

# CSA Attachment O - Child and Family Connections

## I. INTRODUCTION

This document serves as an attachment to the Department of Human Services (DHS) Community Services Agreement and sets forth supplemental contractual obligations between Child and Family Connections (CFCs) and DHS. The attachment provides contractual requirements beyond and in addition to those in the Agreement and is intended to deal with the programmatic areas of the Bureau of Early Intervention.

## II. APPLICABLE RULES

The Provider agrees to be knowledgeable of and comply with all applicable state and federal statutes and administrative rules guidelines and executive orders applicable to the provision of services under this agreement, including, but not necessarily limited to the following:

### FEDERAL

- A. Individuals with Disabilities Education Act (IDEA) (20 U.S. Code 1400 et seq.), Title I, Part C and 34 CFR 303
- B. Medicaid provisions of Title XIX of the Social Security Act (42 U.S. Code § 396 et seq.) and its rules, 42 CFR 430 et seq.
- C. Family Education Rights and Privacy Act (FERPA) (20 U.S. Code 9g) and 34 CFR 99
- D. Health Insurance Portability and Privacy Act (HIPPA) (Public Law 104-191, Title II, § 262 (a), 100 stat. 2024)

### STATE

Early Intervention Services Systems Act, 325 ILCS 20/1 et seq., and 59 Ill. Admin. Code 500

## III. PROGRAM SERVICES

Program services are listed separately in the Bureau of Early Intervention Child and Family Connections program manual, found at [www.dhs.state.il.us/ei](http://www.dhs.state.il.us/ei)

## IV. PROGRAM PLAN AND DELIVERABLES

Not Applicable

## V. PAYMENT

The Department will utilize one of the funding methods outlined below. The Provider's funding method is specified on the Attachment Cover Sheet.

### Fee-For-Service

A program for which the payments are made on the basis of a rate, unit cost or allowable cost incurred and are based on a statement or bill as required by the Department. Payments made as a fee-for-service are not subject to the Illinois Grant Funds Recovery Act (30 ILCS 705/1 et seq.)

### Grants

A program that receives all or part of the funding in advance of the actual delivery of services. This includes prorated prospective payments and payments made by the Department on an

estimated basis or any other basis when the Department does not know the actual amount earned by the Provider. This does not include advance payments made under the authority of the Illinois Finance Act (30 ILCS 105/9.05). All funds paid as a grant are subject to the Illinois Grant Funds Recovery Act (30 ILCS 705/1 et seq.)

- A. **Eligible Expenditures v. Program Revenue** - This method compares the eligible expenditures to the total Department revenues by program. An independent audit and associated supplemental revenue and expense schedule may be required from the Provider. Eligible expenditure will be determined based on 89 Ill Admin Code 509.20. Allowable/Unallowable Costs and specific program requirements, if applicable.
- B. **Eligible Services Delivered v. Services Projected** - This method compares the actual eligible services delivered to the services projected in the contract or agreement. If the services were based on a rate or unit of cost methodology, the number of eligible service units delivered times the rate or unit is compared to the total of all grant payments for that service.

## Methods

Payments to the Provider will be made on a prospective basis, rounded to the nearest \$100.00. The final prospective payment may be greater or lesser than the previous payments due to rounding.

The Department will compare the amount of the prospective payments made to date with the documented expenditures provided to the Department by the Provider. In the event the documented services provided by the Provider do not justify the level of award being provided to the Provider, future payments may be withheld or reduced until such time as the services documentation provided by the Provider equals the amounts previously provided to the Provider. Failure of the Provider to provide timely documentation may result in a reduction to the total award.

The final payment from the Department under this Agreement shall be made upon the Department's determination that all requirements under this Agreement have been completed, which determination shall not be unreasonably withheld. Such final payment will be subject to adjustment after the completion of a review of the Provider's records as provided in the Agreement.

Exceptions to the standard contract provision as stated above are provided under Section VIII: Special Conditions.

## VI. ELIGIBILITY CRITERIA

All services funded by DHS Bureau of Early Intervention must meet stated eligibility conditions in the Child and Family Connections Program Manual and as dictated in Ill. Admin. Code 500 which are both located at [www.dhs.state.il.us/ei](http://www.dhs.state.il.us/ei)

## VII. REPORTING REQUIREMENTS

The Provider shall use the following methodology to document the use of these funds:

- A. The Provider shall provide summary documentation by line item of actual expenditures incurred for the purchase of goods and services necessary for conducting program activities. The Provider shall use generally accepted accounting practices to record expenditures and revenues as outlined in 89 Ill Admin Code 509, DHS Fiscal Administrative Recordkeeping and Requirements.
- B. Expenditures shall be recorded in the Provider's records in such a manner as to establish an audit trail for future verification of appropriate use of Agreement funds.

- C. Expenditure documentation shall be submitted in a format, defined by CHP, to the Department on a quarterly basis, within 30 days after the end of each calendar quarter. However, the Provider shall have the option to report expenditures monthly.

Quarter	Period Covered	Due Date
1	July 1, 2007 through September 30, 2007	Nov 1, 2007
2	October 1, 2007 through December 31, 2007	Feb 1, 2008
3	January 1, 2008 through March 31, 2008	May 1, 2008
4	April 1, 2008 through June 30, 2008	August 1, 2008

- D. The Provider shall submit expenditure documentation by one of the following means:

<b>Mail</b>	<b>Email</b>	<b>Fax</b>
Dept of Human Services CHP, Fiscal Support Services Attn: Tom Evering 535 W Jefferson, 3rd Fl Springfield, IL 62702-5058	<a href="mailto:tom.evering@illinois.gov">tom.evering@illinois.gov</a>	217-524-2491

## VIII. SPECIAL CONDITIONS

The Department will make quarterly payments to the provider based on the following six factors as set forth below: The Grants Fund Recovery Act (30 ILCS 705/1 et seq.) applies to all payments made under this contract.

### A. Service Coordination Payments

The basic payment will be set based on the average number of children with active IFSP's at the end of each month for a given period. Quarterly payments will be based on six-month average caseloads as follows:

Service Period	Data Period
July 1, 2007 - September 30, 2007	October 2006 - March 2007
October 1, 2007 - December 31, 2007	January 2007 - June 2007
January 1, 2008 - March 31, 2008	April 2007 - September 2007
April 1, 2008 - June 30, 2008	July 2007 - December 2007

The average caseload will be divided by 43 to determine the number of funded service coordinators for the quarter. \$57,000 is allocated for each service coordinator position to cover the coordinator and related administrative and supporting costs. The resulting annualized base funding will be divided by four to determine the quarterly base payment.

### B. Incentive Payments

Incentive payments, in addition to the basic payments, will be granted as a percentage of the quarterly basic payment each quarter to agencies ranking in the top 12 in any of the six measures, as follows:

1. A 1% incentive will be granted for having one of the 12 highest average participation rates over the designated six-month period. (See service coordination payment data period above.) Participation rates are calculated by dividing the

number of active IFSPs by the number of live births in that area for the most recent three-years period available from the Illinois Department of Public Health.

2. A 1% incentive will be granted for having one of the 12 highest rates of IFSPs completed within 45 days over the designated six-month period. (See service coordination payment data period above.)
3. A 1% incentive will be granted for having one of the 12 highest rates of closures at age 3 being either special education eligible or receiving a referral to other appropriate services if they are found ineligible for special education over the designated six-month period. (See service coordination payment data period above.)
4. A 1% incentive will be granted for having one of the 12 highest rates of transition meetings for Special Education recorded for children who leave Early Intervention at 30-months of age or older, excluding terminations for death, moves out of state and because the plan of care was complete prior to age 3, during the designated six-month period. (See service coordination payment data period above.)
5. A 1% incentive will be granted for having one of the 12 highest average participation rates for children under age 1 over the designated six-month period. (See service coordination payment data period above.) Under 1 participation rates are calculated by dividing the number of active IFSPs under age 1 by the number of live births in that area in the most recent year for which data is available from the Illinois Department of Public Health.
6. A 1% incentive will be granted for having one of the 12 lowest percentages of program terminations prior to IFSP for family reasons over the designated six-month period. (See service coordination payment data period above.)
7. A 1% incentive will be granted for having one of the 12 lowest percentages of program terminations from an active IFSP for family reasons over the designated six-month period. (See service coordination payment data period above.)
8. A 1% incentive will be granted for having one of the 12 lowest average ages of children at initial IFSP, measured in days, over the designated six-month period. (See service coordination payment data period above.)
9. A 1% incentive will be granted for having one of the 12 lowest average number of days between referral and initial IFSP over the designated six-month period. (See service coordination payment data period above.)
10. A 1% incentive will be granted for having one of the 12 highest percentages of service occurrences delivered in natural settings over the designated six-month period. (See service coordination payment data period above.) Occurrences are measured as all services reported to the Central Billing Office, including those paid by insurance. Natural environment is defined as services delivered in the home, child care settings, or other settings. It primarily excludes services delivered at provider facilities or in early intervention classes or programs.

### **C. Penalty Adjustments**

Penalty adjustments will be subtracted from quarterly payments for failure to meet basic performance levels in the five areas set forth before. No penalty adjustments will be made for first quarter payments.

1. Any agency funded for less than 14 Service Coordinators in a quarter must maintain staffing levels of at least 80% of its funded level of positions filled and enrolled with Medicaid on average over any quarterly period. Any agency funded for

14 or more Service Coordinators in a quarter must maintain staffing levels of at least 85% of its funded level of positions filled and enrolled with Medicaid on average over any quarterly period. A penalty will be assessed against the following quarterly payment in an amount equal to the value of the number of FTE service coordinators that were below the 80% or 85% staffing levels as appropriate.

2. A 1% reduction will be made to the quarterly base payment if the proportion of cases in intake over 45 days exceeds 5% over the most recently completed quarter. A 2% reduction will be assessed if the percent over 45 days exceeds 7.5%. No penalties will be assessed on first quarter payments.
3. A 1% reduction will be made to the quarterly base payment if less than 85% of children with open service plans have their services authorized predominately in a natural setting (home or day care and other community settings) on the last day of each quarterly data period as outlined in VIII-(A. Service Coordination Payments) above.
4. A 1% reduction will be made to the quarterly base payment if the average age of children entering the system with new initial IFSPs for the designated six-month period exceeds 630 days. (See service coordination payment data period above.) A 2% reduction will be made if the average exceeds 640 days.

Multiple failures to meet penalty floors may result in the transfer of cases to other CFCs or consideration of rebidding of the CFCs contract.

**D. Local Interagency Council Coordination**

Quarterly payments will include funds for Local Interagency Council Coordination, as set forth in the Child and Family Connections Manual. A minimum grant of \$19,000 will be made for basic coordination activities. An additional \$3,000 is granted for each local council within the CFCs service area. One-fourth of this funding will be included with each quarterly payment.

**E. Parent Liaison Activities**

Quarterly payments will include funds for Parent Liaison activities, as set forth in the Child and Family Connections Manual. A minimum annual grant will be made of \$19,000. CFCs whose previous calendar years average caseload was above 400, will receive grants of \$38,000. One-fourth of this funding will be included with each quarterly payment.

**F. Developmental Pediatrics Consultation**

Quarterly payments will include funds to purchase specialized consultation in developmental pediatrics. An annual grant will be made based on the average caseload (open service plans) during the previous calendar year times \$88.90, or \$25,000, whichever is larger. One-fourth of this funding will be included with each quarterly payment.

**G. Social Emotional Consultation**

Quarterly payments will include funds to purchase Social/Emotional Infant Mental Health consultation. The annual grant will be based upon the average number of active cases (open service plans) during the previous calendar year. Agencies with average caseloads under 500 will receive \$37,500. Those averaging over 500 active cases but less than 1,000 will receive \$75,000. Agencies with an average active caseload over 1000 would receive \$100,000. Regardless of their caseload, each agency will also receive \$3,000 to fund services related to this function. One-fourth of this funding will be included with each quarterly payment.

## IX. PROGRAM SERVICES

The Child and Family Connections (CFC) office will serve as the lead agency's regional intake and service coordination agency for Early Intervention and related services in its designated geographic area. The selected Vendors will provide services as defined in the Bureau of Early Intervention Child and Family Connections Procedure Manual at: [www.dhs.state.il.us/ei](http://www.dhs.state.il.us/ei), as defined in 89 Ill. Admin. Code 500 and as described below, and agree to act in accordance with all state and federal statutes and administrative rules applicable to the provision of services. In its leadership role, the CFC shall engage in the following activities to support and maintain effective Early Intervention services, using forms and procedures as directed by DHS and as set forth in 89 Ill. Admin. Code 500, and the Procedure Manual:

- A. Participate in Child Find and Public Awareness activities in their area by disseminating information on referrals to the primary referral sources and working with the LIC to identify and coordinate Child Find activities. LIC child-find will not exceed 40% of the work of the LIC.
- B. Designate a program manager who is employed by the CFC. The CFC manager (jointly with DHS) will be responsible for hiring all Service Coordinators. All Service Coordination activities will be the responsibility of the CFC and cannot be subcontracted to another entity.
- C. Select, train and supervise qualified Service Coordinators, parent liaisons, local interagency council coordinators, and support staff to carry out defined tasks.
- D. Provide services as defined in the Bureau of Early Intervention Child and Family Connections Procedure Manual including: Referrals to CFCs, Intake, Early Intervention Eligibility Determination, Early Intervention Service Coordination, Provider Recruitment, Parent Liaison Activities, and Local Interagency Council Coordination. LICs must have active parent participation. The LIC meeting schedule should include meeting times and locations that are conducive to parent participation.
- E. Provide utilization review and quality assurance, including review of service.
- F. Develop a compendium of resources for ineligible children and families as determined in accordance with 89 Admin. Code 500.45.
- G. Develop procedures to identify concerns regarding enrolled service providers and LICs in the service area.
- H. Maintain an ongoing relationship with all service providers and LICs in the service area.
  - I. Participate in routine monitoring, data collection and reporting obligations, record or chart audits, complaint investigations, and consumer satisfaction surveys.
- J. Have a contract(s)/agreement(s) in place for the provision of developmental pediatric consultation as defined in the Early Intervention Child and Family Connections manual. The contract(s)/agreement(s) must be with an entity(s) that must include at a minimum, a Developmental Pediatrician.
- K. Have a toll-free number and Internet access.
- L. Comply with the Health Insurance Portability and Privacy Act (HIPAA) and rules promulgated there under.
- M. Become a All Kids Application agent. For purposes of making referrals for final determinations of eligibility for All Kids benefits under the Children's Health Insurance Program Act and for medical assistance under Article V of the Illinois Public Aid Code, each CFC must enroll as a "All Kids Application agent" in order for the entity to complete the All Kids application as authorized under Section 22 of the Children's Health Insurance

Program Act. As a All Kids Application agent, implement the All Kids Program as directed by the Bureau of Early Intervention.

- N. Provide adequate accessible space/facilities to store permanent child records, house staff, and hold meetings.
- O. Purchase/maintain required equipment based upon Department billing office specifications.
- P. Participate in the CFC monitoring process as defined by the Department. Following Vendor selection, the Vendor must complete the self-assessment portion of this monitoring process unless the Vendor has already completed such process as a current (FY2004) CFC.