

# BMCH Coordinator Training

Welcome

# TRAINERS

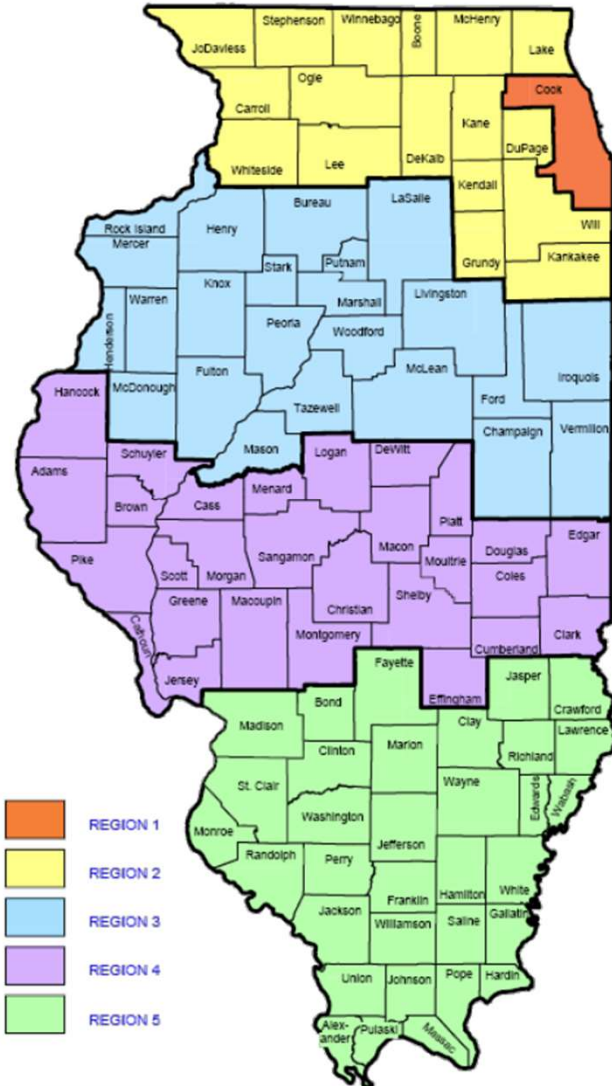
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## BMCH Staff

Clinical  
Program Staff  
(RNC):

Administrative  
Staff

Support Staff

# DHS Roles

CSSC (Community  
Support Services  
Consult)

Fiscal Staff

OCA (Office of  
Contact  
administration)

## Introduction to Programs

- **Why is there a need for BMCH?**
- The primary focus of the Bureau of Maternal and Child Health is to reduce **maternal and infant morbidity and mortality rates** through coordination with community-based programs such as Local Health Departments, Federally Qualified Health Centers, and Community Based Organizations.

### **The primary goals of these programs are to:**

- Promote health through increased access to high quality medical care and prevention services
- Provide education and information to assist clients to achieve maximum self-sufficiency; link to services based on clients' needs through integration with other programs
- Strengthen communities by coordination and linkage of community and state resources to provide the clients with the best possible care offered

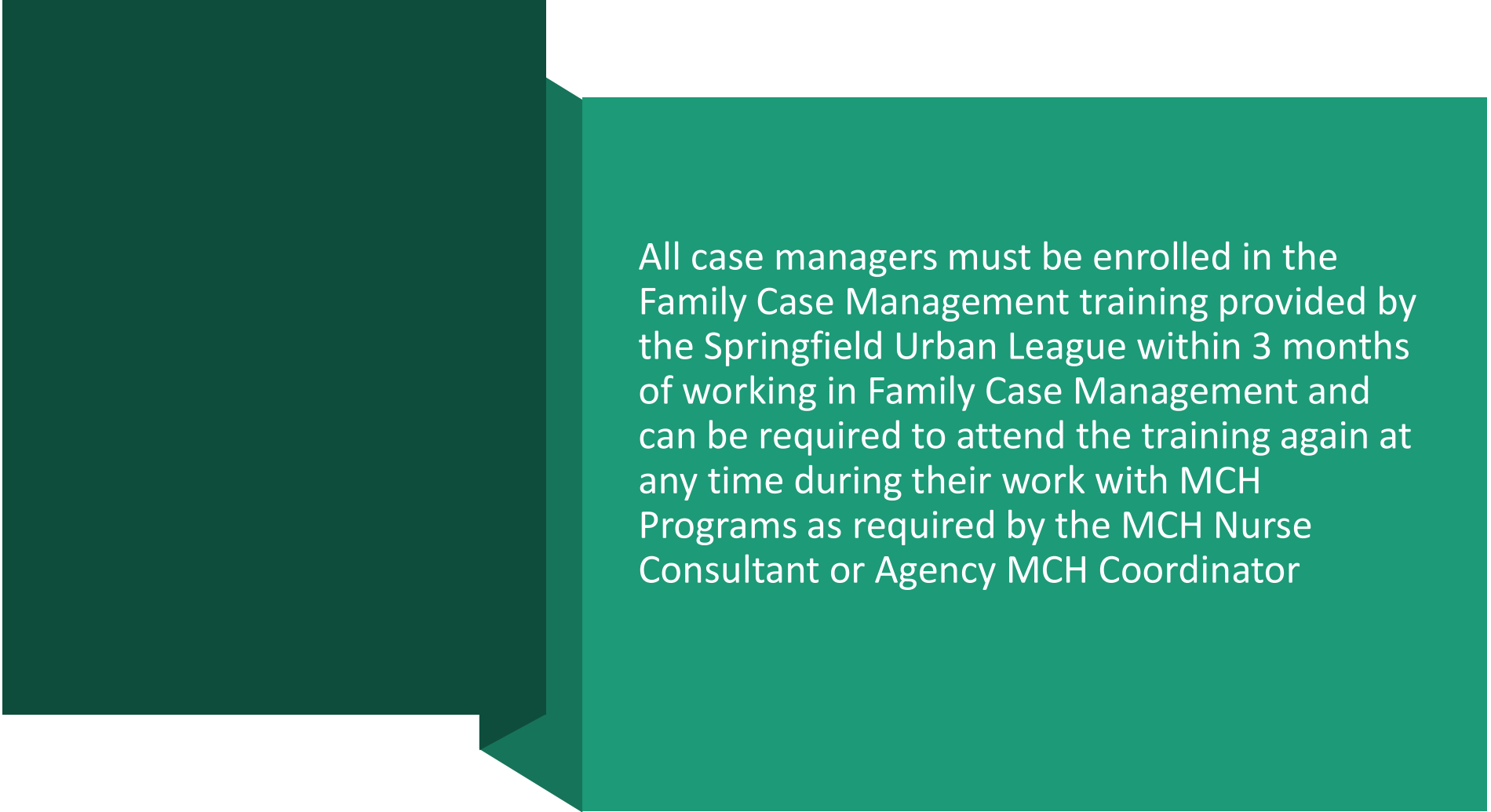


#### JCAR/MCH code

- Joint Committee on Administrative Rules
- Title 77: Public Health
- Guidance for standards and expectations for the programs

#### ILCS FCM Act

- Purpose of this Act- Provide wrap-around services targeted toward reducing the incidence of infant mortality, very low birthweight infants, and low birthweight infants within the State
- Family case management services are proven to be effective in improving the health of women and infants and lowering the incidence of infant morbidity and mortality
- Family case management improves the health and development of children and families by providing the earliest identification of their needs and promoting linkages to address those needs



All case managers must be enrolled in the Family Case Management training provided by the Springfield Urban League within 3 months of working in Family Case Management and can be required to attend the training again at any time during their work with MCH Programs as required by the MCH Nurse Consultant or Agency MCH Coordinator

# BMCH

- The Family Case Management (FCM), High-Risk Infant Follow-Up (HRIF), and Better Birth Outcomes (BBO) Programs are funded by Illinois General Revenue funds (GRF) and Social Services Block Grant (SSBG) allocated for Infant Mortality and administered through the Illinois Department of Human Services (DHS), Bureau of Maternal and Child Health (BMCH). Agencies receiving funding for these programs must follow administrative policies outlined in the BMCH Policy and Procedure Manual.

- Family Case Management

- HRIF

- BBO

\* Special Projects- funds do go more than the 3 main ongoing programs.

# Family Case Management

- Family Case Management (FCM) is a statewide program that provides comprehensive service coordination to improve the health, social, educational, and developmental needs of pregnant & postpartum individuals and infants (0 – 12 months) from low-income families in the communities of Illinois (410 ILCS 212/15). Family Case Management (FCM) aims to “assess current needs within the State and provide goals and objectives for improving the health of mothers and children and for reducing infant mortality.” (77 Ill. Adm Code 630.20 (a)(1)).

# FCM

Client assignment to a case manager continuously.

Comprehensive needs assessments and development of individualized care plans.

Education on and screening for perinatal mood disorders and referral to services as appropriate.

Face-to-face contacts and home visits with all clients as prescribed in the current Program Policy Manual.

Objective developmental screening within the first 12 months of life utilizing current Illinois Department of Healthcare and Family Services Medicaid-approved screening tool.

Client referrals to other service providers in the community including primary care physicians and Medicaid managed care entities for service development and integration, to maximize care coordination.



# High Risk Infant Follow-Up

- The High Risk Infant Follow Up Program (HRIF) is a statewide program for infants and children (ages 0- 2 years old) who are referred via the Illinois Department of Public Health (IDPH) Adverse Pregnancy Outcomes Reporting System (APORS) or based on assessments done in the FCM program which determines: that the infant has been diagnosed with a serious medical condition **after newborn discharge, when maternal alcohol or drug addiction has been diagnosed, or when child abuse or neglect has been indicated based on investigation by the Illinois Department of Children and Family Services** (See 410 ILCS 525/2 and 77 Ill. Adm. Code 840.210).

# Primary Goals of HRIF:

Minimize	Promote	Teach	Decrease
Minimize Disability in high-risk infants by early identification of possible conditions requiring further evaluation, diagnosis and treatment	Promote optimal growth and development of infants	Teach family how to care for a high-risk infant	Decrease stress and potential for abuse in the family setting with high-risk infant

# HRIF

Cont.

## **Services provided include but are not limited to:**

- Completed needs assessment and develop an individualized care plan.
- Delivery of all services to high-risk infants in accordance with the provisions of the current Department's Program Policy Manual.
- Collaboration 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.
- Assurance that all birth mothers of enrolled high-risk infants are screened for and educated on perinatal mood disorders and referred to services as appropriate.
- Assurance that enrolled infants receive developmental screening within the first 12 months of life utilizing a standardized screening tool.
- Provision of home visits according to the Program Policy Manual.
- Any children in DCFS custody who are eligible for HRIF, receive HRIF, and are referred to HWIL once they are no longer eligible for HRIF.

# HRIF

Cont.

To **summarize**, stress to your staff the importance of:

- **Paying attention to the timeline, document** an attempt to establish contact within 7 business days of the APORS report
- Documenting six (**806**) well child appointments in cornerstone
- Documenting six **Face to Face** visits on the SV02, the first F2F within 14 business days of the APORS report
- Documenting six **IMED** service entries on the SV02 (Immunization education)
- Make sure staff are **completing assessments and making referrals (RF01)** especially to **WIC (Within 45 days of enrollment)** and **Early Intervention** and completing **home visits** in accordance with the program policy manual
- **Care plans** goals on the CM02 and updating the CM03 quarterly

# Better Birth Outcomes

- BBO offers a standardized prenatal education curriculum that emphasizes the importance of regular prenatal medical visits; home visits each trimester active in the program; and monthly engagement with the BBO Case Manager for continued prenatal education, care coordination and communication with the client's prenatal medical provider.

# BBO

(Better Birth Outcomes)

**BBO Services are to be offered to individuals eligible according to the guidelines below:**

- High risk as determined by the Department of Healthcare and Family Services Medicaid claims data indicating Medicaid individuals with a prior poor birth outcome
- High risk as determined by the presence of two or more risk factors as identified by the 707G Cornerstone assessment or one risk factor when approved by the RNC



# Grants & Contracts

Complete the **Pre-Qualification** process by registering your organization with the State of Illinois

<https://www.dhs.state.il.us/page.aspx?item=85526>

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Apply for FEIN/EIN (Federal Tax Id number)

Register with SAM.GOV (Systems for Award Management)

Sign up for Illinois.gov account

Create an Illinois GATA ( Grant Accountability and Transparency Act) Grantee Portal Account

Complete the Internal Controls Questionnaire



## GRANT OPPORTUNITIES

- What should you expect when registering GATA?? <https://gata.illinois.gov/>
- Register your Account, (utilize the timeline as a guide) [Timeline](#)
- Obtain FEIN/EIN number (Federal Identification Number)
- Sign up for the [Illinois.gov](https://illinois.gov) account
- Create your profile
- Watch for NOFO'S [www.grants.illinois.gov](http://www.grants.illinois.gov)
- Use Microsoft Edge

# BUDGET



BUDGET [2CFR200](#)

PLAN

CONSULT

WORK WITH FISCAL

USE RESOURCES

BE FAMILIAR WITH  
THE DIFFERENT  
SYSTEMS CSA, CRV,  
GATA PORTAL

BUDGET  
APPROVAL/REVISIONS

RE-ASSESS BUDGET  
QUARTERLY

# Contract Agreement

(Published in CSA after approval)



A- Scope of Services



B- Deliverables



C-Payment Terms



## Contract Agreement (Cont.)

E- Performance Measures



F-Performance Standards



G- Specific Conditions



### System support defined in the contract

- Relationship with resources in the community and internal resources within the agency

### Care Coordination

- Linking of services within your referral sources

### Racial Equity Lens

- IDHS provides Illinois residents with streamlined access to integrated services, especially to those who are striving to achieve economic independence, and who face challenges to self-sufficiency. Ensures equitable access to social and human services. Part of Racial Equity Lens is collecting and analyzing information on who we are serving



# INTERNAL CLINICAL AND PERFORMANCE MONITORING

## **Local Agency Policy and Procedure Manual**

- Internal Policies of Agency
- Standing Order
- Protocols for CBO, FQHC and CHD abnormal findings

### **Approved methods of communication**

- Phone, text, social media (per Agency)

### **Time and attendance tracking per program**

- HSPRO723 Cornerstone report

### **Client Referral and Transfer Policy (Active Client)**

- RFO1 in cornerstone (referral)
- Make sure case note (CM04) included
- Referring agency needs to contact the agency they are referring them to
- Frequent transfers in agency can use request form





## **AGENCY POLICY & PROCEDURES**

- All agencies must include specific steps to be followed for abnormal findings on Child Physical Assessments, Developmental Screenings, and Depression Screenings. Agencies with a medical director must reflect these steps in their current standing orders in alignment with standard practices.

**XXXXXXX County Health Department**  
**STANDING ORDER: Edinburgh**

**Policy:**

A postnatal depression screening using the Edinburgh Postnatal Depression Scale will be administered to pregnant and postpartum participant.

Family Case Management (FCM) Better Birth Outcomes (BBO) will administer the Edinburgh screening tool per program requirements.

**Order for Edinburgh:** The Edinburgh developmental screening tool will be administered to the above categories by trained xxxxx County Health Department staff per program requirements

**Referral:** When needed the participant will be referred to appropriate agency for counseling. Documentation of the referral and follow up will be entered in data system for the program the client is enrolled in.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Approved methods of communication with client
- Phone
- Text
- Social media





## Updating Policies



When does a policy need to be updated?



When something involving the policy is modified or changed in anyway



Annually



If there are no changes to the policy, sign and date



- Document time and activity spent by each employee on each grant
- Documentation must at minimum contain the following information:
  - Identification of the staff person
  - The date on which the activity was conducted
  - Activity Type – At a minimum, categories must identify case management; outreach; administration of outreach and case management; accrued benefit time; and other direct services, as follows:
    - a. Time Spent – The amount of time spent on each activity
    - b. Program – (FCM, HRIF, and BBO)

## Time and Activity Cornerstone Report (HSPRO723)

- Client Referrals
- RF01



- **CLIENT TRANSFER POLICY :**

- Clients may only be enrolled in services at one agency at a time
- Follow transfer policy to ensure continuity of care for clients, and each client is receiving the most appropriate service based on their individual needs.
- Every agency is expected to follow the policy as it is written unless prior approval has been given and documented by the MCH Nurse Consultant
- **Statewide lookup required in Cornerstone:** (Areas with multiple agencies providing similar services you are required to look up parent and child)

### **When can you request a transfer?**

- Client's problem requires expertise for case management that staff does not possess at current agency
- Family moves closer to another agency
- The client prefers to obtain case management services from another agency
- The parent requests a transfer (must document in the CM04)

### **How do you complete the transfer?**

- Transfer Request Form needs to be completed and maintained in the client record at both agencies (Per agency)  
\*This is not a requirement through BMCH.



# Quality Assurance

- All agencies contracted with the DHS BMCH are expected to maintain an internal Agency Policy & Procedure Manual that aligns with DHS Policy and Procedures and contract guidelines. Must include:

- Specific steps to be followed for abnormal findings on Child Physical Assessments, Developmental Screenings and Depressions Screenings
- Quarterly communication from the Department in which quarterly performance data and trends are highlighted
- Biennial programmatic clinical reviews as directed by the Clinical & Chart evaluation tools, including chart audits
- When a review contains a finding the of noncompliance the Department will require the provider to submit a CAP (Corrective Action Plan) , failure to comply may result in grant suspension or termination





## QUALITY ASSURANCE

- [IDHS: Quality Assurance Review Tools \(state.il.us\)](https://state.il.us)

- Chart Review Tools (lists all service entries, assessments & Medical Screens) in PDF Format

- Clinical Review Tools for all programs in a PDF Format

- Chart Review and Clinical Review Tools will be provided to contract agencies by the Department at the beginning of the 2nd quarter of each fiscal year. These will be sent to the Local Agency Administrator and the Program Coordinator of each agency and can be requested from the MCH Nurse Consultant at any time



## Process for the Program Review

- Frequency
- Components
- Timeline
- How to prepare
- Post-Review steps
- Common review findings

**FAMILY CASE MANAGEMENT - SFY2023 CLINICAL PERFORMANCE**  
**Performance Report Outcomes**

Performance Indicator	Performance Standard	Performance Data	Corrective Action, Recommendation, or Commendation	Department Findings Explained
<b><u>Pregnant</u></b>				<b>0</b>
<b>Adequate prenatal care visits throughout pregnancy</b> as measured by timely entry of client data into Cornerstone Data Entry Screens PA07 (Initial Prenatal); PA10 (Postpartum); PA15 (Program Information); SV01 (Service Entry). (PPM 3.3.3)	85%	See comments		
At least one (1) <b>Prenatal Depression Screening</b> completed $\geq$ 20 weeks gestation as measured by timely entry of client data into Cornerstone Data Entry Screens SV01: 825 (Service Entry). Must include a hard copy in the client record or documentation of PCP acknowledgment of completion. (PPM 3.3.3)	85%	See comments		
<b>Reproductive Well Being Education</b> as measured by timely entry of client data into Cornerstone Data Entry Screens SV01: 941 (Service Entry) with a hard copy in the client record. (PPM 3.3.3)	85%	See comments		
At least one <b>home visit</b> during pregnancy as measured by timely entry into Cornerstone Data Entry Screens AS01: 706 (Home Assessment) and SV02 (Activity Entry). (PPM 3.3.1, PPM 3.3.3)	85%	See comments		
A minimum of <b>one (1) prenatal Face-to-Face contact per trimester active in FCM</b> as measured by timely entry of client data into Cornerstone Data Entry Screens PA07 (Initial Prenatal); SV02 (Activity Entry). (PPM 3.3.1, PPM 3.3.3)	85%	See comments		
<b><u>Postpartum</u></b>				<b>0</b>
<b>Postpartum Medical Follow-Up</b> visit completed within 42 calendar days of delivery as measured by timely entry of client data into Cornerstone Data Entry Screens: SV01: 820 with a hard copy of the Post-Birth Warning Signs given to client and blood pressure measurement recorded by agency or documentation of PCP acknowledgment of completion. (PPM 3.3.4)	85%	See comments		

Illinois Department of Human Services  
Bureau of Maternal & Child Health

## Family Case Management Chart Review Tool – FY23 Performance

Agency Name		Site		X = Present O = Absent NA = Not Applicable
MCH Nurse Consultant				
Chart Review Date		Site Review Date		

Cornerstone ID Number							Total
Client Type (P, I, D)							
DOB / Age of Client							X O
<b>All Clients</b>							
PA02	Assigned Case Manager						
PA03	Primary Care Provider						
PA06	Infant grouped with Caregiver						
PA15	Enrollment Date & History (F8)						
<b>Pregnant</b>							
Medical Screens	PA07 Initial Prenatal	EDC Date					
		Month Prenatal care began					
		# of Prenatal medical visits prior to enrollment					
Assessments: AS01 Completed within 45 calendar days of enrollment	701: Other Service Barrier						
	711: Prenatal Risk Assessment						
Service Entry: SV01	802: Prenatal Care						
	825: Depression Screening ≥ 20 weeks gestation						
	940: Postpartum Depression Brochure						
	941: Reproductive Well Being for prenatal						
Activity Entry: SV02	Face-to-Face (1 per trimester active) with topic included in CM04						

# Staffing

## Family Case Management (FCM)

Registered professional nurse licensed pursuant to Section 12 of the Nurse Practice Act and two years' experience in community health or maternal and child health nursing

Bachelor of Science in Nursing (B.S.N.) degree from a recognized or accredited program and one year of experience in community health or maternal and child health nursing

Supervision by a registered professional nurse, licensed social worker, or licensed clinical social worker with the length of experience described herein, until the case manager obtains the length of experience required



## Continued...

Licensed Clinical Social Worker or Licensed Social Worker with one year of experience in providing direct services to families with young children in a professional setting

Supervision by a registered professional nurse, licensed social worker, or licensed clinical social worker with the length of experience described herein until the case manager obtains the length of experience required

Master's Degree or Baccalaureate degree in a Behavioral Science, Social Science, or health-related area; or a baccalaureate degree in any other area and one year of experience in providing direct professional child, family, or community services; or an associate degree and two years' experience in providing direct professional child, family, or community services. Case managers meeting only this qualification must be supervised by an appropriate case manager until they have a total of two years of supervised case management experience

### High Risk Infant Follow-up (HRIF)

The case manager must meet one of the following qualifications:

Registered professional nurse licensed pursuant to Section 12 of the Nurse Practice Act [225 ILCS 65] and: a. two years' experience in community health or maternal and child health nursing

Bachelor of Science in Nursing (B.S.N.) degree from a recognized or accredited program and one year of experience in community health or maternal and child health nursing

Supervision by a registered professional nurse, licensed social worker, or licensed clinical social worker with the length of experience described until the case manager obtains the length of experience required



### Better Birth Outcomes (BBO)

Registered Nurse (RN)

Master's Degree Social Worker (MSW)

Master's Degree in Counseling Psychology

Licensed Professional Counselor (LPC)

Licensed Clinical Professional Counselor (LCPC)

Master's Degree in Human Services and Counseling with  
specialization in counseling

Master's Degree in Public Health (MPH) with specialization in public  
health nursing, women's health, or reproductive health

Approval by the Department is required for other credentials not  
indicated in the qualifications above

## Training required for CM

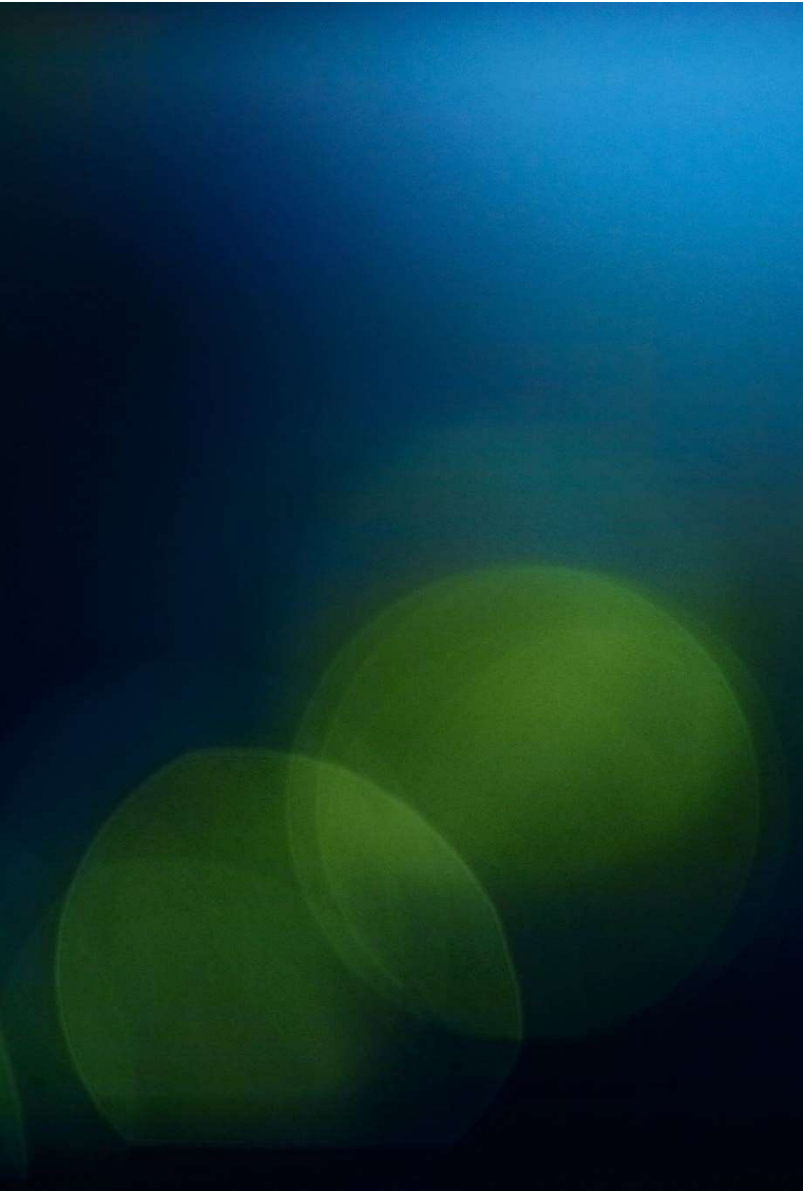
- Cornerstone Security (at hire and yearly)
- Implicit Bias (at hire and yearly)
- ICAN (within 3 months of hire)



## Other agency-required training for MCH

- Customer Service
- Communication and Motivational Interviewing
- Clinical Competencies and Skills
- Observation of CM with participant
- Open ended questions
- It gets CM ready for when the RNC observe.





# Staff evaluation/ performance review schedule

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Quarterly communication and quarterly performance data will be highlighted.

Scheduled and any technical assistance to improve barriers to service delivery.

Biennial clinical reviews by using FY23 tools

If noncompliance will receive a (CAP) Corrective Action Plan

DHS will monitor the CAP when completed will receive in writing that it has been resolved.

If failure to comply to CAP will be lost of funds or suspensions to grant and programs and even possible termination.

\* Clinical Review tools will be sent out yearly beginning the 2<sup>nd</sup> quarter of each fiscal year.



**\*Inform DHS ASAP with any staffing changes/shortage**



**or in case of extended clinic closures**



**\*Make Sure CM are reassigned to the client with in 30 days after an Employee leaves or is terminated so that services aren't interrupted**

# Leadership

## Ways to attract and retain valuable employees

### How to develop SMART goals:

- Ways to motivate staff to achieve goal
- Ways to recognize staff for achieving goals
- How to develop improvement plan if staff are not meeting goals





## Ways to Attract Valuable Employees

- FLEXIBILITY
- Financial Benefits
- Room For Advancement
- Positive Work Environment
- Health And Wellness  
(Insurance, Gym, Etc.)

How do you build a team?







# What kind of leader are you?

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- **Time Management:**
- -Staffing shortages, “wearing many hats” schedules
- **How to lead effectively:**
- -1:1 staff check-ins, how to have difficult conversations
- -How to lead staff meetings, in-service trainings, sharing updates

# Build Trust

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- Be Consistent
- Reliability
- Accountability
- Non-Judgmental
- Good Eye Contact



**When creating a staff training or development program or initiative, here are general tips:**

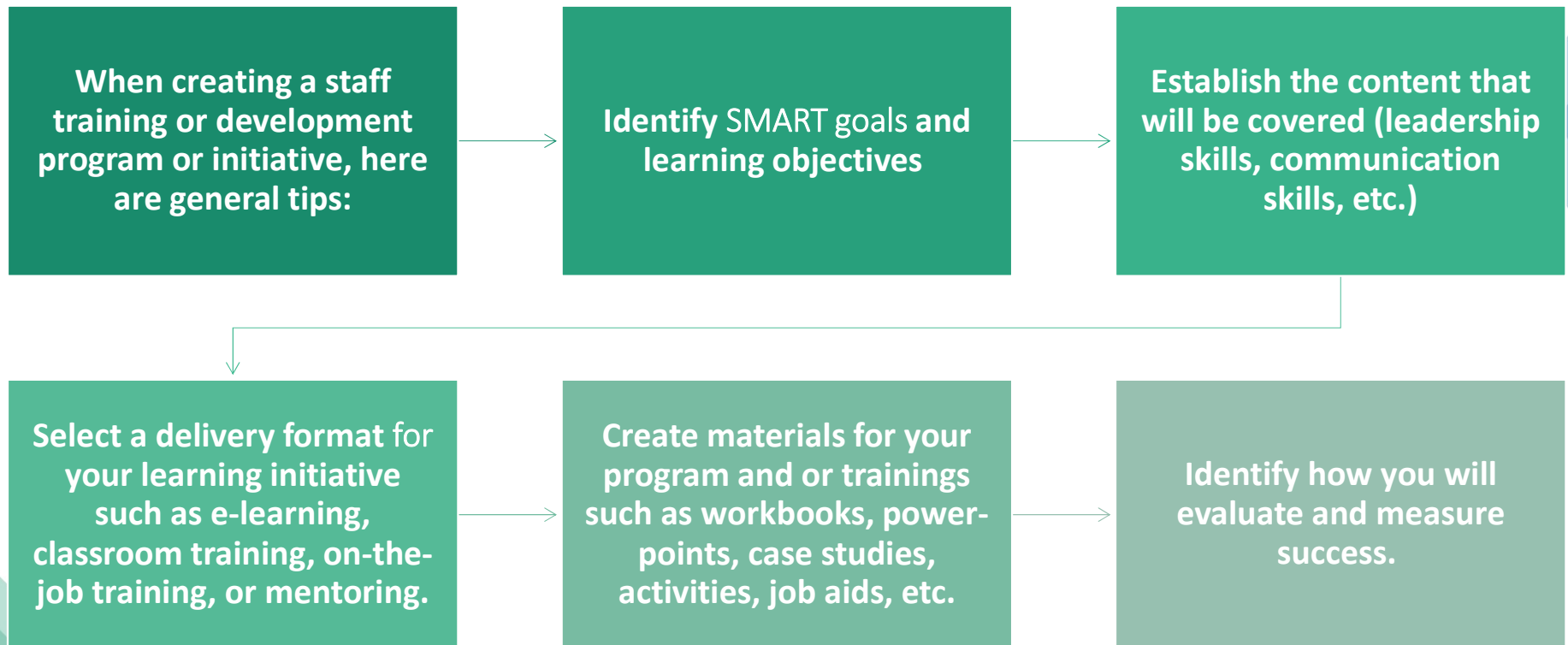
**Identify SMART goals and learning objectives**

**Establish the content that will be covered (leadership skills, communication skills, etc.)**

**Select a delivery format for your learning initiative such as e-learning, classroom training, on-the-job training, or mentoring.**

**Create materials for your program and or trainings such as workbooks, power-points, case studies, activities, job aids, etc.**

**Identify how you will evaluate and measure success.**





# Communication Activities



# Communication

- Maintain an open line of communication
- Be a good listener
- Be respectful of other's opinions
- Establish clear goals





# Ways to retain valuable employees!

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- 1. Starts at the leadership level
- 2. Listen and provide feedback
- 3. Follow through with questions
- 4. Meet often with your staff
- 5. Micromanagement stifles growth & creativity





# Problem Solving and Decision Making


PLEASE.....PASS  
THE PROBLEM

Problem.....

Solutions.....







**Identify the decision**  
**Gather Relevant Information**  
**Identify the Alternatives**  
**Weigh the Evidence**  
**Choose among the Alternatives**  
**Take -Action**  
**Review your Decision**



# Adaptability and Planning Activities

# Adaptability



Flexibility



Positive Attitude



Be Resourceful



Determination

# Planning Activities

Scavenger  
Hunt

Cook-Off

Office  
Trivia

Retreats

Ice  
Breakers

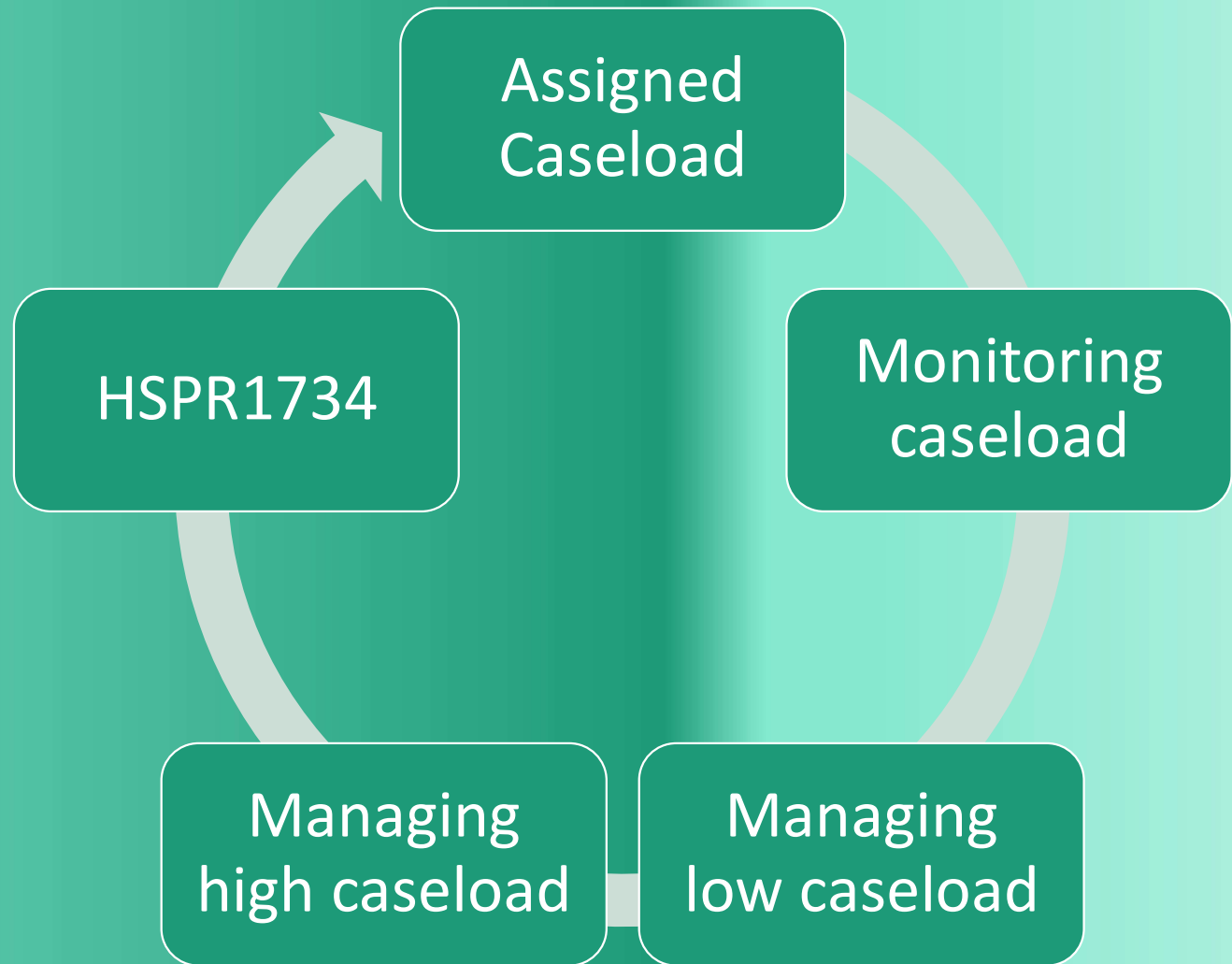
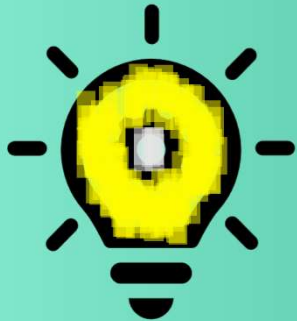
Pictionary



# ***Office Vs Hybrid Vs Remote***

# Caseload Management

How do you assign case manager?



# How would you define Outreach??

Outreach: Any activity to find and inform potential program clients of available services

Methods	Marketing	Plan
Case findings Doctors & Clinics Inner-agency referrals (WIC)	Social Media TV Radio Brochures	Budget Develop Resource List What type of outreach will work best for your agency (Know your population)

# How do you Outreach?..... Reach Out!

- Tell us about your outreach.
- How do you develop an outreach plan?
- When do you need to reach out?
- When would you submit plan to RNC?
- How to budget for outreach?? What is allowable?



# FI\$CAL Monitoring

## Code of Federal Regulations (2CF200) Fiscal Reporting/ reviews

Financial Documentation and Grant Payments

- Timeline for Submission

What is a Fiscal Program Review?

- Annual Review of Allowable & Unallowable Costs & documentation

EDF

- Expenditure Documentation Form

PFR

- Periodic Fiscal Reporting Quarterly

# Allowed VS Unallowed

## Allowable Costs

- Staff Salary
- Program Related Travel Cost
- Office and Copy Equipment
- Office Supplies (Items costing less than \$100 each)
- Rent or Lease/Utility/Insurance
- Phones
- Outreach (prospective Clients)
- Transportation for MCH Participants (Established Clients only)

## Unallowable Costs

- Employee Recognition
- Exam Tables
- Any Supplies for Well-Child Exams
- Billing Services
- Food or Incentives



## PRIOR APPROVAL PURCHASE ITEMS

- Costs allowable with prior approval from the Department:
  - Rental space costs - new sites / locations
  - Any computer software purchases, such as: word processing, spreadsheet, database, email, presentation, or anti-virus applications
  - Any computer equipment purchases, such as: personal computers, monitors, printers, and modems, regardless of cost
  - Any items costing more than \$5,000
  - Purchase of capital assets, such as: buildings, land, and improvements to buildings or land that materially increase their value or useful life and cost more than \$5,000



- All requests for prior approval must be in writing on Local Agency letterhead from the agency to the Department via the Administrative Contract Coordinator. The request must include:
- Item Description
- Model Number/Serial Number
- Unit Cost
- Justification for Purchase
- Percentage of time the product will be used for each program
- Number of Program Full Time Equivalents present in the Local Agency

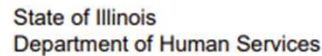


State of Illinois  
Department of Human Services

**MONTHLY GRANT INVOICE**

(a) Grantee Name:		(b) Program Name:		(c) Contract No.:	(d) CSFA	(e) FEIN	(f) Date Prepared
(g) Agreement Period thru		(h) Invoice Period thru		(i) IDHS Fiscal Yr.	(j) Final Invoice for Award Period <input type="checkbox"/>	(k) No changes from prior reporting period and/or No new expenses <input type="checkbox"/>	
(l) Invoice Amount:		(m) Indirect Cost Rate: %		(n) Approved Indirect Cost Base:		(o) Approved Indirect Cost Base Amount:	
(p) Fixed Rate Grant (FRG) Yes <input type="checkbox"/> No <input type="checkbox"/>		(q) FRG Rate: \$:		(r) FRG Units Current Period:		(s) FRG Units Cumulative Award:	
(t) Program Restrictions Yes <input type="checkbox"/> No <input type="checkbox"/>		(u) List of Restrictions:					
(v) Mandatory Match %: Yes <input type="checkbox"/> No <input type="checkbox"/>		(w) Specify Match:					
(x) Program Income (Award to Date):		(y) Program Income (In current reporting period):		(z) Interest earned (Award to Date)		(aa) Interest earned (In current reporting period):	

(bb) Category/Program Expenses	(cc) Current Approved Budget			(dd) Grant Expenditures				(ee) GRANTEE MATCH			(ff) Total Match (Award to Date)
	Approved Budget	Remaining Balance Available	Expend %	Current Period Grant Expense	Prior Approved Grant Expenses	Grant Expense Adjustment	Post- Adjustment Grant Expenses (award to date)	Current Cash Match	Current In-kind Match	Prior Period Cash and In-kind Match	
1. Personnel			0.00								
2. Fringe Benefits			0.00								
3. Travel			0.00								
4. Equipment			0.00								
5. Supplies			0.00								
6. Contractual Services/Subawards			0.00								
7. Consultant (Professional Services)			0.00								
8. Construction			0.00								
9. Occupancy (Rent & Utilities)			0.00								
10. Research & Development			0.00								
11. Telecommunications			0.00								
12. Training & Education			0.00								
13. Direct Administrative Costs			0.00								
14. Other or Miscellaneous			0.00								
15. Grant Exclusive Line Item(s)			0.00								
(gg) TOTAL DIRECT EXPENSES			0.00								
(hh) Indirect Costs			0.00								
(ii) TOTAL EXPENDITURES			0.00								

**GRANTEE CERTIFICATION (2CFR 200.415)**

(jj) Name and Title of Authorized Grantee Representative:

**(II) Email Address:**

STATE AGENCY USE ONLY

(nn) Name and Title of State Agency Individual Authorized to Approve Invoice:

(oo) Date Received:

(pp) Date Approved:

**(qq) Funded Program**

(rr) SAP Vendor Number

(ss) SAP Contract Number

(tt) CSA Contract Number

**(uu) Commitment Item**

(vv) EMF

(ww) EMF Line

(xx) SAP WBS  
Elements

**SAP TOTAL**[illegible]

# EDF / PFR

- Monthly and quarterly Expenditure documentation review - Our BMCH program staff (fiscal/grants side - Pam/Kayla) review each month's EDF to ensure costs are in alignment with budget, caseload, etc. They review routinely any expenses for Grant Exclusives line item, otherwise only review other specific lines as needed, but can ask to review backup docs at any time.



## Tips for budget items

- The State Fiscal year runs from July 1st through June 30th
- If you forget something or need to correct something, add to justification
- Always remember to complete fully, print and sign
- Save form to excel
- Never cut and paste, it interferes with the calculator
- On the PFR, Under performance accomplishment, remember to always check one of the two performance boxes
- [Send an email to: DHS.BMCHEDF@Illinois.gov](mailto:DHS.BMCHEDF@Illinois.gov) and in the subject line put the quarter and the provider's name or fax to 217-588-9548



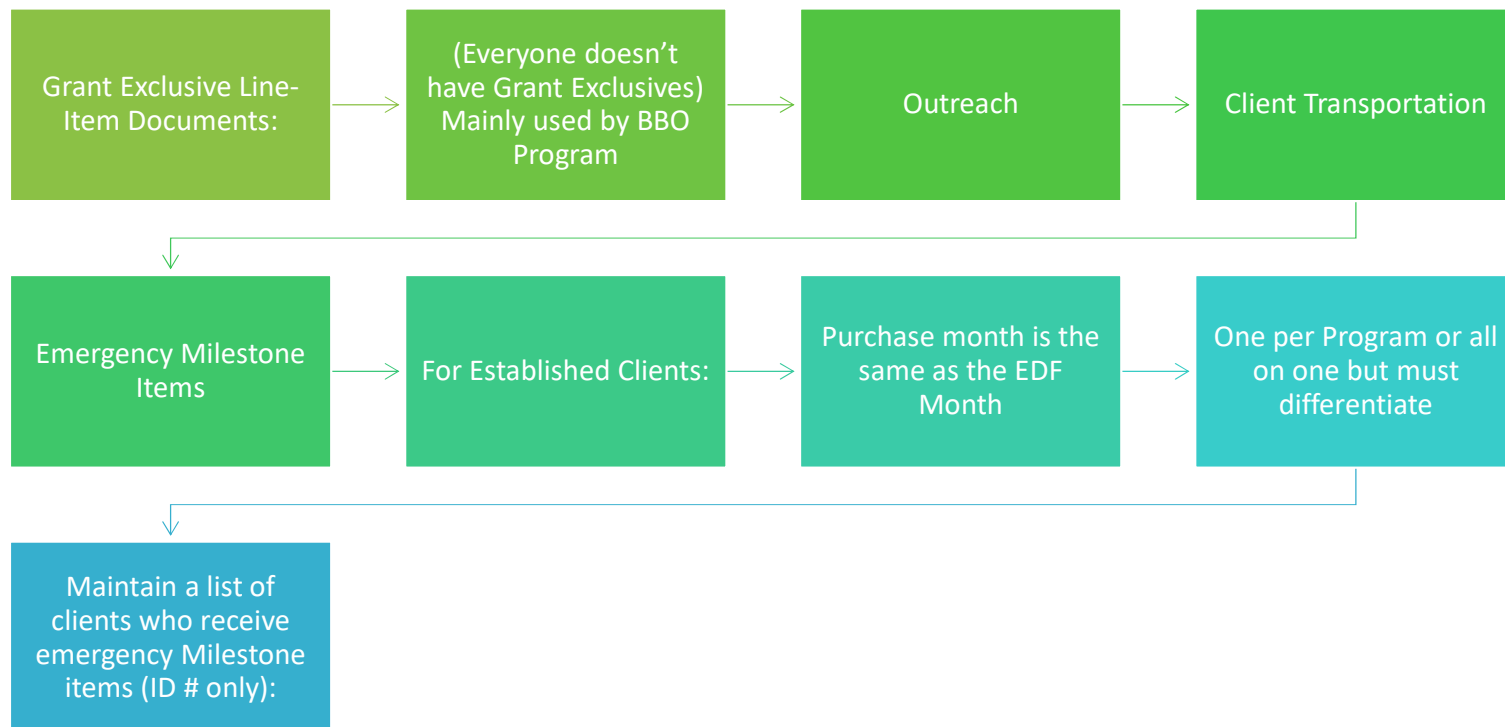


# Supplemental Documentation

Supporting documentation must be available to the Department upon request including, but not limited to:

- Receipts from a vendor.
- Invoices.
- Electronic order confirmation from a vendor.
- QuickBooks invoices.
- Back-up documentation.
- Monthly narratives.

# Distribution Process



## Common FAR Personnel Findings

### Fiscal & Administrative Review Assistance for IDHS Providers



#### Personnel Records

One of the most common findings that BCSS and OCA reviewers encounter when doing the Fiscal Administrative Review is the lack of complete employee files. Many are missing applications or resumes, job descriptions, annual evaluations and/or conflict of interest statements.

#### Application/Resume

While reviewing personnel files, the FAR staff are looking to see if there is a completed job application, or a resume with cover letter, showing the employee's application for the job.

#### Job Description

Each personnel file should contain a description of the job outlining the duties and expectations of the employee.

#### Conflict of Interest Statement

Grantees for Federal, Federal Pass-through and State grants must disclose any conflicts of interest or apparent conflicts of interest which may impair the fairness and impartiality of the grant process. Employees and board members of the organization must disclose any conflicts of interest. For more information see [Mandatory Disclosures](#) and [Conflict of Interest](#) from 2 CFR 200. Further references can be found in Article XXI of the Uniform Grant Agreement.

[18 U.S.C. 208, GATA 30 ILCS 708/35, 708/40 and 708/60, 2 CFR 200.112 and 31](#)

#### Employee Evaluations

Most smaller providers especially, do not conduct employee evaluations and have no documentation showing they have done any type of annual employee review. Employee evaluations do not have to be complicated. They can be as simple as a memo in the employee's file stating accomplishments, areas for improvement, objectives for the next year, salary increases, etc. This document should be dated and signed by both the employee and the supervisor. There are several websites that give basic information on doing an employee evaluation. Below are just a couple of examples of websites that may assist providers with conducting an annual employee evaluation.

[How to Write Employee Evaluations](#) or [How to Conduct an Employee Evaluation](#)

There are several free MS Word or Adobe PDF templates that can be downloaded and modified for a provider's use. Here's a link to a sample:

[Free Employee Evaluation Form – PDF](#)

[Additional references: 89 IL Administrative Code 509.80](#)

## Time and Effort

### Fiscal & Administrative Review Assistance for IDHS Providers



#### Overview of Time and Effort – What does this mean?

Grantees are required to report Time and Effort (T&E) for personnel services. Any charges for salaries and wages to federal grant awards must be documented through T&E Reports.

Compensation is paid based on estimates of T&E **before** the services are performed. T&E Reports document the **actual** percentage of all T&E expended on the grant even if some of the time is not compensated by the grant. All T&E (up to 100%) is documented on the T&E Report to indicate the full set of duties of the position.

**Payroll** - Charges to awards for salaries and wages, whether treated as direct costs or indirect costs, are based on documented payrolls approved by a responsible official(s) of the organization.

**Personnel Activity Reports (PARs)** - The distribution of salaries and wages to awards **must** be supported by personnel activity reports (also known as T&E Reports). PARs reflecting the percentage of activity of each employee **must** be maintained for **all** staff members (professional and nonprofessionals) whose compensation is charged, in whole or in part, **directly** to awards. For samples of T&E timesheets, visit:

[Time and effort reporting templates - Bing images](#)

PARs also **must** be maintained for other employees whose work involves two or more functions or activities that support the **allocation** of indirect costs, i.e., an employee engaged part-time in indirect cost activities and part-time in a direct function.

#### **PARs maintained by grantees must:**

- ☐ Reflect an **after-the-fact** determination of the **actual** activity of each employee; budget estimates do **not** qualify as support for charges to awards
- ☐ Account for the **total activity** for which employees are compensated and is required in fulfillment of their obligations to the organization
- ☐ Be **signed** by the individual employee confirming that the distribution of activity represents a **reasonable estimate** of the **actual work** performed by the employee during the periods covered by the report
- ☐ Be signed by a supervisor responsible for having first-hand knowledge of the activities performed by the employee
- ☐ Be prepared **at least monthly** and **must** coincide with one or more pay periods

[CFR 200 section 200.430 Compensation – Personal Services](#)  
[2 CFR Part 230 Subparagraph 8.m.\(1\) of Appendix B](#)



## Budgeting Travel

### Fiscal & Administrative Review Assistance for DHS Providers



Grant related travel may be charged to an IDHS grant in accordance to [2 CFR 200.475\(a\) General](#) and [30 ILCS 708/130 Grant Accountability and Transparency Act \(ilga.gov\)](#).

If your organization does not have a travel policy, then travel is subject to the Travel Control Board's policy as per GATA Travel Costs. For more information see the [Governor's Travel Control Board](#) or the [Higher Education Travel Control Board](#). [48 CFR 31.205-46\(a\)\(2\)\(i\)](#).

If your organization has a travel policy that sets reimbursement rates, the amount claimed cannot exceed the lower of either grantee's written policy or the Travel Control Board . . . and, under no circumstances, can any reimbursement exceed the federal rates.

#### Uniform Grant Agreement (UGA) Budget Mileage Reimbursement Rate

The UGA and budget are contractually binding documents. If the grantee defines a reimbursement rate in their budget that is lower than State, Federal, or internal written policy rates, the budget rate is contractually binding and no reimbursement can exceed the applicable default rate.

**Note:** If you use the GSA's rate for UGA budgeting, and that rate is not subject to any constraint such as a lower written policy rate, then mid-year increases or decreases in the GSA rate won't trigger a budget revision unless budgeted or actual travel costs exceed the line-item transfer threshold (10% or \$1,000, whichever is greater).

#### Budgeting Travel

Travel costs must be indicated in the budget including who is traveling, the cost, basis for reimbursement, quantity of the trips, and sufficient justification to explain why the grant requires travel.

For employee training, travel and meals for employees should be listed separately in the budget. Show the number of employees and unit cost involved. Identify the location of travel, if known. If unknown, state "location to be determined." Indicate the source of the travel policies used to complete the cost category or the State of Illinois Travel regulations. The travel category is for staff travel only. Remember that documentation will be required when you submit the actual travel costs for reimbursement from IDHS.

Travel for consultants should be in the budget's consultant category along with the consultant's fee. Travel for training participants, advisory committees, review panels, etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category. Transportation for clients or program participants should be placed in the "Miscellaneous" category. Be sure to provide a clear explanation on the budget narrative related to these Miscellaneous expenses.

Multiple entries may be made in the travel category of the budget. Travel costs that correspond to the personnel funded by non-State funds may be added in the "Non-State Item" section of the budget. Provide supporting information to justify charging the travel in the "Travel Narrative" text box. The travel narrative should include origin and destination, type of transportation, estimated breakdown of specific costs (if not clear from the line items), e.g., mileage; number of travelers, related lodging and per diem cost, a brief description of the travel involved, its purpose, and an explanation of how the proposed travel is necessary for successful completion of the project.

## Cost Allocations

### Fiscal & Administrative Review Assistance for IDHS Providers



#### Cost Allocation Plans

Providers often have centralized or administrative costs – such as accounting, supplies, and equipment purchases, etc. – that benefit all their programs and activities. A cost allocation plan defines how expenses that are not directly tied to one program, but benefit multiple programs or the organization at large, are allocated. A good cost allocation plan provides a clear picture for auditors of how the provider has spent the grant funds. When providers use a cost allocation plan, these central service costs are split among their programs, provides a true picture of what it costs to run a program, and helps determine what costs are reimbursable ([2 CFR 200.416\(a\)](#)).

Costs for goods or services that benefit a single source of funding (one program only) should be assigned solely to that grant. However, costs that benefit more than one funding source may be charged to each funding source based on its proportional benefit to that program. Cost allocation plans can be based on either the proportion of benefit or on the interrelation between the grants.

**Proportional Benefit:** Costs are assigned based on the proportion of benefit to a program. *Example:* 10 boxes of paper are bought by the provider. Three boxes are to be used by (assigned to) Program A and seven are assigned to Program B. The proportional benefit would be 30% for Program A and 70% for Program B. If the total cost of these 10 boxes was \$100, then \$30 would be allocated to Program A, and \$70 to Program B.

**Interrelation Benefit:** Costs are assigned based on a reasonable and rational basis. *Example:* costs that are not readily identified by the benefit to a grant may be assigned according to an allocation methodology.

Best practices in allocation methodology include:

- Documenting thoroughly how it was developed
- Documenting its beginning and its end
- Documenting benefits to the grant (e.g., staffing, office space, hours of service)
- Being updated periodically to reflect either a loss or an addition of funding
- Being consistently used in similar circumstances
- Reviewing It routinely to assure that it continues to represent a reasonable distribution of costs

Costs may **not** be allocated based on:

- Adjusting costs based on available funds of an award
- Adjusting costs based on budgetary convenience
- Circumventing funding restrictions
- Offsetting costs by assigning them alternatively to one grant and then to another

[Example of a Cost Allocation Plan](#) or for more examples visit [Cost Allocation Plans](#)



## Expenditure Testing

### Fiscal & Administrative Review Assistance for IDHS Providers



During the Fiscal Administrative Review (FAR), the reviewer conducts expenditure testing to determine if costs claimed to the grant align with the grant contract and appropriate governing codes. The provider's budget gives reviewers information regarding approved expenses for the grant. Please note the following:

- Any costs for which reimbursement is claimed must be clearly identified in the approved budget or be supported with evidence that grantor agreed to the cost. Otherwise, for purposes of the FAR process, the cost is subject to potential recovery based on program administrator determination.
- Expenditures are NOT allowed for a line-item category if you did not identify expenses for that category in your approved budget.
- You MUST request a budget revision to make a "\$0 or N/A" line item on the budget eligible for cost claiming.
- Budget amendments are required to transfer costs that exceed 10% (or \$1,000) of a line-item to another line-item.
- Transfers between line-items less than 10% or \$1,000 are allowable and considered to be "discretionary". Discretionary transfers DO NOT REQUIRE a budget amendment.
- Providers should amend their budget as needed before expending any portion of the grant (*amend before you spend!*).
  - [44 Ill. Adm. Code 7000.37\(b\)\(2\)](#)  
*"An awardee shall not deviate from the budget, project scope, or objective stated in the Grant Agreement except with mutual agreement of the State grantmaking agency and the awardee. However, some revisions and deviations shall not be made without prior approval of the State grantmaking agency as required by subsection (b)(3)."*

Supporting documentation for all expenditures must be kept by the provider per the Uniform Grant Agreement and made available to the reviewer. Each line item in the budget indicating projected expenditures requires supporting documentation. These may include, but are not limited to:

- Payroll (Payroll Vendor, General Ledger Payroll reports, etc.)
- Staff Timesheets
- Receipts
- Invoices
- Utility Bills
- Travel (Travel Approval(s), Staff Requests for Mileage Reimbursement, Per Diem Authorizations, etc.)
- Copies of Leases

The FAR reviews the budget and corroborates these expenditures against the supportive documentation for a period of either two months or a quarter; the period reviewed may be expanded to include additional months. Non-allowable expenses identified by the reviewers are potentially subject to grant funds recovery as per the Illinois Grant Funds Recovery Act (30 ILCS 705).

## Grant Exclusive Line Item

### Fiscal & Administrative Review Assistance for IDHS Providers



### Grant Exclusive Line Item (GELI)

The Grant Exclusive Line Item (GELI) is a way for uniquely defined program objectives and service deliverables to be tracked separately from other grant line items in the budget. Using GELI might be appropriate for tracking and monitoring unique Federal/state statutes, regulatory – or other programmatically defined – reporting and performance requirements. The use of the GELI must be pre-authorized by the Program Administrator and authorized for use in both the Notice of Funding Opportunity (NOFO) and in the budget.

When using the GELI line, the provider's budget narrative should clearly outline how grant funds will be used, in alignment with allowable costs, to ensure program objectives and service deliverables are met.

#### Meaning of "Tracked Separately"

Providers are required to have processes in place to track costs claimed on the GELI. This is best achieved by treating the GELI program objective and service deliverables as its own cost center – a "budget within a budget". The provider's cost allocation methodology to the overall grant will have to account for the GELI.

#### How to use GELI

Providers need to have a written methodology to account for staff time claimed to the GELI with supporting documentation, such as Time and Effort reporting, showing the time each staff member spends on the program objective and how it is tracked separately from the overall grant.

**Example:** If a staff person works in Better Birth Outcome (BBO), that has a GELI for Better Birth Outcome–Outreach Project (BBO-Outreach), then time and effort reporting requires coding that shows the amount of time the staff person spent doing BBO-Outreach. This time, coded to BBO-Outreach, can then be claimed on the GELI.

#### Fiscal Administrative Review (FAR) of Grant Exclusive Line-Item(s)

1. Reviewers use the approved GATA budget schedule and related narrative to understand why the grant exclusive line item was used. Clearly written budget narratives are very important.
2. Based on parameters set forth in the budget and related narrative, reviewers test supporting documentation for claimed costs.
3. Reviewers look for non-authorized claims to the GELI. A provider may not fully understand the purpose of the GELI and may be using it as a catch-all line-item.

**Please note:** Allowable costs should be specifically identified in the budget quantitatively and qualitatively. Providers should make sure the GELI budget narrative and projected costs are clearly defined. Any deviation from allowed costs would be a finding during the FAR process.

# INVENTORY MANAGEMENT

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

# GUIDELINES FOR DISPOSAL OF PROGRAM EQUIPMENT



- To dispose of equipment purchased with Program funds:
  - If the item is on a depreciation schedule, and the time frame of depreciation has not elapsed, the local agency must submit a request in writing, on agency letterhead, to the Department at [DHS.BMCHEDF@illinois.gov](mailto:DHS.BMCHEDF@illinois.gov) which includes:
    - Item description
    - Date of purchase
    - Unit cost (if available)
    - Justification for disposal
    - Specification of which program(s) item is allocated to
    - Copied to Regional Nurse Consultant
    - Email Subject should read as follows: Agency Name - Disposal of Program Equipment
  - If the request is approved, a letter will be sent granting approval to dispose of the equipment. The letter must be kept on file with the inventory records.
  - Computer equipment approved for disposal must have all client information erased prior to disposal



# Scavenger Hunt

Where do you find the Cornerstone Manual?



When was the BMCH Policy & Procedure Manual last updated?



Where do you send staff to register for trainings?



How do you contact your RNC and who is the Bureau Chief?

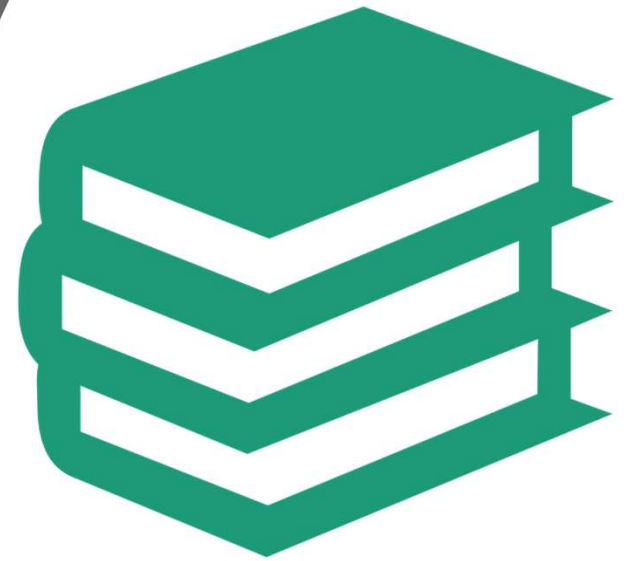




Scavenger Hunt



# CORNERSTONE ADMINISTRATIVE COURSE



# Cornerstone



Request Cornerstone  
Access



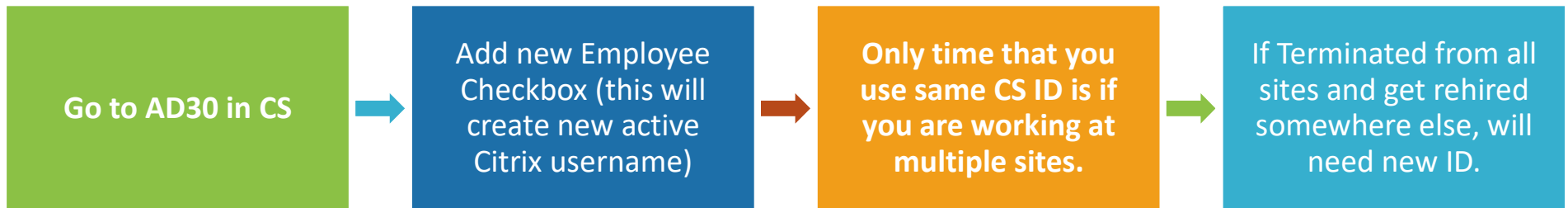
AD30  
9.23 CS Manual



Right  
VS  
Wrong



# How to add a New Employee



# AD30

Cornerstone 15.2

F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit

JONES, LISA 300006 CORNERSTONE 01/18/2023

AD30 - SECURITY ACCESS REQUEST

## CORNERSTONE SECURITY ACCESS REQUEST

Current Cornerstone ID (if any for existing employee):

Last Name:  First Name:  MI:

Start Date(for new employee):

☐ Add New Employee ☐ Change, using Employee's existing Cornerstone ID

Title:  Supervisor's ID:

☐ No Citrix Access Needed Should employee be given Admin rights? ☐

Additional Site(s) where access is requested:

Program Access:

Entered by:

Telephone Number:  Ext:

# AD32

## Security Coordinator Training

The screenshot shows a software window titled "Cornerstone 13.1". The menu bar includes "F1=Help", "F3=Return", "F4=Save", "F5=Add", "F6=Edit", "F7=Delete", "F11=Next", "F12=Cancel", and "TextEdit". The status bar at the top displays "CSTONE, DEMO", "043002", "CORNERSTONE", and the date "10/09/2013".

The main content area is titled "AD32 - Security Coordinator Training" and contains four tabs: "DUTIES AND RESPONSIBILITIES", "INFORMATION DISPOSAL", "INCIDENT REPORTING", and "CERTIFICATION". The "DUTIES AND RESPONSIBILITIES" tab is selected and highlighted in blue.

Under the "DUTIES AND RESPONSIBILITY" heading, the text reads: "The Security Coordinator's duties:".

- \* Coordinate system access for staff and determine appropriate access levels.
- \* Ensure that State-owned equipment and resources are secure and equipment is accounted for by conducting an annual inventory.
- \* Report security incidents to the Cornerstone Service Desk immediately.
- \* Ensure continued operations during system disruption.
- \* Ensure new Cornerstone Users complete initial security training to gain access to the system and for all other users, annual security training requirements are met.
- \* Underscore and review confidentiality policies.
- \* Establish reasonable use policies (e.g. games, pornography).
- \* Discuss password & ID sharing.

Below the list, a paragraph states: "If it is determined that a User's access should be revoked it should be done as soon as possible after separation from the agency, disciplinary action, or change of business need. If the Cornerstone Security Coordinator cannot complete this task they are still responsible for ensuring it is done in a timely fashion."

At the bottom of the form, there is a checkbox and the text: ☐ I have read and understand the information on this page

# AD15

- The Employee Information (AD15) screen is used to establish the Cornerstone user ID for all users of the Cornerstone system. New employee information is added to the Cornerstone system using the Security Access Request Screen (AD30). Once added, the site supervisor can edit information on the (AD15) screen as needed.
- The (AD15) is no longer used to reactivate a terminated employee (see AD30).
- This screen must be completed for all employees who will be using the Cornerstone system

# How to change Case Managers rights in CS

1

**Go to Admin**

2

**Choose  
Employee**

3

**Choose Security  
Screen (AD16)**

4

**Select Y & N for  
which screen you  
want employee  
to have access to**



# AD16 Screen

\*RNC has access to screen as well

Cornerstone 15.2

F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit

HARRISON, MELISSA 300006 CORNERSTONE 01/18/2023

AD16 - SECURITY SCREEN

Empl ID: 300006060 Last Name HARRISON First Name MELISSA MI  
Clinic: 300006 TRAINING CENTER - Title:

Not Assigned Screens	Current Screens Security	ADD	UPD	DEL
AD00-AUTOMATED EOD-BOD	AD00-AUTOMATED EOD-BOD	*	Y	*
AD01-PROVIDER MAINTENANCE	AD01-PROVIDER MAINTENANCE	Y	Y	*
AD02-PROVIDER SERVICE MAINTENANCE	AD02-PROVIDER SERVICE MAINTENANCE	Y	*	Y
AD04-CLINIC SCHEDULES	AD04-CLINIC SCHEDULES	Y	Y	Y
AD11-END OF DAY PROCESSING	AD11-END OF DAY PROCESSING	*	Y	*
AD12-REINDEX TABLES	AD12-REINDEX TABLES	*	Y	*
AD13-FOLLOW-UP REPORTS	AD13-FOLLOW-UP REPORTS	*	*	*
AD14-CLINIC ADMINISTRATIVE DATA	AD14-CLINIC ADMINISTRATIVE DATA	*	Y	*
AD15-EMPLOYEE INFORMATION	AD15-EMPLOYEE INFORMATION	Y	Y	*
AD16-EMPLOYEE SCREEN SECURITY	AD16-EMPLOYEE SCREEN SECURITY	Y	N	*
AD17-CASELOAD REASSIGNMENT	AD17-CASELOAD REASSIGNMENT	*	Y	*
AD18-GENERATE MEDICAID BILLING	AD18-GENERATE MEDICAID BILLING	*	*	*
AD19-SCHEDULE CLOSED DATES	AD19-SCHEDULE CLOSED DATES	Y	Y	Y
AD22-EMPLOYEE EXPENSES	AD22-EMPLOYEE EXPENSES	Y	Y	*
AD23-CLINIC OPERATING EXPENSES	AD23-CLINIC OPERATING EXPENSES	Y	Y	*
AD26-RESET LOGIN FLAG	AD26-RESET LOGIN FLAG	*	*	*

\* Y \*

Move Move All Default Remove Remove All

\*If "N" is assigned, they only have read only access.

The Caseload Reassignment (AD17) screen is used by an administrator (supervisor) to assign unassigned participants who have a program record in Family Case Management (FCM) to an appropriate case manager. All FCM participants must be assigned to a case manager.

From the AD17 screen enter  
999999999 into the from field  
Enter CM  
Enter the employee ID  
F6 to edit  
Select participant from list & save

## AD17 - CASELOAD REASSIGNMENT

Employee	Name	Title	Cases	Prog
From: 300006001	CORNERSTONE, DEMO 1	DEMO	11	CM
To: 300006020	CORNERSTONE, DEMO 20	DEMO	2	

From Employee Case Assignments: CORNERSTONE, DEMO 1

All

A53623A9413800		ANDERSON	,	CODY		M		08/15/2022		CM		
A53624L0392600		ANDERSON	,	COLLETTE		F		11/16/2003		CM		
H25222L0492800		HIGGINS	,	KEISHA		F		11/18/2004		CM		
H25225D2279900		HIGGINS	,	KENYA		F		07/13/2022		CM		
L25216L9562500		LOGGINS	,	BRITTANY		F		08/01/2022		CM		
M32416M9562500		MITCHELL	,	BRITTANY		F		08/01/2022		CM		
Q25062Q9236000		QUICKEN	,	RASHAD		M		11/15/2021		CM		
R63516R9562500		RARDON	,	BRITTANY		F		08/01/2022		CM		

To Employee Case Assignments: CORNERSTONE, DEMO 20

None

F26016F9562500		FESSER	,	BRITTANY		F		08/01/2022		CM		
M60062M9236000		MEAR	,	RASHAD		M		11/15/2021		CM		

## Caseload Reassignment (AD17)

- Go to Admin
- Then Employee
- Then to Caseload Reassignment (AD17)
- Put in first employee ID
- Then Input the ID that the client is moving to
- It will then list both of their clients
- F6 to Edit
- Click and highlight name and press enter.
- Then Press F4 to save.

- Entering of a provider:
  - Go to Admin
  - Then to clinic table Maintenance (AD01)
  - F5 to add
  - 0 must be in the beginning and then the number you assign to them
  - Make sure they are active

- You can add the service that they provide.

[illegible]



# Cornerstone

## Security Requirements :

**Annual training  
(AD32) Security  
Coordinator  
Training**

**Updating CM list  
in CS**

**Submit the  
updated list to  
DHS annually**

# Things to consider when assigning a case manager

Does the participant already have another family member assigned to them?

Language Barrier

Acuity

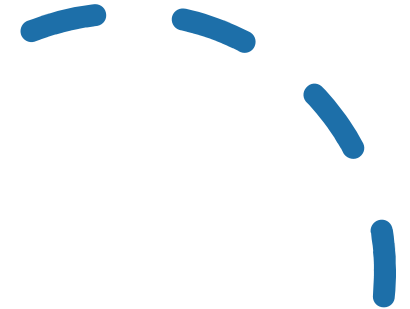
Experience of the CM

Best practice would be to assign case managers to certain areas consistently to decrease travel time.



## **HSPR0747:**

- Report will only show those active clients that have had either the 711 or 712 assessment completed
- Does not show terminated clients
- Good overview of caseloads
- 1<sup>st</sup> page is the unassigned list and should regularly be reviewed to ensure clients are assigned



### Selection Information:

Cornerstone 12.6p3

File Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit

DEMO, CSTONE 043002 CORNERSTONE 10/17/2012

RP01 ON-REQUEST REPORT SELECTION

Report ID: HSPR0747 Report Name: Family Case Management Participant Risk Report

Grp/Part. ID: C350-3501-2683-00 Clinic ID: 043002 Loc. Code: 01

Provider ID: Employee ID: 111111117 Pgm. Code:

Pgm. Status: Pgm Category: Assess. Type:

Schedule ID: Code:

Service Code: o/Yr: 00/0000

Select/As of Date: / Date: / /

Minimum Age in Years: Annual:

Vendor ID:

Print Options: ☒ F3

REPORT SELECTION (ENTER=SELECT)

**SELECTION INFORMATION**

Please Select One of the Following Options to Run the Report

☒ A. All Participants

☐ B. All Participants Grouped by Case Managers

☐ C. Participants by Selected Case Manager

OK CANCEL

### Editable Fields

Field Name	Format	Type	Required
Report ID	XXXXXXXX	Alpha/Numeric	Mandatory
Loc. Code	99	Code	Optional
Employee ID	XXXXXXXX	Numeric	Optional
<b>Selection Information:</b>			
Please Select One of the Following Options to Run the Report	Checkbox	Choice	Mandatory

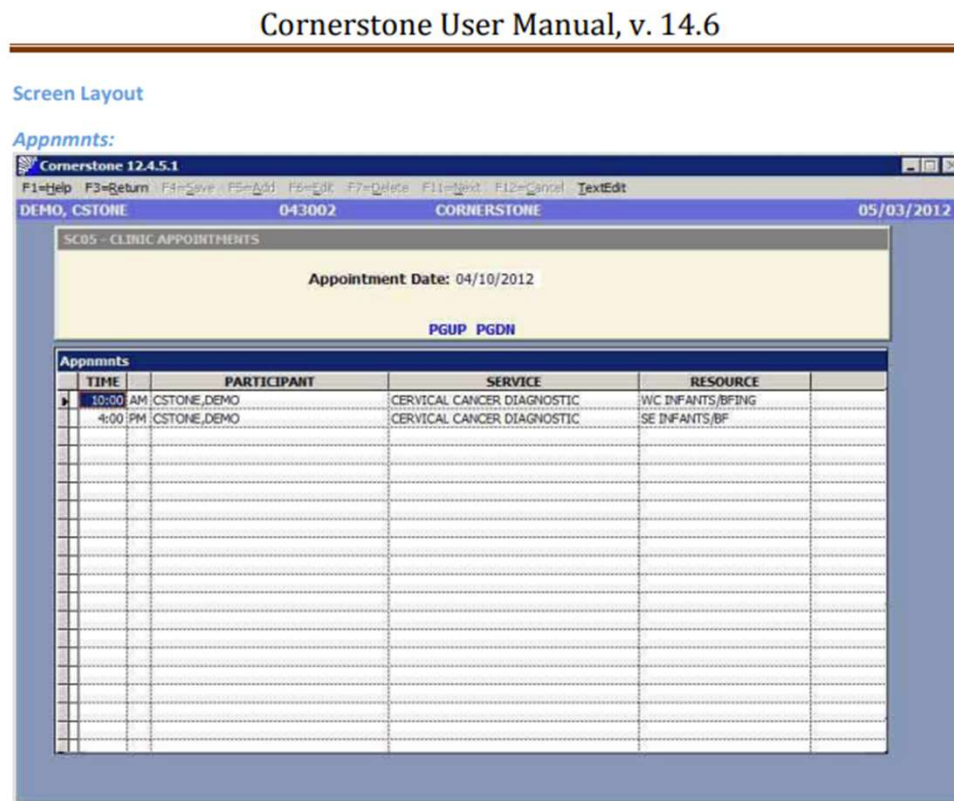
### Frequency

The Family Case Management Participant Risk (HSPR0747) report is run as needed or required.



## Scheduling Appointments using SC05 or SC06 ( not used by all agencies)

**SC05** for scheduling **Clinical appointments** for participants.



- Fill in date of appointment
- Hit F1 for clinic appt window
- Then select the appointment

## SC06 for Staff Appointments (not used by all agency's)

[illegible]

- This allows the user to look at employee's appointment schedule for the day.

## Case Findings

- 
- Case Findings Report- Run on Mondays
  - Can be printed out monthly as well
  - Choose the clients with category codes of **P, I, or D.**

How to run it?

- What are acceptable forms of contact?
- What needs to be documented?
- SV02=110 case Findings



## 11.82 CASE FINDING LIST (HSPR0724)

### Overview

- The Case Finding List (HSPR0724) report lists all participants who have a case management program record with a status of 'N – New Medicaid Recipient' and a program status date within the date range specified. DCFS wards will be included on the report.
- The sort order on this report groups the participants by Medicaid Case ID. This means the infants and guardians will be printed together. Participants are no longer displayed on the report once they have been activated in case management [as documented on the [Activity Entry \(SV02\)](#) screen].
- The report runs automatically as well as manually.

### Details

#### Sort By:

After pressing <F9> to run the report, users are prompted to select a sort choice. The report can be sorted by "Last Name, First Name" or by "Group Number / Case ID." Select an option and press the "OK" button or press the "Cancel" button to run the report without a selection.

### Screen Layout

#### Sort By:

Cornerstone 14.1

F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit

USER: CORNERSTONE 999999 CORNERSTONE 10/23/2017

RP01 ON-REQUEST REPORT SELECTION

Report ID: HSPR0724 Report Name: Case Finding List

Grp/Part. ID: - - - Clinic ID: 999999 Loc. Code:

Provider ID: Employee ID: 8051962 Pgm. Code:

Pgm. Sta:

Schedule:

Service C:

Select/As of D:

Minimum Age in Yr:

Vendor:

Print Opti:

REPORT SELECTION / EN

**SORT BY**

☒ Last Name, First Name

☐ Case ID

OK Cancel

## HSPR0724 Case Findings

# Auto Termination

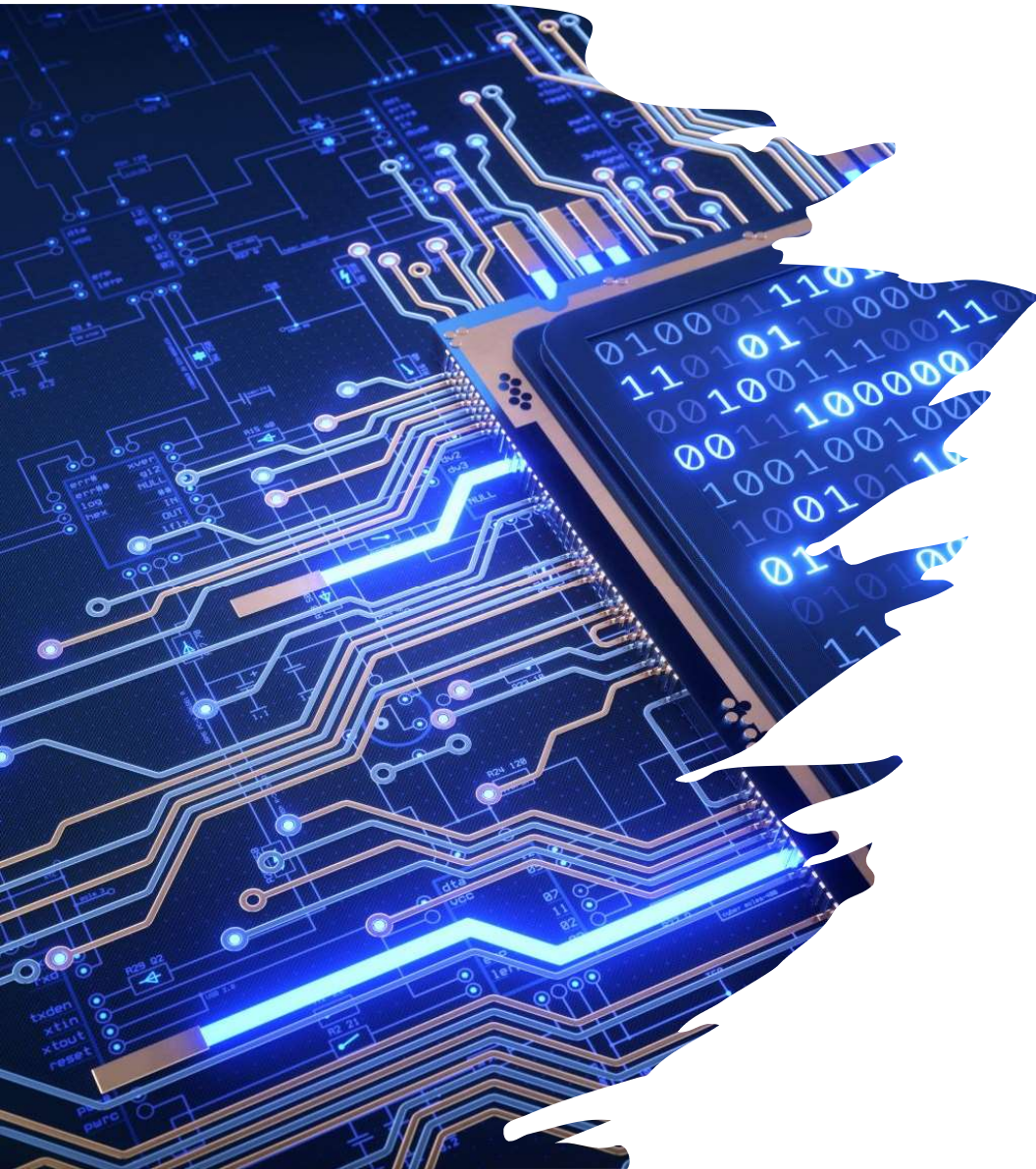
## Termination Reasons:

- **Code 70: Auto term-no Recent activity**  
Has not had a recent activity with proper contact type.
- **Code 16: Automated Termination**  
For all other auto term reasons.





Beginning &  
End of day  
Process (AD10)  
& (AD11)



**BEGINNING OF DAY PROCESS (AD10)** Is the process of updating all the local files with the information from the central office

**END OF DAY PROCESS (AD11)** Is used to manually execute the End of Day (EOD) process that updates Central Office files with information from the local site.

**\*\*MAKE SURE ALL STAFF MEMBERS ARE LOGGED OUT OF THE CORNERSTONE SYSTEM SO END OF DAY CAN RUN\*\***

Staff can possibly be kicked off but that does not always work.....Why is this important??

Report will not run and therefore transfers and records will not be transferred if the report is not run. Could potentially cause someone to auto-term, this will cause issues in completing the final steps of the transfer process.

Cornerstone User Manual, v. 14.6

Screen Layout

End of Day Process

Cornerstone 12.4.5.1

F1=Help F3=Return F4=Give Up F5=Go F6=Exit F7=Data F11=Print F12=Print TextEdit

DEMO, CSTORE 043002 CORNERSTONE 05/04/2012

AD11 - END OF DAY PROCESS

WARNING: Please check that the laser printer is loaded with the proper paper stock and is on-line.

Last successful upload date: 02/02/2012

Ready to run END-OF-DAY? <Y/N>

Override upload BEGIN date: / /

Override upload END date: / /

Field Definitions

Field Name	Length	Field Type	Definition
Last Successful Upload Date	8	Date	The date of the last successful upload of data from the site to Central Office.
Ready to Run End of Day	1	Choice	A Yes/No field used to indicate if a user is ready to run the End of Day process.
Override Upload Begin Date	8	Date	This field is used by Central Office to change the Begin Date.
Override Upload End Date	9	Date	This field is used by Central Office to change the End Date.



# Cornerstone PA15


This screen must be completed for each program that the participant is in.



This is also used for other processes such as transfers, terminations and re-certifications.



This screen can be used to change participants status from active to inactive.



You can also change the participants category to EI, FCM and HFI.



Once they are active, you can't back date in the activity entry.

## Cornerstone Reports


- **HSPRO604:** Used for the selection of random clients for program review and technical assistance; and guide for caseload
- **Case Management Assignment History (CM01):** Used to view a specific participant's previously and currently assigned case manager for each program. Coordinators need to make sure their CMs are adding an "end to prevent extra-long lists
- **Caseload Inquiry (CM05)** screen: It is recommended that Coordinators have staff regularly look at the CM05 because this lists the CM's entire caseload (i.e., active, terminated, income eligible) so the CMs can keep an eye on their caseload (and have some accountability for their caseload). If they see a client has terminated, they can reactivate asap after a successful contact.






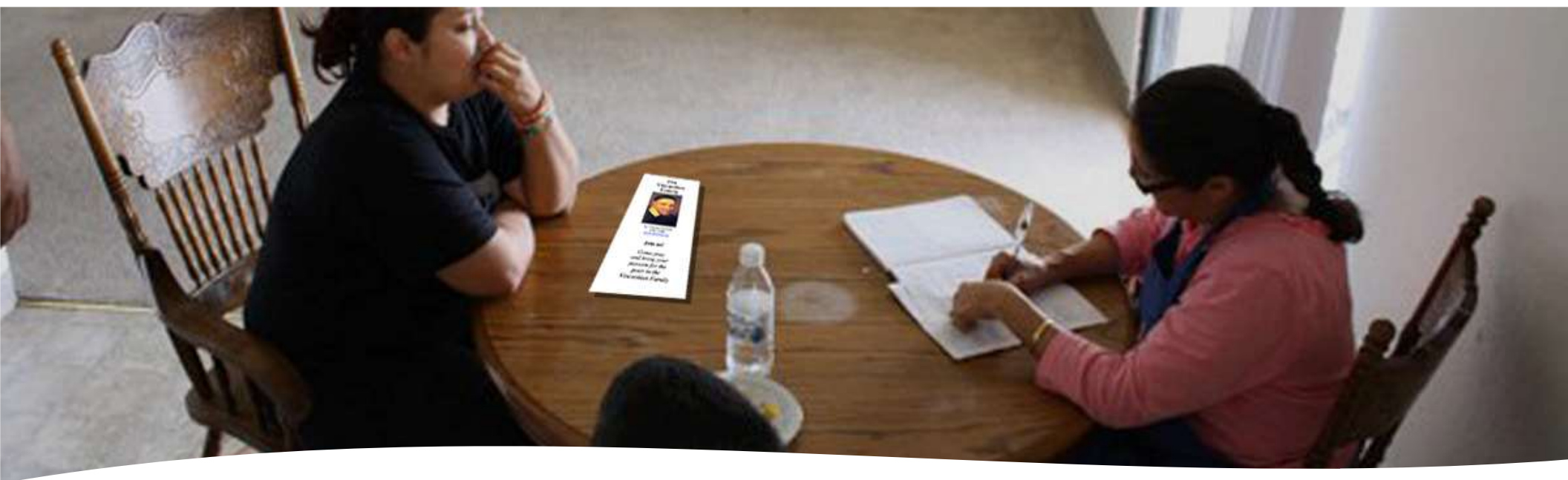
## Cornerstone Reports (Cont.)

**HSPRO0705:** Participants with expected delivery date this month: CMs need to keep track of who will be delivering to ensure they are following up around the EDC and not waiting for the client to call.



**HSPRO0707:** Infant who will become 1 year old: helps CMs know who is due to have 12 month contact and case closure.





## Compliance for Contact code “04”

Failed Home Visit **“04”** will keep client active but will not count as compliance to the performance expectations.

# Emails

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Any Questions?