**Section 630.20 Administration**

a) General Provisions

1) Planning, programming and budgeting for Maternal and Child Health (MCH) programs are the responsibility of the Illinois Department of Public Health. The Department will develop each year an MCH Program Plan for Illinois which will assess current needs within the State and provide goals and objectives for improving the health of mothers and children, and for reducing infant mortality. The Department will provide to the University of Illinois, Division of Specialized Care for Children at least the amount of federal Maternal and Child Health Services Block Grant funds required by Title V of the Social Security Act (42 USC 705(a)(3)(B)) for services for children with special health care needs. These services are defined in Title V of the Social Security Act (42 USC 701(a)(1)(D) et seq.) and are further defined in State law at 110 ILCS 345 and 110 ILCS 305 and in 89 Ill. Adm. Code 1200. The funds provided to the University of Illinois, Division of Specialized Care for Children for this purpose are not subject to the other requirements in this Part.

2) Giving highest priority to those areas in Illinois having high concentrations of low-income families, medically underserved areas, and those areas with high infant mortality and teenage pregnancies, the Department shall use the remaining percentage of the total MCH Services Block Grant funds for MCH Projects consistent with the intent of Title V and to provide Department operational funds which are supportive of the above projects.

3) Projects shall be administered either directly by the Department, or through grants or contracts to health agencies of local political jurisdictions or private nonprofit agencies. All applicant agencies shall be subject to the planning, promotion, and coordination of such services by the Department.

4) Each project shall operate according to a plan written in accordance with State guidelines contained in this Part that are consistent with Title V and its regulations. In addition, projects funded for Regionalized Perinatal Care, Lead Poisoning, Newborn Screening, Problem Pregnancy, or Sudden Infant Death Syndrome activities must meet the requirements of State statutes and their applicable State rules and regulations.

b) Review Process

1) Priorities for Ranking

A) Priority shall be given to project applications for areas with concentrations of low income families. A low income family is defined as being either urban or rural, with an annual income below the nonfarm income official poverty level as defined by the Office of Management and Budget and revised annually in accordance with Section 624 of the Economic Opportunity Act of 1964. An area of concentration of low income is defined as a geographic area in which data are available indicating that a minimum of 20% of families or at least 1,000 individuals within its boundaries have an income less than the poverty level as described above. Priority will be given to those geographic areas in proportion to the extent to which the standard is exceeded. Applicants shall be required to document the socioeconomic factors within the geographic area proposed for the project.

B) Priority for placement of projects shall also be given to areas that demonstrate a need for health services because of service scarcity or inaccessibility, and areas determined to have a need for such services as documented in the Illinois MCH Program Plan, revised annually. Areas demonstrating a reasonable probability of success based upon availability of facilities and personnel or the potential for developing such resources shall also be given priority.

C) Reapplications for continued funding will receive priority consideration in two succeeding years based on appropriation of funds by the General Assembly and performance showing progress toward stated goals. Funding for subsequent reapplications will be based upon the priorities in subsections (b)(1)(A) and (b)(1)(B) of this Section and past performance.

2) Processing of Applications

A) Applications shall be submitted no later than the due date indicated in the Request for Proposal (RFP) which shall be approximately ten weeks from the date of the request. All exceptions must be requested and approved in writing.

B) Staff of the Department shall review the applications for completeness and request any needed additional information from the applicant.

C) An evaluation committee appointed by the Chief of the Division of Family Health shall review all applications based on compliance with this Part. Documentation of the review process shall be a summary of ratings for all proposals reviewed. The review shall include as a minimum the items identified in the MCH Grant Proposal Review Form. Such items include but are not limited to linkages with other community resources, parental involvement in the program, matching fund requirements, and special budgetary justification.

D) Upon consideration of the recommendations of the evaluation committee, the Chief of the Division of Family Health shall recommend a funding level for approved applications to the Director of the Illinois Department of Public Health. The Illinois Department of Public Health may award funds for amounts less than requested in the grant application.

E) The Department will communicate final decisions to each applicant.

c) Funding. The preferred method of payment to Maternal and Child Health projects is by reimbursement of expenditures. In those instances in which a grantee does not have at least two months operating funds to implement the project, a cash advance may be requested. The request must be in writing and signed by the agency director. Repayment and reconciliation methodolgy will be set forth in writing by the Chief, Division of Family Health, as a part of the agreement.

d) Reimbursement

1) Periodic requests for reimbursement of allowable expenses incurred in the operation of the project and as specified in the approved budget are to be prepared and submitted to the Office of Community Health Fiscal Unit. After review by appropriate fiscal and MCH staff, and approval by the MCH Program personnel, reimbursement requests will be processed for payment. Payment usually can be expected from five to six weeks after receipt of the reimbursement request by the Department. If unallowable expense items are included in the reimbursement request, they will be deducted, the project director will be notified, and only the allowable portion of the request will be reimbursed. In order to expedite cash flow, project directors should inquire about the appropriateness of questionable expenses prior to making the expenditure.

2) Complete reimbursement request shall consist of a Reimbursement Certification Form which can be expanded to multiple pages where necessary. Billings should be prepared in accordance with the following instructions:

A) Frequency of submission: Projects with funding in excess of $50,000 shall submit billings monthly. All others should submit billings at least quarterly. Any project may submit monthly billings. Quarters for the MCH grant periods are:

|  |  |  |
| --- | --- | --- |
|  | State Fiscal Year | Federal Fiscal Year |
|  |  |  |
| July 1-September 30 | 1st | 4th |
| Oct. 1-December 31 | 2nd | 1st |
| Jan. 1-March 31 | 3rd | 2nd |
| April 1-June 30 | 4th | 3rd  |

B) Deadlines for submission: Billings must be submitted within 30 days after the end of the reporting period. For example, billing for the month of July shall be submitted not later than the end of August, billing for the quarter ending in March shall be submitted not later than the end of April. At the end of the grant period, however, projects will have 45 days in which to submit the final billing.

C) Grouping of expenditures: Billing must be organized by the budget categories and line items of the approved project budget. A total for each budget category shall be shown.

D) Voucher or check number: Every expenditure (goods or services already paid for by the grantee) must be identified by a voucher number or check number. This is the key to maintaining a clearly defined audit trail. Each item reimbursed by the Division of Family Health or voluntarily shown as supporting expenditures must be based on an expenditure traceable through the project's internal record system. Invoices, bills, purchase orders, etc., shall be attached or cross referenced on the grantee's voucher or check stub and kept on file for 3 years beyond the end of the grant period. These are not to be submitted with project billings.

E) Date of voucher or check: Expenditures must be documented by showing the date of issue of the voucher or check.

F) Expenditures outside of report period: It is expected that reimbursement requests will be for goods and services received in the reporting period. Bills submitted to the project by providers, suppliers, etc., too late for inclusion may be submitted with the subsequent billing request.

G) Payee: Clearly identify (by name and address) the organization or individual to whom payment was made.

H) Purpose of expenditure: The purpose of the expenditure must be clearly indicated so that the Division of Family Health staff may determine whether it is acceptable for reimbursement or as matching. Acceptability will be based on the terms of the agreement and this Part. For periodic charges, e.g., salaries, fringe benefits, travel, rent, utilities, etc., also show the time period covered.

I) Patient confidentiality: Patients' names shall not appear anywhere on the billing. Where patient references are necessary to maintain an audit trail, patient numbers or other means of identification shall be used.

J) Expenditure: Expenditures shall be completed in accord with Instructions for Completion of the Reimbursement Certification Form (see Appendix B of this Part).

i) Subtotal expenditures in both columns by budget category, and show a grand total at the end of the billing.

ii) Individual expenditures reported may be entirely reimbursable, entirely paid from other resources, or a combination of the two. For example, a nurse's salary may be paid entirely by grant funds, entirely by local project funds, or partly from each source.

iii) In projects showing supporting expenditures, they are to be reported with each reimbursement request and not accumulated.

K) Signature: The project director or an authorized agent must sign the billing form before submission. The individual signing the form is responsible for its accuracy. Authorized signatures must be on file with the Department.

L) Number of copies: Submit four legible copies of the Reimbursement Certification Form. Additional pages may be duplicated as needed.

e) Monitoring. At least annually, appropriate professional health personnel of the Division and its consultants shall review each project for appropriateness of services and quality of care furnished to recipients in accordance with the project plan.

f) Auditing

1) The Grantee will maintain complete records of all services, receipts and disbursements relative to the grant agreement and agrees to make all such records available to the Department and its agents for audit in accordance with applicable requirements.

A) Local Governments: Audits shall be conducted in accordance with the Single Audit Act of 1984 (31 USC 7501 et seq.) and OMB Circular A-128 "Audits of State and Local Governments". All records related to the grant agreement shall be retained and available during normal business hours for three years following termination of the grant agreement or for such time as may be provided in applicable State and federal statutes and administrative rules, whichever time is longer. The Grantee shall maintain all records that are subject to an active or announced audit until such audit is completed and all outstanding audit issues have been resolved.

B) Nonprofit Organizations: Audits shall be conducted in accordance with OMB Circular A-133 "Audits of Institutions of Higher Education and Other Nonprofit Organizations". All records related to the grant agreement shall be retained and available during normal business hours for three years following termination of the grant agreement or for such time as may be provided in applicable State and federal statutes and administrative rules, whichever is longer. The Grantee shall maintain all records that are subject to an active or announced audit until such audit is completed and all outstanding audit issues have been resolved.

2) Organizations falling under the audit provisions cited above must submit a copy of the audit report to the Illinois Department of Public Health within one month after the receipt of the final report. For any organizations not specifically covered under the above-stated audit requirements or, if after review of the report, the Illinois Department of Public Health requires additional information, the Department reserves the right to perform such an audit in accordance with the Fiscal Control and Internal Auditing Act [30 ILCS 10].

(Source: Amended at 26 Ill. Reg. 14991, effective October 1, 2002)