF01)</p> <p>942 Reproductive Life Plan- Postpartum</p> <p>PEWW Well Woman Ed</p>
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BBO Postpartum Cornerstone Workflow



BBO Pregnant Cornerstone Workflow

