**Section 630.200 Preparation of Applications**

a) Eligibility:

1) All public or private agencies recognized by the Illinois Department of Public Health as possessing a demonstrated capability of directing such projects are eligible for MCH Project Grants.

2) The following varieties of program implementation are acceptable:

A) Program implemented exclusively by the grantee agency;

B) Program implemented by the grantee agency in association with another community agency or agencies:

C) Program implemented by a community agency under contract to the grantee agency which maintains supervision and holds responsibility;

D) Program implemented by several agencies on a coordinated regional basis.

3) The General Assembly may, from time to time, appropriate state and federal funds for particular agencies or categories of agencies to provide MCH services, such as for local health departments to offer prenatal care services.

b) Application Development:

All applicants are urged to discuss their interests and ideas for developing programs early in the planning stages with the Division of Family Health. Applications may include one or more of the health service categories outlined in Sections 630.30 through 630.60. Staff of the Division of Family Health are available to assist applicants in planning programs meeting these guidelines. Applicants should refer to Sections 630.80 through 630.200 for further description of the standards for all MCH Projects.

c) Project Narrative:

The narrative section of the project application or plan shall contain the following elements and must address each item listed below:

1) Title of project.

2) Problem: The health and related problems or needs which the project will address shall be identified.

3) Characteristics of the area:

A) Program plans shall specify the geographic areas or political jurisdictions which are in need of services. These can be census tracts, school districts, cities, counties, etc.; and should be areas with concentrations of low-income families. Concentration does not necessarily refer to demographic factors, but to the proportion of low-income families to a defined population.

B) Particular attention should be given to areas and census tracts in cities where maternal and child health services are inadequate due to overcrowding of facilities; where many women receive little or no care; and where maternal and infant mortality, morbidity, and prematurity rates are high, and the number of infant deaths is excessive. Particular attention also should be given to rural areas and economically depressed areas where the needs of maternity and infant patients are not being met.

C) Latest available demographic and other statistical and descriptive data on the area to be served shall be provided as applicable. Examples of such information include:

i) population (sex, age, race and ethnic data should be included).

ii) geography.

iii) financial status/median income.

iv) socioeconomic class.

v) percent of public aid recipients.

vi) population turnover (mobility).

vii) prevalence of families with female head only.

viii) birth rate: overall, teenage; and out-of-wedlock.

ix) maternal mortality.

x) infant mortality.

xi) morbidity and mortality through age 19.

xii) distribution of medical and allied health services and personnel.

xiii) other indicators of the overall health status of the community.

4) Objectives: Clearly stated measurable short-term (current grant year) and long-term objectives of the proposed project and a schedule for when they will be achieved shall be provided on the "Plans to Achieve Objective Form." Criteria for the successful achievement of each objective must be included as well as the source of information to be used to evaluate success. The objectives shall be measurable and shall related to specific aspects of the program.

5) Resources available:

A) A description of the applicant agency's capability to conduct a program of the scope envisioned, describing the health and social service facilities, agencies, programs, etc., in the community and the proposed relationship of these resources to the program shall be provided. Working letters of agreement signed by both parties shall be included in support of any referral arrangements.

B) Services in outpatient and inpatient facilities, appropriate to the needs of the area to be served, shall be arranged for in advance of initiating program services. Facilities shall be designed to expedite efficient patient flow, and to assure the privacy and dignity of the individual.

6) Program operation: Plans for program implementation and operation shall be described with regard to achieving stated program objectives.

A) Patient load: Estimates of the number of women, children and infants to be served by the program shall be included. This shall be provided separately for each category of service and group of clients to be served.

B) Location of Services: The locations and the types of services which will be provided by participating hospitals, clinics, private physicians, dentists, and other health and support resources shall be included.

C) Description of Services: The pediatric, maternal, family planning, dental and other services to be offered, with emphasis on those services which are not presently available to all segments of the community shall be described.

D) Comprehensiveness:

i) The program shall describe the comprehensive array of services necessary to assure optimal care within the service areas identified in the project, i.e., prenatal care, child health, adolescent health services, etc. Provisions shall be made for the development of a care plan for each client that assures effective interdisciplinary provision of services. Comprehensive means completeness to ensure that all needed services are available and integrated so that services are rendered in an orderly fashion, with an emphasis on assuring continuity of care.

ii) Comprehensive health care includes not only physical examination and laboratory services but also nursing, social work, nutritional, dental and other health and support services as appropriate.

iii) Standards and guidelines shall be developed so as to be specific for each group serviced using standards such as those outlined in Section 630.80. Criteria for high risk classifications shall be included and shall be consistent with these references as well.

iv) The patient care plan shall take into account utilization of other health care resources necessary to assure optimal, continuous and complete maternal and infant care. Necessary arrangements for transportation, babysitting or homemaker services shall be described. Written procedures shall be developed by the project to assure that necessary health care will be provided including working letters of agreement signed by all required parties.

E) Intake procedures: The intake procedures to be utilized i.e., appointments, walk-in combination, or other, including appropriate assurances that medical care and services will be delivered promptly shall be provided.

F) Follow-up: Program plans shall outline the specific procedures which will be implemented to assure adequate follow-up services. Arrangements for follow-up services not directly rendered by the program should be described to assure that these recipients necessary services.

G) Referral: The patient care plan shall provide for utilization of other health care resources necessary to assure continuous and complete care. Written procedures shall be developed by the project to assure that necessary health care and support will be provided and that standard referral procedures will be followed. Written agreements between agencies shall be developed and included with the application.

H) Outreach: Plans for outreach such as home visits; health education to individuals or groups, including community organizations and use of mass media shall be described.

7) Organization:

A) The administrative structure and staffing pattern of the program, including organization charts, job descriptions for all positions, and curricula vitae for core personnel shall be provided.

B) Applicants shall give assurance that the services will be provided by or supervised by qualified personnel. Qualifications shall be determined by reference to 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 grant application. Copies of current licenses or certificates shall be maintained on file with the grantee.

C) Copies of insurance coverages shall be maintained on file including malpractice coverage.

8) Target group and eligibility requirements:

A) Descriptions of the target population within the service area and how the services are designed especially for this group shall be included.

B) Income standards for eligibility for services shall be 185 percent of the federal poverty guidelines (see 55 Fed. Reg. 5664, February 16, 1990). These are to be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care.

C) A schedule of rates of payment for services shall be included in the grant application and shall be made known to patients at the time of admission interview and be applied flexibly after approval by the Illinois Department of Public Health. Approval will be based upon a cost analysis methodology which can be demonstrated to the Department.

D) Estimates of the percentage of the population eligible for all categories of services shall be provided listing the criteria to be used in deciding who is to receive services.

E) The project director or a member of the project staff designated by him shall determine patient eligibility by taking into account the criteria listed below. Services shall be available:

i) Without any requirement for legal residence except that the patient currently is living in the area served by the program.

ii) Upon referral from any source including the patient's own application.

iii) Without any requirement for court commitment as a prerequisite for any part of the care.

F) The method proposed for authorizing services allowable under project policies shall be described in the project plan. Authorization for services for which payments are made from project funds, shall be maintained by the grantee. A form for each patient shall show the services authorized, and the amounts expended for the specific types of services approved.

G) The grantee shall give assurance that:

i) Services shall be available only to recipients because they are from low-income families or cannot access services for other reasons beyond their control.

ii) Services shall be available to recipients from outside the project area only if approved by the project director.

iii) Services shall be available to recipients who are not from low-income families only if such care does not reduce the delivery of necessary services to recipients from low-income families.

9) Patient record system: A description of procedures designed to insure that accurate and up-to-date health records will be initiated and maintained for each patient shall be included. The records shall include a complete medical history, growth charts, results of each medical examination, screening procedures, laboratory tests, a summary of instructions given to patients or parents, a list of medications prescribed, and all relevant health, patient education, social services and environmental information. Records shall be confidential. With the patient's consent, copies of medical records may be furnished to hospitals or other health care providers.

10) Evaluation of project activity: The methods proposed for assessing the progress of the program toward meeting its stated objectives shall be described.

11) Sub-contracts: Arrangements with other agencies or health care providers who will deliver a portion of the projects's services, including copies of any contracts or agreements with outside providers shall be provided.

12) Third-party Reimbursement and Other Sources of Funds:

A) Additional program services may be furnished to larger numbers of patients by securing third-party reimbursement or other sources of funds. A project shall make every reasonable effort to collect from third-party sources (including government agencies) which are authorized or under legal obligation to make such payments. Approval will be made by the Department when the income is budgeted into the project and meets the standards in subsection (c)(8)(B) of this Section.

B) Patients, who would not otherwise receive services for reasons beyond their control, may receive and be charged for services only if the provision of such services does not reduce the delivery of necessary services to the low-income patients. In those instances where charges are made for services provided to patients who are not from low-income families, such charges shall be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care and shall be approved by IDPH before implementation.

13) Regional and Local coordination:

A) In accordance with recommendations of the American Medical Association, the American Congress of Obstetricians and Gynecologists and the American Academy of Pediatrics, services for non-high risk as well as high risk mothers and infants shall be developed as a part of overall regional planning. Such regional coordination may involve the crossing of state boundaries.

B) When the provision of services or programs requires an advisory group composed of community representatives whose function is to make recommendations for awarding funds to subcontractors, membership shall be restricted to persons not having a fiduciary interest in, not serving in a policy making position for, and not working as a staff member for any applicant agency.

14) Supporting data and additional information: Additional relevant information to support the proposal shall be provided, including working letters of agreement from all participating agencies, pertinent letters of support and evidence of nonprofit status.

d) Budget:

1) All applicants shall submit a detailed budget proposal for each project period as part of the project application for new applicants or with the progress report and any proposed plan revision for continuing projects. The budget proposal shall be submitted on forms provided by the Division of Family Health, and shall include all information and signatures required in the instructions.

2) The budget is divided into major categories of cost. Not all categories will apply to all projects. In preparing its budget, each project should use only those budget categories applicable to its own operations.

3) Budget categories are further divided into line items which specify the amounts for each item of expense allowable under the budget.

4) In some agreements between the State Agency and the delegate agency as subgrantee, local funds supplement the project effort. The local share may be in the form of cash contributions, or may be the "in kind" valuation placed upon goods, services, physical facilities, etc., directly benefiting or specifically identifiable to the grant supported activity.

e) General Requirements and Assurances. Each project grant application shall contain assurances in writing that:

1) The grantee shall implement the program within three months of the date when authorization to proceed is given. Funds for programs not implemented within three months shall revert to unawarded status, unless a written extension request is approved.

2) For any program developed under the stated alternative method of implementation (See subsection (a)(3) of this Section), the grantee agency shall retain sole responsibility for program implementation and fiscal accountability.

3) The grantee agency shall allow periodic on-site review of its programs and records including those of its subcontractors by the staff of the Division of Family Health or their authorized representatives.

4) The grantee agency shall submit quarterly performance reports to the Division of Family Health within thirty (30) days of the end of each quarters. The final annual report is due within 45 days of the end of the project period. All other specified reports shall be submitted within identified time lines.

5) Forms used to authorize services, for which payments are made from project funds shall be maintained by the grantee. A form for each patient shall show the services authorized, date of authorization, and the amounts expended for the specific types of services authorized, date of authorization, and the amounts expended for the specific types of services approved.

6) Payment for high risk inpatient hospital services perinatal centers designated in accordance with the Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640) shall be based on the lesser of reasonable cost of services (See Section 630.190) or the customary charges to the general public for such services.

7) Grantees shall not amend the application for which the grant was approved without prior written permission from the Department.

8) The applicant shall maintain adequate records to show the disposition of all grant funds expended for activities for which the grant was made. All records shall be retained for three years after the close of the fiscal year in which the grant was made and shall be made available for audit purposes upon request of the Department.

9) Attention is called to the requirements of Title VI, Civil Rights Act of 1964, 42 U.S.C. 2000e et seq., the Age Discrimination Act of 1975, the Rehabilitation Act of 1973 and Title IX of the Education Amendments of 1972 which provide that no person in the United States shall, on the grounds of age, handicap, race, color, creed, religion, sex or national origin be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance. All services provided by the applicant shall be made available without discrimination on the grounds of age, handicap, race, creed, religion, sex, marital status, national origin or duration of residence. Professional liability insurance must be in place and on file for all personnel providing service.

10) Grantees shall use grant funds in addition to, rather than in lieu of, existing local or other State or federal funds currently available for the purposes approved in the grant award. Existing funds which are currently available are those which have been available at least during the budget period immediately preceding the period for which funds are being requested and will also be available during the period for which the funds are being requested.

11) Failure by the grantee to comply with these requirements, site review recommendations or grant conditions will be cause for discontinuance of funds or termination of the grant.

f) Continuation Application:

1) For continuation applications, an annual progress report, budget and an abbreviated narrative describing the service model for the upcoming fiscal year must be submitted. Any proposed revisions to the project plan must be submitted in detail. This must include projected caseloads, and updated objectives on prescribed forms.

2) The annual progress report shall describe the accomplishments since the last annual progress report, and may include charts, graphs or tables in addition to the narrative report. Progress shall be related to stated objectives. Proposed revisions to the project plan shall be submitted as separate documents revising specific sections of the approved narrative.

g) Revisions

1) Any changes in the project narrative, objectives, caseload or budget must be submitted in writing to the Illinois Department of Public Health prior to implementing the change. All proposed changes must include a description of the change and justification for the change. Budget revisions should specify the amount of dollars involved and the type of change. When budgetary changes are requested revised budget pages shall be submitted. Telephone requests for emergency changes will be considered individually. Approved telephone requests must be followed by written documentation as described above prior to reimbursement.

2) Grantees shall be notified in writing when revisions are required by the Division in any matter related to the administration of the projects including but not limited to changes in funding levels.

3) There are three possible types of budget revisions:

A) Adjustment − The total amount of the budget remains the same. Funds are shifted within the budget between line items and/or budget categories.

B) Supplement − The total amount of the budget is increased by adding funds to specific budget categories and line items, or by creating new line items.

C) Reduction − The total amount of the budget is decreased by reducing or eliminating line items or budget categories.

h) Termination

1) All grants shall terminate on the dates specified in the contracts and shall not be extended or renewed except as provided for in Section 630.20(b)(1)(C).

2) A grantee who has substantially failed to comply with this Part and the grant award as documented at site reviews for two consecutive years will have funding terminated. Substantial failure for the purpose of this Section shall mean 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. The grant contract may be terminated by either party upon a 30 day written notice. Unallocated monies will be used to expand existing projects or to fund new projects in underserved areas.

3) The Director, after notice and opportunity for hearing to the grantee, may suspend or terminate the grant in any case in which he/she finds that there is or has been a violation of this Part.

4) Such notice shall be effected by registered mail, by certified mail, or by personal service setting forth the particular reasons for the proposed action and fixing a date, not less than 15 days from the date of such mailing or service, at which time the delegate shall be given an opportunity for a hearing. Such hearing shall be conducted by the Director or by an employee of the Department designated in writing by the Director as Hearing Officer to conduct the hearing. On the basis of any such hearing, or upon default of the delegate agency, the Director shall make a determination specifying the findings and conclusions. A copy of such determination shall be sent by registered mail, certified mail, or served personally upon the grantee. The decision shall become final 35 days after it is so mailed or served, unless the grantee, within such 35 day period, petitions for review pursuant to this Section.

5) The procedure governing hearings authorized by this Part shall be in accordance with Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100).

6) If, however, the Department finds that:

A) The public interest, including financial interest, health safety, or welfare requires emergency action (emergency action would result from such instances as, but not limited to, bankruptcy and/or insolvency, fraud, and financial instability), and;

B) Unless the Department receives documentation that the grantee's assets are sufficient to meet the grantee's liabilities in the form of a certified financial statement, and;

C) If the Director incorporates a finding to that effect in the order; then

D) Summary suspension of the grant shall be ordered pending proceedings for termination or referral to State or federal authorities, which proceedings shall be instituted within one week of summary suspension and promptly determined.

7) In no case where summary suspension has been ordered shall reimbursement be made to the delegate agency for costs incurred or funds expended after the date of summary suspension unless, after conclusion of the proceedings, such reimbursement or payment is ordered by the hearing officer, administrative law judge or court of competent jurisdiction.

(Source: Amended at 17 Ill. Reg. 3013, effective February 22, 1993)