

James I. Dimas, Secretary

Maternal and Infant Health Program-Family Case Management-(17-444-80-0678-01)

Summary Information

1. Awarding Agency Name:	Human Services
2. Agency Contact:	Lise Jankowski (lise.jankowski@illinois.gov)
3. Announcement Type:	Initial announcement
4. Type of Assistance Instrument:	Grant
5. Funding Opportunity Number:	17-444-80-0678-01
6. Funding Opportunity Title:	Maternal and Child Health Program-Family Case Management
7. CSFA Number:	444-80-0678
8. CSFA Popular Name:	Family Case Management-FCM
9. CFDA Number(s):	
10. Anticipated Number of Awards:	7
11. Estimated Total Program Funding:	\$2,100,000.00
12. Award Range	N/A
13. Source of Funding:	State
14. Cost Sharing or Matching Requirement:	No
15. Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	No
16. Posted Date:	8/3/2016
17. Closing Date for Applications:	9/2/2016 End Time: 12:00pm
18. Technical Assistance Session:	Session Offered: No Session Mandatory: No

Agency-specific Content for the Notice of Funding Opportunity

A. Program Description

The Family Case Management program includes Family Case Management itself as well as two programs embedded within: a) case management of infants and children referred from the state-wide Adverse Pregnancy Outcomes Reporting System (APORS); and 2) medical case management of wards of the Department of Children and Family Services. All licensed Illinois hospitals, as well as two hospitals in St. Louis, are required to report adverse pregnancy outcomes to APORS. Medical case management of DCFS wards through Healthworks of Illinois (HWIL) is in place through a long-standing inter-agency agreement between DHS and DCFS and originated as a result of the DCFS BH consent decree. Family case management services are delivered in accordance with the Maternal and Child Health Services Code, 77.Ill. Adm. Code 630 Section 220.

The goals of service in Family Case Management are to: 1) decrease infant mortality and morbidity; 2) improve pregnancy outcomes and; 3) reduce the incidence of prematurity and low birth weight. These objectives are accomplished through assessment of client needs, linkage with Medicaid and primary medical care, referrals for assistance with identified medical and social needs and coordination of care. **The priority population for Family Case Management services, exclusive of DCFS wards and infants/children identified for APORS/HRIF, is all pregnant women and infants who screen as at-risk on the Department's standardized assessment tool.**

Goals of APORS/High Risk Infant Follow-Up are to: 1) minimize disability in high-risk infants by early identification of possible conditions requiring further evaluation, diagnosis, and treatment; 2) promote optimal growth and development; 3) teach family care of the high-risk infant; 4) decrease stress and the potential for

abuse. Frequency of contacts, periodic physical and developmental assessments and timelines are set at higher standards for some indicators than those for Family Case Management.

Goals of Medical Case Management of DCFS Wards are to assure that: 1) each ward receives preventive health care services; 2) each ward selects a Primary Care provider and; 3) development of health care plans for incorporation into each ward's overall DCFS service plan. Health indicators and frequency of contact timelines are set at higher standards than those for Family Case Management.

1. Family Case Management Program Deliverables:

- a. Provide case management services to 100% of assigned caseload of pregnant women and infants and high-risk infants and children as described in the Maternal and Child Health Services Code, 77.Ill. Adm. Code 630, as amended, also 77 Ill. Adm. Code 630.40 for High Risk Follow-up. Continuously employ at least one registered nurse for the purpose of appropriately assessing the medical risk of clients.
- b. Provide comprehensive needs assessment and development of individualized care plans within forty-five (45) calendar days of successful client contact. Utilization of the Department's Cornerstone information system for needs assessment, care plan development and all case documentation is required.
- c. Make face-to-face contacts and conduct home visits at a level and frequency determined by the standards set for the client's risk level as determined by administration of standardized risk assessments for pregnant women and infants, Department policy and as outlined in the contractor's annual agency work plan.
- d. Assure that all enrolled pregnant and postpartum women are screened for perinatal mood disorders, educated about perinatal mood disorders and referred to services as appropriate.
- e. Assure that enrolled infants receive an objective developmental screening within the first 12 months of life utilizing an Illinois Department of Healthcare and Family Services Medicaid-approved screening tool.
- f. Develop and implement an outreach plan to guide outreach efforts designed to identify referral sources for potentially-eligible pregnant women including strategies to enroll pregnant women into services during the first trimester of pregnancy.
- g. Collaborate with other service providers in the community including primary care physicians and Medicaid managed care entities for service development and integration, and to maximize care coordination.
- h. Maintain a quality assurance process with internal policies and practices related to quality improvement within the FCM program. The plans are to be reflective of identified quality issues/concerns specific to the program.
- i. Conduct case finding from a weekly list of newly enrolled Medicaid clients by contacting and enrolling FCM clients not currently case managed.

2. Outreach

- a. Providers are required to have an agency outreach plan on file to guide agency outreach efforts, which outlines the plans and efforts to:
- b. Promote awareness of Family Case Management in order to identify referral sources for potential eligible pregnant women and strategies to enroll pregnant women into the program during the first trimester of pregnancy.
- c. Engage in outreach efforts to locate and enroll eligible pregnant women within their assigned geographic area.
- d. Conduct outreach activities to potentially Medicaid eligible infants or child health insurance eligible infants and pregnant women, as defined in the Maternal and Child Health Services Code. At minimum the agency is required to establish relationships with OB/GYN and primary medical care providers in their service delivery area, WIC providers, and local DHS Offices (Family Community Resource Centers) for the purpose of early identification and referral of pregnant women to Family Case Management.
- e. Maintain an outreach log to detail outreach activities, and to supplement and support Cornerstone outreach entries and outreach expenditures.
- f. The provider will collaborate with other service providers in the community including primary care

physicians and Department of Healthcare and Family Services identified Medicaid Managed Care Entities, for service development and integration, and to maximize care coordination. Outreach expenses, including expenses for participation in a system building community network, are documented on the Expenditure Documentation Form, not to exceed the 20% grant allocation that includes Support Services.

3. Community Systems Building

- a. The Provider should participate in a system building community network to enhance services for pregnant women and infants that includes a wide range of stakeholders representing health, mental health, early learning, social services, family support, faith-based organizations, and families. Examples include All Our Kids Early Childhood Network, Local Interagency Council, Home Visiting-MIECHV Coalition, and Local Area Networks.
- b. The Provider should participate in system development activities which could include community-based needs assessment and planning.
- c. Participate in Department-sponsored staff development and training activities, and consult with other Department Providers.

4. Support Services

- a. Provide support services to case management clients including, but not limited to: transportation, child care, and prenatal or parenting education programs.
- b. The support services must contribute to the goals and objectives of the Provider's case management program.
- c. Give all clients "All Kids" information about the All Kids provider closest to them.
- d. Give all clients education materials about the importance of prenatal care, well-child visits and EPSDT services to include but not be limited to immunizations, dental/oral health, lead screening, etc. These materials are to be reviewed annually by the assigned Regional MCH Nurse Consultant for content. The materials must reflect current ACOG, AAP and CDC guidelines for care of pregnant women, infants and children, and be distributed in a uniform fashion.
- e. Give all Medicaid clients information on the availability of free transportation assistance to and from medical care and how to access the transportation. A notice on "free of charge" transportation service assistance will be posted so all clients can view such information. The Provider will market the availability of these transportation services to Medicaid eligible clients by posting signage in client waiting rooms, clinic rooms, etc.
- f. The Provider will make every effort to link clients with a dentist in their community. All Medicaid eligible clients will receive copies of the Healthcare and Family Service DentaQuest packets.
- g. Support Services expenses are not to exceed the 20% grant allocation that also includes Outreach.

5. System Support

- a. Primary Care: In specific circumstances determined by the Department, Family Case Management funds may be used to pay for Primary Care, if there is no other source of payment. It is expected that all Medicaid-eligible families are offered and provided assistance in applying for coverage. It is expected that all non-Medicaid eligible families receive information and assistance regarding enrollment in the Illinois Health Insurance Exchange as directed by the Department. Marketplace or client refusal should be documented on the "Determining Financial Eligibility for FCM Primary Care" form.
- b. If determined to be justified, FCM funding may be used to pay for the following services: prenatal healthcare office visits, infants or children under 2 years of age with < 30% developmental delays per Early Intervention (EI) global assessment who need periodic developmental screening; immunization administration on FCM clients; sickle cell testing; parasite testing; vision screening and, or glasses; hearing screening; periodic lead (PbB) screening or follow up on FCM clients; pregnancy testing; head-to-toe physical assessment (EPSDT visit) on FCM clients; APORS infants & children needing any of the previously listed services who have proven ineligible for third party payer source of payment; routine and medically indicated dental services for FCM infants, children or pregnant women. FCM client record must contain Cornerstone documentation of services provided & why it was provided on the SV01 and in a case note. The MCH Nurse Consultant will be responsible for comparing the FCM Primary Care Monthly Claim Form(s) against the client records for services received and why.

Family Case Management Performance Measures:

1. Number of FCM women who initiate prenatal care with their medical provider within the first trimester of pregnancy at a standard of 75% of enrolled pregnant women initiate prenatal medical care within the first trimester of pregnancy.
2. Number of prenatal face-to-face visits based upon risk assessment completed at a standard of 80% of enrolled pregnant women received required visits based upon risk level; and number of infant face-to-face visits completed at a standard of 80% of enrolled infant families received required visits based upon risk level.
3. Minimum of one infant home visit on at risk infants per risk assessment completed at a standard of 75% of enrolled at risk infant families received required home visit.
4. Number of fully-immunized one year-olds at a standard of 90% of enrolled one year-olds fully-immunized.
5. Number of infants with at least three well-child visits at a standard of 80% of enrolled infants with at least three well-child visits.
6. Minimum of one developmental screening completed on site or by appropriate referral in first 12 months of life at a standard of 80% of enrolled infants have at least one developmental screening.
7. Minimum of one perinatal depression screening completed prenatally and one postpartum depression screening at a standard of 95% of enrolled pregnant women receive perinatal depression screening prenatally and postpartum depression screening.
 - o If screened by the Provider, screenings shall consist of a Medicaid-approved perinatal depression screening tool approved by the Department of Healthcare & Family Services. Screenings will occur at a prenatal visit at or after 20 weeks gestation and during the postpartum period up to 12 months postpartum.
 - o All perinatal mood disorders screenings, whether completed by the Provider or another service provider, are documented by the FCM provider agency in the Cornerstone system on SV01.
 - o In accordance with the Perinatal Mood Disorders (PPMD) Act, all women receive information on postpartum mood disorders, including the Department's Perinatal Depression brochure. Fathers and other family members will be included as both the education and treatment processes to help them better understand the causes of perinatal mood disorders.
8. Evidence of medical care coordination at a standard of 90% of enrolled clients includes:
 - a. Adequacy of prenatal care as measured by the Kessner Index - 80%
 - b. Childhood Immunization at age one year - 90%
 - c. EPSDT participation at age one year - 80%
 - d. WIC
 - e. Early Intervention referrals if applicable) - 100%
 - f. Linkage with a Primary Care Provider - 95%
 - g. and all referrals (specialty care, mental health, housing, etc.) - 100%
9. Risk assessment over-rides at a standard of less than 10% over-rides
10. Pregnant women and guardians of case managed infants with development of a Reproductive Life Plan and Preconception-Interconception education at a standard of 75% of enrolled women.
 - a. Interconception health education should include at minimum the health benefits of 24 month pregnancy intervals, education regarding contraceptive methods and accessing contraceptive services. Documentation will be in Cornerstone on SV01, code PEWW
 - b. Development of a Reproductive Life Plan (RLP) is within the context of the client's life goals and hard copy will be present in client's record and documented in Cornerstone on SV01, code 941/942.

APORS/HRIF Deliverables, in addition to/including FCM Deliverables:

1. Provide case management services to families with high-risk infants identified by the Adverse Pregnancy Outcome Reporting System (APORS); high-risk pregnant women identified by Level III Perinatal Facilities; infants diagnosed with a high-risk condition after newborn hospital discharge; and/or infants and children at medical and/or environmental risk because of an adolescent parent, drug-abusing parent or other high-risk situation identified by the contractor.

2. Develop a quality assurance plan that includes a client satisfaction survey. If services are provided to APORS clients survey a random sample of participants to assess their views on services provided.
3. Deliver all services to APORS infants in accordance with the provisions of the Department's High Risk Infant Follow-Up Program Handbook July 2010 and the Maternal and Child Health Services Code, 77 Ill. Admin Code Part 630.
4. For APORS infants who are also wards of the Department of Children and Family Services conduct home visits according to the standards set by the Department's High Risk Infant Follow-Up Program Handbook July 2010 rather than according to the home visit standards set by HealthWorks.

APORS/HRIF Performance Measures in addition to/including FCM Performance Measures:

1. Number of APORS/HRIF infants less than 12 months of age who receive home visits at a standard of 75% of enrolled families will receive home visits.
2. Number of APORS/HRIF clients who receive the APORS required face-to-face contacts at designated intervals within the first 24 months of life at a standard of 80%.
3. Number of APORS/HRIF infants/children who receive an objective developmental screening utilizing an Illinois Department of Healthcare and Family Services Medicaid-approved screening tool at designated intervals within the first 24 months of life at a standard of 95% of enrolled clients.

Medical Case Management (MCM) of DCFS Wards Deliverables:

1. DCFS Ward means a child under the legal care and custody of the Illinois Department of Children and Family Services (DCFS) who is placed in substitute care. Medical case management refers to medically-related services provided by a person trained or experienced in medical or social services as described in 77 Ill. Adm. Code 630.220, as amended.
2. Provide medical case management services to all DCFS Wards, birth through age five (5) years, pregnant DCFS Wards and children of parenting DCFS Wards, in accordance with Family Case Management program standards.
3. Obtain previous health care histories on each DCFS Ward in the care and custody of the Illinois Department of Children and Family Services who are assigned to the contractor for medical case management services.
4. Ensure that DCFS Wards receive preventive health care services.
5. Ensure that DCFS Wards select a Primary Care Provider.
6. Develop health care plans for inclusion in each DCFS Ward's service plan.
7. Ensure that follow-up health care services are received as medically appropriate.
8. Provide the DCFS ward's infant and/or children case management activities while ward is in custody.
9. Ensure wards receive Medical Case Managed services after APORS/High Risk Infant Follow-Up services are closed.
10. Meet with the Healthworks of Illinois Lead Agency at least quarterly to monitor, review and discuss the contractor's compliance with the performance standards.
11. Follow the DCFS statewide Medical Protocol for Drug Endangered Children (DEC) in illegal methamphetamine labs and the related outline for role and responsibilities of the HealthWorks Lead Agency and Medical Case Management Agencies. The DEC Protocol addresses the medical needs of the children living in homes where methamphetamine and/or illegal drugs are being manufactured. This protocol is in conjunction with the Statewide Operational Agreement between DCFS and Illinois Law Enforcement agencies for responding to families involved in drug manufacturing where children are expected to be present or found in the home.
12. Follow the DCFS Healthworks Lead Agency Program Manual FY12 in the provision of interim and on-going medical case management for DCFS Wards.
13. Perform data input of medical case management and medical information using the Department's Cornerstone information system.

Medical Case Management (MCM) Performance Measures:

1. Link DCFS Wards to a HealthWorks of Illinois primary care physician, making the selection known to the HealthWorks Lead Agency at a standard of 95% of enrolled wards.

2. DCFS Wards receive documented medical services according to EPSDT standards, including annual exams for DCFS Wards two (2) years of age and older at a standard of 95% of enrolled wards.
3. Number of DCFS Wards who receive needed immunizations as documented in the Department's Cornerstone information system at a standard of 95% of enrolled wards.
4. Number of DCFS eligible Wards who have written Individualized Care Plans at a standard of 90% of enrolled wards as measured by chart review.
5. DCFS Wards receive documented needed services including specialty care per the Individualized Health Care Plan at a standard of 95% of enrolled wards. This will be measure by chart review.
6. Send written documentation of receipt of health care services (immunization, EPSDT or annual exams, referrals, acute care services, etc.) child's caseworker within three (3) days of receipt of health documentation at a standard of 95% as measured by chart review.
7. Refer wards with special health care needs according to DCFS guidelines to the DCFS Regional nurse at a standard of 95% as measured by chart review.
8. Initiate contact with assigned wards within two (2) business days of assignment at a standard of 95% as measured by chart review.
9. Make successful contact by the case manager within thirty (30) days of assignment at a standard of 95% as measured by chart review.
10. Minimum of one perinatal depression screening completed prenatally at or after 20 weeks gestation, and a minimum of one postpartum depression screening completed at a standard of 95% of enrolled prenatal and postpartum wards.

Data Collection and Reporting:

1. Timely entry of client data into Cornerstone required screens using appropriate codes is expected and will be reviewed by the Department on a regular basis.
2. Performance reports will be provided quarterly.
3. The applicant will maintain accurate reporting by its employees of case management activities performed.
4. Applicants will ensure each case manager or outreach worker supplies a record of client contacts in detail for the month, in accordance with the Maternal and Child Health (MCH) Services Code and the Department's Cornerstone system.

Quality Assurance (QA):

1. The applicant must maintain a quality assurance process with internal policies, procedures and protocols related to quality improvement. Applicant QA activities will be reviewed by the Department as part of its monitoring of FCM, APORS/HRIF and MCM case management activities.
2. The Department, or its designee, will monitor the delivery of case management activities through site visits, record reviews, reviews of data reports from the Department's Cornerstone system and any other documentation required by the MCH Code and these exhibits.

B. Funding Information

1. This NOFO is limited to public or private not-for-profit organizations, such as local Public Health Departments, Community-Based Organizations, and Federally Qualified Health Centers, with a minimum of five (5) years' experience in the provision of case management services to the target population of pregnant women and at-risk infants, inclusive of Healthworks and APORS/HRIF, as outlined in the deliverables described in Section A Program Description of this NOFO. Specifically, we are looking for applications to cover the geographic areas of:

- a. Will and Winnebago Counties (excluding APORS and HWIL MCM components);
- b. Peoria County for APORS component;
- c. Adams/Hancock and Vermilion Counties (to include FCM, APORS and HWIL MCM components) and
- d. Village of Oak Park (FCM, APORS & HWIL MCM if applicable)
- e. Chicago Zip Codes: 60428, 60429, 60445, 60452, 60462, 60467, 60469, 60472 and 60487 (FCM & HWIL)

2. This award is solely funded from State General Revenue dollars, specifically the Infant Mortality

appropriation. The Department anticipates the availability of approximately \$2,100,000 in funding in FY2017; **however this is an estimated amount and may be subject to change.** The Department anticipates funding approximately up to 7 applicants to achieve this coverage for the Family Case Management program, including High Risk Infant Follow-up (HRIF) utilizing Adverse Pregnancy Outcomes Reporting System criteria and Healthworks Medical Case Management of DCFS pregnant and parenting wards and DCFS wards ages newborn to 5 years, as stated above in B.1.a-d.

3. Successful applicants will receive a grant agreement. **The grant period will begin by October 1, 2016 and will continue through June 30, 2017.**

4. An FCM grant award is comprised of the following components: Direct Services (case management) - 70% of the award; outreach and systems support - 20% of the award and case finding - 10% of the award. Direct services amount is determined utilizing the following rates: \$27.04 per pregnant woman/infant case per month x 12 months; \$12.88 per older child case per month x 12 months. Renewal-eligible applicants only: base award amount and assigned caseload on prior year of FCM service delivery. New applicants only: include in your program plan the projected number of pregnant women and at-risk infants you expect to serve annually with an anticipated award amount based on the above calculations. **PLEASE NOTE: The Department may, based upon the total amount of funding available to the Family Case Management program in FY2017, negotiate a final award amount and assigned caseload with successful applicants prior to the execution of a contract, at which time successful applicants will be asked to submit a revised budget.** In addition, for applicants who have had FCM funding in a prior fiscal year, prior experience with caseload achievement may be considered in determining FY2017 award amount/caseload assignment.

5. Applicants are required to submit a program plan for FY2017 that describes how the award will be executed for Family Case Management at-risk and not-at-risk clients; HRIF/APORS infants and children up to age 24 months; and DCFS pregnant and parenting wards and DCFS wards birth to age 5 years. At a minimum the program plan must include specific details outlined in *Section D Application and Submission Information below*.

The program plan must address how the applicant will focus efforts on FCM pregnant women and at risk infants as the target populations; and HRIF/APORS and HWIL clients. It should also address appropriate and accurate identification of risk using required assessments for FCM; and HRIF/APORS and HWIL populations if included in the award; frequency & timing of face-to-face and other types of contacts and, or home visits based upon required risk screening assessment or HRIF/APORS and HWIL program requirements; provision of required client education; needed referrals, including documented follow-up; care coordination with physician, including healthcare provider notification; how contacts may be coordinated/integrated with WIC, primary medical care provider, and other supportive care appointments.

6. As part of the renewal, applicants must submit a proposed budget and budget narrative that is sufficiently detailed and justified to be approved the Department. The applicant's budget must demonstrate that costs are reasonable and necessary to support the program plan.

The release of this Notice of Funding Opportunity does not obligate the Illinois Department of Human Services to make an award. Work cannot begin until a contract is fully executed by the Department.

C. Eligibility Information

1. Eligible Applicants.

This NOFO is limited to public or private not-for-profit organizations, such as local Public Health Departments, Community-Based Organizations, and Federally Qualified Health Centers, with a minimum of five (5) years' experience in the provision of case management services to the target population of pregnant women and at-risk infants, inclusive of Healthworks and APORS/HRIF, as outlined in the deliverables described in Section A Program Description of this Notice of Funding Opportunity AND meet the additional eligibility criteria below. Failure to provide the requested information as outlined in this NOFO to demonstrate these criteria are met will result in the application being removed from funding consideration.

Applicant may apply for a grant but will not be eligible for a grant award until they have pre-qualified through the Grant Accountability and Transparency Act (GATA) Grantee Portal, www.grants.illinois.gov. During pre-qualification, Dun and Bradstreet verifications are performed including a check of Debarred and Suspended status and good standing with the Secretary of State. The pre-qualification process also includes a financial and administrative risk assessment utilizing an Internal Controls Questionnaire. The applicant will be informed of corrective action needed to become eligible for a grant award. If applicable, the applicant will be notified that it is ineligible for award as a result of the Dun and Bradstreet verification.

2. Mandatory Requirement of Applicants: These mandatory requirements are essential items that must be met by the applicant. If any mandatory requirements are not met, the responding applicant's entire proposal will not be considered.

- a. Direct and Indirect Administrative Costs: funding allocated under this grant is intended to provide case management services to pregnant women and infants; infants meeting APORS/HRIF criteria; and DCFS wards meeting previously stated criteria. It is expected that administrative costs, both direct and indirect, will represent a small portion of the overall program budget.
- b. Technology: Agencies awarded funds through this NOFO must have a computer that meets the following minimum specifications for the purpose of utilizing the required Department Cornerstone information system and for the receipt/submissions of electronic fiscal and program information:
 - Internet access, preferably high-speed
 - Email capability
 - Microsoft Excel
 - Microsoft Word

Successful applicants will be required to utilize the Department's Cornerstone information system, adhering to all elements outlined in the Cornerstone Acceptable Use Agreement per the Bureau of Maternal and Infant Health Program Manual Attachment U. This manual is available on the DHS website.

c. State and Federal Laws and Regulations: The applicant must comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment and equal employment opportunity including, but not limited to: The Illinois Human Rights Act (775 ILCS 5/1-101 et seq.), The Public Works Employment Discrimination Act (775 ILCS 10/1 et seq.), The United States Civil Rights Act of 1964 (as amended) (42 USC 2000a-and 2000H-6), Section 504 of the Rehabilitation Act of 1973 (29 USC 794), The Americans with Disabilities Act of 1990 (42 USC 12101 et seq.), and The Age Discrimination Act (42 USC 6101 et seq.).

3. Cost Sharing or Matching. This program has no cost sharing or matching requirement.

4. Indirect Cost Rate. In order to charge indirect costs to a grant, the applicant organization must have an annually negotiated indirect cost rate agreement (NICRA). There are three types of NICRAs: a) Federally Negotiated Rate. Organizations that receive direct federal funding may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. Illinois will accept the federally negotiated rate. The organization must provide a copy of the federally NICRA. b) State Negotiated Rate. The organization must negotiate an indirect cost rate with the State of Illinois if they do not have Federally Negotiated Rate or elect to use the De Minimis Rate. The indirect cost rate proposal must be submitted to the State of Illinois within 90 days of the notice of award. c) De Minimis Rate. An organization that has never received a Federally Negotiated Rate may elect a de minimis rate of 10% of modified total direct cost (MTDC). Once established, the de minimis rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDC annually in order to accept the de minimis rate.

Limitations on indirect costs restrict the amount and, or type of indirect costs that are allowed to be charged to grant awards. The grant award may be subject to state and federal statutory requirements that limit the costs allowable. The maximum amount allowable under a limitation cannot exceed the total amount under the NICRA. State and federal statutes may restrict the amount of salary that can be charged to a grant award, if the base salary exceeds the Federal Executive Level II Pay Scale.

Funding allocated under this grant is intended to provide case management services with priority to pregnant women, at risk designated infants per the required risk screening tool, and, or HRIF/APORS and HWIL Medical Case Management. It is expected that administrative costs, both direct and indirect, will represent a small portion of the overall program budget.

Administrative means those activities performed by staff and costs which are supportive of, and required for program implementation for which there is no direct client contact such as fiscal staff; audit; clerical support; office rent, utilities, insurance; general office equipment, etc. Program budgets and narratives will detail how all proposed expenditures are directly necessary for program implementation and will distinguish between Indirect/Direct Administrative and Direct program expenses. Any budget deemed to include inappropriate or excessive administrative costs will not be approved. At no time may the approved NICRA be exceeded under this agreement - even if it is below the maximum allowed under the award. Documentation will be required to verify the approved NICRA. If indirect costs are included in the budget, a copy of the approved NICRA must be included as an Attachment to the Budget.

D. Application and Submission Information

1. Address to Request Application Package: All application materials are provided within this Notice of Funding Opportunity. Additional copies may be obtained by contacting the contact person listed below. Each applicant must have access to the internet. The Department's web site will contain information regarding the NOFO and materials necessary for submission. Questions and answers will also be posted on the Department's website as described later in this announcement. It is the responsibility of each applicant to monitor that web site and comply with any instructions or requirement relating to the NOFO.

Contact:

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2. Content and Form of Application Submission: Applicants must submit a program plan that contains the information outlined below. Sections must have a heading that corresponds to the heading in bold type listed below. The narrative portion must follow the page guidelines set for each section and must be in the order requested. **Be detailed, direct and concise in your descriptions.**

All applications must be typed on 8 1/2 x 11-inch paper using 12-point type and at 100% magnification. The entire proposal should be typed in black ink on white paper. The program plan narrative must be typed single-spaced on one side of the page, with 1-inch margins on all sides. The narrative must not exceed the page totals specified below. Items included as Attachments are NOT included in the page limitation. The entire application must be sequentially numbered.

a. Executive Summary (2 pages maximum) - 10 points

The Executive Summary will serve as a stand-alone document for successful applicants that will be shared with various state-level stakeholders and other requesting a brief overview of each funded projects. Therefore, applicants should be concise and direct in their description.

- Identify your target service area; include the number and location of sites where services will be provided. Include the projected number of pregnant women, at-risk infants, DCFS wards and APORS/HRIF infants and children you anticipate reaching.
- Briefly describe your experience in providing FCM services, including APORS/HRIF and HWIL Medical Case Management if applicable, to pregnant women, infants and children. Provide an overview of the services you intend to provide with these funds and the outcomes that will be achieved.

b. Capacity and Description of Need (4 pages maximum) - 30 points

Applicant should provide a clear and accurate picture of the need for these services within your community and how the applicant is positioned within the community to meet the identified needs.

- Provide convincing evidence that the applicant agency is capable of carrying out the proposed program and meeting deliverables as outlined in this NOFO.
- Describe your experience in providing FCM Services to pregnant women, infants and children, including relevant major accomplishments of your organization in the area of services to these populations.
- Provide convincing evidence that your agency has a minimum of five (5) years' experience delivering case management services as described in the Deliverables in Section A Program Description above.
- Identify key staff positions that will be responsible for the program. Include total number of FTE case managers and their qualifications for being an FCM case manager.

c. Program Design and Quality (5 pages maximum) - 40 points

The purpose of this section is for the applicant to provide a clear and concise picture of its program design and how it will achieve the expected outcomes. At minimum, this section must address each of the following:

- Specifics of your Outreach plan, strategies and proposed activities designed to identify and enroll pregnant women in the first trimester of pregnancy. Provide details of how you will target potentially eligible pregnant women and infants at greatest need for program services.

- List of referral sources, both to Family Case Management, as well as from Family Case Management for other services as needed and identified within clients' care plans.
- Specific details of how you will meet and subsequently maintain the standards for each performance outcome outlined above in this NOFO.
- Describe your FCM program design and explain how the design will achieve expected outcomes. Address the deliverables listed in Section A of this NOFO and **BE SPECIFIC**.

d. Budget and Budget Narrative (no page limit - Include as Attachment) - 20 points

Complete the budget and budget narrative using the form(s) on the website. Provide a detailed Budget Narrative in which you clearly describe how the specified resources and personnel have been allocated for the required tasks and activities described in your program plan. The budget and budget narratives should be prepared to reflect a 12 month budget period (July 1, 2016 - June 30, 2017). Budget must include projected costs for direct services, outreach and case finding. Contract funding will be prorated based upon final start date of the contract.

The Department may, based upon the total amount of funding available to the Family Case Management program in FY2017, negotiate a final award amount and assigned caseload with successful applicants prior to the execution of a contract, at which time successful applicants will be asked to submit a revised budget.

Administrative costs means those activities performed by staff and costs which are supportive of, and required for the program for which there is no direct client contact such as administrative and fiscal staff; clerical support; office rent; utilities; general office equipment, etc. If indirect costs are included in the budget, a copy of the approved NICRA must be included with the application as an **Attachment** to the Budget.

3. Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM). Each applicant (unless the applicant is an individual or Federal or State awarding agency that is exempt from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the Federal or State awarding agency under 2 CFR § 25.110(d)) is required to:

- Be registered in SAM before submitting the application. This link provides a connection for SAM registration: <https://governmentcontractregistration.com/sam-registration.asp>
- provide a valid DUNS number in its application; and
- continue to maintain an active SAM registration with current information at all times during which the applicant has an active Federal, Federal pass-through or State award or an application or plan under consideration by a Federal or State awarding agency.

DHS may not make a Federal pass-through or State award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time DHS is ready to make the award, DHS may determine that the applicant is not qualified to receive the award and use that determination as a basis for making a the award to another applicant.

4. Submission Dates and Times

Applications must be received at the location below no later than 12:00 noon on Friday, September 2, 2016. All applications must be received by email ONLY; applications will be date and time stamped upon receipt. Applicants will receive an email notifying them that their application was received and if it was received by the due date and time. The receipt email will be sent to the email address provided in the application.

Submit the completed application **electronically** to: DHS.GrantApp@illinois.gov

On the SUBJECT line of the email submission, type the following information:

- Agency name
- 17-444-80-0678-01 FCM

Exception: If, after all timely applications have been logged in, reviewed to determine eligibility and to establish that all mandatory requirements of the applicant have been met under the NOFO, there remains a targeted geographic area for which an application has not been received, DHS reserves the right to consider any late application for funding that proposes to serve that area. Additionally, if after review, ANY priority geographic area remains uncovered, DHS reserves the right to negotiate with any entity that has provided Family Case Management services previously to provide services in the uncovered area. Any such applicant will be required to submit a program plan, Budget and Budget Narrative for said geographic area.

5. Funding Restrictions.

Unallowable costs include, but are not limited to:

- a. Bad debts
- b. Contingencies or provision for unforeseen events
- c. Contributions and donations
- d. Entertainment, alcoholic beverages, gratuities
- e. Fines and penalties
- f. Interest and financial costs
- g. Legislative and lobbying expenses
- h. Real property payments or purchases

6. Other Submission Requirements: A complete application will include the following forms/attachments in the order identified below:

- a. Uniform Application for State Plan Assistance
- b. Program Plan Narrative
 - Executive Summary
 - Agency Capacity and Description of Need
 - Program Design, Quality and Outcomes
- c. Attachments to Application
 - Budget and Budget Narrative
 - Copy of currently approved NICRA **if** indirect costs are included in the budget

E. Application Review Information

1. Criteria. Funding for the state fiscal year is not guaranteed. ALL applicants must demonstrate that they meet all requirements under this NOFO as described throughout. Applications that fail to meet the criteria described in the Eligible Applicants and Mandatory Requirements of Applicants as identified in Section C Eligibility Information will not be evaluated and considered for funding.

Review teams comprised of DHS staff serving in the Division of Family and Community Services will be assigned to review applications. These review teams, where possible, will be comprised of staff within the Bureau of Maternal and Infant Health.

Proposal Scoring: Program Plans will be evaluated on the following criteria:

Executive Summary 10 points

Agency Capacity/Description of Need 30 points

Program Design, Quality, Outcomes 40 points

Budget & Budget Narrative 20 points

Maximum Total:100 points

2. Review and Selection Process: Funding decisions will be based upon the quality of your program plan and budget/budget narrative based on the 100-point scale described above. Teams of FCS personnel will review and score all FCM applications submitted for award against the merit-based criteria referred to above in **Section D.2. Content & Form of Application Submission.** Teams will be reviewing applications outside of their assigned Regions and, or Counties. All reviewers are familiar with the Family Case Management Program administratively, fiscally and programmatically. Final award decisions will be made by the Director of the Division of Family and Community Services at the recommendation of the Acting Chief of the Bureau of Maternal and Infant Health. For renewal-eligible applicants FY 2017 caseload assignment and award amount may be based upon past performance of caseload achievement. All final awards may be adjusted by the Department based on the total amount of FY2017 funding available to the FCM program; therefore all will be finalized prior to the full execution of a grant agreement.

3. Anticipated Announcement and State Award Dates, if applicable. Final award decisions will be made by the Director of the Division of Family and Community Services at the recommendation of Program and the Associate Director for the Office of Early Childhood. "A Notice of State Award Finalist" form will be sent to each of the finalists prior to executing a contract. This notice is not an authorization to begin performance.

4. Merit-Based Evaluation Appeal Process:

- a. Is limited to the evaluation process. Evaluation scores may not be protested. Only the evaluation process is subject to appeal.
- b. Appeals Review Officer: IDHS Head or designee may appoint one or more Appeal Review Officers (ARO) to consider the grant-related appeals and make a recommendation to the agency Head or designee for resolution.
- c. Submission of Appeal:
 - i) an appeal must be submitted in writing to Lise Jankowski, Acting Chief Maternal Infant Health.
 - ii) an appeal must be received within 14 calendar days after the date that the grant award notice has been published.
 - iii) the written appeal shall include at a minimum the following:
 - The name and address of the appealing party
 - Identification of the grant
 - A statement of reasons for the appeal

F. Award Administration Information

1. State Award Notices. Successful applicants will receive a separate notice stating that a project has been selected before the actual State award is made. This notice is not an authorization to begin performance. A fully executed contract with the Department of Human Services is the authorizing document that must be in place prior to the provider initiating service delivery.

2. Administrative and National Policy Requirements. Please refer to the indirect cost rate requirements and limitations as stated in Section C. 4. Indirect Cost Rate.

In order to charge indirect costs to a grant, the applicant organization must have an annually negotiated indirect cost rate agreement (NICRA). There are three types of NICRAs: a) Federally Negotiated Rate. Organizations that receive direct federal funding may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. Illinois will accept the federally negotiated rate. The organization must provide a copy of the federally NICRA. b) State Negotiated Rate. The organization must negotiate an indirect cost rate with the State of Illinois if they do not have a Federally Negotiated Rate or elect to use the De Minimis Rate. The indirect cost rate proposal must be submitted to the State of Illinois with 90 days of the notice of award. c) De Minimis Rate. An organization that has never received a Federally Negotiated Rate may elect a de minimis rate of 10% of modified total direct cost (MTDC). Once established, the de minimis rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDC annually in order to accept the de minimis rate.

A Notice of State Award (NOSA) will be distributed by the Department prior to issuance of a grant agreement. The NOSA will specify the terms and conditions of the award.

3. Reporting

- a. The Provider will submit monthly expenditure documentation forms in the format prescribed by the Department. The Expenditure Documentation forms must be submitted no later than the 15th of each month for the preceding month by email.
- b. Quarterly data reports will be pulled from the Cornerstone data system 10 days after the end of the quarter. Providers must ensure all documentation is current thru the end of the quarter to assure accuracy of the data being collected.
- c. Additional performance data may be collected as directed by the Department in a format prescribed by the Department.

G. State Awarding Agency Contact(s)

Questions relating to this NOFO should be sent to Helena Hughes-Osby via email at:

helena.hughes-osby@illinois.gov . Questions will then be routed to appropriate Bureau staff for response. Note: the final deadline to submit any written questions regarding the FCM NOFO is August 22, 2016.

H. Other Information, if applicable

Mandatory Forms -- Required for All Agencies

1. [Uniform Application for State Grant Assistance \(pdf\)](#)
2. [Uniform Grant Budget Template](#) | [Instructions](#)
3. [Fixed Rate Budget Template](#)