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1 ADMINISTRATION

1.1 ILLINOIS MATERNAL & CHILD HEALTH PROGRAMS

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The Family Case Management (FCM) Program is funded by Illinois General Revenue funds (GRF) allocated for Infant Mortality and administered through the Illinois Department of Human Services (DHS), Bureau of Maternal and Child Health (BMCH).

The High-Risk Infant Follow-Up (HRIF), HealthWorks (HWIL), and Better Birth Outcomes (BBO) Programs are funded by Illinois General Revenue Funds (GRF) allocated for Infant Mortality and Social Services Block Grant (SSBG) funds and administered by the BMCH.

Agencies receiving funding for these programs must follow administrative policies outlined in this Policy and Procedure Manual.

Contract agencies are required to follow obligations as outlined in the Department contract. Local agency procedures must meet the minimum requirements and may not be more stringent than the policies outlined in the Illinois Maternal and Child Health Policy and Procedure Manual.

1.2 LOCAL AGENCY AGREEMENT

1.2.1 LOCAL AGENCY ELIGIBILITY

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All public or private not-for-profit organizations, including: Local Public Health Departments, Community-Based Organizations, and Federally Qualified Health Centers recognized by the Illinois Department of Human Services as possessing a demonstrated capability of directing such projects are eligible to apply for DHS MCH Program Grants.

A Local Agency must directly or through written agreement with another party:

- A. Provide ongoing health services for free, or at a reduced cost, to Illinois residents of areas, or members of populations, with substantial numbers of women, infants, and children.
- B. Meet staffing standards (See Staffing)
- C. Have the facilities and equipment necessary for the provision of case management services to women, infants, and children in a confidential setting.
- D. Report known or suspected child abuse or neglect to the area office of the Illinois Department of Children and Family Services (DCFS) in accordance with state and federal statutes.
- E. Be in compliance with Civil Rights non-discrimination laws and regulations.
- F. Assure confidentiality is maintained with collection, handling, and disclosure of client information during all aspects of a client visit.
- G. The agency must agree to help a program client apply for benefits under the Medicaid program.
- H. Physical facilities to be used for serving clients must be comfortable, safe, and clean, and must meet local requirements for fire safety, building construction, sanitation, and health. The agency must be able to furnish proof upon request that all such local requirements have been met. In addition, a space for meetings with clients that is conducive to privacy should be available.
- I. The agency must be capable of delivering services to the target population, demonstrate an understanding of the concept and delivery of case management services, and demonstrate (by written agreements or other means such as letters of support) linkages to relevant service and health care agencies serving the target area.
- J. The agency must be able to conduct outreach activities to the target population and medical providers in the geographic area to be served.
- K. Direct service staff for the program must meet the standards defined for each program in this manual.
- L. The agency must be able to provide services in medical, home, and other settings such as schools and churches.
- M. The agency must maintain an adequate and confidential client records system.
- N. Documentation of all services provided is to be maintained in the Cornerstone System in accordance with the guidelines set forth in the Department's Cornerstone User Manual
- O. The agency must maintain current standing orders and / or must have outlined steps to be followed for abnormal findings on EPSDT exams & developmental screenings documented and updated in the Agency Policy & Procedure Manual.

1.2.2 SUBCONTRACTING FOR SERVICES

Revised October 2019

- A. If an Agency must enter into a written agreement with another sub-recipient agency for the provision of services outlined in the Grant Agreement:
 - a. Both agencies shall, in conjunction, meet all of the requirements for providing both health and administrative services and are subject to single audit requirements.
 - b. The written agreement must define the program responsibilities of the sub-recipient agency and be approved by DHS prior to finalization of the agreement. The responsibilities include receiving training and monitoring by the Agency.
 - c. A copy of such agreement must be on file at the Agency and with the sub-recipient Agency.
 - d. Must follow Civil Rights non-discrimination laws and regulations.
- B. If an Agency must enter into a written agreement with another party or a private physician for the provision of the broader range of health services:
 - a. The written agreement must define the responsibilities of each party and must be approved by DHS during the application process.
 - b. A copy of such agreement must be on file at the Agency and with the third party.
 - c. Must follow Civil Rights non-discrimination laws and regulations.

1.2.3 LOCAL AGENCY GRANT AGREEMENT

Revised October 2019

The Grant Agreement between the Local Agency and Department serves as the legal document obligating both parties to specify roles in the designated Maternal & Child Health (MCH) Program. The Grant Agreement contains conditions that bind the Local Agency to compliance with the following rules and regulations in addition to any rules and regulations identified in the grant agreement:

- A. [Federal Regulations \(eCFR 200\)](#)
- B. [Illinois Title 77, Section 630 Maternal and Child Health Administrative Code](#)
- C. [Illinois Family Case Management Act \[410 ILCS 45\]](#)
- D. [Developmental Disability Prevention Act \[410 ILCS 250\]](#)
- E. [Prenatal and Newborn Care Act \[410 ILCS 225\]](#)
- F. [Grant Accountability and Transparency Act \(44 Ill. Adm. Code 7000\)](#)
- G. [Grant Accountability and Transparency Act \[30 ILCS 708\]](#)
- H. [Nurse Practice act \(225 ILCS 65\)](#)
- I. The BMCH Policy and Procedure Manual
- J. [The Cornerstone User Manual](#)

Additional provisions of the Grant Agreement include:

- A. Grant award totals
- B. Reclamation procedures
- C. Termination procedures

Any violation of compliance with the requirements of the Grant Agreement may be grounds for termination or suspension of the Grant Agreement.

1.2.4 ALLOCATION OF MCH FUNDS

Revised October 2019

Once the amount of funds available to the Illinois Bureau of Maternal of Child Health is determined:

- A. The Department allocates awards to Local Agencies through a Notice of Funding Opportunity process.
- B. Administrative funds are allocated by use of a formula based on standardized costs per caseload.
- C. The Department – Agency Grant Agreement serves as the legal basis for disseminating funds to local programs. Grant agreements must be signed and properly obligated through the Department and the Illinois Comptroller. Payments are scheduled on a monthly basis. All payments will be reconciled based on submitted documentation. Failure of the Agency to submit documentation may result in a reduction to the total award.

1.2.5 LOCAL AGENCY – RIGHT OF APPEAL

Revised October 2019

Whenever the Department suspends or terminates a grant, the grantee may have such decision judicially reviewed. The provisions of the Administrative Review Law (Ill. Rev. Stat. 1989, Ch. 110, par. 3-101 et seq.) and the rules adopted pursuant thereto shall apply to and govern all proceedings for the judicial review of final administrative decisions of the Department hereunder.

1.3 FINANCIAL REPORTING AND ADMINISTRATIVE COSTS

1.3.1 COST REPORTING

Revised October 2019

Local Agency costs for each Maternal and Child Health Program Grant must be broken down and reported separately.

A description of each line item and examples of activities which may fall into these categories is provided for reference.

[Addendum 1.3.1 – Allowable Costs by Line Item](#)

1.3.2 FUNDING

Revised October 2019

The method of payment to Maternal and Child Health grants is by reimbursement of expenditures. Repayment and reconciliation methodology will be documented in the annual agency agreement.

Once the amount of funds available to Illinois for the BMCH programs is determined:

- The Department allocates awards to Local Agencies through a grant review process.
- Administrative funds are allocated by use of a formula based on standardized costs per caseload.

The Department – Local Agency Grant Agreement serves as the legal basis for disseminating funds to local programs. Grant agreements must be signed and properly obligated through the Department and the Illinois Comptroller. Payments are scheduled on a monthly basis. All payments will be reconciled based on submitted documentation. Failure of the Provider to submit documentation may result in a reduction to the total award.

1.3.3 ALLOWABLE COSTS

Revised October 2019

- A. Costs associated with activities considered necessary to meet Program objectives by the Agency are allowable and may be charged to the grant.
- B. Program management activities including accounting, auditing, budgeting, and outreach.
- C. Allowable Costs for outreach activities as defined in the Outreach section are allowed. However, health, general education, or other social service activities may not be included as outreach.
- D. Salary and other expenses for staff conducting activities required by the grant must be supported by documentation as described in Time and Activity subsection.
- E. The agency must maintain an internal system of documenting time and activity; and separating activities performed under separate grants. Agencies may choose to use the SV02 documentation in Cornerstone as this system of documentation.
- F. The agency must make its clinical and time reporting records available for inspection by authorized representatives of the Department.
- G. When approved in the plan and budget, funds may be used for the direct costs of operating and maintaining the project. The following direct costs may be incurred:
 - a. Salaries, including fringe benefits for full or part-time personnel employed for the program. The rates for personal services and fringe benefits shall be comparable to that paid to other employees of the agency.
 - b. Fees for consultants and specialists.
 - c. Travel of personnel, consultants, and specialists in carrying out the activities approved in the plan. Reimbursement shall be made in accordance with established delegate agency policies.
 - d. Transportation of clients at the usual rates for the mode of travel that is consistent with the needs of the client, only once all options through Medicaid Managed Care Transportation Options have been exhausted, may be documented for the Better Birth Outcomes program if these costs are documented in the approved budget
 - e. Supplies, as required in the operation of the project. The cost of supplies shall not exceed the lowest charge levels at which they are generally available in the area.
 - f. Rental of privately-owned facilities where adequate space cannot be provided by the grantee agency. Rental charges shall not exceed the lowest rate for comparable space within the community as supported by bids.
 - g. Equipment used in the operation of the project excluding the purchase of vehicles.
 - h. Other expenditures directly related to the provision of project services, such as: telephone service, photocopying and scanning, utilities, etc. Purchases of items or services that do not vary significantly in quality from one supplier to another shall not exceed the lowest charge levels at which they are available in the area. A description for prorating costs must be provided.
- H. Indirect costs may be included as a portion of the overall project costs as defined in the Grant Accountability and Transparency Act (GATA) [30 ILCS 708/15] if the indirect costs are budgeted along with the direct costs.

1.3.4 UNALLOWABLE COSTS

Revised October 2019

- A. Under no circumstances may the DHS MCH grants be charged in full or in part for the costs of services which are demonstrably outside of the scope of the MCH Program's authorizing statute.
- For example, the FCM grant may be charged to screen FCM clients for immunizations and refer and follow-up on FCM client immunizations, but FCM may not be charged for the cost to administer the shot, the vaccine, or vaccine-related equipment.*

Further, costs which are specifically disallowed by applicable Federal cost principles outlines in the 2CFR200 may not be charged to the DHS MCH grants.

- B. Project funds shall not be used to pay the following:
- a. Inpatient care services
 - b. Purchase, construction, or renovation of buildings
 - c. Dues to societies, organizations, or federations
 - d. Entertainment costs
 - e. Cash payments to intended recipients of services
 - f. Purchase or repair of vehicles
 - g. Lobbying
 - h. Any other costs not approved in the plan and budget.
- C. Administrative costs shall not exceed 15% of the total grant award. Any deviation from this must be approved in writing by the Associate Director of the Office of Family Wellness after a review of the circumstances which would require such an exception. The Department will consider the following in determining whether to grant an exception:
- a. the nature of the project,
 - b. ability to find resources in the community which will meet part of the needs of the project and thus invalidate the percentages,
 - c. a targeting of the resources toward one particular component or identified unmet need by the grantee which clearly will inhibit the ability of the grantee to carry out the project.

1.3.5 TIME AND ACTIVITY

Revised October 2019

Each agency must be able to document time, and activity spent by each employee on each grant. This documentation will be used to reconcile against reimbursement request of Personnel costs against each grant during audit and administrative review. The specific format of documenting this time may be determined by the agency, however each report must be signed by the employee, and the employee's supervisor. Cornerstone reports may be used to document time and activity; however, it is not required to be documented through Cornerstone.

The documentation must at minimum contain the following information:

- 1) Identification of the staff person.
- 2) The date on which the activity was conducted.
- 3) Activity type – At a minimum, categories must identify case management; outreach; administration of outreach and case management; accrued benefit time; and other direct services, as follows:
 - a. Time Spent – The amount of time spent on each activity.
 - b. Program – The employee is working in (FCM, BBO, HRIF/HWIL).

1.3.6 PRIOR APPROVAL FOR PURCHASES

Revised October 2019

Prior Approval is not needed for:

- 1) Activation of clients
- 2) Clinical costs necessary to provide program services, including referrals
- 3) Outreach to prospective program clients
- 4) Rental or purchase of non-computer equipment (any nonexpendable item costing less than \$5,000)

Costs allowable with prior approval from the Department:

- 1) Rental space costs – new sites / locations
- 2) Any computer software purchases, such as: word processing, spreadsheet, database, email, presentation, or anti-virus applications
- 3) Any computer equipment purchases, such as: personal computers, monitors, printers, and modems
- 4) Items costing more than \$5,000
- 5) Purchase of capital assets, such as: buildings, land, and improvements to buildings or land that materially increase their value or useful life and cost more than \$5,000

All requests must be in writing on Local Agency letterhead from the agency to the Department via the Administrative Contract Coordinator. The request must include:

- 1) Item Description
- 2) Model Number/Serial Number
- 3) Unit Cost
- 4) Justification for Purchase
- 5) Percentage of time the product will be used for each program
- 6) Number of Program Full Time Equivalentents present in the Local Agency

1.3.7 INVENTORY MANAGEMENT

Revised October 2019

Each local agency must maintain full and complete records concerning program operations. This includes maintaining property records as described below.

- A) The Local agency must tag all equipment, valued at \$100 or greater at the time of purchase, with a unique identification number
- B) An inventory must be maintained of all tagged items purchased in full or partially with program funds. The inventory must include:
 - 1) Tag number/Inventory Number
 - 2) Item description
 - 3) Model Number/Serial Number
 - 4) Date of Purchase
 - 5) Unit Cost
 - 6) Location
- C) Agencies using a blended inventory of all items must have a method to clearly indicate items purchased with program funds.

GUIDELINES FOR DISPOSAL OF PROGRAM EQUIPMENT

- 1) To dispose of equipment purchased with Program funds:
 - i) If the item is on a depreciation schedule, and the timeframe of depreciation has not elapsed, the local agency must submit a request in writing, on agency letterhead, to the Department via the Administrative Contract Coordinator which includes:
 - (1) Item description
 - (2) Date of purchase
 - (3) Unit cost (if available)
 - (4) Justification for disposal
- 2) If the request is approved, a letter will be sent granting approval to dispose of the equipment. The letter must be kept on file with the inventory records.
- 3) Computer equipment approved for disposal must have all client information erased prior to disposal.

1.3.8 LOCAL AGENCY ACCOUNTING PROCEDURES

Revised October 2019

A) Accounting System

Each Local Agency participating in a DHS MCH Program must have an established financial management system, which provides complete, separate, and accurate accountability of Program funds. The accounting system in the Local Agency must provide original evidences of:

- 1) Transactions
- 2) A chart of accounts
- 3) Ledgers for posting
- 4) Complete accountability of all obligations, payments, and reimbursements

B) Expenditure Documents

Source documents for expenditures must be available for audit, and records of payment of such expenses must allow for clear audit trails. To qualify for payment, an expenditure must be:

- 1) A documented program expense related to the grant
- 2) In compliance with federal and state regulations

1.3.9 FINANCIAL DOCUMENTATION

Revised October 2019

- A) Local agencies will receive MCH grants payments from the Department as follows:
- 1) Payments are scheduled on a monthly basis.
 - i) All payments are reconciled based on submitted documentation. Failure to submit documentation may result in a reduction to the total award.
 - 2) Periodic Financial Reports (PFR) must report expenditures by line item category in alignment with the current approved budget.
- B) PFR Form Setup
- 1) The PFR is a Microsoft Excel Spreadsheet file, and there is a tab for each month of expenditures.
 - 2) Expenditures are automatically calculated for the month as well as the Cumulative Amount Year to Date.
 - 3) Print Areas are pre-set - **Do not alter the print areas.**
 - 4) Any issues with the spreadsheet file, can be communicated by email at dhs.bmchedf@illinois.gov or by calling (217) 557-3105.
- C) Step by Step Guide
- 1) Save the spreadsheet file to your computer
 - 2) Complete the Information and Instructions Tab
 - i) All fields are Mandatory
 - (1) Agency Name
 - (2) Agency FEIN
 - (3) MCH Contract Number
 - (4) MCH Program Name

Information entered on this tab will automatically populate to each of the monthly tabs.
 - 3) Complete the applicable Month Expenses Tab
 - 4) All fields are mandatory

PFR Field	Purpose of the Field
Date Submitted	Submittal date of the EDF
Date Revised	Revision date of the PFR <i>This field is mandatory only if you are submitting a Revised PFR.</i>
Reporting Month Expenditures	MCH expenditures must be broken out by line item in alignment with the current approved budget. <i>If you do not have expenditures to report for a month, you must still submit a PFR with the Amount Claimed as \$0.</i>
Certification and Authorized Local Provider Approval	A PFR is considered "Uncertified" unless it includes: <ul style="list-style-type: none"> • Typed or handwritten Name and Title of the Authorized Local Provider Official, and • Date Authorized • Authorization Signature
Report Prepared by	Enter the name, Email and Phone number of the person preparing the PFR.

- 5) Submit your Periodic Financial Report

- i) Periodic Financial Reports (PFR) must be submitted monthly.
- ii) Deadline for submission of monthly PFRs is the 15th of the month following the month of service (i.e., PFR for July expenditures must be submitted to DHS by August 15th).
 - (1) Any month that an agency is not able to meet the deadline for submission of a monthly PFR may request an extension in writing prior to the 15th of the month.
- iii) Choose one of the following options to submit your EDF each month:
 - (1) Print the completed monthly tab to Adobe PDF and email the file to dhs.bmchedf@illinois.gov. (Print Areas are pre-set. **Please do not alter the print areas.**)
 - OR**
 - (2) Print hard copy of the correct monthly tab and fax to Program Coordinator at (217) 558-9548.

D) Helpful Information

- 1) Refer to the GATA training and 2 CFR 200 for detailed information on how to categorize expenses in conjunction with the agency approved budget.

1.3.10 PROGRAM AUDIT

Revised October 2019

- A) Local Agencies are required to be audited annually in accordance with: 2 CFR Part 200.501 Audit Requirements
- B) 2 CFR 200.425 states “A reasonably proportionate share of the costs of audits required by, and performed in accordance with, the Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507), as implemented by requirements of this part, are allowable. Agencies should follow regulatory references in 2 CFR 200.425 for allowable and unallowable and unallowable audit costs. Any direct cost being charged to the program would be based on an organization’s written costs allocation policy which meaningful allocation base and methodology would be included therein.
- C) Allowable and unallowable Audit Costs are addressed in 2 CFR 200.425 (Subpart E – Cost Principles) . The Department retains the right to conduct audits of any and all Local Agency MCH Programs. There is no charge to the Local Agency for these audits.
- D) No other audits are required in the MCH Program nor will outside audits be paid for from MCH funds. The requirements for Audit are set forth in 2 CFR 200 Subpart F and reflected in 44 IL Adm Code 7000.90; allowable and unallowable Audit Costs are addressed in 2 CFR 200.425 (Subpart E – Cost Principles).

1.3.11 LOCAL AGENCY SANCTIONS / RECOVERIES

Revised October 2019

The Local Agency shall have the right to appeal any sanction or recovery given by Programs or the financial review team to the Chief of the Bureau of Maternal & Child Health

- A) The appeal shall indicate the reason why the sanction should not be imposed and/or why this recovery should not have been made.
- B) The appeal shall be made within thirty (30) calendar days of this imposition of the sanction and/or the recovery of monies from the reimbursement voucher.

1.3.12 CLOSEOUT REPORTING PROCEDURES

Revised October 2019

The State Fiscal year runs from July 1 through June 30.

- A) Costs must be separated so that expenditures are charged to the fiscal year in which the obligation was incurred.
- B) The separation of costs must occur between the months of June and July to close out the state fiscal year.

1.4 RECORDS

1.4.1 RETENTION OF RECORDS

Revised October 2019

A. Administrative

The following administrative records shall be maintained by the Local Agency for a period of three years:

- a. All financial record of expenditures, third-party reimbursements, and other project income
- b. An inventory record of all equipment purchased from project funds including (listing shall be cumulative and updated annually):
 - i. A description of the item.
 - ii. Inventory identification (I.D.) number. This can be a manufacturer's serial number or another I.D. number, but it must be permanently affixed to the item.
 - iii. Acquisition date and cost
 - iv. From whom purchased
 - v. Location and condition of the item. No property can be disposed of without prior written authorization of the Chief of the Bureau of Maternal and Child Health. Upon termination of a project, the equipment becomes the property of the Illinois Department of Human Services.
- c. Personnel records for all project staff
- d. Statistical information derived from project activities

B. Client Records

- a. One record containing the appropriate information relative to that person's care shall be maintained on each client.
- b. A record shall be maintained on each individual registered in the project. The record should be designed to accommodate entries by each discipline providing services for that project. Documentation showing preauthorization of services purchased by the project shall be maintained as a part of the individual's client record. All services provided to a particular client by each discipline must be easily reviewable by the other disciplines.
- c. The record shall be useful as an administrative and health management tool.
- d. Client records are to be maintained for a minimum of three (3) years from the date of case closure in Cornerstone.

1.4.2 DESTRUCTION OF RECORDS

Revised October 2019

- A. Program records that contain client data must be destroyed by incineration or shredding.
- B. Disposal of records intact to a landfill or through a disposal service is not appropriate.
- C. The Local Records Act regulates the destruction and preservation of public records within the State of Illinois. It mandates the Secretary of State, who is named the local records advisor, to assist local governments in implementation of the Act. This Act defines record material, explains the rights to public access of information, and sets standards for record keeping and microfilming. Additionally, the Act provides for the existence of a six-member Local Records Commission which regulates the disposal of local records and specifically forbids local officials from disposing of any public record without first obtaining their written approval.
- D. Depending upon the local agency's status as a legal entity, the agency may be required to comply with both state and federal guidelines for destruction of records. Agencies which must comply with both state and federal requirements, are those that fall under the auspices of the Local Records Act. The Act defines an "agency" as "any court, and all parts, boards, departments, bureaus and commissions of any county, municipal corporation or political subdivision."

1.5 CONFIDENTIALITY

1.5.1 CONFIDENTIALITY

Revised October 2019

The following information relating to patients and persons requesting services shall be treated as confidential:

- A. Names and addresses individually or by list.
- B. Information contained in reports of medical examinations and treatments.
- C. Information about financial resources.
- D. Information contained in registers, in case records, correspondence, any forms or notations obtained from or about the individual and family concerning his/her condition or circumstances, including all such information whether or not it is recorded.
- E. Records of state and local health department evaluations of such information.

1.5.2 CONSENT TO RELEASE INFORMATION

Revised October 2019

- A. Agencies are expected to obtain signed consent or refusal of the following forms:
 - a. Release of Information (ROI) form,
 - b. HIPAA Privacy Rule form, and
 - c. Cornerstone Informed Consent Form from all participants.
- B. Information shall be kept confidential and shall not be divulged except as follows:
 - a. Confidential information may be released only with the guardian or client's consent to agencies, institutions or individuals who are requested to provide maternal and child health services to the guardian, or client as a part of the program of the state agency.
 - b. Confidential information may be released to other state or federal agencies having as their purpose the health and welfare of the mother or child for whom the client or guardian, on their behalf, has requested services. In these circumstances, the information may be released on if adequate assurances are given that:
 - i. The confidential character of the information will be preserved;
 - ii. The confidential information will be used only for the purpose for which it is made available;
 - iii. Such proposals are reasonably related to the purposes of the program of the state or local agency and the functioning of the other agencies or programs; and
 - iv. The standards of protection established by the other agencies or programs to which the confidential information is made available are at least equal to those established by the state or local health department.
 - c. When a signed consent form is received from the client, confidential information must be released to the Department to evaluate the effectiveness of prenatal care, to conduct research to reduce infant and maternal morbidity and mortality, and to assist the Department in the allocation of resources. For clients who consent to collection of such data, the grantee will solely retain all identifying information of the clients (name, address, social security number, phone number) and provide code numbers to the Department in place of such information. The grantee will destroy the consent forms after the Department has completed its review of the data. That consent form will include:
 - i. The name of the person signing the form
 - ii. The name and address of the client
 - iii. A statement of consent to release information for the purposes stated in this section
 - iv. A protection against release beyond the Illinois Department of Human Services.
 - d. Information may be disclosed in summary, statistical or other form, which does not make it possible to identify any particular individual.

1.5.3 REPORTING OF CHILD ABUSE AND NEGLECT

Revised October 2019

- A. MCH Agencies are required to cooperate with investigations conducted pursuant to the Abused and Neglected Child Reporting Act 325 ILCS 5/1 and are conferred immunity by Section 9 of alleged child abuse.
 - a. The cooperation required extends to DCFS
 - b. State Police, and designated local law enforcement agencies.
- B. There may also be instances in which State of local child protection services contact the local agency for information which might substantiate allegations of child abuse made by a third party, e.g. information on a child's appearance, abnormal interaction between a child and parent, information on missed appointments or a child's medical records. Such requests may be separate and distinct from any responsibility that the state or local agency might have under state law to report instance of child abuse. Therefore, the general disclosure policy shall apply to these requests.
- C. Local agency staff should refer to state or local agency legal counsel to identify a legal imperative to respond e.g. a subpoena that cannot or should not, in the counsel's opinion, be contested or a perceived need to comply with the request in order to avoid any legal liability for possible consequences to the child or failure to provide the requested information.

1.6 ADMINISTRATIVE AND CLINICAL PERFORMANCE REVIEWS

1.6.1 ANNUAL REVIEW

Revised October 2019

All DHS MCH grants will be evaluated at least annually by the state Maternal and Child Health staff and their designees to review the program's progress according to stated goals, measurable objectives, and administrative operations.

1.6.2 EVALUATION

Revised October 2019

The Department or it's designee will monitor the delivery of DHS MCH Program activities through:

- A. Quarterly communication in which quarterly performance data and trends will be highlighted and technical assistance will be provided to recommend areas of improvement and discuss barriers to program service delivery as needed.
- B. Annual programmatic clinical reviews shall address the following points:
 - a. Comparison of the objectives enunciated in the project plan with the actual achievements of the project.
 - b. Indicators of project productivity; e.g., clients served, encounters, referrals, tests performed, personnel trained, etc.
 - c. Scope and success of program outreach efforts
 - d. Unresolved problems; e.g., with fiscal resources, external relationships, etc. and issues which need to be addressed in the future.
 - e. Annual on-site reviews which will include:
 - i. Technical Assistance based on chart reviews performed by the MCH Nurse Consultant prior to the visit.
 - ii. Clinical Review based on the Review Tool that applies to the quarterly performance reviewed.
 - iii. An observation of service delivery when appropriate.
 - iv. A review of data reports from the Departments Cornerstone system.
 - v. Verification of documentation necessary per the Clinical Review Tool.

1.6.3 MCH NURSE CONSULTANT ANNUAL REVIEW

Revised October 2019

The Department will review the performance criteria of each program at least once annually following the steps outlined below.

- A. The department will send a formal Annual review Introduction Letter to schedule the site visit to Agency Administrator and Program Coordinators at least 15 business days prior to the review date.
- B. The MCH Nurse consultant will complete Chart Reviews for each program being reviewed from Cornerstone and evaluate the most recent quarterly performance report available for the agency using the Chart Review Tool for the corresponding quarter that is being reviewed (i.e. if FY19 Q4 data is being reviewed, the review tool used will be the FY19 review tool even if the date of the on-site review is scheduled after July 1, 2019).
 - a. [Chart Review Tools](#)
- C. The MCH Nurse Consultant will review randomly selected charts for each program using Department's current chart sample selection criteria for Case Management programs.
- D. On the date(s) of the review, the MCH Nurse Consultant will complete the review and conduct any Technical Assistance (TA) that came up as being needed during the performance reviews.
- E. The MCH Nurse Consultant will then complete the Clinical Review Tool and Review Findings (if any are found) and will return the outcomes of the review within 15 business days of completing the on-site review to the Agency Administrator and Program Coordinators.
 - a. [Clinical Review Tools](#)
- F. The Agency will receive a summary letter from the Department which will include the Clinical Review Tools for the programs reviewed and the Review Findings within 15 business days of receipt of the completed clinical review.
- G. The Agency will respond to the MCH Nurse Consultant completing the review within 15 business days of the receipt of the summary letter with a Corrective Action Plan (CAP) for any of the findings revealed in the review.
- H. The MCH Nurse Consultant will review and accept the CAP within 15 business days of receipt.
- I. Follow-up will be provided by the MCH Nurse Consultant by phone or email to determine that the CAP has been completed in the timeframe outlined within three months of the CAP approval.

1.6.4 PROVISIONAL STATUS

Revised October 2019

- A. If during an annual review, the MCH Nurse Consultant determines that the agency has substantially failed to comply with the terms of the grant agreement and program standards, they may recommend that an agency program be placed on provisional status.
- B. Each MCH program that the agency offers is reviewed annually. Each Performance Review Tool will identify the total Review Findings for the program in question.
- C. Any MCH program with five (5) or more Corrective Actions in a program reviewed may be recommended for provisional status for that program and the following actions will be taken.
 - a. The Bureau Chief will meet with the MCH Nurse Consultant and any Department personnel deemed necessary to review Provisional Determination to discuss the recommendation and what steps the Department will require the Agency to take to remove the provisional status from their record.
 - b. Once a final decision has been determined, the Agency will receive a letter of Provisional Status within 25 business days of the completion of the annual review which will outline why the Provisional Status was determined and what actions will need to be taken to remove the Provisional Status from the agency.
 - c. The Agency will be asked to return a Corrective Action Plan (CAP) to the MCH Nurse Consultant within 15 business days of receipt of the Provisional Letter.
 - d. Once the CAP is approved, the MCH Nurse Consultant will notify the agency in writing within 15 business days of receipt of the CAP from the Agency.
 - e. The MCH Nurse Consultant will be available in subsequent months primarily by phone / email to provide ongoing Technical Assistance (TA) and assistance to try to meet the CAPs required in the program.
 - f. A subsequent review of the program(s) put on provisional status will then be completed within 6 months of the formal notification of the program's provisional status and the Provision Letter being sent to the agency. If a satisfactory review is completed, then the agency will again be certified.
- D. If an agency has substantially failed to comply with the grant award as documented at site reviews for two consecutive years and is placed on provisional status in 2 consecutive reviews, funding may be reduced or terminated. Substantial failure means failure to meet requirements other than a variance from the strict and literal performance which result in unimportant omissions or defects given the particular circumstances involved.

1.7 CIVIL RIGHTS

1.7.1 NONDISCRIMINATION

Revised October 2019

Projects are to be conducted in such a manner that no persons shall be excluded from participating in, be denied the benefits for, or be otherwise subjected to discrimination under such programs on the grounds of age, handicap, race, color, creed, religion, sex, or national origin pursuant to the provision of [Title VI, Civil Rights Act of 1984, \(42 U.S.C. 2000e et seq.\)](#); [Age Discrimination Act of 1975 \(42 U.S.C. 6101 et seq.\)](#).

Affirmative action shall be taken to ensure equality of opportunity in all aspects of employment in accordance but not limited to the following laws and regulations and all subsequent amendments:

- A. [The Illinois Human Rights Act \(775 ILCS 5/1-101 et seq.\)](#), including, without limitation, [44 Ill. Admin. Code Part 750](#);
- B. [The Public Works Employment Discrimination Act \(775 ILCS 10/1 et seq.\)](#);
- C. The United States Civil Rights Act of 1964 (as amended) ([42 USC 2000a- and 2000h-6](#)). (See also guidelines to [Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons](#) [Federal Register: February 18, 2002 (Volume 67, Number 13, Pages 2671-2685)]);
- D. Section 504 of the Rehabilitation Act of 1973 ([29 USC 794](#));
- E. The Americans with Disabilities Act of 1990 (as amended) ([42 USC 12101 et seq.](#)); and
- F. The Age Discrimination Act ([42 USC 6101 et seq.](#)).

Periodic reviews of operating procedures shall be made to assure that operating practice continues to be in conformity with the above requirements.

Any person has the right to file a complaint with the Department, the U.S. Department of Health and Human Services, or both, if they believe that discrimination on the grounds of age, handicap, race, color, creed, religion, sex or national origin is being practiced. If filed with the Department, the complaint shall be routed to the Director's office where it shall be reviewed and investigated by a special committee appointed by the Director. A report of final disposition shall be sent to the complainant and to the appropriate federal agency.

1.8 LOCAL AGENCY PROCEDURES

1.8.1 TERMINATION

Revised October 2019

- A. All grants shall terminate on the dates specified in the contracts and shall not be extended.
- B. Specific terms and conditions of termination or suspension of the grant is documented in the grant agreement and must be followed by the Agency and the Department.

1.8.2 STAFFING

Revised October 2019

- A. The qualifications of each person employed by the Program shall meet, at a minimum the Illinois Merit System Standards.
- B. Staffing for MCH programs would include at a minimum a Program Coordinator, Case Managers, and Frontline/Clerical staff.
- C. Staffing for programs shall be reflective of the services to be provided, i.e., nursing, social work, psychology, and administration. The extent of staffing in the programs shall be dependent upon the program size and availability of personnel.
- D. Agencies shall give assurance that the services will be provided by or supervised by qualified personnel. Qualifications shall be determined by reference to a merit system, established minimum qualifications, occupational standards, state and local licensing laws, and specialty board requirements. Such standards, laws, and requirements shall be incorporated by reference in the application for a grant.
- E. Standards for each project shall meet state and local licensing laws and regulations and be in accord with national and state standards.
- F. Arrangements for provision of services must be made in advance of implementing the project. Special consideration shall be given to the provision of space for:
 - a. Counseling to assure privacy and dignity for the client; intake interviewing and physical examinations;
 - b. The projected client load giving consideration to waiting room, babysitting services, records, bathroom, and for other necessary services.
 - c. Space should assure privacy and efficient client flow.
- G. Conducting MCH services involves a multi-disciplinary team approach to ensure the delivery of quality services. MCH agencies vary in size and therefore their staffing needs. Agencies must maintain adequate staffing to ensure operations are conducted effectively and efficiently.

1.8.3 IN-SERVICE TRAINING

Revised October 2019

The staff of the Department in cooperation with the local Agency staff will conduct in-service training programs for project personnel. Staff involved in the delivery of client services are required to attend.

Project staff are encouraged to attend and participate in appropriate educational programs and professional organizations.

Agencies are expected to schedule staff to attend the training offered by the Department within three (3) months of working in the MCH program. It is encouraged that supervisors send staff for training at any time regardless of duration of employment when the staff member's performance demonstrates a need to review program deliverables. The MCH Nurse Consultant may at any time require for Agency Personnel to attend training at any time during their work within the MCH programs.

It is expected that all Agency staff working in any of the MCH programs complete implicit bias training annually and/or within 3 months of employment and working within the MCH programs. The agency should document the type of implicit bias training received and date the training was completed. The log should be maintained by the Agency to account for compliance of staff working within the MCH programs and may be requested by the MCH Nurse Consultant during the annual review.

1.8.4 UTILIZATION OF COMMUNITY RESOURCES

Revised October 2019

It shall be the responsibility of each agency to coordinate the services provided through the agency with other sources or care in the community, such as but not limited to:

- A. Illinois Medical Assistance Program
- B. Local Health Departments
- C. Neighborhood Health Centers
- D. Local Child Development Clinics
- E. Division of Specialized Care for Children
- F. Local Hospitals
- G. Local Children and Family Services Programs
- H. Local Schools
- I. Vocational Rehabilitation Services
- J. Regional Perinatal Centers
- K. Local Early Intervention Programs for Infants and Toddlers with Handicaps
- L. Other related social service agencies

1.8.5 AGENCY POLICY & PROCEDURES AND QUALITY ASSURANCE

Revised October 2019

All agencies contracted with the DHS BMCH is expected to maintain an internal Agency Policy & Procedure Manual that aligns with DHS Policy & Procedures and Contract guidelines.

All programs that have a requirement of a Registered Nurse to provide case management services are required to maintain current standing orders.

Any agency that does not have a medical director or does not have a program staffing requirement of a Registered Nurse must include specific steps to be followed for abnormal findings on Developmental Assessments and Depression Screenings that are in alignment with current standard practices.

1.9 MANAGEMENT INFORMATION SYSTEMS

Revised October 2019

The Management Information System (MIS) for all Maternal and Child Health Programs is Cornerstone. All MCH staff must follow the Cornerstone User Manual expectations for entering and utilizing data to ensure proper service delivery.

Local agencies must adhere to the following system security requirements according to the Cornerstone System Security Plan in the Cornerstone User Manual.

1.9.1 MANAGEMENT CONTROLS

Revised October 2019

Each program should have a designated security coordinator. The security coordinator's duties are to:

- A. Coordinate with the Department on system access for staff and appropriate access levels.
- B. Ensure MCH employees receive security training via the Cornerstone system, both prior to being granted system access and as annual refresher training for all staff
- C. Ensure that State owned equipment and resources are secure, and that equipment is accounted for by conducting an annual inventory
- D. Conduct yearly audits of active IDs in Cornerstone and terminate any employees no longer working in the program.
- E. Report security incidents to the Department immediately
- F. Ensure continued operations during system disruption

1.9.2 OPERATIONAL CONTROLS

Revised October 2019

- A. Personnel Security (see HB 901): All personnel responsible for the management, maintenance, operations, or use of system resources and access to sensitive information should have the appropriate management approval. Personnel security also includes establishing and maintaining procedures for enforcing personnel controls.
 - a. The Department must:
 - i. Issue and revoke user IDs and passwords
 - ii. Determine appropriate staff access levels
 - iii. Ensure separation of duties so as to not compromise system data or undermine technical controls.

1.9.3 PHYSICAL CONTROLS

Revised October 2019

Physical Controls are measures designed to prevent unauthorized physical access to equipment, facilities, material, information, and documents. Physical resources include, but are not limited to: desktop computers, portable computers, personal information devices, and printers. Rooms containing system hardware and software, such as local area network rooms or telephone closets, should be secured to ensure that they are accessible to authorized personnel only. The Local Agency Grant Agreement identifies specific guidance local agencies must follow to address physical security.

1.9.4 CONTINUITY OF OPERATIONS

Revised October 2019

- A. Local agency information must be updated in Cornerstone including:
 - a. Location information
 - b. Holiday schedules
 - c. Hours of operation
 - d. Services provided
 - e. Site contact information

1.9.5 SYSTEM DISRUPTIONS

Revised October 2019

- A. In the case of a brief (<24 hours) system disruption such as interruption of communication and or connectivity the local agency must:
 - a. Advise the Department
 - b. Determine if clients will be rescheduled or if paper data collection and documentation processes will be initiated.
- B. When services are disrupted for more than a day by disasters or security failures, essential operations will continue.

1.9.6 INCIDENT REPORTING

Revised October 2019

All actual or suspected instances of information asset misuse, theft, or abuse, as well as potential threats (e.g. hackers, computer viruses) or obvious weaknesses affecting security, must be reported to your immediate supervisor.

- A. All serious infractions including, but not limited to, pornography or violence, must be immediately reported to the appropriate supervisor.
- B. Any actual or suspected security breach, including any lost or broken Cornerstone equipment, must be immediately reported to the appropriate supervisor.
- C. Local agency security coordinators are responsible for reporting such incidents. Within 24 hours of the report of the incident, the security coordinator is to submit a brief report of the incident that includes the type of breach, the individual responsible for the breach, and that individual's Cornerstone identification number. The report is to be addressed to the BMCH Bureau Chief at the Department of Human Services.

1.9.7 SECURITY AWARENESS, TRAINING, AND EDUCATION

Revised October 2019

MCH employees who manage, operate, program, maintain, or use Cornerstone should be aware of their security responsibilities.

- A. Security training must be provided before system users are allowed access to the system.
- B. Periodic refresher (e.g. annual) security training is required for continued access to the system.
- C. Security training is designed to help system users become familiar with using Cornerstone's security features. Security training also ensures that users understand their responsibilities and security procedures for protecting any sensitive information they manage. Security training includes:
 - a. The importance of protecting client privacy and data confidentiality.
 - b. How to identify a security incident.
 - c. Secure use of user IDs and passwords
- D. Security training will be available through Cornerstone and authorized user access is dependent on successful completion of the course.

1.9.8 CORNERSTONE ANNUAL ACCESS REPORT RECONCILIATION

Revised October 2019

To comply with state policies local agencies are expected to monitor the IDHS HSPR1118 Cornerstone Active Employee report annually to ensure only those staff currently working for the agency have Cornerstone access and are assigned to only those programs in which they currently work.

Bureau of Maternal and Child Health Program staff will send each local agency the HSPR1118 report annually (N.B. Agencies providing multiple services will receive the report more than once and will need to respond to each program as requested).

Local agencies are responsible for:

1. Ensuring only active staff currently working for the agency are on the report. This includes those with no Citrix access.
2. Terminating any staff appearing on the report that are not current employees.
3. Correcting program access for staff who have changed positions (i.e. left WIC but now work in Case Management).

The following steps should be taken once agencies have received the HSPR1118 report from the Department.

1. Does the staff person work for the agency?	
<i>Yes</i>	<i>No</i>
Move on to step 2.	a) In the Cornerstone AD15 Employee Information Screen, terminate any staff appearing on the report that are not current employees. b) Document by writing on the HSPR1118 report any terminations that were made
2. Is the staff person assigned to the correct program(s)?	
<i>Yes</i>	<i>No</i>
Move on to step 3	a) In the Cornerstone AD15 Employee Information Screen, terminate staff from programs they no longer work in and/or add new programs they should be assigned to. b) Document by writing on the HSPR1118 report any changes that were made
3) Sign and Date the HSPR1118 Report & return by email to DHS.BMCHEDF@illinois.gov.	