



Illinois HIE Budget

Narrative and SF – 424 Forms

Illinois Office of Health Information Technology

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Budget Justification – Year 1

A. Personnel:

An employee of the applying agency whose work is tied to the application.

TABLE 1: FEDERAL REQUEST

Position Title	Name	Annual Salary	Level of Effort	Cost
Director, State Health IT	Laura Zaremba	\$125,000	100%	\$85,333
Chief Technology Officer	Patricia Cunningham	\$112,000	100%	\$102,667
Legal Counsel	Mark Chudzinski	\$111,269	100%	\$101,997
Program Director	Mary McGinnis	\$100,000	100%	\$75,967
Chief Financial Officer	David Fagus	\$75,000	100%	\$60,125
Procurement Coordinator	Diego Estrella	\$88,000	100%	\$80,667
Administrative Assistant	Vacant	\$38,000	100%	\$12,667
Policy Analyst	Krysta Heaney	\$40,000	100%	\$36,667
Legal Intern	Vacant	\$25,000	100%	\$0
			TOTAL	\$556,090

Justifications:

Director/State Health IT Coordinator - Laura Zaremba

- Oversee all operations of the OHIT
- Responsible for strategic vision and implementation of the State’s health information technology initiatives and Cooperative Agreement with ONC
- Foster partnerships and participation among all major health care stakeholders
- Serve as State’s main point of contact with federal agencies and other states regarding health information exchange

Chief Technology Officer – Patricia Cunningham

- Oversee development and implementation of technical architecture of the State’s health information technology plans
- Ensure integration and interoperability of existing technology in State’s health care market to achieve broad-based participation in the state-level HIE
- Provide strategic input on all technology-related procurement and budget matters

Legal Counsel – Mark Chudzinski

- Provide legal consultation on the State’s health information exchange plans and implementation
- Ensure adherence to all applicable state and federal privacy and security laws
- Review contracts, procurements, policies and procedures to ensure compliance with all applicable legal obligations of the OHIT



Program Director – Mary McGinnis

- Responsible for day-to-day administrative operations of the OHIT
- Maintain regular contact with stakeholders and current, working knowledge of state and federal policy developments in health information technology
- Responsible for performance measurement and tracking of progress toward goals and milestones in Cooperative Agreement and Strategic Plan

Chief Financial Officer – David Fagus

- Prepare and administer the budget and all financial operations of the OHIT
- Ensure compliance with federal and state reporting laws and requirements

Procurement Coordinator – Diego Estrella

- Perform all procurement duties necessary to carry out the duties of the OHIT
- Ensure compliance with state and federal procurement laws and requirements
- Produce all requests for proposals, requests for information and related procurement instruments necessary to carry out the duties of the Office
- Monitor all contracts for compliance

Administrative Assistant - Vacant

- Provide administrative assistance to the OHIT including all clerical duties, scheduling meetings and making travel arrangements

Policy Analyst – Krysta Heaney

- Provide analysis of federal regulations and requirements to ensure compliance and analyze the impact on OHIT operations.

Legal Intern - Vacant

- Provide legal support and research to the General Counsel to ensure compliance with applicable legal obligations of the OHIT

TABLE 2: NON-FEDERAL MATCH

Position Title	Name	Annual Salary	Level of Effort	Cost
Senior Public Service Administrator	Cory Verblen	\$56,942	100% (Beginning July 1, 2010)	\$33,217
Administrative Assistant II	Connie Christen	\$71,121	50% (Beginning Oct. 1, 2010)	\$23,707
Division Chief - Patient Safety and Quality	Mary Driscoll	\$95,737	15%	\$14,361
Senior Policy Analyst	Jessica Ledesma	\$45,693	15%	\$6,854
Chief Financial Officer	David Fagus	\$75,000	11.5%	\$8,625
Legal Intern	Gabriella Traxler-Romin	290.0 hrs	\$50.00/hr.	\$14,500
Legal Intern	Amanda Swanson	140.0 hrs.	\$50.00/hr.	\$7,000
Volunteer Attorney	David Kim	300.0 hrs.	\$75.00/hr.	\$22,500
Volunteer Attorney	Interviewing Now	300.0 hrs.	\$75.00/hr.	\$22,500



IT Architecture Expert	Peter Ingram	50.0 hrs.	\$82.00/hr.	\$4,100
Physician	Wes Valdes	190.0 hrs.	\$153.25/hr.	\$29,118
Member	Advisory Council	690.0 hrs.	\$50.00/hr.	\$33,000
Stakeholders	All MTA Conference	252.0 hrs.	\$50.00/hr.	\$12,600
TOTAL				\$232,082

Justifications:

Communications – Cory Verblen

- Prepare and disseminate information about the HIE to the public, the stakeholders and all others who seek information about HIE for purposes of education, its operations and its meetings.

Administrative Support – Connie Christen

- Located in Springfield, coordinates activity and events in both the Chicago and the Springfield sites, performs secretarial duties for the State Director and various other staff members, takes and prepares meeting minutes and provides a downstate liaison for OHIT as needed.

Division Chief for Patient Safety and Quality – Mary Driscoll

- Provides leadership for the statewide network of city/county public health departments to develop uniform standards and to work through the challenges in creating those standards as the Chair of the Public Health work group.

Senior Policy Analyst – Jessica Ledesma

- Serves as staff to the Chair of the Public Health work group assisting in the coordinating of the meeting, dispersal of documents as needed and other duties required to insure the work group operates efficiently and effectively.

Chief Financial Officer – David Fagus

- During the period of 2/12/2010 and 3/31/2010 Mr. Fagus performed her duties in a position funded by dollars from the State of Illinois
- Prepare and administer the budget and all financial operations of the OHIT
- Ensure compliance with federal and state reporting laws and requirements

Legal Intern – Gabriella Traxler Romin

- Performs research and writes briefing documents on topics as assigned by the General Counsel of OHIT on various topics and concerns of the Illinois HIE

Legal Intern – Amanda Swanson

- Performs research and writes briefing documents on topics as assigned by the General Counsel of OHIT on various topics and concerns of the Illinois HIE

Volunteer Attorney – David Kim

- Performs research and writes briefing documents on topics as assigned by the General Counsel of OHIT on various topics and concerns of the Illinois HIE



Volunteer Attorney - Vacant

- Performs research and writes briefing documents on topics as assigned by the General Counsel of OHIT on various topics and concerns of the Illinois HIE

Volunteer IT Support – Peter Ingram

- Provides extensive analysis and input into the development of the Illinois HIE technological architecture

Physician – Wesley Valdes, D.O.

- Leads the Telemedicine and the Clinical Quality work groups to insure that the HIE is able to provide services that meet the need of the stakeholder community.
- Represents the interests of physicians on the Finance and Sustainability work group.

SOURCE OF MATCH FUNDS: Funds for positions that are paid are provided by the State of Illinois. Positions that are donated are assigned a conservative fair market value and were recruited to provide these services by the State of Illinois.

FEDERAL REQUEST:	\$556,090
NON-FEDERAL MATCH:	\$232,082

B. Fringe Benefits:

Fringe Benefits may include contributions for social security, employee insurance, pension plans, etc. Only benefits not included in an organization’s indirect cost pool may be shown as direct costs.

TABLE 3: FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.40%	\$556,090	\$41,151
Retirement	30.3%	\$556,090	\$168,495
Health Insurance	16.7%	\$556,090	\$92,867
		TOTAL	\$302,513

The Fringe Benefit costs associated with each state-employed position is calculated at 54.4% of total salaries. Providing benefits enables OHIT the opportunity to compete in the market place as it attempts to recruit the best and brightest candidates available to create the Illinois HIE.

TABLE 4: NON-FEDERAL MATCH

Component	Rate	Wage	Cost
FICA	7.40%	\$86,764	\$6,421
Retirement	30.3%	\$86,764	\$26,289
Health Insurance	16.7%	\$86,764	\$14,490
		TOTAL	\$47,200



The Fringe Benefit costs associated with each state-employed position is calculated at 54.4% of total salaries. Providing benefits enables OHIT the opportunity to compete in the market place as it attempts to recruit the best and brightest candidates available to create the Illinois HIE. Fringe benefit costs are assigned to state employee and are not assigned for in-kind/volunteer staff members.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST: **\$302,513**
NON-FEDERAL MATCH: **\$47,200**

c. Travel:

Explain need for all travel other than that required by this application. The lowest available commercial fares for coach or equivalent accommodations must be used. Local travel policies prevail.

TABLE 5: FEDERAL REQUEST:

Purpose of Travel	Location	Item	Rate	Cost
State HIE Leadership Training	Washington, DC	Transportation	\$300	\$600
		Hotel	\$200 per night, per room	\$800
		Per Diem	\$28 per day	\$112
To increase knowledge, awareness as well as to inform stakeholders as needed.	Various Locations throughout Illinois and bordering states as needed.	Transportation, Hotel and Per Diem as reqd.	Various	\$6,048
			TOTAL	\$7,560

Justification:

Travel for OHIT staff will be conducted as needed in order to meet the requirements of the grant and to conferences and meeting that will benefit and grow the HIE in terms of awareness, to provide information, to communicate with stakeholders and provide information and updates as needed to carry out the goals of OHIT. Staff will carpool whenever possible to conserve resources. Costs were determined by reviewing recent market place costs for the services indicated.



TABLE 6: NON-FEDERAL MATCH

Purpose of Travel	Location	Item	Rate	Cost
Stakeholder Conference	Springfield, IL	Transportation	\$.55/mile	\$880
2 R/T, 9 nights, 9 days per diem.		Hotel	\$75 per night	\$675
		Per Diem	\$28 per day	\$252
Travel to In State Locations	Various locations throughout Illinois and bordering states as needed.	Various		\$5,000
TOTAL				\$8,862

Justification:

Travel for OHIT staff will be conducted on an as needed basis in order to meet with stakeholders statewide and to meet with other agency staff and/or legislators to carry out the goals of OHIT. Staff will carpool whenever possible to conserve resources.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST:	\$7,560
NON-FEDERAL MATCH:	\$8,862

D. Equipment:

Permanent equipment is defined as nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more

TABLE 7: FEDERAL REQUEST

ITEM	RATE	COST
		\$0
TOTAL		\$0

Justification:

No items are required.

TABLE 8: NON-FEDERAL MATCH

ITEM	RATE	COST
		\$0
TOTAL		\$0



Justification:

Photocopy equipment is an essential tool to the flow of office work. This equipment will be utilized to facilitate the transfer of information between staff members, stakeholders, other state agency partners and various other interested parties when the use of electronic copies is either not practical or not possible.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST: \$ 0
NON-FEDERAL MATCH: \$ 5,000

E. Supplies:

Materials costing less than \$5,000 per unit and often having a one-time use.

TABLE 9: FEDERAL REQUEST

Item	Rate	Cost
General Office Supplies		\$6,000
	TOTAL	\$6,000

Justification:

General Office Supplies

General office supplies for OHIT including printer paper, toner, and desk supplies.

TABLE 10: NON-FEDERAL MATCH

Item	Rate	Cost
General Office Supplies		\$3,500
Laptop Computers	\$2,500 each x 1	\$2,500
Desktop Computers	\$1,000 each x 13	\$13,000
MS Office Pro	\$400 each x 14	\$5,600
MS Project	\$1,000 each x 2	\$2,000
Local Area Network (LAN) Printers	\$1,000 each x 2	\$ 2,000
Blackberry (Purchase)	\$584.95 x 7	\$4,095
Blackberry (Service)	7 devices @ \$224.34 x 11 months	\$17,274
Copier Consumables	4,000 copies month @ \$.10 per copy plus toner	\$4,900
Communication (Statewide)		\$1,000
	TOTAL	\$55,869



Justification:

General Office Supplies

General office supplies for OHIT including printer paper, toner, and desk supplies.

Laptop Computers

Laptop computer for 1 OHIT staff @ \$2,500.

Desktop Computers

Desktop computers for 13 OHIT staff, interns and volunteers @ \$1,000/each.

MS Office Pro

Software for 14 OHIT staff @\$400/each.

MS Project

Software for 2 OHIT staff @ 1000/each.

Local Area Network (LAN) Printers

Office printers for OHIT staff and planning vendor @\$1,000 each.

Blackberry (Purchase)

7 devices @ \$584.95/each (includes batteries, chargers, headsets, travel chargers, cases).

Blackberry (Service)

Monthly recurring charges for 7 devices @ \$224.34 (includes unlimited data package and 400 minutes) x 12 months.

Copier Consumables

Toner, cartridges, paper and maintenance @\$365/month x 12 months.

Communication (Statewide)

Website maintenance and development, newsletter production & distribution, marketing and other communication vehicles.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST:	\$ 6,000
NON-FEDERAL MATCH:	\$55,869

F. **Contractual Costs:**

The cost of project activities to be undertaken by a third-party contractor should be included in this category as a single line item charge. A complete itemization of the cost comprising the



charge should be attached to the budget. If there is more than one contractor, each must be budgeted separately and must have an attached itemization.

A contract is generally the amount paid to non-employees for services or products. A consultant is a non-employee who provides advice and expertise in a specific program area.

TABLE 11: FEDERAL REQUEST

Name:	Item:	Est. Cost
Consultative Support via CSG Government Solutions, Inc.	Strategic Planning Vendor Facilitate A Statewide Stakeholder Planning Session	\$9,250
SysLogic, Inc.	Strategic Planning Vendor Assist with the preparation of the Strategic and Operating Plan for the Illinois HIE	\$24,750
To Be Selected	Financial Modeling Vendor A financial modeling vendor will be contracted to provide the Illinois business plan.	\$133,786
TOTAL		\$167,786

Justification:

Strategic Planning Vendor

A facilitator was contractually hired to lead a 1 day conference with the 16 medical trading areas that make up the state of Illinois. The conference provided necessary input on the strategic and operational plan from local HIE leaders throughout the state. This conference successfully informed our stakeholders of progress being made by the state and provided a forum for each of the MTAs to report on activity and progress within their trading area and their plans for local HIE implementation.

Strategic Planning Vendor

SysLogic, a consultant group, was contracted to provide research and data to support the decision making process utilized by the Illinois HIE to create a statewide HIE with a particular focus on the Technical and the Sustainability portions of the initial Illinois strategic and operating plan.

Financial Modeling Vendor

A financial modeling vendor will be contracted to provide all services required to research and provide a business model data and options for use in the development of the Illinois business plan. Estimated 595 hours of staff time @ \$225 per hour.

TABLE 12: NON-FEDERAL MATCH

Name:	Item:	Est. Cost
		\$0
TOTAL		\$0



Justification:

No state funded contracts will be issued this fiscal year.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST:	\$167,786
NON-FEDERAL MATCH:	\$0

G. Construction Costs:

This proposal contains no construction projects.

H. Other:

Other expenses not covered in any of the previous budget categories

TABLE 13: FEDERAL REQUEST

Item	Rate	Cost
Periodicals, Newspapers, Documents and other subscription and single copy items such as legislative documents from the Illinois General Assembly.	Various	\$500
TOTAL		\$500

Justification:

Periodicals/Newspapers

This item is designated for the purpose of purchasing subscriptions to technical journals and online subscriptions to industry periodicals.

TABLE 14: NON_FEDERAL MATCH

Item	Rate	Cost
Rent	\$1.24 Sq. Ft. x 2877 Sq. Ft. x 10 months	\$35,675
Telephone	\$35 per line x 16 lines x 10 months	\$5,600
Audio Conference Calls	\$435 per month	\$4,785
Educational Conferences	Varying	\$2,000
Server Rental	@\$250/month x 12 months	\$3,000
TOTAL		\$51,060



Justification:

Rent

Office space for the OHIT team is necessary to facilitate the process of building the HIE, communicating with our stakeholders and administering the project.

Telephone

The use of telephone communication enables the OHIT staff to perform duties and tasks that will facilitate the creation of the HIE for Illinois.

Audio Conference Calls

Conference calls enable the OHIT staff to communicate with multiple stakeholders and other interested parties to coordinate, plan and build the Illinois HIE.

Educational Conferences

Select conferences will provide knowledge and information to the OHIT staff that will enable them to produce a better HIE for Illinois.

Server Rental

OHIT, Stakeholders and vendors common document storage and information/data sharing.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST:	\$ 500
NON-FEDERAL MATCH:	\$ 51,060

I. **Indirect Costs:**

The Illinois indirect cost plan is a Public Assistance Cost Allocation Plan as required under OMB Circular A-87, Appendix D (2 CFR, Part 225). The plan is implemented by IHFS and reviewed and approved by US DHHS consistent with regulations at Subpart E, 45 CFR, part 95. The addition of OHIT is currently in the amendment process.

TOTAL DIRECT COSTS:

FEDERAL REQUEST:	\$ 1,040,449
NON-FEDERAL MATCH:	\$ 400,073

TOTAL INDIRECT COSTS:

FEDERAL REQUEST:	\$ 0
NON-FEDERAL MATCH:	\$ 130,000

TOTAL PROJECT COSTS:

FEDERAL REQUEST:	\$ 1,040,449
NON-FEDERAL MATCH:	\$ 530,073



Budget Summary:

Category	Federal	In-Kind (State Match)	TOTAL
Personnel	\$556,090	\$232,082	\$788,172
Fringe	\$302,513	\$47,200	\$349,713
Travel	\$7,560	\$8,862	\$16,422
Equipment	\$0	\$5,000	\$5,000
Supplies	\$6,000	\$55,869	\$61,869
Contractual	\$167,786	\$0	\$167,000
Other	\$500	\$51,060	\$51,560
Total Direct Costs	\$1,040,449	\$400,073	\$1,440,522
Indirect Costs	\$0	\$130,000	\$130,000
Total Project Cost	\$1,040,449	\$530,073	\$1,570,522



Illinois HIE State Cooperative Agreement Budget – Year 1 (A& B)

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
State Grants to Promote Health IT	93.719			\$1,040,449.00	\$530,073.00	\$1,570,522.00
Totals		\$0.00	\$0.00	\$1,040,449.00	\$530,073.00	\$1,570,522.00

SECTION B - BUDGET CATAGORIES					
6. Object Class Catagories	GRANT PROGRAMS, FUNCTIONS OR ACTIVITIES				Total (5)
	(1) FEDERAL	(2) Non-Federal	(3)		
a. Personnel	\$556,090.00	\$232,082.00			\$788,172.00
b. Fringe Benefits	\$302,513.00	\$47,200.00			\$349,713.00
c. Travel	\$7,560.00	\$8,862.00			\$16,422.00
d. Equipment	\$0.00	\$5,000.00			\$5,000.00
e. Supplies	\$6,000.00	\$55,869.00			\$61,869.00
f. Contractual	\$167,786.00	\$0.00			\$167,786.00
g. Construction	\$0.00	\$0.00			\$0.00
h. Other	\$500.00	\$51,060.00			\$51,560.00
i. Direct Charges (sum of 6a-6h)	\$1,040,449.00	\$400,073.00		\$0.00	\$1,440,522.00
j. Indirect Charges		\$130,000.00			\$130,000.00
k. TOTALS (sum of 6i and 6j)	\$1,040,449.00	\$530,073.00		\$0.00	\$1,570,522.00
7. Program Income					



Illinois HIE State Cooperative Agreement Budget - Year 1 (C-F)

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. State Grants to Promote Health IT		\$530,073.00			\$530,073.00	
9.					\$0.00	
10.					\$0.00	
11.					\$0.00	
12. TOTAL (sum of lines 8 - 11)		\$530,073.00	\$0.00	\$0.00	\$530,073.00	
SECTION D - FORCASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal		\$1,040,449.00	\$260,112.25	\$260,112.25	\$260,112.25	\$260,112.25
14. Non-Federal		\$530,073.00	\$132,518.25	\$132,518.25	\$132,518.25	\$132,518.25
15. TOTAL (sum of lines 13 and 14)		\$1,570,522.00	\$392,630.50	\$392,630.50	\$392,630.50	\$392,630.50
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (Years)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16. State Grants to Promote Health IT		\$1,040,449.00	\$6,616,248.00	\$7,397,826.00	\$3,783,116.00	
17.						
18.						
19.						
20. TOTAL (sum of lines 16 - 19)		\$1,040,449.00	\$6,616,248.00	\$7,397,826.00	\$3,783,116.00	
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:			22. Indirect Charges: \$130,000.00			
23. Remarks:						



Budget Justification – Year 2

A. Personnel:

An employee of the applying agency whose work is tied to the application.

Table 1: Federal Request

Position Title	Name	Annual Salary	Level of Effort	Cost
Director, State Health IT	Laura Zaremba	\$127,500	100%	\$127,500
Chief Technology Officer	Patricia Cunningham	\$114,240	100%	\$114,240
Legal Counsel	Mark Chudzinski	\$113,494	100%	\$113,494
Program Director	Mary McGinnis	\$102,000	100%	\$102,000
Chief Financial Officer	David Fagus	\$76,500	100%	\$76,500
Procurement Coordinator	Diego Estrella	\$89,760	100%	\$89,760
Administrative Assistant	Vacant	\$38,760	100%	\$38,760
Policy Analyst	Krysta Heaney	\$40,800	100%	\$40,800
Legal Intern	Vacant	\$25,500	100%	\$25,500
TOTAL				\$728,554

Justifications:

Director/State Health IT Coordinator - Laura Zaremba

- Oversee all operations of the OHIT
- Responsible for strategic vision and implementation of the State’s health information technology initiatives and Cooperative Agreement with ONC
- Foster partnerships and participation among all major health care stakeholders
- Serve as State’s main point of contact with federal agencies and other states regarding health information exchange

Chief Technology Officer – Patricia Cunningham

- Oversee development and implementation of technical architecture of the State’s health information technology plans
- Ensure integration and interoperability of existing technology in State’s health care market to achieve broad-based participation in the state-level HIE
- Provide strategic input on all technology-related procurement and budget matters

Legal Counsel – Mark Chudzinski

- Provide legal consultation on the State’s health information exchange plans and implementation
- Ensure adherence to all applicable state and federal privacy and security laws
- Review contracts, procurements, policies and procedures to ensure compliance with all applicable legal obligations of the OHIT



Program Director – Mary McGinnis

- Responsible for day-to-day administrative operations of the OHIT
- Maintain regular contact with stakeholders and current, working knowledge of state and federal policy developments in health information technology
- Responsible for performance measurement and tracking of progress toward goals and milestones in Cooperative Agreement and Strategic Plan

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- Prepare and administer the budget and all financial operations of the OHIT
- Ensure compliance with federal and state reporting laws and requirements

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- Perform all procurement duties necessary to carry out the duties of the OHIT
- Ensure compliance with state and federal procurement laws and requirements
- Produce all requests for proposals, requests for information and related procurement instruments necessary to carry out the duties of the Office
- Monitor all contracts for compliance

Administrative Assistant - Vacant

- Provide administrative assistance to the OHIT including all clerical duties, scheduling meetings and making travel arrangements

Policy Analyst – Krysta Heaney

- Provide analysis of federal regulations and requirements to ensure compliance and analyze the impact on OHIT operations.

Legal Intern - Vacant

- Provide legal support and research to the General Counsel to ensure compliance with applicable legal obligations of the OHIT

TABLE 2A: NON-FEDERAL MATCH

Position Title	Name	Annual Salary	Level of Effort	Cost
Senior Public Service Administrator	Cory Verblen	\$56,942	100%	\$56,942
Administrative Assistant II	Connie Christen	\$71,121	50%	\$35,560
Division Chief for Patient Safety and Quality	Mary Driscoll	\$95,737	15%	\$14,361
Senior Policy Analyst	Jessica Ledesma	\$45,693	15%	\$6,854
Legal Intern	TBD	290.0 hrs.	\$50.00/hr.	\$14,500
Legal Intern	TBD	140.0 hrs.	\$50.00/hr.	\$7,000
Volunteer Attorney	TBD	300.0 hrs.	\$75.00/hr.	\$22,500
Volunteer Attorney	TBD	300.0 hrs.	\$75.00/hr.	\$22,500
Physician	Wes Valdes	300.0 hrs.	\$153.25/hr.	\$45,975
Member	Advisory Committee	720.0 hrs.	\$50.00/hr.	\$36,000
TOTAL				\$262,192



Justifications:

Communications – Cory Verblen

- Prepare and disseminate information about the HIE to the public, the stakeholders and all others who seek information about HIE for purposes of education, its operations and its meetings.

Administrative Support – Connie Christen

- Located in Springfield, coordinates activity and events in both the Chicago and the Springfield sites, performs secretarial duties for the State Director and various other staff members, takes and prepares meeting minutes and provides a downstate liaison for OHIT as needed.

Physician – Wesley Valdes, D.O.

- Leads the Telemedicine and the Clinical Quality work groups to insure that the HIE is able to provide services that meet the need of the stakeholder community.
- Represents the interests of physicians on the Finance and Sustainability work group.

Division Chief for Patient Safety and Quality – Mary Driscoll

- Provides leadership for the statewide network of city/county public health departments to develop uniform standards and to work through the challenges in creating those standards as the Chair of the Public Health work group.

Senior Policy Analyst – Jessica Ledesma

- Serves as staff to the Chair of the Public Health work group assisting in the coordinating of the meeting, dispersal of documents as needed and other duties required to insure the work group operates efficiently and effectively.

Legal Intern – TBD

- Performs research and writes briefing documents on topics as assigned by the General Counsel of OHIT on various topics and concerns of the Illinois HIE

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Volunteer Attorney – TBD

- Performs research and writes briefing documents on topics as assigned by the General Counsel of OHIT on various topics and concerns of the Illinois HIE

Volunteer Attorney - TBD

- Performs research and writes briefing documents on topics as assigned by the General Counsel of OHIT on various topics and concerns of the Illinois HIE

SOURCE OF MATCH FUNDS: Funds for positions that are paid are provided by the State of Illinois. Positions that are donated are assigned a conservative fair market value and were recruited to provide these services by the State of Illinois.



FEDERAL REQUEST: \$728,554
NON-FEDERAL MATCH: \$262,192

B. Fringe Benefits:

Fringe Benefits may include contributions for social security, employee insurance, pension plans, etc. Only benefits not included in an organization’s indirect cost pool may be shown as direct costs.

TABLE 3: FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.40%	\$728,554	\$53,913
Retirement	30.3%	\$728,554	\$220,752
Health Insurance	16.7%	\$728,554	\$121,669
TOTAL			\$396,334

The Fringe Benefit costs associated with each state-employed position is calculated at 54.4% of total salaries. Providing benefits enables OHIT the opportunity to compete in the market place as it attempts to recruit the best and brightest candidates available to create the Illinois HIE.

TABLE 4: NON-FEDERAL MATCH

Component	Rate	Wage	Cost
FICA	7.40%	\$113,717	\$8,415
Retirement	30.3%	\$113,717	\$34,456
Health Insurance	16.7%	\$113,717	\$18,991
TOTAL			\$61,862

The Fringe Benefit costs associated with each state-employed position is calculated at 54.4% of total salaries. Providing benefits enables OHIT the opportunity to compete in the market place as it attempts to recruit the best and brightest candidates available to create the Illinois HIE. Fringe benefit costs are assigned to state employee and are not assigned for in-kind/volunteer staff members.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST: \$396,334
NON-FEDERAL MATCH: \$ 61,862



C. Travel:

Explain need for all travel other than that required by this application. The lowest available commercial fares for coach or equivalent accommodations must be used. Local travel policies prevail.

TABLE 5: FEDERAL REQUEST:

Purpose of Travel	Location	Item	Rate	Cost
State HIE Leadership Training	Washington, DC	Transportation	\$300	\$600
		Hotel	\$200 per night, per room	\$800
		Per Diem	\$28 per day	\$112
To increase knowledge, awareness as well as to inform stakeholders as needed.	Various Locations throughout Illinois and bordering states as needed.	Transportation, Hotel and Per Diem as reqd.	Various	\$6,048
TOTAL				\$7,560

Justification:

Travel for OHIT staff will be conducted as needed in order to meet the requirements of the grant and to conferences and meeting that will benefit and grow the HIE in terms of awareness, to provide information, to communicate with stakeholders and provide information and updates as needed to carry out the goals of OHIT. Staff will carpool whenever possible to conserve resources. Costs were determined by reviewing recent market place costs for the services indicated.

TABLE 6: NON-FEDERAL MATCH:

Purpose of Travel	Location	Item	Rate	Cost
Stakeholder Conference	Springfield, IL	Transportation	\$.55/mile	\$880
2 R/T, 9 nights, 9 days per diem.		Hotel	\$75 per night	\$675
		Per Diem	\$28 per day	\$252
Travel to In State Locations	Various locations throughout Illinois and bordering states as needed.	Various		\$5,000
TOTAL				\$8,862

Justification:

Travel for OHIT staff will be conducted on an as needed basis in order to meet with stakeholders statewide and to meet with other agency staff and/or legislators to carry out the goals of OHIT. Staff will carpool whenever possible to conserve resources.



SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST: \$7,560
NON-FEDERAL MATCH: \$8,862

D. Equipment:

Permanent equipment is defined as nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more

TABLE 7: FEDERAL REQUEST

ITEM	RATE	COST
		\$0
TOTAL		\$0

Justification:
 No items are required.

TABLE 8: NON-FEDERAL MATCH

ITEM	RATE	COST
		\$0
TOTAL		\$0

Justification:
 No items are required.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST: \$ 0
NON-FEDERAL MATCH: \$ 0

E. Supplies:

Materials costing less than \$5,000 per unit and often having a one-time use.

TABLE 9: FEDERAL REQUEST

Item	Rate	Cost
		\$0
TOTAL		\$0



Justification:

No items will be purchased with Federal dollars.

Table 10: NON-FEDERAL MATCH

Item	Rate	Cost
General Office Supplies		\$5,000
Laptop Computers	\$2,500 each x 1	\$2,500
Desktop Computers	\$1,000 each x 1	\$1,000
MS Office Pro	\$400 each x 2	\$800
MS Project	\$1,000 each x 1	\$1,000
Local Area Network (LAN) Printers	\$1,000 each x 1	\$ 1,000
Blackberry (Service)	7 devices @ \$224.34 x 11 months	\$17,274
Copier Consumables	4,000 copies month @ \$.10 per copy plus toner	\$5,300
Communication (Statewide)		\$1,000
	TOTAL	\$34,874

Justification:

General Office Supplies

General office supplies for OHIT including printer paper, toner, and desk supplies.

Laptop Computers

Laptop computer for 1 OHIT staff @ \$2,500.

Desktop Computers

Desktop computer 1 for replacement for OHIT staff, interns and volunteers @ \$1,000/each.

MS Office Pro

Software for 1 OHIT staff @\$400/each.

MS Project

Software for 1 OHIT staff @ 1000/each.

Local Area Network (LAN) Printers

Office printer replacement for OHIT staff and planning vendor @\$1,000 each.

Blackberry (Service)

Monthly recurring charges for 7 devices @ \$224.34 (includes unlimited data package and 400 minutes) x 12 months.

Copier Consumables

Toner, cartridges, paper and maintenance @\$365/month x 12 months.



Communication (Statewide)

Website maintenance and development, newsletter production & distribution, marketing and other communication vehicles.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST: \$ 0
NON-FEDERAL MATCH: \$34,874

F. Contractual Costs:

The cost of project activities to be undertaken by a third-party contractor should be included in this category as a single line item charge. A complete itemization of the cost comprising the charge should be attached to the budget. If there is more than one contractor, each must be budgeted separately and must have an attached itemization.

A contract is generally the amount paid to non-employees for services or products. A consultant is a non-employee who provides advice and expertise in a specific program area.

TABLE 11: FEDERAL REQUEST

Name:	Item:	Est. Cost
TBD	Implementation Vendor	\$4,000,000
TOTAL		\$4,000,000

Justification:

Implementation Vendor

The implementation vendor is required to develop, build, deploy and maintain the provision of services and products that fulfill the requirements of a State level Health Information Exchange.

TABLE 12: NON-FEDERAL MATCH

Name:	Item:	Est. Cost
		\$0
TOTAL		\$0

Justification:

No state funded contracts will be issued this fiscal year.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST: \$4,000,000
NON-FEDERAL MATCH: \$ 0



G. Construction Costs:

This proposal contains no construction projects.

H. Other:

Other expenses not covered in any of the previous budget categories

TABLE 13: FEDERAL REQUEST

Item	Rate	Cost
Outside Evaluator	TBD by Bid	\$ 100,000
Infrastructure Services (Testing)	TBD by Bid	\$1,061,180
Bandwidth Utilization (Testing)	TBD by Bid	\$ 165,120
Educational Conferences	\$600 x 5 OHIT Staff x 2 Conferences	\$ 6,000
Periodicals, Newspapers, Documents and other subscription and single copy items such as legislative documents from the Illinois General Assembly.	Various	\$ 1,500
Medical/Clinical Quality Director	\$153.25 per hr.	\$ 150,000
TOTAL		\$1,483,800

Justification:

Outside Evaluator

This individual will conduct overall assessment of program performance, effectiveness and impact.

Infrastructure Services (Testing)

Infrastructure Services testing is required to validate functionality and usability of HIE services before implementation and deployment to the statewide HIE user community.

Bandwidth Utilization (Testing)

In order to design and maintain a robust and reliable network, normal network usage levels and network behavior under stress must be determined. Initial bandwidth utilization testing establishes a baseline from which network traffic flow patterns (heavy server access, peak usage times, router settings, etc.) can be monitored. By mapping bandwidth utilization over a period of time, network administrators can more effectively troubleshoot, correct and plan accordingly for any network behavior problems that arise.

Educational Conferences

Select conferences will provide knowledge and information to the OHIT staff that will enable them to produce a better HIE for Illinois.



Periodicals/Newspapers

This item is designated for the purpose of purchasing subscriptions to technical journals and online subscriptions to industry periodicals.

Medical/Clinical Quality Director

A Medical Director will provide direction and leadership on quality of care matters and other clinical matters that arise.

TABLE 14: NON-FEDERAL MATCH

Item	Rate	Cost
Rent	\$1.24 Sq. Ft. x 2877 Sq. Ft. x 12 months	\$42,810
Telephone	\$35 per line x 16 lines x 12 months	\$6,720
Audio Conference Calls	\$435 per month	\$5,220
Educational Conferences	Varying	\$2,000
Server Rental	@\$250/month x 12 months	\$3,000
TOTAL		\$59,750

Justification:

Rent

Office space for the OHIT team is necessary to facilitate the process of building the HIE, communicating with our stakeholders and administering the project.

Telephone

The use of telephone communication enables the OHIT staff to perform duties and tasks that will facilitate the creation of the HIE for Illinois.

Audio Conference Calls

Conference calls enable the OHIT staff to communicate with multiple stakeholders and other interested parties to coordinate, plan and build the Illinois HIE.

Educational Conferences

Select conferences will provide knowledge and information to the OHIT staff that will enable them to produce a better HIE for Illinois.

Server Rental

OHIT, Stakeholders and vendors common document storage and information/data sharing.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST:	\$1,483,800
NON-FEDERAL MATCH:	\$ 59,750



I. Indirect Costs:

The Illinois indirect cost plan is a Public Assistance Cost Allocation Plan as required under OMB Circular A-87, Appendix D (2 CFR, Part 225). The plan is implemented by IHFS and reviewed and approved by US DHHS consistent with regulations at Subpart E, 45 CFR, part 95.

TOTAL DIRECT COSTS:

FEDERAL REQUEST: \$ 6,616,248
NON-FEDERAL MATCH: \$ 427,540

TOTAL INDIRECT COSTS:

FEDERAL REQUEST: \$ 0
NON-FEDERAL MATCH: \$ 130,000

TOTAL PROJECT COSTS:

FEDERAL REQUEST: \$ 6,616,248
NON-FEDERAL MATCH: \$ 557,540

Budget Summary:

Category	Federal	In-Kind (State Match)	TOTAL
Personnel	\$728,554	\$262,192	\$990,746
Fringe	\$396,334	\$61,862	\$458,196
Travel	\$7,560	\$8,862	\$16,422
Equipment	\$0	\$0	\$0
Supplies	\$0	\$34,874	\$34,874
Contractual	\$4,000,000	\$0	\$4,000,000
Other	\$1,483,800	\$59,750	\$1,543,550
Total Direct Costs	\$6,616,248	\$427,540	\$7,043,788
Indirect Costs	\$0	\$130,000	\$130,000
Total Project Cost	\$6,616,248	\$557,540	\$7,173,788



Illinois HIE State Cooperative Agreement Budget – Year 2 (A & B)

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
State Grants to Promote Health IT	93.719			\$6,616,248.00	\$557,540.00	\$7,173,788.00
Totals		\$0.00	\$0.00	\$6,616,248.00	\$557,540.00	\$7,173,788.00
SECTION B - BUDGET CATAGORIES						
6. Object Class Catagories	GRANT PROGRAMS, FUNCTIONS OR ACTIVITIES					Total (5)
	(1) FEDERAL	(2) Non-Federal	(3)			
a. Personnel	\$728,554.00	\$262,192.00				\$990,746.00
b. Fringe Benefits	\$396,334.00	\$61,862.00				\$458,196.00
c. Travel	\$7,560.00	\$8,862.00				\$16,422.00
d. Equipment	\$0.00	\$0.00				\$0.00
e. Supplies	\$0.00	\$34,874.00				\$34,874.00
f. Contractual	\$4,000,000.00	\$0.00				\$4,000,000.00
g. Construction	\$0.00	\$0.00				\$0.00
h. Other	\$1,483,800.00	\$59,750.00				\$1,543,550.00
i. Direct Charges (sum of 6a-6h)	\$6,616,248.00	\$427,540.00		\$0.00	\$0.00	\$7,043,788.00
j. Indirect Charges		\$130,000.00				\$130,000.00
k. TOTALS (sum of 6i and 6j)	\$6,616,248.00	\$557,540.00		\$0.00	\$0.00	\$7,173,788.00
7. Program Income						
						\$0.00



Illinois HIE State Cooperative Agreement Budget – Year 2 (C-F)

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. State Grants to Promote Health IT	\$557,540.00				\$557,540.00
9.					\$0.00
10.					\$0.00
11.					\$0.00
12. TOTAL (sum of lines 8 - 11)	\$557,540.00	\$0.00	\$0.00	\$0.00	\$557,540.00
SECTION D - FORCASTED CASH NEEDS					
13. Federal	Total for 2nd Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$6,616,248.00	\$1,654,062.00	\$1,654,062.00	\$1,654,062.00	\$1,654,062.00
14. Non-Federal	\$557,540.00	\$139,385.00	\$139,385.00	\$139,385.00	\$139,385.00
15. TOTAL (sum of lines 13 and 14)	\$7,173,788.00	\$1,793,447.00	\$1,793,447.00	\$1,793,447.00	\$1,793,447.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. State Grants to Promote Health IT	\$1,040,449.00	\$6,616,248.00	\$7,397,826.00	\$3,783,116.00	
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$1,040,449.00	\$6,616,248.00	\$7,397,826.00	\$3,783,116.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:			22. Indirect Charges:		
			\$130,000.00		
23. Remarks:					



Budget Justification – Year 3

A. Personnel:

An employee of the applying agency whose work is tied to the application.

Table 1: Federal Request

Position Title	Name	Annual Salary	Level of Effort	Cost
Director, State Health IT	Laura Zaremba <i>(2/1/12 – 6/30/2012)</i>	\$131,325	41.67%	\$54,719
Chief Technology Officer	Patricia Cunningham <i>(2/1/12 – 6/30/2012)</i>	\$117,667	41.67%	\$49,028
Legal Counsel	Mark Chudzinski <i>(2/1/12 – 6/30/2012)</i>	\$116,899	41.67%	\$48,708
Program Director	Mary McGinnis <i>(2/1/12 – 6/30/2012)</i>	\$105,060	41.67%	\$43,775
Chief Financial Officer	David Fagus <i>(2/1/12 – 6/30/2012)</i>	\$78,795	41.67%	\$32,831
Procurement Coordinator	Diego Estrella <i>(2/1/12 – 6/30/2012)</i>	\$92,453	41.67%	\$38,522
Administrative Assistant	Vacant <i>(2/1/12 – 6/30/2012)</i>	\$39,923	41.67%	\$16,635
Policy Analyst	Krysta Heaney <i>(2/1/12 – 6/30/2012)</i>	\$42,024	41.67%	\$17,510
Legal Intern	Vacant <i>(2/1/12 – 6/30/2012)</i>	\$26,265	41.67%	\$10,944
TOTAL				\$312,672

Justifications:

Director/State Health IT Coordinator - Laura Zaremba

- Oversee all operations of the OHIT
- Responsible for strategic vision and implementation of the State’s health information technology initiatives and Cooperative Agreement with ONC
- Foster partnerships and participation among all major health care stakeholders
- Serve as State’s main point of contact with federal agencies and other states regarding health information exchange

Chief Technology Officer – Patricia Cunningham

- Oversee development and implementation of technical architecture of the State’s health information technology plans
- Ensure integration and interoperability of existing technology in State’s health care market to achieve broad-based participation in the state-level HIE
- Provide strategic input on all technology-related procurement and budget matters

Legal Counsel – Mark Chudzinski

- Provide legal consultation on the State’s health information exchange plans and implementation
- Ensure adherence to all applicable state and federal privacy and security laws



- Review contracts, procurements, policies and procedures to ensure compliance with all applicable legal obligations of the OHIT

Program Director – Mary McGinnis

- Responsible for day-to-day administrative operations of the OHIT
- Maintain regular contact with stakeholders and current, working knowledge of state and federal policy developments in health information technology
- Responsible for performance measurement and tracking of progress toward goals and milestones in Cooperative Agreement and Strategic Plan

Chief Financial Officer – David Fagus

- Prepare and administer the budget and all financial operations of the OHIT
- Ensure compliance with federal and state reporting laws and requirements

Procurement Coordinator – Diego Estrella

- Perform all procurement duties necessary to carry out the duties of the OHIT
- Ensure compliance with state and federal procurement laws and requirements
- Produce all requests for proposals, requests for information and related procurement instruments necessary to carry out the duties of the Office
- Monitor all contracts for compliance

Administrative Assistant - Vacant

- Provide administrative assistance to the OHIT including all clerical duties, scheduling meetings and making travel arrangements

Policy Analyst – Krysta Heaney

- Provide analysis of federal regulations and requirements to ensure compliance and analyze the impact on OHIT operations.

Legal Intern - Vacant

- Provide legal support and research to the General Counsel to ensure compliance with applicable legal obligations of the OHIT

TABLE 2A: NON-FEDERAL MATCH

Position Title	Name	Annual Salary	Level of Effort	Cost
Director, State Health IT	Laura Zaremba (7/01/12 – 2/01/13)	\$131,325	58.33%	\$76,602
Chief Technology Officer	Patricia Cunningham (7/01/12 – 2/01/13)	\$117,667	58.33%	\$68,635
Legal Counsel	Mark Chudzinski (7/01/12 – 2/01/13)	\$116,899	58.33%	\$68,187
Program Director	Mary McGinnis (7/01/12 – 2/01/13)	\$105,060	58.33%	\$61,281
Chief Financial Officer	David Fagus (7/01/12 – 2/01/13)	\$78,795	58.33%	\$46,961
Procurement Coordinator	Diego Estrella (7/01/12 – 2/01/13)	\$92,453	58.33%	\$53,928



Administrative Assistant	Vacant (7/01/12 – 2/01/13)	\$39,923	58.33%	\$23,287
Policy Analyst	Krysta Heaney (7/01/12 – 2/01/13)	\$42,024	58.33%	\$24,513
Legal Intern	Vacant (7/01/12 – 2/01/13)	\$26,265	58.33%	\$15,320
Sr. Public Service Admin.	Cory Verblen	\$56,942	100%	\$56,942
Administrative Assistant II	Connie Christen	\$71,121	50%	\$35,560
Division Chief for Patient Safety and Quality	Mary Driscoll	\$95,737	15%	\$14,361
Senior Policy Analyst	Jessica Ledesma	\$45,693	15%	\$6,854
Legal Intern	G. Traxler Romin	290.0 hrs.	\$50.00	\$14,500
Legal Intern	Amanda Swanson	140.0 hrs.	\$50.00	\$7,000
Volunteer Attorney	David Kim	300.0 hrs.	\$75.00	\$22,500
Volunteer Attorney	Interviewing Now	300.0 hrs.	\$75.00	\$22,500
Physician	Wes Valdes	300.0 hrs.	\$153.25/hr.	\$45,975
Member	Advisory Committee	720.0 hrs.	\$50 per hr.	\$36,000
TOTAL				\$700,906

Justifications:

Director/State Health IT Coordinator - Laura Zarembo

- Oversee all operations of the OHIT
- Responsible for strategic vision and implementation of the State’s health information technology initiatives and Cooperative Agreement with ONC
- Foster partnerships and participation among all major health care stakeholders
- Serve as State’s main point of contact with federal agencies and other states regarding health information exchange

Chief Technology Officer – Patricia Cunningham

- Oversee development and implementation of technical architecture of the State’s health information technology plans
- Ensure integration and interoperability of existing technology in State’s health care market to achieve broad-based participation in the state-level HIE
- Provide strategic input on all technology-related procurement and budget matters

Legal Counsel – Mark Chudzinski

- Provide legal consultation on the State’s health information exchange plans and implementation
- Ensure adherence to all applicable state and federal privacy and security laws
- Review contracts, procurements, policies and procedures to ensure compliance with all applicable legal obligations of the OHIT

Program Director – Mary McGinnis

- Responsible for day-to-day administrative operations of the OHIT
- Maintain regular contact with stakeholders and current, working knowledge of state and federal policy developments in health information technology
- Responsible for performance measurement and tracking of progress toward goals and milestones in Cooperative Agreement and Strategic Plan



Chief Financial Officer – David Fagus

- Prepare and administer the budget and all financial operations of the OHIT
- Ensure compliance with federal and state reporting laws and requirements

Procurement Coordinator – Diego Estrella

- Perform all procurement duties necessary to carry out the duties of the OHIT
- Ensure compliance with state and federal procurement laws and requirements
- Produce all requests for proposals, requests for information and related procurement instruments necessary to carry out the duties of the Office
- Monitor all contracts for compliance

Administrative Assistant - Vacant

- Provide administrative assistance to the OHIT including all clerical duties, scheduling meetings and making travel arrangements

Policy Analyst – Krysta Heaney

- Provide analysis of federal regulations and requirements to ensure compliance and analyze the impact on OHIT operations.

Legal Intern - Vacant

- Provide legal support and research to the General Counsel to ensure compliance with applicable legal obligations of the OHIT

Communications – Cory Verblen

- Prepare and disseminate information about the HIE to the public, the stakeholders and all others who seek information about HIE for purposes of education, its operations and its meetings.

Administrative Support – Connie Christen

- Located in Springfield, coordinates activity and events in both the Chicago and the Springfield sites, performs secretarial duties for the State Director and various other staff members, takes and prepares meeting minutes and provides a downstate liaison for OHIT as needed.

Physician – Wesley Valdes, D.O.

- Leads the Telemedicine and the Clinical Quality work groups to insure that the HIE is able to provide services that meet the need of the stakeholder community.
- Represents the interests of physicians on the Finance and Sustainability work group.

Division Chief for Patient Safety and Quality – Mary Driscoll

- Provides leadership for the statewide network of city/county public health departments to develop uniform standards and to work through the challenges in creating those standards as the Chair of the Public Health work group.

Senior Policy Analyst – Jessica Ledesma

- Serves as staff to the Chair of the Public Health work group assisting in the coordinating of the meeting, dispersal of documents as needed and other duties required to insure the work group operates efficiently and effectively.

Legal Intern – Gabriella Traxler Romin

- Performs research and writes briefing documents on topics as assigned by the General Counsel of OHIT on various topics and concerns of the Illinois HIE



Legal Intern – Amanda Swanson

- Performs research and writes briefing documents on topics as assigned by the General Counsel of OHIT on various topics and concerns of the Illinois HIE

Volunteer Attorney – Vacant

- Performs research and writes briefing documents on topics as assigned by the General Counsel of OHIT on various topics and concerns of the Illinois HIE

Volunteer Attorney - Vacant

- Performs research and writes briefing documents on topics as assigned by the General Counsel of OHIT on various topics and concerns of the Illinois HIE

SOURCE OF MATCH FUNDS: Funds for positions that are paid are provided by the State of Illinois. Positions that are donated are assigned a conservative fair market value and were recruited to provide these services by the State of Illinois.

FEDERAL REQUEST:	\$312,672
NON-FEDERAL MATCH:	\$700,906

B. Fringe Benefits:

Fringe Benefits may include contributions for social security, employee insurance, pension plans, etc. Only benefits not included in an organization’s indirect cost pool may be shown as direct costs.

TABLE 3: FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.40%	\$312,672	\$23,138
Retirement	30.3%	\$312,672	\$94,740
Health Insurance	16.7%	\$312,672	\$52,216
TOTAL			\$170,094

The Fringe Benefit costs associated with each state-employed position is calculated at 54.4% of total salaries. Providing benefits enables OHIT the opportunity to compete in the market place as it attempts to recruit the best and brightest candidates available to create the Illinois HIE.

TABLE 4: NON-FEDERAL MATCH

Component	Rate	Wage	Cost
FICA	7.40%	\$552,431	\$40,880
Retirement	30.3%	\$552,431	\$167,387
Health Insurance	16.7%	\$552,431	\$92,256
TOTAL			\$300,523

The Fringe Benefit costs associated with each state-employed position is calculated at 54.4% of total salaries. Providing benefits enables OHIT the opportunity to compete in the market place as it attempts



to recruit the best and brightest candidates available to create the Illinois HIE. Fringe benefit costs are assigned to state employee and are not assigned for in-kind/volunteer staff members.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST: **\$170,094**
NON-FEDERAL MATCH: **\$300,523**

C. Travel:

Explain need for all travel other than that required by this application. The lowest available commercial fares for coach or equivalent accommodations must be used. Local travel policies prevail.

TABLE 5: FEDERAL REQUEST:

Purpose of Travel	Location	Item	Rate	Cost
State HIE Leadership Training	Washington, DC	Transportation	\$300	\$600
		Hotel	\$200 per night, per room	\$800
		Per Diem	\$28 per day	\$112
To increase knowledge, awareness as well as to inform stakeholders as needed.	Various Locations throughout Illinois and bordering states as needed.	Transportation, Hotel and Per Diem as reqd.	Various	\$6,048
TOTAL				\$7,560

Justification:

Travel for OHIT staff will be conducted as needed in order to meet the requirements of the grant and to conferences and meeting that will benefit and grow the HIE in terms of awareness, to provide information, to communicate with stakeholders and provide information and updates as needed to carry out the goals of OHIT. Staff will carpool whenever possible to conserve resources. Costs were determined by reviewing market place costs for the services indicated.

TABLE 6: NON-FEDERAL MATCH:

Purpose of Travel	Location	Item	Rate	Cost
Stakeholder Conference	Springfield, IL	Transportation	\$.55/mile	\$880
2 R/T, 9 nights, 9 days per diem.		Hotel	\$75 per night	\$675
		Per Diem	\$28 per day	\$252
Travel to In State Locations	Various locations throughout Illinois and bordering states as needed.	Various		\$5,000
TOTAL				\$8,862



Justification:

Travel for OHIT staff will be conducted on an as needed basis in order to meet with stakeholders statewide and to meet with other agency staff and/or legislators to carry out the goals of OHIT. Staff will carpool whenever possible to conserve resources.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST: \$7,560
NON-FEDERAL MATCH: \$8,862

D. Equipment:

Permanent equipment is defined as nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more

TABLE 7: FEDERAL REQUEST

ITEM	RATE	COST
		\$0
TOTAL		\$0

Justification:

No items are required.

TABLE 8: NON-FEDERAL MATCH

ITEM	RATE	COST
		\$0
TOTAL		\$0

Justification:

No items are required.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST: \$ 0
NON-FEDERAL MATCH: \$ 0

E. Supplies:

Materials costing less than \$5,000 per unit and often having a one-time use.

TABLE 9: FEDERAL REQUEST

Item	Rate	Cost
		\$0
TOTAL		\$0



Justification:
No items are required.

TABLE 10: NON-FEDERAL MATCH

Item	Rate	Cost
General Office Supplies		\$5,000
Laptop Computers	\$2,500 each x 1	\$2,500
Desktop Computers	\$1,000 each x 1	\$1,000
MS Office Pro	\$400 each x 1	\$800
MS Project	\$1,000 each x 1	\$1,000
Local Area Network (LAN) Printers	\$1,000 each x 1	\$ 1,000
Blackberry (Service)	7 devices @ \$224.34 x 11 months	\$17,274
Copier Consumables	4,000 copies month @ \$.10 per copy plus toner	\$5,300
Communication (Statewide)		\$1,000
	TOTAL	\$34,874

Justification:

General Office Supplies

General office supplies for OHIT including printer paper, toner, and desk supplies.

Laptop Computers

Laptop computer for 1 OHIT staff @ \$2,500.

Desktop Computers

Desktop computer 1 for replacement for OHIT staff, interns and volunteers @ \$1,000/each.

MS Office Pro

Software for 1 OHIT staff @\$400/each.

MS Project

Software for 1 OHIT staff @ 1000/each.

Local Area Network (LAN) Printers

Office printer replacement for OHIT staff and planning vendor @\$1,000 each.

Blackberry (Service)

Monthly recurring charges for 7 devices @ \$224.34 (includes unlimited data package and 400 minutes) x 12 months.

Copier Consumables

Toner, cartridges, paper and maintenance @\$365/month x 12 months.

Communication (Statewide)

Website maintenance and development, newsletter production & distribution, marketing and other communication vehicles.



SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST: \$ 0
NON-FEDERAL MATCH: \$34,874

F. **Contractual Costs:**

The cost of project activities to be undertaken by a third-party contractor should be included in this category as a single line item charge. A complete itemization of the cost comprising the charge should be attached to the budget. If there is more than one contractor, each must be budgeted separately and must have an attached itemization.

A contract is generally the amount paid to non-employees for services or products. A consultant is a non-employee who provides advice and expertise in a specific program area.

TABLE 11: FEDERAL REQUEST

Name:	Item	Est. Cost
TBD	Financial Modeling Vendor	\$ 50,000
TBD	Implementation Vendor	\$6,700,000
TOTAL		\$6,750,000

Justification:

Financial Modeling Vendor

The financial modeling vendor contracted with in year 1 will perform an analysis of our business plan and environment at the end of year 3. They will write a set of recommendations that will be submitted to the Directors for their review.

Implementation Vendor

The implementation vendor is required to develop, build, deploy and maintain the provision of services and products that fulfill the requirements of a State level Health Information Exchange.

TABLE 12: NON-FEDERAL MATCH

Name:	Item	Est. Cost
		\$0
TOTAL		\$0

Justification:

No state funded contracts will be issued this fiscal year.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST: \$6,750,000
NON-FEDERAL MATCH: \$ 0



G. Construction Costs:

This proposal contains no construction projects.

H. Other:

Other expenses not covered in any of the previous budget categories

TABLE 13: FEDERAL REQUEST

Item	Rate	Cost
Educational Conferences	\$600 x 5 OHIT Staff x 2 Conferences	\$ 6,000
Periodicals, Newspapers, Documents and other subscription and single copy items such as legislative documents from the Illinois General Assembly.	Various	\$ 1,500
Medical/Clinical Quality Director	\$153.25 per hr.	\$ 150,000
TOTAL		\$157,500

Justification:

Educational Conferences

Select conferences will provide knowledge and information to the OHIT staff that will enable them to produce a better HIE for Illinois.

Periodicals/Newspapers

This item is designated for the purpose of purchasing subscriptions to technical journals and online subscriptions to industry periodicals.

Medical/Clinical Quality Director

A Medical Director will provide direction and leadership on quality of care matters and other clinical matters that arise.

TABLE 14: NON-FEDERAL MATCH

Item	Rate	Cost
Rent	\$1.24 Sq. Ft. x 2877 Sq. Ft. x 12 months	\$42,810
Telephone	\$35 per line x 16 lines x 12 months	\$6,720
Audio Conference Calls	\$435 per month	\$5,220
Educational Conferences	Varying	\$2,000
Server Rental	@\$250/month x 12 months	\$3,000
TOTAL		\$59,750

Justification:

Rent

Office space for the OHIT team is necessary to facilitate the process of building the HIE, communicating with our stakeholders and administering the project.



Telephone

The use of telephone communication enables the OHIT staff to perform duties and tasks that will facilitate the creation of the HIE for Illinois.

Audio Conference Calls

Conference calls enable the OHIT staff to communicate with multiple stakeholders and other interested parties to coordinate, plan and build the Illinois HIE.

Educational Conferences

Select conferences will provide knowledge and information to the OHIT staff that will enable them to produce a better HIE for Illinois.

Server Rental

OHIT, Stakeholders and vendors common document storage and information/data sharing.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST:	\$157,500
NON-FEDERAL MATCH:	\$ 59,750

I. Indirect Costs:

The Illinois indirect cost plan is a Public Assistance Cost Allocation Plan as required under OMB Circular A-87, Appendix D (2 CFR, Part 225). The plan is implemented by IHFS and reviewed and approved by US DHHS consistent with regulations at Subpart E, 45 CFR, part 95.

TOTAL DIRECT COSTS:

FEDERAL REQUEST:	\$ 7,397,826
NON-FEDERAL MATCH:	\$ 1,104,915

TOTAL INDIRECT COSTS:

FEDERAL REQUEST:	\$ 0
NON-FEDERAL MATCH:	\$ 130,000

TOTAL PROJECT COSTS:

FEDERAL REQUEST:	\$ 7,397,826
NON-FEDERAL MATCH:	\$ 1,234,915



Budget Summary:

Category	Federal	In-Kind (State Match)	TOTAL
Personnel	\$312,672	\$700,906	\$1,013,578
Fringe	\$170,094	\$300,523	\$470,617
Travel	\$7560	\$8,862	\$16,422
Equipment	\$0	0	\$0
Supplies	\$0	\$34,874	\$34,349
Contractual	\$6,750,000	\$0	\$6,750,000
Other	\$157,500	\$59,750	\$216,620
Total Direct Costs	\$7,397,826	\$1,104,915	\$8,502,741
Indirect Costs	0	\$130,000	\$130,000
Total Project Cost	\$7,397,826	\$1,234,915	\$8,632,741



Illinois HIE State Cooperative Agreement Budget – Year 3 (A & B)

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
State Grants to Promote Health IT	93.719			\$7,397,826.00	\$1,234,915.00	\$8,632,741.00
Totals		\$0.00	\$0.00	\$7,397,826.00	\$1,234,915.00	\$8,632,741.00
a						
6. Object Class Categories	GRANT PROGRAMS, FUNCTIONS OR ACTIVITIES					Total (5)
	(1) FEDERAL	(2) Non-Federal	(3)			
a. Personnel	\$312,672.00	\$700,906.00				\$1,013,578.00
b. Fringe Benefits	\$170,094.00	\$300,523.00				\$470,617.00
c. Travel	\$7,560.00	\$8,862.00				\$16,422.00
d. Equipment	\$0.00	\$0.00				\$0.00
e. Supplies	\$0.00	\$34,874.00				\$34,874.00
f. Contractual	\$6,750,000.00	\$0.00				\$6,750,000.00
g. Construction	\$0.00	\$0.00				\$0.00
h. Other	\$157,500.00	\$59,750.00				\$217,250.00
i. Direct Charges (sum of 6a-6h)	\$7,397,826.00	\$1,104,915.00		\$0.00	\$0.00	\$8,502,741.00
j. Indirect Charges		\$130,000.00				\$130,000.00
k. TOTALS (sum of 6i and 6j)	\$7,397,826.00	\$1,234,915.00		\$0.00	\$0.00	\$8,632,741.00
7. Program Income						
						\$0.00



Illinois HIE State Cooperative Agreement Budget - Year 3 (C-F)

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. State Grants to Promote Health IT	\$1,234,915.00			\$1,234,915.00
9.				\$0.00
10.				\$0.00
11.				\$0.00
12. TOTAL (sum of lines 8 - 11)	\$1,234,915.00	\$0.00	\$0.00	\$1,234,915.00

SECTION D - FORCASTED CASH NEEDS					
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$7,397,826.00	\$1,849,456.50	\$1,849,456.50	\$1,849,456.50	\$1,849,456.50
14. Non-Federal	\$1,234,915.00	\$308,728.75	\$308,728.75	\$308,728.75	\$308,728.75
15. TOTAL (sum of lines 13 and 14)	\$8,632,741.00	\$2,158,185.25	\$2,158,185.25	\$2,158,185.25	\$2,158,185.25

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. State Grants to Promote Health IT	\$1,040,449.00	\$6,616,248.00	\$7,397,826.00	\$3,783,116.00	
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$1,040,449.00	\$6,616,248.00	\$7,397,826.00	\$3,783,116.00	

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges: \$130,000.00
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23. Remarks:



Budget Justification – Year 4

A. Personnel:

An employee of the applying agency whose work is tied to the application.

Table 1: Federal Request

Position Title	Name	Annual Salary	Level of Effort	Cost
Director, State Health IT	Laura Zaremba	\$135,265	0%	\$0
Chief Technology Officer	Patricia Cunningham	\$121,197	0%	\$0
Legal Counsel	Mark Chudzinski	\$120,406	0%	\$0
Program Director	Mary McGinnis	\$108,212	0%	\$0
Chief Financial Officer	David Fagus	\$81,159	0%	\$0
Procurement Coordinator	Diego Estrella	\$95,227	0%	\$0
Administrative Assistant	Vacant	\$41,121	0%	\$0
Policy Analyst	Krysta Heaney	\$43,285	0%	\$0
Legal Intern	Vacant	\$27,053	0%	\$0
TOTAL				\$0

Justifications:

No dollars will be spent on OHIT payroll.

TABLE 2A: NON-FEDERAL MATCH

Position Title	Name	Annual Salary	Level of Effort	Cost
Director, State Health IT	Laura Zaremba	\$135,265	100%	\$135,265
Chief Technology Officer	Patricia Cunningham	\$121,197	100%	\$121,197
Legal Counsel	Mark Chudzinski	\$120,406	100%	\$120,406
Program Director	Mary McGinnis	\$108,212	100%	\$108,212
Chief Financial Officer	David Fagus	\$81,159	100%	\$81,159
Procurement Coordinator	Diego Estrella	\$95,227	100%	\$95,227
Administrative Assistant	Vacant	\$41,121	100%	\$41,121
Policy Analyst	Krysta Heaney	\$43,285	100%	\$43,285
Legal Intern	Vacant	\$27,053	100%	\$27,053
Senior Public Service Administrator	Cory Verblen	\$56,942	100%	\$56,942
Administrative Assistant II	Connie Christen	\$71,121	50%	\$35,560
Division Chief for Patient Safety and Quality	Mary Driscoll	\$95,737	15%	\$14,361
Senior Policy Analyst	Jessica Ledesma	\$45,693	15%	\$6,854
Legal Intern	TBD	290.0 hrs.	\$50.00	\$14,500
Legal Intern	TBD	140.0 hrs.	\$50.00	\$7,000
Volunteer Attorney	TBD	300.0 hrs.	\$75.00	\$22,500
Volunteer Attorney	TBD	300.0 hrs.	\$75.00	\$22,500
Physician	Wes Valdes	300.0 hrs.	\$153.25/hr.	\$45,975
Member	Advisory Committee	720.0 hrs.	\$50 per hr.	\$36,000
TOTAL				\$1,035,117



Justifications:

Director/State Health IT Coordinator - Laura Zaremba

- Oversee all operations of the OHIT
- Responsible for strategic vision and implementation of the State's health information technology initiatives and Cooperative Agreement with ONC
- Foster partnerships and participation among all major health care stakeholders
- Serve as State's main point of contact with federal agencies and other states regarding health information exchange

Chief Technology Officer – Patricia Cunningham

- Oversee development and implementation of technical architecture of the State's health information technology plans
- Ensure integration and interoperability of existing technology in State's health care market to achieve broad-based participation in the state-level HIE
- Provide strategic input on all technology-related procurement and budget matters

Legal Counsel – Mark Chudzinski

- Provide legal consultation on the State's health information exchange plans and implementation
- Ensure adherence to all applicable state and federal privacy and security laws
- Review contracts, procurements, policies and procedures to ensure compliance with all applicable legal obligations of the OHIT

Program Director – Mary McGinnis

- Responsible for day-to-day administrative operations of the OHIT
- Maintain regular contact with stakeholders and current, working knowledge of state and federal policy developments in health information technology
- Responsible for performance measurement and tracking of progress toward goals and milestones in Cooperative Agreement and Strategic Plan

Chief Financial Officer – David Fagus

- Prepare and administer the budget and all financial operations of the OHIT
- Ensure compliance with federal and state reporting laws and requirements

Procurement Coordinator – Diego Estrella

- Perform all procurement duties necessary to carry out the duties of the OHIT
- Ensure compliance with state and federal procurement laws and requirements
- Produce all requests for proposals, requests for information and related procurement instruments necessary to carry out the duties of the Office
- Monitor all contracts for compliance

Administrative Assistant - Vacant

- Provide administrative assistance to the OHIT including all clerical duties, scheduling meetings and making travel arrangements

Policy Analyst – Krysta Heaney

- Provide analysis of federal regulations and requirements to ensure compliance and analyze the impact on OHIT operations.



Legal Intern - Vacant

- Provide legal support and research to the General Counsel to ensure compliance with applicable legal obligations of the OHIT

Communications – Cory Verblen

- Prepare and disseminate information about the HIE to the public, the stakeholders and all others who seek information about HIE for purposes of education, its operations and its meetings.

Administrative Support – Connie Christen

- Located in Springfield, coordinates activity and events in both the Chicago and the Springfield sites, performs secretarial duties for the State Director and various other staff members, takes and prepares meeting minutes and provides a downstate liaison for OHIT as needed.

Physician – Wesley Valdes, D.O.

- Leads the Telemedicine and the Clinical Quality work groups to insure that the HIE is able to provide services that meet the need of the stakeholder community.
- Represents the interests of physicians on the Finance and Sustainability work group.

Division Chief for Patient Safety and Quality – Mary Driscoll

- Provides leadership for the statewide network of city/county public health departments to develop uniform standards and to work through the challenges in creating those standards as the Chair of the Public Health work group.

Senior Policy Analyst – Jessica Ledesma

- Serves as staff to the Chair of the Public Health work group assisting in the coordinating of the meeting, dispersal of documents as needed and other duties required to insure the work group operates efficiently and effectively.

Legal Intern – TBD

- Performs research and writes briefing documents on topics as assigned by the General Counsel of OHIT on various topics and concerns of the Illinois HIE

Legal Intern – TBD

- Performs research and writes briefing documents on topics as assigned by the General Counsel of OHIT on various topics and concerns of the Illinois HIE

Volunteer Attorney – TBD

- Performs research and writes briefing documents on topics as assigned by the General Counsel of OHIT on various topics and concerns of the Illinois HIE

Volunteer Attorney - TBD

- Performs research and writes briefing documents on topics as assigned by the General Counsel of OHIT on various topics and concerns of the Illinois HIE

SOURCE OF MATCH FUNDS: Funds for positions that are paid are provided by the State of Illinois. Positions that are donated are assigned a conservative fair market value and were recruited to provide these services by the State of Illinois.

FEDERAL REQUEST:

\$ 0

NON-FEDERAL MATCH:

\$1,035,117



B. Fringe Benefits:

Fringe Benefits may include contributions for social security, employee insurance, pension plans, etc. Only benefits not included in an organization’s indirect cost pool may be shown as direct costs.

TABLE 3: FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.40%	\$0	\$0
Retirement	30.3%	\$0	\$0
Health Insurance	16.7%	\$0	\$0
TOTAL			\$0

The Fringe Benefit costs associated with each state-employed position is calculated at 54.4% of total salaries. Providing benefits enables OHIT the opportunity to compete in the market place as it attempts to recruit the best and brightest candidates available to create the Illinois HIE.

TABLE 4: NON-FEDERAL MATCH

Component	Rate	Wage	Cost
FICA	7.40%	\$886,642	\$65,611
Retirement	30.3%	\$886,642	\$268,653
Health Insurance	16.7%	\$886,642	\$148,069
TOTAL			\$482,333

The Fringe Benefit costs associated with each state-employed position is calculated at 54.4% of total salaries. Providing benefits enables OHIT the opportunity to compete in the market place as it attempts to recruit the best and brightest candidates available to create the Illinois HIE. Fringe benefit costs are assigned to state employee and are not assigned for in-kind/volunteer staff members.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST: \$ 0
NON-FEDERAL MATCH: \$482,333

C. Travel:

Explain need for all travel other than that required by this application. The lowest available commercial fares for coach or equivalent accommodations must be used. Local travel policies prevail.

TABLE 5: FEDERAL REQUEST:

Purpose of Travel	Location	Item	Rate	Cost
State HIE Leadership	Washington, DC	Transportation	\$300	\$600



Training				
		Hotel	\$200 per night, per room	\$800
		Per Diem	\$28 per day	\$112
To increase knowledge, awareness as well as to inform stakeholders as needed.	Various locations throughout Illinois and bordering states as needed.	Transportation, Hotel and Per Diem as reqd.	Various	\$6,048
TOTAL				\$7,560

Justification:

Travel for OHIT staff will be conducted as needed in order to meet the requirements of the grant and to conferences and meeting that will benefit and grow the HIE in terms of awareness, to provide information, to communicate with stakeholders and provide information and updates as needed to carry out the goals of OHIT. Staff will carpool whenever possible to conserve resources. Costs were determined by reviewing recent market place costs for the services indicated.

TABLE 6: NON-FEDERAL MATCH:

Purpose of Travel	Location	Item	Rate	Cost
Stakeholder Conference	Springfield, IL	Transportation	\$.50/mile	\$880
2 R/T, 9 nights, 9 days per diem.		Hotel	\$75 per night	\$675
		Per Diem	\$28 per day	\$252
Travel to In State Locations	Various locations throughout Illinois and bordering states as needed.	Various	Various	\$5,000
TOTAL				\$8,862

Justification:

Travel for OHIT staff will be conducted on an as needed basis in order to meet with stakeholders statewide and to meet with other agency staff and/or legislators to carry out the goals of OHIT. Staff will carpool whenever possible to conserve resources.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST:	\$7,560
NON-FEDERAL MATCH:	\$8,862

D. Equipment:

Permanent equipment is defined as nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more



TABLE 7: FEDERAL REQUEST

ITEM	RATE	COST
		\$0
TOTAL		\$0

Justification:

No items are required.

TABLE 8: NON-FEDERAL MATCH

ITEM	RATE	COST
		\$0
TOTAL		\$0

Justification:

No items are required.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST:	\$ 0
NON-FEDERAL MATCH:	\$ 0

E. Supplies:

Materials costing less than \$5,000 per unit and often having a one-time use.

TABLE 9: FEDERAL REQUEST

Item	Rate	Cost
		\$0
TOTAL		\$0

Justification:

No items are required.

TABLE 10: NON-FEDERAL MATCH

Item	Rate	Cost
General Office Supplies		\$5,000
Laptop Computers	\$2,500 each x 1	\$2,500
Desktop Computers	\$1,000 each x 1	\$1,000
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Local Area Network (LAN) Printers	\$1,000 each x 1	\$ 1,000
Blackberry (Service)	7 devices @ \$224.34 x 11 months	\$17,274
Copier Consumables	4,000 copies month @ \$.10 per copy plus toner	\$5,300
Communication (Statewide)		\$1,000
TOTAL		\$34,874



Justification:

General Office Supplies

General office supplies for OHIT including printer paper, toner, and desk supplies.

Laptop Computers

Laptop computer for 1 OHIT staff @ \$2,500.

Desktop Computers

Desktop computer 1 for replacement for OHIT staff, interns and volunteers @ \$1,000/each.

MS Office Pro

Software for 1 OHIT staff @\$400/each.

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Software for 1 OHIT staff @ 1000/each.

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Blackberry (Service)

Monthly recurring charges for 7 devices @ \$224.34 (includes unlimited data package and 400 minutes) x 12 months.

Copier Consumables

Toner, cartridges, paper and maintenance @\$365/month x 12 months.

Communication (Statewide)

Website maintenance and development, newsletter production & distribution, marketing and other communication vehicles.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST:	\$ 0
NON-FEDERAL MATCH:	\$34,874

F. **Contractual Costs:**

The cost of project activities to be undertaken by a third-party contractor should be included in this category as a single line item charge. A complete itemization of the cost comprising the charge should be attached to the budget. If there is more than one contractor, each must be budgeted separately and must have an attached itemization.

A contract is generally the amount paid to non-employees for services or products. A consultant is a non-employee who provides advice and expertise in a specific program area.



TABLE 11: FEDERAL REQUEST

Name:	Item:	Est. Cost
TBD	Financial Modeling Vendor	\$ 50,000
TBD	Implementation Vendor	\$3,568,056
TOTAL		\$3,618,056

Justification:

Financial Modeling Vendor

The financial modeling vendor contracted with in year 1 will perform an analysis of our business plan and environment at the end of year 3. They will write a set of recommendations that will be submitted to the Directors for their review.

Implementation Vendor

The implementation vendor is required to develop, build, deploy and maintain the provision of services and products that fulfill the requirements of a State level Health Information Exchange.

TABLE 12: NON-FEDERAL MATCH

Name:	Item:	Est. Cost
		\$0
TOTAL		\$0

Justification:

No state funded contracts will be issued this fiscal year.

SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST:	\$3,618,056
NON-FEDERAL MATCH:	\$ 0

G. Construction Costs:

This proposal contains no construction projects.

H. Other:

Other expenses not covered in any of the previous budget categories.

TABLE 13: FEDERAL REQUEST

Item	Rate	Cost
Educational Conferences	\$600 x 5 OHIT Staff x 2 Conferences	\$ 6,000
Periodicals, Newspapers, Documents and other subscription and single copy items such as legislative documents from the	Various	\$ 1,500



Illinois General Assembly.		
Medical/Clinical Quality Director	\$153.25 per hr.	\$ 150,000
	TOTAL	\$157,500

Justification:

Educational Conferences

Select conferences will provide knowledge and information to the OHIT staff that will enable them to produce a better HIE for Illinois.

Periodicals/Newspapers

This item is designated for the purpose of purchasing subscriptions to technical journals and online subscriptions to industry periodicals.

Medical/Clinical Quality Director

A Medical Director will provide direction and leadership on quality of care matters and other clinical matters that arise.

TABLE 14: NON-FEDERAL MATCH

Item	Rate	Cost
Rent	\$1.24 Sq. Ft. x 2877 Sq. Ft. x 12 months	\$42,810
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Audio Conference Calls	\$435 per month	\$5,220
Educational Conferences	Varying	\$2,000
Server Rental	@\$250/month x 12 months	\$3,000
	TOTAL	\$59,750

Justification:

Rent

Office space for the OHIT team is necessary to facilitate the process of building the HIE, communicating with our stakeholders and administering the project.

Telephone

The use of telephone communication enables the OHIT staff to perform duties and tasks that will facilitate the creation of the HIE for Illinois.

Audio Conference Calls

Conference calls enable the OHIT staff to communicate with multiple stakeholders and other interested parties to coordinate, plan and build the Illinois HIE.

Educational Conferences

Select conferences will provide knowledge and information to the OHIT staff that will enable them to produce a better HIE for Illinois.

Server Rental

OHIT, Stakeholders and vendors common document storage and information/data sharing.



SOURCE OF MATCH FUNDS: Funds are provided by the State of Illinois.

FEDERAL REQUEST: \$157,500
NON-FEDERAL MATCH: \$ 59,750

I. Indirect Costs:

The Illinois indirect cost plan is a Public Assistance Cost Allocation Plan as required under OMB Circular A-87, Appendix D (2 CFR, Part 225). The plan is implemented by IHFS and reviewed and approved by US DHHS consistent with regulations at Subpart E, 45 CFR, part 95.

TOTAL DIRECT COSTS:

FEDERAL REQUEST: \$ 3,783,116
NON-FEDERAL MATCH: \$ 1,531,863

TOTAL INDIRECT COSTS:

FEDERAL REQUEST: \$ 0
NON-FEDERAL MATCH: \$ 130,000 0

TOTAL PROJECT COSTS:

FEDERAL REQUEST: \$ 3,783,116
NON-FEDERAL MATCH: \$ 1,661,863

Budget Summary:

Category	Federal	In-Kind (State Match)	TOTAL
Personnel	\$0	\$1,035,117	\$1,035,117
Fringe	\$0	\$482,333	\$482,333
Travel	\$7,560	\$8,862	\$16,422
Equipment	\$0	\$0	0
Supplies	\$0	\$34,874	\$34,874
Contractual	\$3,568,056	\$0	\$3,568,056
Other	\$157,500	\$59,750	\$217,250
Total Direct Costs	\$3,783,116	\$1,620,936	\$5,404,052
Indirect Costs	\$0	\$130,000	\$130,000
Total Project Cost	\$3,783,116	\$1,750,936	\$5,534,052



Illinois HIE State Cooperative Agreement Budget – Year 4 (A &B)

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
State Grants to Promote Health IT	93.719			\$3,783,116.00	\$1,750,936.00	\$5,534,052.00
Totals		\$0.00	\$0.00	\$3,783,116.00	\$1,750,936.00	\$5,534,052.00

SECTION B - BUDGET CATAGORIES					
6. Object Class Catagories	GRANT PROGRAMS, FUNCTIONS OR ACTIVITIES				Total (5)
	(1) FEDERAL	(2) Non-Federal	(3)		
a. Personnel	\$0.00	\$1,035,117.00			\$1,035,117.00
b. Fringe Benefits	\$0.00	\$482,333.00			\$482,333.00
c. Travel	\$7,560.00	\$8,862.00			\$16,422.00
d. Equipment	\$0.00	\$0.00			\$0.00
e. Supplies	\$0.00	\$34,874.00			\$34,874.00
f. Contractual	\$3,618,056.00	\$0.00			\$3,618,056.00
g. Construction	\$0.00	\$0.00			\$0.00
h. Other	\$157,500.00	\$59,750.00			\$217,250.00
i. Direct Charges (sum of 6a-6h)	\$3,783,116.00	\$1,620,936.00	\$0.00	\$0.00	\$5,404,052.00
j. Indirect Charges	\$0.00	\$130,000.00			\$130,000.00
k. TOTALS (sum of 6i and 6j)	\$3,783,116.00	\$1,750,936.00	\$0.00	\$0.00	\$5,534,052.00
7. Program Income					



Illinois HIE State Cooperative Agreement Budget - Year 4 (C-F)

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. State Grants to Promote Health IT	\$1,750,936.00				\$1,750,936.00
9.					\$0.00
10.					\$0.00
11.					\$0.00
12. TOTAL (sum of lines 8 - 11)	\$1,750,936.00	\$0.00	\$0.00	\$0.00	\$1,750,936.00
SECTION D - FORCASTED CASH NEEDS					
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$3,783,116.00	\$945,779.00	\$945,779.00	\$945,779.00	\$945,779.00
14. Non-Federal	\$1,750,936.00	\$437,734.00	\$437,734.00	\$437,734.00	\$437,734.00
15. TOTAL (sum of lines 13 and 14)	\$5,534,052.00	\$1,383,513.00	\$1,383,513.00	\$1,383,513.00	\$1,383,513.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. State Grants to Promote Health IT	\$1,040,449.00	\$6,616,248.00	\$7,397,826.00	\$3,783,116.00	
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$1,040,449.00	\$6,616,248.00	\$7,397,826.00	\$3,783,116.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:			22. Indirect Charges:		\$130,000.00
23. Remarks:					



Summary of All 4 Years



Illinois HIE State Cooperative Agreement Budget – All 4 Years (A & B)

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
State Grants to Promote Health IT	93.719			\$18,837,639.00	\$4,073,464.00	\$22,911,103.00
Totals		\$0.00	\$0.00	\$18,837,639.00	\$4,073,464.00	\$22,911,103.00
SECTION B - BUDGET CATAGORIES						
6. Object Class Catagories	GRANT PROGRAMS, FUNCTIONS OR ACTIVITIES					Total (5)
	(1) FEDERAL	(2) Non-Federal	(3)			
a. Personnel	\$1,597,316.00	\$2,230,297.00				\$3,827,613.00
b. Fringe Benefits	\$868,941.00	\$891,918.00				\$1,760,859.00
c. Travel	\$30,240.00	\$35,448.00				\$65,688.00
d. Equipment	\$0.00	\$5,000.00				\$5,000.00
e. Supplies	\$6,000.00	\$160,491.00				\$166,491.00
f. Contractual	\$14,535,842.00	\$0.00				\$14,535,842.00
g. Construction	\$0.00	\$0.00				\$0.00
h. Other	\$1,799,300.00	\$230,310.00				\$2,029,610.00
i. Direct Charges (sum of 6a-6h)	\$18,837,639.00	\$3,553,464.00		\$0.00	\$0.00	\$22,391,103.00
j. Indirect Charges		\$520,000.00				\$520,000.00
k. TOTALS (sum of 6i and 6j)	\$18,837,639.00	\$4,073,464.00		\$0.00	\$0.00	\$22,911,103.00
7. Program Income						\$0.00



Illinois HIE State Cooperative Agreement Budget - All 4 Years (C-F)

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. State Grants to Promote Health IT		\$4,073,464.00			\$4,073,464.00	
9.					\$0.00	
10.					\$0.00	
11.					\$0.00	
12. TOTAL (sum of lines 8 - 11)		\$4,073,464.00	\$0.00	\$0.00	\$4,073,464.00	
SECTION D - FORCASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal		\$18,837,639.00				
14. Non-Federal		\$4,073,464.00				
15. TOTAL (sum of lines 13 and 14)		\$22,911,103.00	\$0.00	\$0.00	\$0.00	\$0.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program		FUTURE FUNDING PERIODS (Years)				
		(b) First	(c) Second	(d) Third	(e) Fourth	
16. State Grants to Promote Health IT		\$1,040,449.00	\$6,616,248.00	\$7,397,826.00	\$3,783,116.00	
17.						
18.						
19.						
20. TOTAL (sum of lines 16 - 19)		\$1,040,449.00	\$6,616,248.00	\$7,397,826.00	\$3,783,116.00	
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:			22. Indirect Charges: \$520,000.00			
23. Remarks:						



Budget Attachments



**DHHS DIVISION OF COST ALLOCATION (DCA)
CERTIFICATE OF AMERICAN RECOVERY AND
REINVESTMENT ACT (ARRA) PUBLIC ASSISTANCE COST
ALLOCATION PLAN (PACAP)**

This is to certify that I have reviewed the public assistance cost allocation plan submitted herewith and to the best of my knowledge and belief:

1. All costs included in this proposal effective **January 1, 2010**, are allowable in accordance with the requirements of 2 CFR Part 225, Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87), the American Recovery and Reinvestment Act of 2009, and the Federal award(s) to which they apply. Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.
2. All costs included in this proposal are properly allocable to Federal ARRA awards on the basis of a beneficial or causal relationship between the expenses incurred and the ARRA awards to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

I declare that the foregoing is true and correct.

Governmental Unit : Illinois Department of Healthcare and Family Services

Signature 

Name of Official Jack Dodds

Title Chief Financial Officer

Date of Execution 9-9-10

NOTE: WE WILL NOT BE ABLE TO PROCESS YOUR PUBLIC ASSISTANCE COST ALLOCATION PLAN WITHOUT THIS CERTIFICATION.

Send certificate along with your public assistance cost allocation plan to your assigned Regional Division of Cost Allocation office.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation
Central States Field Office

1301 Young Street
Room 732
Dallas, TX 75202
(214) 767-3261
(214) 767-3264 FAX

February 1, 2010

AMENDMENT ILDHCFS 10-1

Mr. Jack Dodds
Chief Fiscal Officer – Division of Finance
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East
Springfield, Illinois 62763-0002

Dear Mr. Dodds:

This is to advise you of the results of our review of your Public Assistance Cost Allocation Plan (PACAP) amendment which you submitted in accordance with 45 CFR 95.509. This amendment was submitted by your letter dated December 21, 2009, to be effective October 1, 2009. This amendment is approved, effective October 1, 2009, as submitted.

In accordance with 45 CFR Part 95, Subpart E this approval is continuous until the allocation method(s) shown in this plan is outdated as a result of organizational changes within your agency or legislative, regulatory, or other changes that make necessary the submission of an amendment or new plan by you. The regulations require that as a condition of receipt of Federal financial participation in administration services (excluding assistance and medical vendor payments and purchased services) and training for any quarterly period, the State's claim for expenditures must be in accordance with the cost allocation plan on file and approved by the DCA for that period. Amendments to your plan would be required for any changes indicated above. The responsibility for submission of amendments rests solely with the State.

Approval of the plan/amendment cited above is predicated upon conditions that (1) no costs other than those incurred pursuant to the approved State plan are included in claims to the Federal government and that such costs are legal obligations, (2) the same costs that have been treated as indirect costs have not been claimed as direct costs (3) similar types of costs have been accorded consistent treatment (4) the approval is based on information provided by the State and is void if the information is later found to be materially incomplete or inaccurate (5) the allocation methods proposed result in an equitable distribution of costs to programs, and (6) the costs claimed for the appropriate rate of Federal financial participation must be allowable under the law, the cost principles contained in OMB Circular A-87, and program regulations.

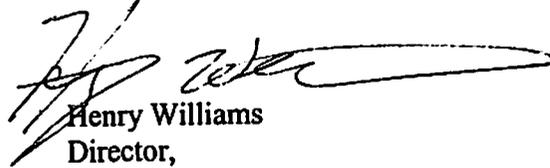
This approval presumes the existence of an accounting system with internal controls adequate to protect the interests of both the State and Federal government. Approval of this cost allocation plan/amendment does not constitute the approval of the estimated costs or statistical data submitted with the amendment nor the actual expenditures reported on your quarterly expenditure reports. The actual expenditures and

statistical data remain subject to Federal review. This approval relates to the accounting treatment of the costs of your programs only, and nothing contained herein should be construed as approving activities not otherwise authorized by approved program plans, or Federal legislation or regulations.

The operation of the cost allocation plan/amendment approved by this document may from time to time be reviewed by authorized Federal staff including DCA, HHS Audit, and General Accounting Office staff. The disclosure of inequities during such reviews may necessitate changes to the plan.

If you have any questions, please call Terry Hill at (214)-767-3263.

Sincerely,



Henry Williams
Director,
Division of Cost Allocation
Central States Field Office

cc: L. Kent Wilcox, ACF-Chicago
Verlon Johnson, CMS-Chicago
Frank Lebron, USDA/FNS/GFPD – Alexandria, VA

Illinois Department of Healthcare and Family Services Public Assistance Cost Allocation Plan

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Illinois Department of Healthcare and Family Services
Public Assistance Cost Allocation Plan

Director's Certification

In accordance with 45 CFR 95.507(b)(8), I certify that:

1. The information contained in this cost allocation plan is prepared in conformance with Office of Management and Budget Circular A-87.
2. The costs are accorded consistent treatment through the application of generally accepted accounting principles appropriate to the circumstances.
3. An adequate accounting and statistical system exists to support the claims made under this cost allocation plan.
4. The information provided in support of this cost allocation plan is accurate.



Jack Dodds, Chief Fiscal Officer, Division of Finance
Illinois Department of Healthcare and Family Services

12-21-09

Date

Illinois Department of Healthcare and Family Services (IDHFS) Public Assistance Cost Allocation Plan

Federal Statutory Basis for IDHFS Programs

The Federal **Social Security Act**, as amended, enacted by Congress, approved August 4, 1935, provides the basis for the following IDHFS programs. IDHFS is the single state agency for the following Titles of this Act under which federal funds for administration of said Titles are made available.

Title IV - Part D -- Child Support and Establishment of Paternity -- Illinois' Child Support Enforcement Program serves Illinois residents regardless of income. Services include parent locating services, genetic testing to establish paternity, child support order establishment and order modification reviews, medical support, wages withholding, computerized accounting and billing, and interception of federal and state income tax refunds.

Healthy Marriages/Healthy Relationships is an 1115 waiver to help families build and maintain healthy family relationships by testing strategies to strengthen the Child Support Enforcement Program by enhancing its ability to promote the financial and broader well-being of children, and to make the program more effective by both increasing paternity establishment, and fostering relationships.

Title XIX -- Medical Assistance (Medicaid) -- Illinois' Medical Assistance Program pays for medically necessary services for eligible individuals and families. To be eligible for medical assistance, individuals must meet non-financial and financial eligibility requirements. Non-financial requirements are factors such as citizenship, age, relationship, and categorical relatedness. For persons who are blind, disabled or 65 years of age and older, financial factors include both assets (resources) and income. For all All Kids plans, Parent Assist, and Family Assist, the only financial factor is income; assets do not affect eligibility.

FamilyCare – This plan was a combination of Title XIX and Title XXI. It was implemented through an 1115 Federal Waiver that ended September 30, 2007. There is a pending State Plan Amendment that will move a large portion of the population that were claimed under this waiver to the Title XIX program.

Family Planning – This plan is a Title XIX 1115 Federal Waiver. Family Planning offers expanding coverage to women ages 19 to 44 who have previously lost coverage under Medicaid, but are still at or below 200% of the poverty level. The primary goal of this waiver is to improve women's health outcomes by expanding access to, and coverage of, publicly funded family planning services that enhance the ability of women to make personal choices regarding the number and spacing of their pregnancies.

Title XXI -- State Children's Health Insurance Program -- This program provides health care coverage for children through expansion of the Medical Assistance Program. The administrative costs related to the following two eligibility groups are charged to Title XXI.

All Kids Share - This plan makes health care benefits available to children who are under the age of 19, in families whose countable income is above 133 percent and at or below 150

percent of the Federal Poverty Level (FPL). These families have small co-payment responsibilities.

All Kids Premium - This plan makes health care benefits available to children, under 19 years of age, in families whose countable income is above 150 percent and at or below 185 percent of the FPL. These families pay a modest premium for the coverage and have small co-payment responsibilities.

FamilyCare – There is a pending State Plan Amendment that will move a large portion of the population that were claimed under this waiver to the Title XIX program.

IDHFS provides support for the following programs administered by the Illinois Department of Human Services (IDHS):

Title IV - Part A -- Block Grants to States for Temporary Assistance for Needy Families (TANF) --conducts hearings on petitions filed by responsible relatives of children receiving child support services under Article X of the Healthcare and Family Services Code. As the single state Medicaid agency, the department also issues Final Administrative Decisions (FADs) on all appeals that involve Medicaid.

Food Stamp Act of 1977 -- Food Stamp Program -- The Food Stamp Program Provides monthly benefits that help low-income households buy the food they need for good health. The goal of the program is to promote the general welfare and to safeguard the health and well-being of the population through the issuance of benefits to all eligible households. For most households, food stamps account for only a portion of their food budgets; they must also use their own funds to buy food sufficient to last throughout the month.

Refugee Act of 1980 -- Refugee Resettlement Program -- The Refugee Resettlement Program is a service provided to refugees, entrants, and Amerasians for their effective resettlement in this country. The services are designed to promote self-sufficiency within the shortest possible time after their entrance into the country and the state.

SSI/AABD – Supplemental Security Income is protected income and cannot be used to meet the needs of any other person. Aid to the Aged, Blind, and Disabled is cash and medical assistance. They may also be eligible for food stamps.

Illinois Department of Healthcare and Family Services Public Assistance Cost Allocation Plan

Purpose and Overview

PURPOSE

In short, the purpose of the Public Assistance Cost Allocation Plan (PACAP) is to explain and document the methodology of how administrative costs are charged to all benefiting programs. A program is either federally supported by a reimbursement grant (in whole or in part) or funded wholly by the State. The federal requirements specifically obligating the IDHFS to submit a PACAP for federal approval is contained in the following cites.

OMB Circular A-87, Attachment D states:

“ Federally-financed programs administered by State public assistance agencies are funded predominately by the Department of Health and Human Services (HHS). In support of its stewardship requirements, HHS has published requirements for the development, documentation, submission, negotiation, and approval of public assistance cost allocation plans in Subpart E of 45 CFR Part 95. All administrative costs (direct and indirect) are normally charged to Federal awards by implementing the public assistance cost allocation plan.”

and that,

“State public assistance agencies will develop, document and implement, and the Federal Government will review, negotiate, and approve, public assistance cost allocation plans in accordance with Subpart E of 45 CFR Part 95. The plan will include all programs administered by the State public assistance agency.”

Subpart E of 45 CFR Part 95.507 states:

“The State shall submit a cost allocation plan for the State agency’...’ to the Director, Division of Cost Allocation (DCA), in the appropriate HHS Regional Office.”

As cited above, IDHFS hereby submits a PACAP to DCA for approval. Once approved, it shall replace the Department’s existing PACAP that was approved in the May 10, 2001 DCA letter. This PACAP has been prepared for the U.S. Department of Health and Human Services (DHHS) under authority of the following:

- Title 7 Code of Federal Regulations,
- Title 42 Code of Federal Regulations,
- Title 45 Code of Federal Regulations,
- DHHS Grants Administration Manual and
- Office of Management and Budget (OMB) Circular A-87.

This plan will be kept current by the Department and will be revised to reflect major changes in the Department's organization, programs or cost allocation methodology. Recommendations for corrections or questions concerning this plan should be directed to:

Barry S. Maram, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East
Prescott Bloom Building
Springfield, IL 62763-0001

OVERVIEW

This PACAP is structured in a new format. Below is the Table of Contents in narrative form.

Part 1 of the PACAP is the Introduction. Included in Part 1, in Section 4, are the definitions of the federal programs and the explanations of the cost pools and allocation methods used to charge administrative expenses to those federal programs.

Part 2 describes the organization by major unit in picture as well as in narrative. At the end of each narrative, the method of allocating the personal services and related costs for that particular unit is referenced. Part 2 also describes the major data processing systems the Department uses to track and segregate administrative costs.

Part 3 explains the method of how costs are collected, and once collected how they are allocated to the federal programs.

Part 4 notes the various costs that occur outside of IDHFS in other governmental entities and discusses the inclusion of these expenditures within IDHFS federal claiming data.

Part 5 is the cost impact analysis, and

Part 6 is the appendix, which includes various attachments that are referred to throughout the PACAP.

Illinois Department of Healthcare and Family Services (IDHFS)

Public Assistance Cost Allocation Plan

Cost Pools and Allocation Methods

The cost pools and allocation methods of this PACAP are in accordance with the provisions of 45 CFR, Part 205.150, 45 CFR Part 95 Subpart E, OMB Circular A-87 and the Federal Social Security Act. All costs included in this PACAP are supported by formal accounting records maintained in the Healthcare and Family Services Accounting System, and to some extent in the Medicaid Management Information System. The accounting methods used are in accordance with State laws and with the Illinois State Comptroller's Statewide Accounting Management System (SAMS).

The remainder of this section systematically explains how costs are allocated to the Federal Programs (FPs). The FP includes all IDHFS programs including the State Only – Non Matchable programs. The FPs are identified and associated with the corresponding State Program (SP). Next, the Cost Pools (CP) are identified, described, linked to the SP and linked to the associated Federal Financial Participation (FFP) Rate. The allocation method “charge” is described. There is one indirect charge method for the Department, with the remaining methods being direct charges. The charges are then associated with the CP and thus complete the allocation method.

PROGRAMS

The chart below compares the current Federal Programs to the State Programs that Cost Pools are charged.

TABLE 1-4-A

Federal Program	State Program	Controlling Agency
Title XIX – Medicaid	Medical	IDHFS
Title XXI – SCHIP	Medical	IDHFS
Title IV-D – CSE	Child Support	IDHFS
Refugee	IDHS	IDHS
TANF	IDHS	IDHS
SSI/AABD	IDHS	IDHS
Food Stamp	IDHS	IDHS
Demo Grants (various)	Medical or Child Support	IDHFS
Non Federal-State Only	Non-Match: Medical Coverage, TA Medical Coverage, Non-Match Presumptive Eligibility Medical Coverage, All-Kids Premium Levels 2-8, and undocumented immigrant	IDHFS

	children at all income levels, Veteran’s Care, IL Cares Rx, non-IVD non-income withholding costs, and Group Insurance, Renal, Warrior Assistance	
--	--	--

COST POOLS

The chart below identifies the CPs and FFP rate by which expenditures are grouped.

TABLE 1-4-B

CP#	Cost Pool	Description	SP	FFP Rate
1	General Medical Admin	General costs associated with the Medicaid Program that do not qualify for enhanced FFP	Medical	50%
2	Medical APD	Costs associated with CMS approved Advance Planning Documents that qualify for enhanced FFP	Medical	Per APD
3	Medical SPMP	Health Facility Nurses, Nurse Supervisors, and Medical Consultants	Medical	75%
4	MMIS	Costs associated with the Medicaid Management Information System	Medical	75%
5	All Kids	General costs associated with the All Kids Program within Medical	Medical	0%, 50% and 65%
6	General Child Support	General costs associated with the Child Support Enforcement Program that do not qualify for enhanced FFP	Child Support	66%
7	Child Support APD	Costs associated with ACF approved Advance Planning Documents that qualify for enhanced FFP	Child Support	Per APD
8	Child Support Genetics tests	Costs associated with paternity blood testing	Child Support	66%
9	Child Support Waiver	1115 Waiver	Child Support	66%
10	Central Indirect	Costs that benefit all Federal Programs	All Programs	Blend
11	Non Match	Costs for which no FFP is available	Various	0%
12	Demo Grants	Costs associated with specific federal grants	Medical or Child Support	Per Grant
13	IDHS	Costs associated with Refugees, Food Stamp, TANF, SSI/AABD	IDHS	0% to IDHFS

DIRECT CHARGES – these are expenditures that directly correlate to a particular Federal Program prior to the application of the indirect expenditures. The total of the Direct Charge and Indirect Charge for a particular Federal Program is the expenditure amount charged to that program. Personnel costs are accounted for in accordance with OMB Circular A-87 **Attachment B, Section 8.**

◆ Supportive Medical Allocation

This allocation ensures the Medical Program’s administrative costs are charged to the appropriate FP. The allocation is derived from medical service claims processed for the federal reporting quarter and reflects an accurate measure of effort. A medical service claim is the lower level of an item of service for each episode of service received by a recipient that the Department adjudicates. This statistic is calculated on a monthly basis.

Step 1. Group medical service claims processed for the quarter by Title XIX, Title XXI, Demo Grant, Non Match, and Refugee.

Step 2. Divide each group in Step 1 by the total service claims processed for the quarter.

Step 3. The resulting percentages are multiplied by the administrative expenditures Direct charged to the Medical program of the CP #1, #2, #3, and #4 and then multiplied by the appropriate FFP rate. *(See Table 1-4-B)*

Step 4. The results of Step 3 are in **Table 1-4-C.**

TABLE 1-4-C

Supportive Medical Subgroup	FP	FFP Rate (Admin)
Medicaid Title XIX	Title XIX	50%
Family Planning Title XIX	Title XIX – 1115 Waiver	50%
Demo Grant	Demo	Per Grant
Share/Premium/Unborn Child	Title XXI – SCHIP	65%
IDHFS	Refugee	0% to IDHFS
State Only	Non-Match	0%

◆ All Kids Allocation

The purpose of this allocation is to fairly distribute administrative costs related to the State’s All Kids Program to the appropriate FP. The All Kids Program is Illinois’ initiative to insure all children living within the State of Illinois have Medical Insurance. The program blankets all of the children covered under the program including those who are eligible for Title XIX-Medicaid (All-Kids Assist <133% FPL), Title XIX-MCHIP (All-Kids Assist Expansion <133% FPL), and Title XXI-SCHIP (All-Kids Share and Premium 133%-200% FPL). Children whose family income exceeds 200% FPL (All-Kids Premium levels 2-8) and are therefore not eligible under the Title XIX or Title XXI programs are covered under the State Only program, as are undocumented immigrant children at all income levels. This

methodology is different from the Supportive Medical Allocation. This allocation uses the applications approved within the Bureau of All Kids as a basis for a more accurate measure of effort. This statistic is calculated on a quarterly basis by month.

Step 1. Group the applications approved for the quarter within the Bureau of All Kids by All Kids Sub-group. *(See Table 1-4-D)*

Step 2. Divide each group in Step 1 by the total applications approved for the quarter.

Step 3. The resulting percentages are multiplied by the expenditures of the CP #5.

(See Table 1-4-B) and then multiplied by the appropriate FFP rate in Table 1-4-B.

Step 4. The results of Step 3 are the dollars charged to each of the Federal Programs listed in Table 1-4-D.

TABLE 1-4-D

Medical Sub-group All Kids	FP	FFP Rate (Admin)
All Kids Assist Base <133% FPL	Title XIX	50%
All Kids Assist Expansion <133% FPL	Title XIX-MCHIP	50%
All Kids Share/Premium 133%-200% FPL	Title XXI-SCHIP	65%
All Kids Rebate/Immigrant All FPLs Over Income Threshold >200% FPL	Non Match	0%

◆ **Child Support Enforcement**

This is a pure charge to the Title IV-D Federal Program.

Step 1. Expenditures captured in CP#6, #7, #8, and #9

Step 2. Expenditures from Step 1 are multiplied by the appropriate FFP rates in Table 1-4-B

Step 3. The results of Step 2 are charged to Title IV-D.

◆ **Non Match**

This is a pure Non Match (State Only) which is tracked but not claimed.

This is any administrative cost **captured in CP #11** not allowed by DHHS as specified in Federal Code, OMB Circular A-87, or the Social Security Act. The *State Only* programs are as follows:

- Transitional Assistance Medical Coverage – The State provides medical coverage for individuals who have lost eligibility for medical benefits under the TANF or Family Assist Program due to earnings and who have not received TANF or Family Assist for three months.
- Non-Match Presumptive Eligibility Medical Coverage – The State provides medical coverage to pregnant women under the presumption they are eligible and issues a medical card for 90 days. If during that time it is found that the pregnant

woman is not eligible for benefits, by federal law the pregnant woman loses eligibility the day the application for ongoing benefits is denied. The State provides coverage for outpatient services at state expense from the date of denial through the end of the 90-day period for which the state has authorized a medical card.

- All-Kids Premium Levels 2-8 – The State provides medical coverage to children under the age of 19 who are not eligible for federally funded Medicaid/SCHIP because their family income exceeds 200% of the FPL, and undocumented immigrant children at all income levels.
 - Veterans Care Program is a new program designed to provide healthcare to Illinois' uninsured veterans. It is a state only program that covers veterans ages 19 to 64 who are not eligible for VA healthcare and are not eligible for other state healthcare programs.
 - Illinois Cares Rx is a program that is designed to help senior citizens over the age of 65 pay for their drug prescriptions. Recipients eligible for this program are not eligible for other programs and is primarily a state covered program.
 - Non-IV-D, non-income withholding costs are costs incurred by the State's Disbursement Unit (SDU) that are for non-IV-D cases in which there is no income withholding from the employer.
 - Administering Group Insurance is a shared function of IDHFS and Central Management Services (CMS). Rates are developed to account for all costs associated with administering Group Insurance and allocated to the agencies for federal claiming through Part 1 of the Statewide Cost Allocation Plan (SWCAP). Since costs are accounted for through the SWCAP, actual IDHFS Group Insurance costs are allocated to non-match through IDHFS's PACAP.
 - The Illinois State Chronic Renal Disease program assists Illinois residents who have been diagnosed as having chronic renal disease at the stage of irreversible renal impairment requiring a regular course of dialysis to maintain life. The program is for patients with chronic renal diseases who require lifesaving care and treatment, but do not qualify for Medicaid or KidCare or cannot meet spenddown.
 - The Illinois Warrior Assistance Program provides Illinois Veteran's who are returning from combat mental health services including Post-Traumatic Stress Disorder, Traumatic Brain Injury (TBI) screening, counseling and referrals to the appropriate providers.
- ◆ Special Project Demonstration Grants
This is a pure charge to a Federal Grant.
Step 1. The expenditures captured in CP#12 are segregated by Federal Grant.
Step 2. Expenditures from Step 1 are multiplied by the appropriate FFP rates per the Federal Grant requirements.
Step 3. The results of Step 2 are charged to that particular Grant.
- ◆ Office of the Inspector General Special Allocations

- Investigations Allocation
The basis of the allocation is derived from the number of completed cases by program for the federal reporting quarter. Each case file will be identified to a specific state or federal program. The Bureau of Investigations performs investigations for programs at IDHFS and at IDHS. An interagency agreement is in effect to assure program costs for IDHS are properly recognized. The resulting costs of the calculation provide a distribution of time and effort directly charged to a CP. See Attachment G in Part 6 for supporting documentation.
- Medicaid Integrity Allocation
The basis of the allocation is the number of hours per completed case grouped by program, i.e. Supportive Medical, Child Support, All Kids, etc. divided by the total hours. The result is a percent, which is multiplied by the total cost of Medicaid Integrity. It provides a distribution of time and effort charged directly to the CP. The number of hours per case is updated on a quarterly basis as policy and procedural changes impact the time needed to conduct case reviews for a particular program. Cases include Fraud Detection, Medicaid Denial/Terminations, New Provider Verification, etc. See Attachment H in Part 6 for supporting documentation.
- Internal Affairs Allocation
The basis of the allocation is derived from the number of investigations both closed and active for each month in a federal reporting quarter. The number of investigations is derived from the employing agency, IDHFS or IDHS, with respect to the employee investigated. The Office of Inspector General's Bureau of Internal Affairs performs employee-related investigations for IDHFS and IDHS. An interagency agreement is in effect to assure program costs for IDHS are properly recognized. The costs identified to IDHFS will be allocated in the Central Indirect Allocation described below. See Attachment I in Part 6 for supporting documentation.

INDIRECT CHARGES

◆ Central Indirect Allocation

An allocation of those administrative expenditures, which benefit all FP and SP and therefore cannot be directly charged to a specific FP.

Step 1. Capture expenses in **CP#10** and subtract Staff Development Training Costs.

Step 2. Total the expenditures (Personal Services Only) of the Direct Charges for the federal reporting quarter by CP. *(Central Indirect costs are allocated to the 1115 waivers based on the amounts derived from the Supportive Medical and All Kids Allocations)*

Step 3. For each CP calculate the percent of expenditures to the total.

Step 4. The resulting Medical CPs that are at an enhanced FFP rate are reduced to the 50% FFP rate. *(Indirect Charges for Medicaid do not qualify for an enhanced rate)*

Step 5. Take the training costs from Step 1 and multiply them by the percent in Step 3.

Step 6. The resulting Child Support CPs are reduced to the 0% FFP rate. *(Indirect Charges for training do not qualify for Title IV-D FFP)*

Step 7. The results of Step 1 through Step 6 are the dollars charged to each of the Federal Programs listed in Table 1-4-B.

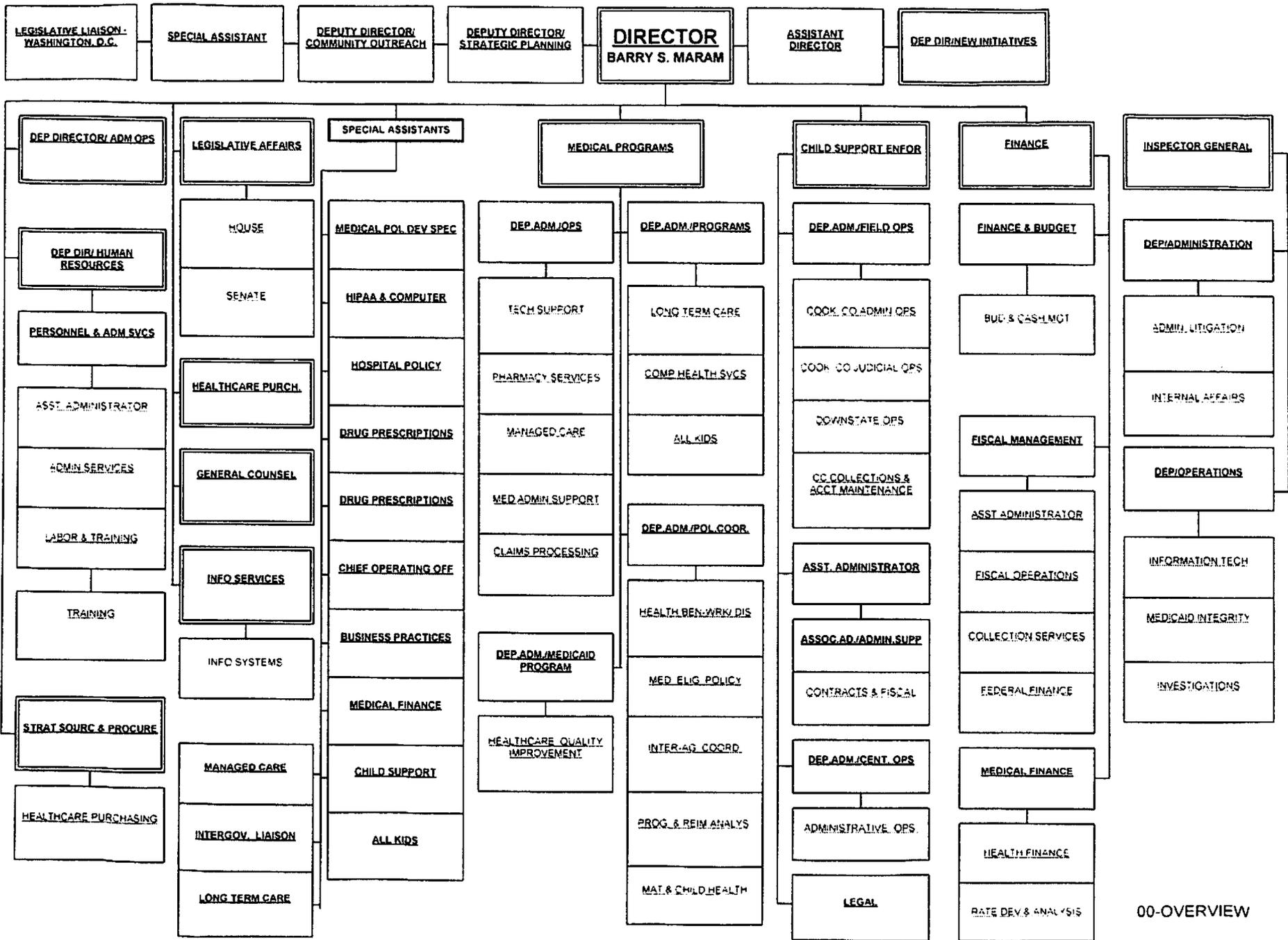
CLAIMING MATRIX

Below is a matrix that summarizes how the CP are charged and the associated FFP Rate. Later in this Plan, there is discussion of federal reporting categories. There are 40 + individual federal reporting categories which boil down to the CP.

TABLE 1-4-E

CP#	Cost Pool	Charges	FFP Rate
1	General Medical Admin	Supportive Medical Allocation	50%
2	Medical APD	Supportive Medical Allocation	Per APD
3	Medical SPMP	Supportive Medical Allocation	75%
4	MMIS	Supportive Medical Allocation	75%
5	All Kids	All Kids Allocation	0%, 50%, and 65%
6	General Child Support	Direct Child Support Enforcement	66%
7	Child Support APD	Direct Child Support Enforcement	Per APD
8	Child Support Blood Tests	Direct Child Support Enforcement	66%
9	Child Support Waiver	Direct Child Support Enforcement	66%
10	Central Indirect	Central Indirect Allocation	Blend
11	Non Match	State Only	0%
12	Demo Grants	Direct	Per Grant
13	IDHS	Direct	0% to IDHFS

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Organization Narrative - Office of the Director

Office of the Director is the lead policy maker for the programs administered by IDHFS. The Director's Office includes the Director, the Director's staff, the Assistant Director and the Special Assistants to the Director.

CHARGE: Central Indirect Allocation

Deputy Director of New Initiatives represents and acts on behalf of the Director in reviewing, analyzing, and comparing existing and proposed policies governing the child support enforcement and medical programs. The incumbent works with Pay for Performance administered by local governmental agencies, other state agencies, and/or the Federal Government to determine if similar programs would provide better healthcare for HFS clients, save the agency money by early intervention, and result in an increase in the number of providers available for agency programs.

CHARGE: Central Indirect Allocation

Deputy Director for Community Outreach formulates and implements Agency policies and procedures to promote Agency Assistance programs; collaborates with the Director and HFS top administrators to develop community outreach strategies; acts with full authority of the Director in directing the formulation and implementation of agency policy governing program operations and activities; establishes and maintains cooperative working agreements with other state agencies having similar or impacting legislative mandates and/or common client populations; represents the agency in official conferences with various public and private organizations doing business with or having officially recognized public interest in the policies, programs and activities of HFS.

CHARGE: Central Indirect Allocation

Deputy Director for Strategic Planning acts as a policy making official and performs highly responsible and sensitive policy making functions for the programs administered by the agency, formulates and establishes policies which define the parameters for determining programmatic needs; represents the Director and the department in contacts with the Governor's Office, elected members of the Illinois General Assembly, Federal Government officials, special interest groups, and with other state and federal agencies

relative to agency programs and strategic planning; evaluates agency policies to ensure effectiveness, serves as a member of the Director's Executive Staff.

CHARGE: Central Indirect Allocation

Deputy Director for Administrative Operations directs and coordinates all administrative operational programs for the Department of Healthcare and Family Services. This position acts with full authority of the Director in formulating and implementing Agency policy governing administrative operational programs and activities. It establishes cooperative agreements with other State agencies having similar or impacting legislative mandates and/or common client populations and represents the Agency in official conferences with various public and private organizations doing business with or having officially recognized public interest in the policies, programs, and activities of the Department.

CHARGE: Central Indirect

Healthcare Purchasing is responsible for monitoring and coordinating all procurement activities for the Department. The Office also assists bureaus/divisions in working through the State's procurement procedures and provides periodic procurement training for departmental staff involved in procurement.

CHARGE: Central Indirect Allocation

Strategic Sourcing and Procurement The administrator of the Office of Strategic Sourcing and Procurement serves as the Agency State Purchasing Officer and serves as an expert authority in collaboration with the Director of the Department and the Chief State Purchasing Officer in planning and developing all aspects of policy for the sourcing of all procurements specific to the Department. The administrator serves as an official Agency spokesperson on behalf of the Director and the Agency and is responsible for developing the Agency's annual procurement budget. The activities of the Office include planning, directing, and implementing all Agency specific procurement functions and developing new legislative and programmatic initiatives working in concert with the CMS Bureau of Strategic Sourcing and Procurement. This Office also negotiates contractual arrangements for Agency specific procurements and supports contractual negotiations for the CMS led procurements to the Department.

CHARGE: Central Indirect Allocation

Attorney General Staff There are two units within the AG staff that are paid from an IDHFS payroll and assist the Department in specific legal issues. The first unit works primarily to support the Division of Child Support Enforcement in administrative reviews and support collections. The second unit handles class action litigation, state collections, liens and personal injury. These staff report to the Illinois Attorney General.

CHARGE: Medical Allocation

CHARGE: Child Support Allocation

CHARGE: Central Indirect

Special Assistants to the Director

Special Assistant for HIPAA & Computer

This position performs highly responsible and sensitive policymaking functions for the Agency's Health Insurance Portability & Accountability Act (HIPAA) and Computer Security programs. The incumbent monitors and evaluates Agency HIPAA operations to facilitate development of new and revised policies and procedures relative to attainment of Agency goals and objectives and represents the Director in coordination of HIPAA and computer security policies and procedures with all divisions of the Agency, Governor's Office, elected members of the Illinois General Assembly, special interest groups and other state and federal agencies.

CHARGE: Supportive Medical Allocation

Medical Policy Development Specialist

This position performs highly responsible and sensitive policymaking functions for all Agency interactions with hospitals utilized through the medical programs administered by the Department. The incumbent serves as the Agency's Hospital Policy Liaison to the Governor's office and monitors and evaluates the Agency's hospital policies, procedures and operations to facilitate development of policies and procedures relative to attainment of Agency goals and objectives.

CHARGE: Supportive Medical Allocation

Hospital Policy

The Director's Special Assistant for Hospital Policy Development performs highly responsible and sensitive policy making functions for all agency interactions with hospitals utilized through the medical programs administered by the department. This assistant also serves as the agency's hospital policy liaison to the Governor's office and establishes and implements policies, standards, and procedural guidelines for medical program operations involving hospitals.

CHARGE: Non Match

Business Practices

The Director's Special Assistant for Business Practices represents and acts on behalf of the Director in the coordination of official agency business practices and in the development of important and sensitive business relationships with all divisions of the agency, with the Governor's office, with elected members of the Illinois General Assembly, with special interest and community groups, and with other state and federal agencies.

CHARGE: Central Indirect

Special Assistant for the State Prescription Drug Program - Downstate Counties/Cook County

This position serves as a policy formulating manager with statewide authority for coordinating efforts in program development and implementation. The incumbent develops and implements policies for centralizing the purchase of all State purchased prescription drugs to effect cost savings and to ensure purchases of generic drugs when available and is responsible for researching and analyzing the efficiency and cost-effectiveness of Illinois entering into a multi-state purchasing pool for prescription drugs. The incumbent serves as official spokesperson with commitment authority on behalf of the Governor and the Director.

CHARGE: Non Match

Special Assistant for Medical Finance

This position performs highly responsible and sensitive policy making functions for the Department's Medical financial activities and obligations. The incumbent serves as the Agency's Medical Finance Liaison to the Governor's Office of Management and Budget and monitors and evaluates the Agency's Medical financial policies, procedures and operations to facilitate the development of new and revised policies and procedures relative to the attainment of Agency goals and objectives.

CHARGE: Supportive Medical Allocation

Special Assistant for Child Support

This position performs highly responsible and sensitive policymaking functions for the Child Support Enforcement (CSE) Program. The incumbent monitors and evaluates Agency CSE program operations to facilitate the development of new and revised policies and procedures relative to the attainment of Agency goals and objectives and confers with Agency administrators to resolve sensitive issues and to improve administrative links between the Executive Office and Agency staff.

CHARGE: Child Support Allocation

Special Assistant for All Kids

This position performs highly responsible and sensitive policymaking functions for the All Kids Program. The incumbent monitors and evaluates Agency All Kids program operations to facilitate the development of new and revised policies and procedures relative to the attainment of Agency goals and objectives and confers with Agency administrators to resolve sensitive issues and to improve administrative links between the Executive Office and Agency staff.

CHARGE: All Kids Allocation

Legislative Liaison – Washington D.C.

The incumbent serves as the legislative liaison for the Director with the Federal Government and with special interest groups in Washington, D.C., and represents the Director and the department in contacts with the Governor's office, elected members of the Illinois General Assembly, special interest groups, the Congress of the United States, and federal agencies such as the Department of Health and Human Services relative to Child Support Enforcement and Medicaid programs and strategies. This liaison performs highly responsible and sensitive policymaking functions for the agency's Medicaid and Child Support Enforcement programs and represents the Director in the coordination of agency program policies with all divisions of the agency and with other state and federal agencies.

CHARGE: Central Indirect

Confidential Special Assistant

The Director's Confidential Special Assistant develops and revises departmental policies, rules, and regulations and serves as the Director's spokesperson, speaking on his/her behalf. The incumbent confers with agency administrators and managers to resolve sensitive issues and to improve administrative links between the Executive office and agency staff. He/She also confers with the Assistant Director and the Deputy Directors on their concerns for the agency.

CHARGE: Central Indirect

Intergovernmental Affairs Liaison

The Intergovernmental Affairs Liaison is a Special Assistant to the Director. This position's primary function is to develop and establish important and sensitive working

relationships and represents the Director and the Department in the coordination of Agency program policies with all divisions of the Agency, with the Governor's Office, with elected members of the Illinois General Assembly, the State's Attorney's Office, the Circuit Clerk, the Attorney General, special interest groups, and with other state and federal agencies. As an Intergovernmental Affairs Liaison, this position encompasses all agency programs.

CHARGE: Central Indirect Allocation

Special Assistant for Long Term Care

The Special Assistant for Long Term Care reports to the director. This position's primary function is to monitor and evaluate Agency Long Term Care program operations to facilitate the development of and to establish and implement new and revised policies, standards, and procedural guidelines for Long Term Care program operations. The incumbent meets with Agency administrators to resolve sensitive long term care issues and to improve administrative links between the Director's Office and Agency staff. As a Special Assistant to the Director, other duties may be assigned that are not restricted to the Medical Assistance Program.

CHARGE: Central Indirect Allocation

Special Assistant for Managed Care

The Special Assistant for Managed Care performs highly responsible and sensitive policy making functions for the Managed Care program, monitors and evaluates agency Managed Care program operations to facilitate the development of new and revised policies and procedures relative to the attainment of agency goals and objectives; meets with agency administrators to resolve sensitive issues and to improve administrative links between the Executive Office and agency staff; establishes and implements policies, standards, and procedural guidelines for Managed Care program operations; develops, establishes, and revises departmental policies, rules, and regulations concerning the Managed Care program.

CHARGE: Supportive Medical

Chief Operating Officer

The Chief Operating Officer performs highly responsible and sensitive policymaking functions for all programs administered by the agency; represents and acts on behalf of the Director in the coordination of agency program policies with all divisions of the agency, with the Governor's Office, and with other state and federal agencies; collaborates with administrative and managerial staff to research and conduct studies; develops important and sensitive relationships and represents the Director and the department in contacts with the Governor's Office, elected members of the Illinois General Assembly, special interest groups, and with other state and federal agencies; and evaluates agency operational policies to ensure effectiveness.

CHARGE: Central Indirect Allocation

The Offices of Legislative Affairs, General Counsel, Information Services, the Deputy Director for Human Resources, and the Assistant Director all report to the Director. Also reporting to the Director are the Administrators' of the Divisions of Finance, Child Support Enforcement, and Medical Programs.

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Organization Narrative - Office of Legislative Affairs

Office of Legislative Affairs is the designated contact unit for state legislators, members of Congress and their staff for information about all the programs and services of the Department. The primary responsibility of the Office is to coordinate the Department's legislative program in the Illinois General Assembly. The Office also answers questions and addresses problems that constituents have with respect to programs administered by the Department. The Office reports directly to the Director's Office. Effective July 1, 2003, 25% of the total costs of the Office of Legislative Affairs will be reduced prior to being included into the Central Indirect Allocation in order to account for general government expenses.

CHARGE: Central Indirect Allocation

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Organization Narrative - Office of the General Counsel

Office of the General Counsel provides legal advice and counsel to the Director and the wide range of program units within the Department. The Office organizes and coordinates the Department's approach to all litigation, including that in State and Federal courts and the Illinois Court of Claims, in cooperation with the Office of the Attorney General. Staff attorneys, located in Springfield and Chicago, provide legal assistance to the medical and child support enforcement programs. In addition, staff attorneys review and provide counsel regarding the Department's procurement process and contracts, and assist in responding to requests for information under the Freedom of Information Act. The Office also directly oversees the Bureau of Administrative Hearings and the Rules and Regulations Section of the Department.

CHARGE: Central Indirect Allocation

Bureau of Administrative Hearings within the Office of the General Counsel is responsible for all administrative hearings that the Department must provide to individuals and entities adversely affected by official Department actions. Hearings are conducted either by non-attorney Hearing Officers or by attorneys who are Administrative Law Judges. Applicants and recipients of Medical Assistance and KidCare, custodial parents, responsible relatives and medical providers are all entitled to hearings on decisions of the Department which adversely affect their rights. The Bureau conducts hearings on petitions filed by responsible relatives of children receiving child support services under Article X of the Healthcare and Family Services Code. As the single state Medicaid agency, the department also issues Final Administrative Decisions (FADs) on all appeals that involve Medicaid.

CHARGE: Supportive Medical Allocation

CHARGE: Child Support Allocation

Rules and Regulations Section of the Office of the General Counsel is responsible for managing the rulemaking actions of the Department under the Illinois Administrative Procedure Act. The Department's rules are statements that prescribe policies that affect the rights of clients and providers. The Section works closely with program units to develop new rules and amendments, and prepare rulemaking notices for publication in the Illinois Register. The Section also represents the Department on all rulemaking actions at hearings before the Joint Committee on Administrative Rules.

CHARGE: Central Indirect Allocation

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Organization Narrative - Office of Communications

Has been consolidated and is under the Illinois Department of Central Management Services. Reference Section 4, Part 2 of the PACAP.

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Organization Narrative –Deputy Director, Human
Resources

Deputy Director of Human Resources reports to the Director's Office. The Division of Personnel Management & Labor Relations and the Bureau of Administrative Services report to the Deputy Director.

CHARGE: Central Indirect Allocation

Division of Personnel and Administrative Services is comprised of four bureaus. Personnel Management and Labor Relations provides personnel services to the entire Department which includes controlling and coordinating all agency personnel transactions, acting as a liaison for personnel matters to CMS and the Civil Service Commission, and position reviews.

CHARGE: Central Indirect Allocation

Assistant Administrator of Personnel and Administrative Services

The Assistant Administrator for the Division of Personnel & Administrative Services; plans, directs, and evaluates the agency's Selection and Recruitment, Transactions, Benefits, and Employee Services programs; establishes and implements policies, standards, and procedural guidelines for employee selection and recruitment operations.

CHARGE: Central Indirect Allocation

Office of Labor Relations The Office of Labor Relations develops employee and labor relations training programs for new employees to ensure compliance with state, federal, and agency rules, regulations, and guidelines; and monitors continued professional development of more experienced staff; establishes and implements standards and procedural guidelines for section operations.

CHARGE: Central Indirect Allocation

Bureau of Training The Bureau of Training; plans, directs, and evaluates the statewide Training program for the agency; serves as liaison with agency managers, officials of other state and federal agencies, and various universities to remain current on teaching trends and to coordinate various training programs.

CHARGE: Central Indirect Allocation

Bureau of Administrative Services maintains all Department facilities throughout the State. In addition, the bureau provides support for inventory control, and coordinates mail, warehouse and print operations. The Bureau also provides procurement services for the purchase of furniture and other commodities.

CHARGE: Central Indirect

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Organization Narrative – Division of Finance

Division of Finance is responsible for the development, submission and negotiation of the Department's budget request and for the allocation and management of the financial resources the Department receives to accomplish its missions. The Division reports to the Director's Office. The Division has eight bureaus and three Deputy Administrators that report to the Administrator.

CHARGE: Central Indirect Allocation

FINANCE AND BUDGET

Bureau of Budget and Cash Management for Medical establishes annual budget projections for all Medical Assistance Programs covered under Titles XIX and XXI of the U.S. Social Security Act. The Bureau has responsibility for the development of the Department's formal budget request necessary to cover the fiscal requirements of these programs, and tracks current year liability and spending to ensure that appropriated resources are utilized fully. The Bureau also bills drug rebate charges to drug manufacturers and resolves disputes with those bills.

CHARGE: Supportive Medical Allocation

Bureau of Budget and Cash Management for CSE is comprised of two areas, the Budget & Collection Estimation Unit, and the Cash, Spending & Management Section. The Budget Unit is responsible for establishing annual spending plans for all programs and managing appropriations to ensure sufficient funds are available to meet obligations and contingencies. The Cash Management Unit is responsible for ensuring there are sufficient funds in the Child Support Enforcement Trust Fund (CSETF) to pay for all necessary expenditures and processing child support contracts, Contract Approval Documents, and invoices.

CHARGE: Central Indirect

Bureau of Administrative Budget and Cash Management budgets, monitors, and allocates all funds for the Department's administrative operations and is responsible for developing the administrative budget request. The Bureau's staff develops and distributes annual spending allocations to the agency program areas and appropriate bureaus. The Bureau monitors spending and works with various parts of the Department to identify resources to accommodate contingencies that arise.

CHARGE: Central Indirect Allocation

FISCAL MANAGEMENT

Assistant Administrator to the Chief Fiscal Officer

This position conducts highly responsible and complex administrative functions and assumes responsibility for the organization, direction, and coordination of subordinate functions. The incumbent confers with the Chief Fiscal Officer, the Division Administrator, and other administrators regarding plans for new or modified programs in order to ensure adequate fiscal coordination.

CHARGE: Central Indirect Allocation

Bureau of Fiscal Operations is responsible for the Department's accounting and financial reporting. The Bureau maintains and supports the Healthcare and Family Services Accounting System. The Bureau is made up of five Sections: General Accounting, IV-D Accounting, Receipt Accounting, General Administration and Expenditure Accounting.

- ◆ **General Accounting Section** - The General Accounting Section is responsible for the preparation of the Agency's annual GAAP Reports to the Comptroller, preparation of the Agency's annual Financial Statements, monthly fund, receipt and expenditure reconciliation for the Agency, development and/or coordination of the Bureau's responses to internal and external audit reports, and maintenance of the Agency's general ledger and chart of accounts.
- ◆ **IV-D Accounting Section** - The IV-D Accounting Section receives, posts, deposits, controls, reconciles and reports child support monies received by the Department of Healthcare and Family Services. This includes the preparation of monthly financial statements and quarterly federal collection reports and the development and establishment of all accounting functions necessary for updating and maintaining the Child Support Enforcement Trust Fund.
- ◆ **Receipt Accounting Section** - Receipt Accounting is responsible for the receipt, deposit and accounting of all Illinois Department of Healthcare and Family Services receipts and refunds other than Child Support collections and initiates procedures for forged warrants (other than Child Support); responsible for re-mailing of withheld warrants; for the issuance and accounting of Emergency checks; for the maintenance of the accounts

receivables in PAAS; responsible for entering rate changes and recording disputes in PAAS for all Drug Rebate Receivables and reconciles all agency receivables not in PAAS.

- ◆ General Administration Section – The General Administration Section manages all administrative support within the Bureau Chief's office, providing service to Fiscal Operations' 100+ employees and managers. It also includes Technical Support, which plans, organizes, executes, trains, controls, and evaluates the operations of PAAS.
- ◆ Expenditure Accounting Section - The Expenditure Accounting Section is responsible for the final audit and authorization of the Agency's commercial payments processed through PAAS. It is also responsible for the maintenance of various PAAS tables, PAAS system enhancements and system testing related to Contracts and Accounts Payable.

CHARGE: Child Support Enforcement – IV-D Accounting
CHARGE: Central Indirect Allocation – Remaining Bureau

Bureau of Collections is responsible for recovering medical and financial assistance paid on behalf of Medicaid clients, for avoiding payment of medical expenses when a client has other health insurance and for recovering paid client medical expenses from third parties liable for those payments.

CHARGE: Supportive Medical Allocation

Bureau of Federal Finance is responsible for claiming Federal Financial Participation (FFP) dollars for medical and child support programs from the U.S. Department of Health and Human Services (USDHHS) and drawing those dollars into the State Treasury. The Bureau serves as a liaison with the U.S. Centers for Medicare and Medicaid Services (CMS) and the Administration of Children and Families-Office of Child Support Enforcement (ACF-OCSE) in matters of federal reimbursement, FFP integrity and quarterly financial-compliance audits.

CHARGE: Central Indirect Allocation

MEDICAL FINANCE

Bureau of Rate Development and Analysis develops new rate structures for institutional and non-institutional providers in order to most effectively allocate appropriated revenues and provide increased access to healthcare for all Medicaid clients. Additionally, this Bureau develops budget estimates for IDHFS appropriations and analyzes historical data, policy changes, demographic movement and various other influences to estimate future liability. The Bureau performs fiscal analysis for decision memos, policy initiatives, program changes and legislation; tracks Medicaid spending, utilization trends and Medicaid eligibles by category of assistance. A unit within the bureau functions as technical support for the Medical Data Warehouse (MDW). This unit is responsible for the creation and maintenance of several analytical reports

used by other Divisions within the agency. Staff within the unit also support other IDHFS employees in the use of the MDW.

CHARGE: Supportive Medical Allocation

Office of Health Finance performs audits of 2,140 annual cost reports and financial statements submitted by Medicaid participating facilities in the following provider types: nursing homes, hospitals, ICF-DD facilities, Federally Qualified Health Centers and Supportive Living Facilities. The audited cost data is entered into computerized databases and used for rate calculation, analysis, monitoring and budgeting.

CHARGE: Supportive Medical Allocation

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Organization Narrative – Division of Medical Programs

Division of Medical Programs administers the Medical Assistance Program under Titles XIX and XXI of the Social Security Act. The program offers a wide range of medical coverage, including all mandatory, as well as, 27 of 32 optional Title XIX services. The Division reports to the Director's Office. The Division has fourteen bureaus and four Deputy Administrators that report to the Administrator.

CHARGE: Supportive Medical Allocation

Bureau of Healthcare Quality Improvement ensures the quality of care given to recipients receiving medical services.

CHARGE: Supportive Medical Allocation

OPERATIONS

Bureau of Technical Support serves as a liaison to information systems staff concerning computer information needs, including the development, implementation and operation of the technical aspects of all medical program functions. The Bureau is responsible for the coordination and administration of the Medical Electronic Data Interchange (MEDI) System and assists in the development of technical information data exchanges involving the Medicaid Management Information System (MMIS). The Bureau also administers the Recipient Eligibility Verification (REV) system which allows providers to electronically verify participants eligibility, check claim status, submit claims and submit information on long term care residents.

CHARGES: Supportive Medical Allocation, All Kids Allocation

Bureau of Contract Management is responsible for the development, procurement, monitoring and payment of the majority of contracts within the Division of Medical Programs. Through these contracts, the Bureau administers Illinois' Voluntary Managed Care Program, the Medical Assistance Dental Program and the Department's Peer Review and Quality Assurance Programs. BCM administers the Medical Assistance Pharmaceutical Benefit Program, which includes policy development, drug prior approval intake and review processes and management of the Department's preferred drug list. The Bureau also manages the Illinois **Cares Rx** Program, which includes policy development, interagency coordination with the Illinois Department of Revenue and

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Submitted May 20, 2009, Effective April 1, 2009

Prepared by Bureau of Federal Finance

customer service. In addition, BCM operates the Health Care Benefits Hotline, manages the Maternal and Child Health Programs and leads the Perinatal Task Force.

CHARGE: Supportive Medical Allocation

Bureau of Administrative Support processes and monitors the Division of Medical Programs' contracts and payment vouchers, oversees the provider enrollment process for all provider types and manages the Department's medical provider database for over 128,000 providers participating in the Medical Assistance Program. The Bureau also initiates and monitors recovery of advance payments; pursues delinquent accounts and initiates collection referrals; maintains computerized medically related accounting systems used to complete various account receivable reports; and provides clerical and technical personal computer support to the Division.

CHARGE: Supportive Medical Allocation

Bureau of Claims Processing is responsible for timely and accurate adjudication of medical claims submitted by providers. After adjudication, invoice schedules are sent to the Comptroller for payment to providers.

CHARGE: Supportive Medical Allocation

Bureau of Pharmacy Services (BPS) is responsible for all aspects of the administration of the Medicaid and **Illinois Cares Rx** pharmaceutical benefits. BPS staff perform the prior approval and refill-too-soon functions, manage the Preferred Drug List, develop and implement pharmacy policy, administer all programmatic aspects of the **Illinois Cares Rx** program, assist pharmacy providers with billing problems related to the NCPDP 5.1 billing format, respond to eligibility and product inquiries from clients and providers and monitor multiple contracts.

CHARGE: Supportive Medical Allocation

PROGRAMS

Bureau of Long Term Care develops State policy and procedures and implements, interprets and enforces State and Federal policies concerning payment of nursing and supportive living facilities. Central office staff develops State Plan amendments; coordinates provider enrollment and enforcement actions and resolves payment problems. The Bureau also completes post-payment audits to assure that paid claims for bed holds were appropriately handled and provides technical support to help facilities achieve regulatory compliance. The Bureau conducts special on-site audits and studies affecting reimbursement issues and a limited number of interim Inspection of Care reviews for qualified providers.

CHARGE: Supportive Medical Allocation

Bureau of Comprehensive Health Services is responsible for processing prior authorizations; providing interpretation and communication on policy, rules and regulations; providing training on billing requirements to hospitals and providers; assisting with billing problems; monitoring weekly expedited payment schedules and special payment processes; issuing quarterly hospital payments; reviewing hardship payment requests; and providing medical expertise in program administration and policy development, including reviewing/approving medical plans for children in the Technology Dependent Waiver Program.

CHARGE: Supportive Medical Allocation

Bureau of All Kids administers the Federal and State Children's Health Insurance Program, (All Kids). The Bureau processes applications and determines eligibility for families who apply for All Kids. They also determine Medicaid Presumptive Eligibility (MPE), for pregnant women; maintain cases that are approved for specific All Kids plan (Share, Premium or Rebate) coverage; and handle statewide promotion of All Kids.

CHARGE: All Kids Allocation

POLICY COORDINATION

Bureau of Health Benefits for Workers with Disabilities is responsible for the application processing for Health Benefits for Workers with Disabilities. This Program provides Medicaid health benefits to persons up to 200% of FPL. Program participants are expected to pay a premium of up to 7.5% of their gross income for these Medicaid services.

**CHARGE: Special Project Demo Grant
Supportive Medical
Non-Match**

Bureau of Medical Eligibility Policy is responsible for the administration, coordination and interpretation of all administrative policy for Medicaid and Child Support.

CHARGE: Central Indirect Allocation

Bureau of Interagency Coordination is responsible for monitoring Home and Community Based Services (HCBS) waiver programs that are administered by the Department of Human Services, Department of Aging, Department of Children and Family Services and the University of Illinois' Division of Specialized Care for Children. The Bureau works closely with other state agencies to ensure Federal funds are spent appropriately and that Medicaid recipients are safe and receiving required services.

CHARGE: Supportive Medical Allocation

Bureau of Program and Reimbursement Analysis coordinates the development of policy necessary for the operation of the health benefit programs administered by the Department; analyzes the impact of State and Federal legislation on Departmental policies; develops administrative rules and State Plan amendments; and conducts financial reviews of other State and local agencies administering portions of the Medicaid program to ensure compliance with Federal regulations.

CHARGE: Supportive Medical Allocation

Bureau of Maternal and Child Health focuses on a wide variety of areas including reproductive and maternal health, women's health, children's health including improving birth outcomes and child health status. It administers initiatives and programs to provide services and education to help children have the safest and healthiest start in life and to ensure the health of their moms. The bureau develops and monitors the federally required, external quality improvement program (utilization and quality of care of inpatient services and quality assurance oversight of managed care.

CHARGE: Supportive Medical Allocation

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Organization Narrative –Office of Information Services

Office of Information Services The Chief Information Officer, reports to the Director. The Office is responsible for all of the Department’s technology related activities. The Office is involved with strategic planning for information technology in support of the Agency’s goals. The office has two bureaus that report to the Chief Information Officer.

CHARGE: Central Indirect Allocation

Bureau of Information Systems reports to the Chief Information Officer and is responsible for the Department’s technology related activities. The Bureau has the following sections:

CHARGE: Central Indirect Allocation

Administrative Agency Systems Section (AAIS) manages computer systems, develops and maintains all administrative functions (payroll, accounting, budgeting, etc.).

CHARGE: Central Indirect Allocation

Key Information Delivery System (KIDS) is responsible for the development and maintenance of automated applications in support of the Illinois Child Support Enforcement Program. The main users for this section are the Division of Child Support Enforcement (DCSE) and the Bureau of Fiscal Operations (BFO).

CHARGE: Child Support Enforcement

Medicaid Management Information Systems (MMIS) has responsibility for maintaining and developing computer programming applications to support the Illinois Medical Assistance Program. The main users of the section's services are the Division of Medical Programs, the Office of the Inspector General, the Division of Finance and Budget and the Division of General Services.

CHARGE: Supportive Medical Allocation

Production Operations is responsible for all ongoing production requirements and the efficient utilization of computer resources. This section enters data, schedules computer work, and operates equipment, which produces the output materials and distributes the output to end-users.

CHARGE: Central Indirect Allocation

Technical Services is responsible for the support of the technical infrastructure of the Agency (which includes telecommunications) and provides support to the Office of Information Services staff in performing their duties.

CHARGE: Central Indirect Allocation

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Organization Narrative – Division of Child Support Enforcement

Division of Child Support Enforcement is responsible for the Title IV-D Program for TANF and non-assistance client cases. Staff within the Division are responsible for establishing a legal child support obligation, including the determination of parentage, if applicable, and enforcing child support obligations through various collection methods.

CHARGE: Child Support Enforcement

Deputy Administrator – Central Operations is responsible for the central operations of the Child Support Enforcement Program. Staff activities include collection and asset recovery, data gathering, account review activity, system analysis and central registry.

CHARGE: Child Support Enforcement

Administrative Operations serves as the Division's liaison regarding policy, procedures and training functions within the Department. The Administrative Operations also coordinates the Division's technical support, resource center, personnel matters and serves as the Clerk Liaison.

CHARGE: Child Support Enforcement

Deputy Administrator – Field Operations monitors and oversees all Cook County and Downstate staff involved in administering field support activities of the Program.

CHARGE: Child Support Enforcement

Cook County Administrative Operations

The Bureau of CSE-Cook County Administrative Operations develops and monitors an on-going process for review and modification of current support orders which adhere to federal and state specifications. The Bureau Chief establishes working relationships and consults with management in the development and review of legislation pertinent to the programs of the bureau.

CHARGE: Child Support Enforcement

Cook County Judicial Operations

The Bureau of CSE-Cook County Judicial Operations develops and monitors an on-going process for review and modification of current support orders which adhere to federal and state specifications. The Bureau Chief establishes working relationships and consults with management in the development and review of legislation pertinent to the programs of the bureau.

CHARGE: Child Support Enforcement

Cook County Collections and Account Maintenance The Bureau of Child Support Enforcement (CSE) -- Cook County Collections and Account Maintenance integrates the bureau's programs with contractual programs and coordinates operations with the county, state, and federal rules and regulations.

CHARGE: Child Support Enforcement

Downstate Operations

The Bureau of Child Support Enforcement (CSE) Downstate Operations develops and monitors an on-going process for review and modification of current support orders which adhere to federal and state specifications. The Bureau Chief establishes working relationships and consults with management in the development and review of legislation pertinent to the programs of the bureau.

Associate Administrator serves as the Division's liaison regarding policy, procedures and training functions within the Department. The Associate Administrator also coordinates the Division's technical support, resource center, personnel matters and serves as the Clerk Liaison.

CHARGE: Child Support Enforcement

Associate Administrator for Administrative Support

The Associate Administrator for Administrative Support for the Division of CSE directs a system for the delivery of services and the enforcement of federal and state CSE laws and regulations. He/She directs the activities and operations of subordinate sections and bureaus to establish the liability of responsible persons and recoup funds for excess assistance and fraudulent claims.

CHARGE: Child Support Enforcement

Contracts and Fiscal is responsible for the monitoring and management of
Illinois Department of Healthcare and Family Services – Public Assistance Cost Allocation Plan
Submitted September 30, 2008, Effective July 1, 2008
Prepared by Bureau of Federal Finance

contracts related to the Child Support Enforcement Program as well as management of facilities.

CHARGE: Child Support Enforcement

Deputy Administrator - Performance Management serves as the Business Process Reengineering (BPR) Project Manager, leads the reengineering and performance improvement efforts for the Division. He is also responsible for the Division's Strategic Planning, Performance Measurement and the Business Modeling (Activity Based Costing) processes.

CHARGE: Child Support Enforcement

Legal The Child Support Enforcement Judicial Liaison manages relationships with members of the judiciary, IV-D legal representatives, and members of the bar. The liaison provides training and training materials or makes arrangements for training opportunities for legal representatives and judges and also answers questions about the policies and procedures of the IV-D program as they relate to legal procedures. The liaison serves on special projects and committees to review and adjust IV-D procedures as they relate to legal procedures and assists the IV-D administrator, manager, and line staff with legal questions. The liaison also participates in the review of proposed legislation at the program level and prepares and submits the annual IV-D State Plan to the Federal Government.

CHARGE: Child Support Enforcement

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Public Assistance Cost Allocation Plan

Organization Narrative – Office of the Inspector General

Office of the Inspector General - The OIG's mission is to prevent and detect fraud, waste, abuse and mismanagement in human service programs. The biggest responsibility is to monitor Medicaid. The OIG operation involves several bureaus and 300 staffers including auditors, nurses, attorneys, investigators, data analysts, fraud researchers, quality control reviewers and administrative and supportive personnel located statewide. The OIG, maintained within the Department, functions as a separate, independent entity, reporting directly to the Governor's office. Two Deputy Inspector Generals supervise the day-to-day work of the OIG bureau.

CHARGE: Central Indirect Allocation

Bureau of Medicaid Integrity conducts audits to examine billing practices of Medicaid providers and performs peer reviews of physicians and other non-institutional providers to determine the quality of care being delivered to participants. It also conducts special program integrity reviews and projects.

CHARGE: Medicaid Integrity Allocation

Bureau of Investigations oversees the State's welfare fraud investigations and investigates participants suspected of defrauding Medicaid, cash assistance or food stamp programs. Investigators pursue recovery of overpayments, and when applicable, criminal prosecution.

CHARGE: Investigations Allocation

Bureau of Information Technology keeps the OIG abreast of the latest computer technology available and regularly reviews Medicaid claims looking for the red flags between providers and participants who may be abusing the system.

CHARGE: Supportive Medical Allocation

Bureau of Administrative Litigation handles the legal actions to collect overpayments from Medicaid providers for quality of care issues. BAL also works with the Department's Division of Child Support Enforcement, Illinois Department of Revenue, Illinois Department of Professional Regulation and the Illinois Student Assistance Commission to recover money from Medicaid providers and to collect unpaid child support from Medicaid providers or suspend their professional licenses for non-cooperation.

CHARGE: Central Indirect Allocation

Bureau of Internal Affairs investigates allegations of misconduct. The Bureau also coordinates security at all the Department's offices.

CHARGE: Internal Affairs Allocation

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System Narratives

The Department of Healthcare and Family Services uses two systems to capture accounting information used for federal reporting.

Healthcare and Family Services Accounting System (PAAS) is an integrated financial information system. It provides fund-based accounting, budgeting, and controls. It recognizes pre-encumbrances, encumbrances, expenditures, receipts and accounts receivables. It contains a general ledger and a data warehouse. Transactions that are recorded in detail in PAAS are those commercial payments (submitted to the Comptroller's SAMS system) that originate in PAAS. It contains summary data for MMIS, KIDS, and Employee Payroll expenditures.

PAAS allows for remote access whereby all areas of the Agency can inquire and, if applicable, update PAAS transactions. Reports can be produced by the use of the Crystal Report writing tool. Interfaces exist from other systems, such as from MMIS for Kidcare transactions.

Security exists so that only certain staff can only enter documents, while others can override and/or approve documents. Restrictions can be placed such that the person who enters a document cannot also approve the same document. Only a select few individuals can update various key tables in PAAS.

Each transaction made in PAAS contains various fields, one of which is the federal reporting category field. This field is the major key that segregates expenditures by Cost Pools. Other fields used are detail object codes, cost center codes and appropriation codes (See Part 3 Section 2 for how the fields are used).

Medicaid Management Information System (MMIS) is a mechanized Medicaid benefit claim processing and information retrieval system. MMIS is used to process payments for most medical assistance services and includes edits and controls to ensure that payments are only made to eligible medical providers. There are only two types of administrative payments made in MMIS, which are identified by a unique Provider Type/Category of Service Code for each. The payments are for case management and agent application fees.

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Allocation of Personal Services and Related Costs

Personal Services and Related costs (payroll) are captured via a Payroll System that is maintained by the Bureau of Fiscal Operations. This system contains the salary information for all Department employees. Major fields included in the payroll database are: employee name, social security number, cost center (bureau/section/unit), pay period (24 pay periods per year), and amount paid by pay period (salary, retirement, social security, and group insurance). Any Bureau, Section or Unit that certifies it spends 100% time effort on a Federal Program is required to certify in writing to that effect. The certification shall be no later than semi-annual and shall include a listing of each employee. A sample of the certification can be found on Attachment A of Part 6

State Contribution for Employees Group Health, Life, and Dental Insurance

The State Contribution for Employees Group Health, Life and Dental Insurance is not included in the statewide cost allocation for Central Services (See Part 4 Section 2). **The Illinois Department of Healthcare and Family Services in conjunction with the Illinois Department of Central Management Services is responsible for administering the Employee Group Health, Life and Dental Insurance programs for eligible State employees, and accordingly, funds are appropriated to the IDHFS for the State Contribution of Employees Health, Life and Dental Insurance premiums.**

The Illinois Department of Healthcare and Family Services is responsible for the function of enrollment of the Agency's employees and the coordination of such function with the Illinois Department of Central Management Services.

The State Contribution for Employee Group Health, Life and Dental Insurance for each respective employee is contained in the payroll database of this Agency.

The total amount for such State Contribution obtained from the payroll database is added to the expenditures of the Illinois Department of Healthcare and Family Services for Group Insurance. Such State Contribution is recognized as a fringe benefit on behalf of each employee, and is thereby distributed to the applicable programs in the same manner as salaries.

Payroll Cost – Processing

Payrolls are documented in accordance with generally accepted accounting principles and state regulations. All payrolls have been authorized by the appropriate IDHFS official.

This system contains the salary information for all Department employees. Employee Daily Time Logs, DPA-163 (non-merit compensation employees) and Employee Daily Rosters, DPA-163A, (merit compensation employees) are computer generated in central office from the office database.

The Bureau of Information Systems (BIS) downloads a file with the payroll information for each pay period semi-monthly. There are six pay periods in a quarter (24 in a year). The information includes Employee Name, Social Security Number, Position Code, Cost Center (bureau/section/unit), Pay Period, and amount paid by pay period (salary, retirement, social security, and group insurance and total **HFS** cost). Each file is processed through an Access database that formats the information, so it may be used for the claiming process. After each pay period is entered into Access it is balanced against the corresponding payroll report in PAAS.

Payroll Costs – Capturing the effort

- Time Certifications – Employee time certifications meet the requirements as set out in OMB Circular A-87, Attachment B, Section **8H**. At minimum, certifications are completed on a semi-annual basis. A sample of the certification can be found on Attachment A of Part 6.
- **If an individual employee works on a special automated data processing project, they will record their time on an internal facing WEB application called the Employee Accounting Reporting System (EARS). EARS updates the Cost Assignment and Tracking System (CATS) which is managed by the Bureau of Information Systems (BIS). EARS updates CATS daily with time recorded by the employees. Salary and fringe benefit costs are collected for specified workers entering their time in EARS.**
- If an individual employee works on any other special project, they will also complete a Weekly Activity Report, DPA 2067 (R-7-98) identifying project hours, project number and task number for each day of the week. A unique project number determines identification of costs to a specific project, task and the benefiting program. The percentage of time devoted to the project for each of the six pay periods in the quarter will be obtained for each employee reporting time to a special project. The employee's percentages by project will be applied to the amount identified for each employee in the Quarterly Personal Services Reporting System to determine the amounts attributable to each special project.
- The individual employees of the Office the Attorney General (Healthcare and Family Services Division), Administrative Hearings, the Office of Energy Assistance and the Bureau of Health Benefits for Workers with Disabilities each complete a monthly activity report. These reports track the number of hours daily each employee spends on a FP. At the end of the quarter, the total hours spent on each FP is divided by the

total number of hours worked. This creates a percentage which is applied to the total Personal Service's costs. Once a quarter, a certification from each area is signed by the direct supervisor verifying the accuracy of the time recorded and the effort spent on each FP.

- **The Attorney General's office spends a majority of their time working on cases that pertain to Child Support, with a small amount of time spent on IV-D, TANF and Food Stamps. Administrative costs for the Attorney General's Office are allocated based on the total number of hours spent on a FP divided by the total number of hours. The percent derived per FP is then applied to the total administrative cost to be charged to the FP. See Part 6, attachment J.**
 - **Administrative Hearings spends their time on either Medicaid and/or Child Support. Administrative costs for the Administrative Hearings are allocated based on the total number of hours spent on a FP divided by the total number of hours. The percent derived per FP is then applied to the total administrative cost to be charged to the FP. See Part 6, attachment K.**
 - ~~➤ **The Office of Energy Assistance employees are specific to either LIHEAP or IHWAP. Administrative costs for the Office of Energy Assistance are allocated based on the total number of hours spent on a FP divided by the total number of hours. The percent derived per FP is then applied to the total administrative cost to be charged to the FP. See Part 6, attachment L.**~~
 - **The Bureau of Health Benefits for Workers with Disabilities split their time between Medical, Medicare Infrastructure (Demo Grant), IL Cares Rx and Veteran's Care. There are no administrative costs for this bureau. See Part 6 attachment M.**
- Those areas whose time effort benefits all programs are charged to the Central Indirect Allocation. No certifications are required.

Payroll Costs – Allocating the costs

All Payroll Costs are segregated into the appropriate Cost Pool (CP), see Table 1-4-B. The manner in which these costs are segregated is as follows:

- ✓ The Bureau of Federal Finance captures all of the payroll costs and related information in the Quarterly Personal Services Reporting System. The reporting system is organized by cost center (bureau/section/unit). The use of Social Security Numbers allows BFF to capture payroll down to the employee level.
- ✓ Part 2 Section 2 of this plan states which allocation to apply to the various areas.

Part 3 - Section 1

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- ✓ Through the use of effort reporting and certifications, the payroll costs are organized by CP.
- ✓ The CP payroll expenditures are applied to the appropriate allocation method listed in Table 1-4-E.
- ✓ The results are the appropriate charges to the FP (see Table 1-4-A).

Illinois Department of Healthcare and Family Services Public Assistance Cost Allocation Plan

Allocation of Non-Personal Services and Related Costs

Non-Personal Services and Related Costs include expenditures for the following purposes: contractual, telecommunications, commodities, electronic data processing, travel, and equipment. Payments made for these purposes are processed through the PAAS system. A listing of Illinois detail expenditure accounts can be found in Attachment C of Part 6.

All Non-Personal Services and Related Costs are segregated into the appropriate Cost Pool (CP), see Table 1-4-B. The manner in which these costs are segregated is as follows:

- ✓ Upon payment of an administrative cost by IDHFS, a cost center/federal reporting category code is attached to the payment. (See Attachment D in Part 6 for the listing of IDHFS federal reporting categories)
- ✓ This coding represents the identification of the Federal Programs (FP), see Table 1-4-A, benefiting from this administrative cost.
- ✓ This expenditure information is captured in PAAS and through the use of management reports the costs, accumulated by federal reporting category, are totaled by CP.
- ✓ The CP expenditures are applied to the appropriate allocation method listed in Table 1-4-E.
- ✓ The results are the appropriate charges to the FP.

Examples of the treatment of costs are provided for the following:

- Space and space related expenses. The department prepares a Space Utilization Report which allocates each building's occupied square feet and related costs to the appropriate cost center(s). A cost center code translates to Bureau/Section. The cost centers are direct charged, allocated or charged via the Central Indirect Allocation using reporting category. The space utilization report is updated as necessary when changes occur. See Part 6 Attachment E for example.
- Telephone expenses for local service and long distance. Telephone expenses (local and long distance) are charged to cost centers. The cost centers are direct charged, allocated or charged via the Central Indirect Allocation using reporting category.

- Bulk Postage Charges. Bulk postage is charged via the Central Indirect Allocation using reporting category.
- Equipment Purchases. Equipment purchases are requisitioned from a form and charged to the specific cost center that requested the item. Equipment purchases over \$5,000 are depreciated over 5 years < 20 quarters.
- Stat Tab. CMS charges for the Statistical Services Revolving Fund services are distributed based on program utilization data provided by CMS. BIS takes the results from the data and direct charges to the reporting category via the fund in which the data was assigned. See Part 6 Attachment F for example.
- Court of Claims. State law does not allow the Department to pay for a bill for a previous Fiscal Year after the end of the lapse period (*the two months after the end of the State Fiscal Year*). For various reasons, the Department occasionally receives a bill beyond the lapse period for a prior Fiscal Year. In order to receive payment from the State, the vendor submits a claim to the Illinois Secretary of State - Court of Claims. If the bill is valid, payment is made to the vendor and the Department in turn, claims FFP on that expenditure. The Department codes this expenditure via cost center/reporting category.
- Office Supplies. Office Supplies such as pens, paper, rulers, etc. are charged to the cost centers. The cost centers are direct charged, allocated or charged via the Central Indirect Allocation using reporting category.
- Telecommunications. CMS telecommunications are charged to the cost centers. The cost centers are direct charged, allocated or charged via the Central Indirect Allocation using reporting category.
- Contractual Services. Contractual Services are charged to the reporting category. The procuring bureau codes the contract based on which program benefits from the deliverable of service/purchase.
- Medical Data Warehouse—Costs for the agency’s Medical Data Warehouse (MDW), are allocated to account for data usage by other agencies and time spent by the MDW contractual staff on other agency projects not related to the Medicaid program. Data usage, which includes Hardware and Hardware maintenance costs are allocated based on the disk space occupied by the stored data. Contractual staff log their time spent per user assisted. All costs allocated to the IDHFS are direct charged to Supportive Medical. See Part 6, Attachment N.
- Crisis and Referral Entry Service (CARES) – Contractual staff who’s function is to determine if a child is eligible for the Children’s Mental Health Screening, Assessment, and Support Services (SASS) program and refer the child to an eligible SASS provider. Costs for this contract are allocated based on the number of

recipients and to what CP they are eligible. A high number of recipients are not eligible for a FP, therefore a substantial portion of the contractual cost is allocated to non-match. Quarterly MMIS reports are generated with the recipient count by program. A percentage is derived by dividing the recipient count by program by the total recipient count. The percent is multiplied by the total cost of the contract per quarter.

- Travel. Travel is charged to the cost center. The cost centers are direct charged, allocated or charged via the Central Indirect Allocation using reporting category.

Internal Controls

- Desk Audit. Each month BFF reviews 100% of the purchases over **\$5,000**. Each purchase is reviewed in PAAS to ensure the reporting category matches the specific purchase for which it was applied.

- Field Audit. **Along with the Desk audit, purchases are selected based on the following criteria for a field audit to ensure purchases are coded to the correct reporting category:**
 - ✓ **Compatibility of Cost Center, Reporting Category and Voucher Text**
 - ✓ **Expenditures not previously reviewed**
 - ✓ **Unusual dollar amounts or text****This includes reviewing the purchase vouchers, contracts, and any other material pertaining to the federal match.**

Illinois Department of Healthcare and Family Services Public Assistance Cost Allocation Plan

Non-Departmental Costs Interagency/Intergovernmental Agreements

Purchased services provided by other governmental agencies/entities are supported by a written Interagency/Intergovernmental Agreement that, at a minimum:

- a) specifies the services being purchased,
- b) the basis upon which the billing will be made by the provider, and
- c) an assurance that such billing will be based on the actual costs incurred.

These expenditures charged by the Department are subject to the same requirement and standards as the Department's expenditures as described throughout this Plan. Federal Financial Participation is applied at the eligible rate in accordance with federal regulations and the approved State Plan of the Agency. Those expenditures attributable to a Non-Federal program will not be charged to a Federal program.

The Department has agreements with the following governmental agencies/entities:

- Illinois Department of Human Services (IDHS)
- Illinois Department of Children and Family Services (IDCFS)
- Illinois Department of Public Health (IDPH)
- Illinois Department on Aging (DoA)
- Illinois Guardianship and Advocacy Commission (IGAC)
- University of Illinois – Division of Specialized Care for Children (DSCC)
- Illinois Department of Central Management Services (ICMS)
- Illinois Department of Revenue (IDOR)
- Illinois State Board of Education (ISBE)
- Various Illinois Local Education Agencies and
- Various Illinois Local Government Entities.

These agreements define the roles of each Agency and their relationship with the IDHFS. All agreements are available for review as well as the associated claiming methodologies used and claiming source documentation. Specifically in the case of Local Education Agencies, the IDHFS is using the federally agreed upon methodology for administrative claiming.

The Department will be claiming the costs of School-Based Administrative services provided by Local School Districts under Title XIX of the Social Security Act. The document (dated 8/2002) that contains the reimbursement policy is the "Illinois Guide for School-Based Health Services Administrative Claiming For Local Education Agencies Participating in the Medicaid School-Based Health Services (SBHS) Program." The document that was approved by the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) was submitted via e-mail on August 2, 2002 with the file name "Illinois Guide final copy 8.2.2.doc." This document was approved by CMS for implementation in October 2002. The terms and conditions of approval were described in CMS' approval letter dated March 6, 2003

Illinois Department of Healthcare and Family Services Public Assistance Cost Allocation Plan

Non-Departmental Costs Statewide Cost Allocation Agreement

STATEWIDE CENTRAL SERVICE ALLOCATION

The Central Service costs allocated to the Illinois Department of Healthcare and Family Services under part one of the statewide cost allocation agreement, pursuant to OMB Circular A-87, will be recognized and distributed as follows:

1. Notice of Central Service Cost Allocation

A copy of the negotiation agreement approved by the Department of Health and Human Services fixing the Central Service Cost Allocation for a respective fiscal year pursuant to OMB Circular A-87 is submitted to the Illinois Department of Healthcare and Family Services by the **Governor's Office of Management and Budget**.

2. Recognition of the Central Service Costs as an addition to the appropriation of the Illinois Department of Healthcare and Family Services

a. The amount of Central Service costs allocated to the Illinois Department of Healthcare and Family Services in accordance with the negotiation agreement for a respective fiscal year is separated into four equal amounts, each amount, thereby, representing a quarterly allocation.

b. The determined quarterly allocation amount is recognized as an addition to the appropriation of the Agency for contractual services.

3. Distribution of Central Service Costs by Program

Central Service costs will be recognized as a component of total Non-Personal Services and Related. It will be distributed to the programs for which the Illinois Department of Healthcare and Family Services is responsible for administering via the Central Indirect Allocation.

The Central Service costs allocated to the Illinois Department of Healthcare and Family Services under part two of the statewide cost allocation agreement, pursuant to OMB Circular A-87, will be recognized and distributed as follows:

1. Costs the Department of Central Management Services incurs in which the Department of Healthcare and Family Services is charged via monthly

billings. The Department of Healthcare and Family Services processes an invoice voucher to make payments to Central Management Services and the expense is allocated to the appropriate federal program. These costs will be recognized as a component of total Non-Personal Services and Related. These costs include:

- a. Telecommunications. CMS telecommunications are charged to the cost centers. The cost centers are direct charged, allocated or charged via the Central Indirect Allocation using reporting category.
 - b. Stat Tab. CMS charges for the Statistical Services Revolving Fund services which are distributed based on program utilization data provided by CMS. BIS takes the results from the data and direct charges to the reporting category via the fund in which the data was assigned. **CMS charges for the lease of the Department's computers. These costs are direct charged to the Division or Bureau for which the computers are leased. BIS assigns the reporting category based on the Bureau and Section code to which the computers are assigned.** See Part 6 Attachment F for example.
 - c. Facilities Management. CMS charges the Department of Healthcare and Family Services for the Facilities Management costs by building. A bill is received by the Department of Healthcare and Family Services detailing each building's costs using a rate methodology. These costs are then allocated to the cost center based off the square footage and occupancy of each building. See Part 6 Attachment E for example.
 - d. Information Technology. CMS charges for IT services rendered on behalf of the Department of Healthcare and Family Services. CMS bills the Department on a monthly basis based on rates calculated to determine the costs attributable to the IDHFS. These costs are charged Central Indirect.
2. **Costs the Department of Central Management Services incurs for which the Department of Healthcare and Family Services does not a make a direct payment. The Department of Healthcare and Family Services receives from DCMS a billing statement of the costs to allocate to the appropriate federal programs.** These costs will be recognized as a component of total Non-Personal Services and Related. These costs include:
- e. Internal Audit. CMS charges for Internal Audit costs will be detailed in an informational bill. Billings are by project, based on hourly rates by level of audit service and actual direct project costs. These costs will be charged to Central Indirect.

- f. Communication Manager. CMS charges for the Communications Manager will be for services rendered based on estimated fiscal year costs with periodic reconciliations to actual fund costs. These costs will be charged to Central Indirect.

Illinois Department of Healthcare and Family Services

Part 5
Cost Impact
Analysis

COST IMPACT ANALYSIS
FOR AMENDMENT SUBMITTED QE 12/31/09

LIHEAP/Weatherization

Central Indirect costs are now reallocated to remaining HFS programs. In QE 9/30/09, there was no material allocation to energy programs.

	<u>CID Alloc.</u>	<u>SWICAP</u>						
	QE 9/09	QE 9/09	QE 6/09	QE 6/09	QE 3/09	QE 3/09	QE 12/08	QE 12/08
ENERGY ASSISTANCE STAFF								
HHS LIHEAP ADMIN	3.37	0.93	17092.68	4250.01	113070.33	26376.74	149347.16	36513.87
HHS LIHEAP Wx ADMIN								
DOE Wx ADM			11298.03	2809.20	69443.48	16199.59	63982.54	15643.09

COST IMPACT ANALYSIS
FOR AMENDMENT SUBMITTED QE 12/31/09

FAMILY CARE WAIVER ended 9/30/07. Impact has been negligible during last four quarters.

	<u>QE 9/30/09</u>	<u>QE 6/30/09</u>	<u>QE 3/31/09</u>	<u>QE 12/31/08</u>
Family Care XXI Adults	0.00%	0.00%	0.00%	0.01%
Family Care XXI Kids	0.00%	0.00%	0.00%	0.00%
Family Care XIX	0.00%	0.00%	0.00%	0.00%

**Part 5
Cost Impact Analysis**

Cost Pools*	QE 09-06 & QE 12-06	QE 09-07 & QE 12-07	Difference	Percent of Increase/Decrease to quarter	
Title IV-D Reg 66%	\$77,237,059.71	\$74,671,759.92	(\$2,565,299.79)	-3.32%	(a)
Title IV-D Enh New Dev	\$814,866.80	\$395,505.62	(\$419,361.18)	-51.46%	
Title IV-D Enh Operations	\$10,485,682.15	\$8,901,605.91	(\$1,584,076.24)	-15.11%	
IV-D Genetic Test Enh.	\$584,196.05	\$272,991.00	(\$311,205.05)	-53.27%	
IV-D Non Withholding SDU Costs	\$0.00	\$1,938,713.52	\$1,938,713.52	100.00%	
Access& Visitation	\$187,406.12	\$132,533.68	(\$54,872.44)	-29.28%	
IVD Healthy Marriages/Relat	\$214,416.69	\$176,589.82	(\$37,826.87)	-17.64%	
IVD Self Sufficiency/Prison	\$0.00	\$0.00	\$0.00		
Medicaid Infrastructure Grant	\$366,233.70	\$135,051.09	(\$231,182.61)	-63.12%	(b)
Supportive Medical 50%	\$81,274,775.45	\$82,658,100.98	\$1,383,325.53	1.70%	
Medicaid Expansion 50%	\$1,948,317.42	\$2,683,183.12	\$734,865.70	37.72%	(c)
MMIS Maintenance 50%	\$2,981,139.37	\$2,604,809.07	(\$376,330.30)	-12.62%	
HIPAA at 50%	\$106,595.27	\$93,335.87	(\$13,259.40)	-12.44%	
Medicaid Transformation Grant		\$10,155.04	\$10,155.04	100.00%	(l)
TANF Sec Allocat FFP 75% (now 50%)	\$3,895,055.45	\$3,086,056.54	(\$808,998.91)	-20.77%	
TANF Sec Alloc FFP 90% (now 50%)	\$402,750.00	\$471,200.00	\$68,450.00	17.00%	
Skilled Medical 75%	\$7,429,367.98	\$8,369,485.40	\$940,117.42	12.65%	
MMIS Cert 75%	\$17,384,427.56	\$16,301,709.85	(\$1,082,717.71)	-6.23%	
MMIS 90%	\$208.44	\$58,884.40	\$58,675.96	28150.05%	(d)
HIPAA at 90%	\$482,814.46	\$720,264.87	\$237,450.41	49.18%	(d)
Senior Care Waiver XIX 50%	\$266,162.20	\$0.00	(\$266,162.20)	-100.00%	(e)
Family Care Waiver XIX 50%	\$1,573,928.99	\$914,751.97	(\$659,177.02)	-41.88%	(f)
Fam Plan Waiver XIX 50%	\$128,789.15	\$151,481.51	\$22,692.36	17.62%	
All Kids					
Pure Title XXI	\$3,444,824.77	\$3,520,531.09	\$75,706.32	2.20%	
Family Care Waiver XXI 65%	\$6,192,269.65	\$5,258,652.84	(\$933,616.81)	-15.08%	(g)
Unborn Amendment XXI 65%	\$3,587,198.18	\$3,514,673.16	(\$72,525.02)	-2.02%	
Energy Assistance Staff					
HHS LIHEAP Admin	\$1,423,504.81	\$1,617,701.62	\$194,196.81	13.64%	
HHS LIHEAP Wx Admin	\$0.00	\$0.00	\$0.00	0.00%	
DOE Wx Admin	\$2,407,585.81	\$2,088,421.05	(\$319,164.76)	-13.26%	(h)
Food Stamps	\$248,044.89	\$235,864.56	(\$12,180.33)	-4.91%	
Food Stamp Fraud	\$256,300.13	\$272,518.02	\$16,217.89	6.33%	
Refugee Resettle.	\$22,409.08	\$15,118.23	(\$7,290.85)	-32.54%	(i)
Transitional	\$718,859.78	\$2,581,785.72	\$1,862,925.94	259.15%	(i)
TANF	\$2,018,477.27	\$2,297,498.41	\$279,021.14	13.82%	
AABD	\$252,012.17	\$248,089.70	(\$3,922.47)	-1.56%	
IDHS Central Indirect	\$14,191.54	\$4,110.98	(\$10,080.56)	-71.03%	(j)
Non-Match	\$5,499,030.02	\$4,093,051.39	(\$1,405,978.63)	-25.57%	(k)
Total	\$233,848,901.06	\$230,496,185.95	(\$3,352,715.11)	-1.43%	

Part 5
Cost Impact Analysis

* Cost Pools are described in Part 1, Section 4, Page 2 of 6, Table 1-4-B of the Public Assistance Cost Allocation Plan

** Allocation Methodologies are described in Part 1, Section 4 of the Public Assistance Cost Allocation Plan

- (a)** Costs for the IV-D enhanced operations decreased due to a decrease in data processing costs billed to the Department of Healthcare and Family Services from Central Management Services (CMS) through the Statistical Services Revolving Fund. Costs for the 12-06 quarter were larger than normal due to the Child Support Enforcement (CSE) Imaging project.
- (b)** Costs have decreased due to staff within the Bureau of Health Benefits for workers with Disabilities are working on programs other than HBWD. They are now allocating their time to other programs which are currently not matched under any federal programs.
- (c)** Administrative costs allocated to the MCHIP program are prorated based on the number of MCHIP claims that process through the MMIS system and based on the number of applicants the Bureau of All Kids receives. Initiatives by the Governor's office and the Department of Healthcare and Family Services to increase the headcount in these programs has caused more administrative costs to be allocated to the MCHIP program.
- (d)** Bureau of Information Systems' administrative staff's time report based on the projects/tasks in which they work. More time was reported to the APD HIPAA and MMIS New Development at the enhanced 90% rate.
- (e)** Costs for MMIS 90% and HIPAA 90% the direct result of OIS staff's time allocated to New Developments to the MMIS system.. Time is reported through the Employee Accounting Reporting System (EARS) mechanism.
- (f)** The Senior Care waiver ended 05-31-07 and was not renewed due to Medicare Part D.
- (g)** The Family Care wavier was not renewed and ended 09-30-07 date of service. Claims for services before this date will continue to be paid by the Department as providers bill for the services incurred. Administrative costs allocated to the Family Care 1115 Waiver, Title XIX and Title XXI grant are prorated based on the number of claims that process through the Medicaid Management Information System (MMIS). A State Plan has been submitted to claim the Family Care population under Medicaid Title XIX at 50%. Administrative costs allocated to these services are being held pending State Plan approval.
- (h)** The Office of Energy Assistance (OEA) time reports their time between the LIHEAP and IWAP programs. More time was allocated to the LIHEAP program in FY 08 than in FY 07.
- (i)** The Bureau of Investigations allocates time based on the number of completed cases per quarter. Costs allocated to these programs is a direct result of the cases investigated.
- (j.)** Internal Affairs no longer investigates cases for the IL Department of Human Services (IDHS).
- (k.)** Administrative costs allocated to the All Kids program are prorated based on the number of applicants that the Bureau of All Kids receives. The percentage of applicants eligible for programs not federally reimbursed decreased.
- (l.)** The Transformation grant is new and a Demo grant.

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

PART 6

Attachment A

Quarterly Time Certifications

Quarterly Certification
For Federal Financial Participation Reporting

Division of Medical Programs
Bureau of Rate Development and Analysis

Certification Period
January 1, 2002 – March 31, 2002

	SS#	Bureau	Section	Unit	100% of Time Effort
Employee 1	123-45-6789	28	100	00	Supportive Medical
Employee 2	124-56-7890	28	100	00	Supportive Medical
(go on to list all employees in detail...)					

In accordance with OMB Circular A-87, I certify that each of the personnel listed above have spent 100% of their time exclusively on the above-mentioned administrative function for this certification period. I further certify that I am a supervisory official having first hand knowledge of the work performed by each of these employees.

Andy Kane, Chief
Bureau of Rate Development and Analysis

Date

Quarterly Certification
For Federal Financial Participation Reporting

Division of Medical Programs
Bureau of Technical Support

Certification Period
January 1, 2002 – March 31, 2002

	SS#	Bureau	Section	Unit	100% of Time Effort
Employee 1	123-45-6789	21	000	00	MMIS
Employee 2	124-56-7890	21	100	00	Supportive Medical
(go on to list all employees in detail...)					

In accordance with OMB Circular A-87, I certify that each of the personnel listed above have spent 100% of their time exclusively on the above-mentioned administrative function for this certification period. I further certify that I am a supervisory official having first hand knowledge of the work performed by each of these employees.

Michael D. Hennessey, Chief
Bureau of Technical Support

Date

**INSTRUCTIONS FOR COMPLETING
QUARTERLY or SEMIANNUAL TIME CERTIFICATIONS
Used for Federal Financial Participation Reporting**

The Quarterly Time Certification is used by the Bureau of Federal Finance to claim Federal Financial Participation (FFP) on personnel service costs made by the Illinois Department of Public Aid. This certification, required by USDHHS, is necessary when employees work solely on a single cost objective (*see excerpt from A-87 below*). Cost objectives are defined in the USDHHS approved IDPA Public Assistance Cost Allocation Plan, Part 1 –Section 4. Any questions regarding the cost objectives should be directed to the BFF.

**ONLY EMPLOYEES WHO WORK 100% OF THEIR TIME ON A SINGLE COST OBJECTIVE DURING THE
CERTIFICATION PERIOD CAN BE CERTIFIED VIA THIS MECHANISM.**

Basic data elements necessary to claim FFP for a specific time period include the Bureau number, and/or the Section number, and/or the Unit number, and the Name and Social Security Number of a specific employee. Contact BFF or your payroll/personnel liaison for assistance. The example below demonstrates the use of data elements combined with three single cost objectives.

Name	SS #	Bureau	Section	Unit	100% of Time Effort
Employee 1	123-45-6789	71	000	00	Supportive Medical
Employee 2	012-34-5678	71	000	20	MMIS
Employee 3	901-23-4567	71	000	20	KidCare
Employee 4	890-12-3456	71	100	20	MMIS
Employee 5	789-01-2345	71	200	20	Supportive Medical

Note: a row can only have one cost objective at 100%. Splitting an employee's time to more than one cost objective is not allowed in this certification method. REMEMBER the certifying supervisor must have first hand knowledge of the work performed by the employees.

For the sake of administrative efficiency, the BFF will electronically transmit the current quarter's time certification to the person that certified the pervious quarter's time. Using data from the personal services database, BFF will include a listing of employees paid within that Bureau for that quarter with the prior quarter's cost objective charge. The certifying supervisor shall then review the employee listing. Any discrepancy should be reported to BFF immediately. If there are no discrepancies or when the discrepancies are resolved, the supervisor shall update the employee's cost objective if it had changed from the prior quarter. The certifying supervisor signs the certification and returns it to the BFF. The organization certifying this document is responsible for the accuracy of the data elements and the cost objectives assigned to those data elements.

If there are any questions related to cost objectives, data elements or the completion of the Quarterly Time Certification call BFF at 217-557-8310 and someone will assist you.

Excerpt from OMB CIRCULAR A-87 (bold emphasis added for reader)...

“OMB CIRCULAR A-87 (REVISED 5/4/95, As Further Amended 8/29/97)

1. Purpose. This Circular establishes principles and standards for determining costs for Federal awards carried out through grants, cost reimbursement contracts, and other agreements with State and local governments and federally-recognized Indian tribal governments (governmental units).

ATTACHMENT B
Circular No. A-87

SELECTED ITEMS OF COST ...

11. Compensation for personnel services....

h. Support of salaries and wages. These standards regarding time distribution are in addition to the standards for payroll documentation.

(1) Charges to Federal awards for salaries and wages, whether treated as direct or indirect costs, will be based on payrolls documented in accordance with generally accepted practice of the governmental unit and approved by a responsible official(s) of the governmental unit.

(2) No further documentation is required for the salaries and wages of employees who work in a single indirect cost activity.

(3) **Where employees are expected to work solely on a single Federal award or cost objective, charges for their salaries and wages will be supported by periodic certifications that the employees worked solely on that program for the period covered by the certification. These certifications will be prepared at least semi-annually and will be signed by the employee or supervisory official having first hand knowledge of the work performed by the employee.”**

Index of Data Elements used in Example above

Bureau 71- Federal Finance	Section 000 – Administration	Units: 00 & 20
Bureau 71- Federal Finance	Section 100 – Federal/State Coordination	Units: 00 & 20
Bureau 71- Federal Finance	Section 110 – FFP Review & Analysis	Units: 00 & 20
Bureau 71- Federal Finance	Section 120 – Spending/Claims Reconciliation	Units: 00 & 20 & 30
Bureau 71- Federal Finance	Section 121 – Statistical Research	Units: 00 & 20
Bureau 71- Federal Finance	Section 200 – Policy, Regulation, & Compliance	Units: 00 & 20
Bureau 71- Federal Finance	Section 210 – Policy and Regulations	Units: 00 & 20

PART 6

Attachment B

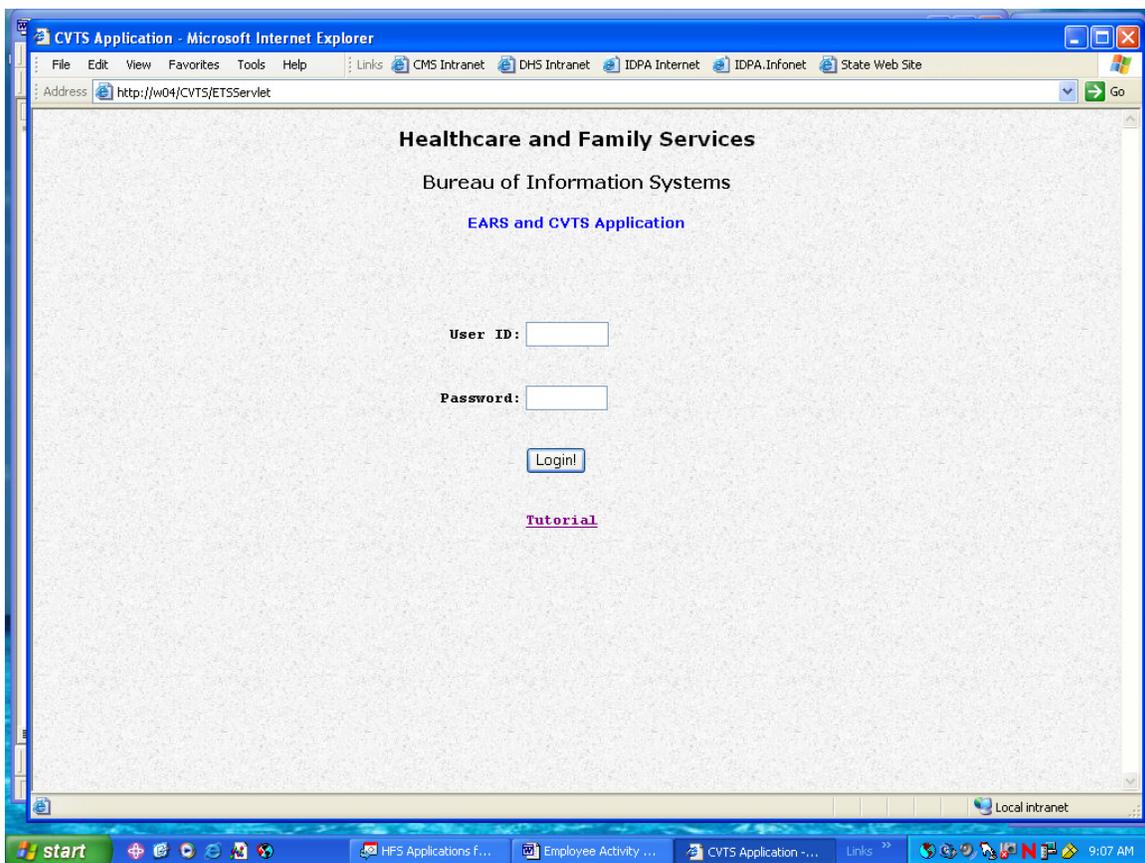
Weekly Time Reports

Employee Activity Reporting System Applications

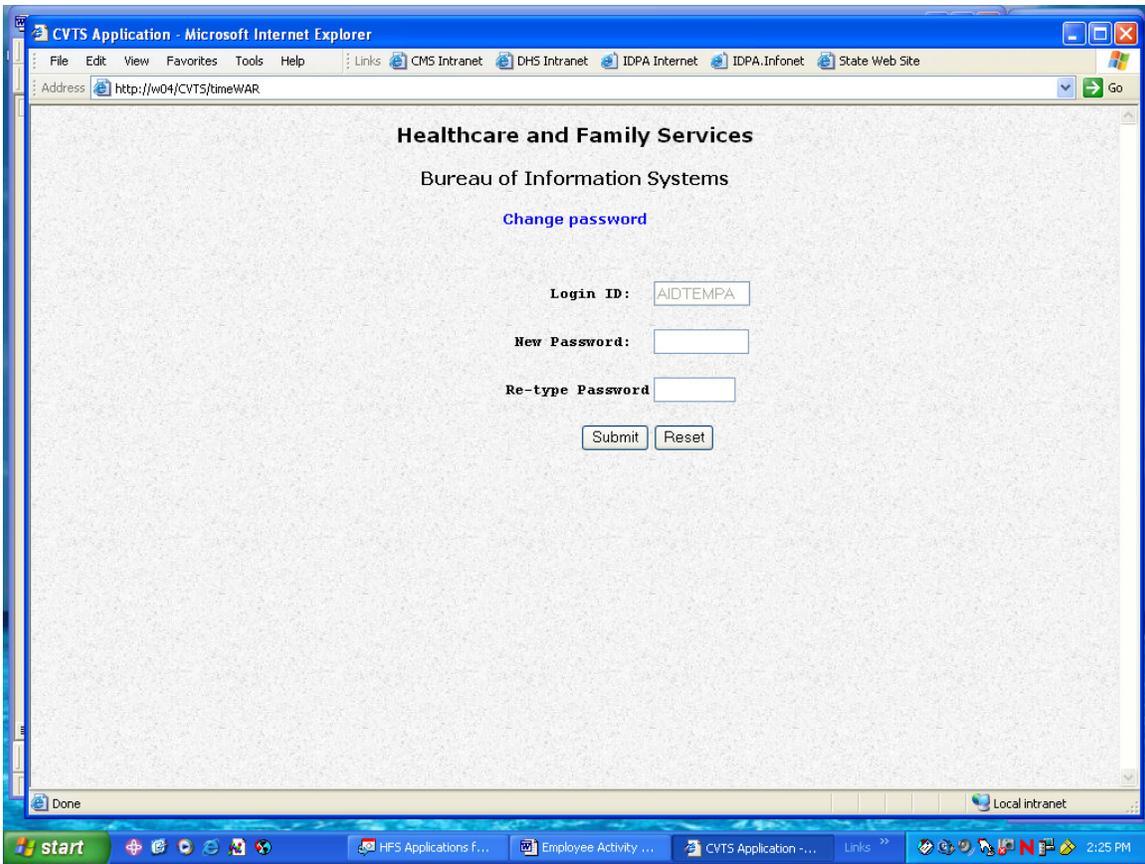
User Manual

The Employee Activity Reporting System Application will eliminate the creation of Paper Weekly Activity Reports and eventually the Paper Daily Time Log. It is mandated that this system be utilized by Employee's working for the HealthCare and Family Services in the Data Processing Arena.

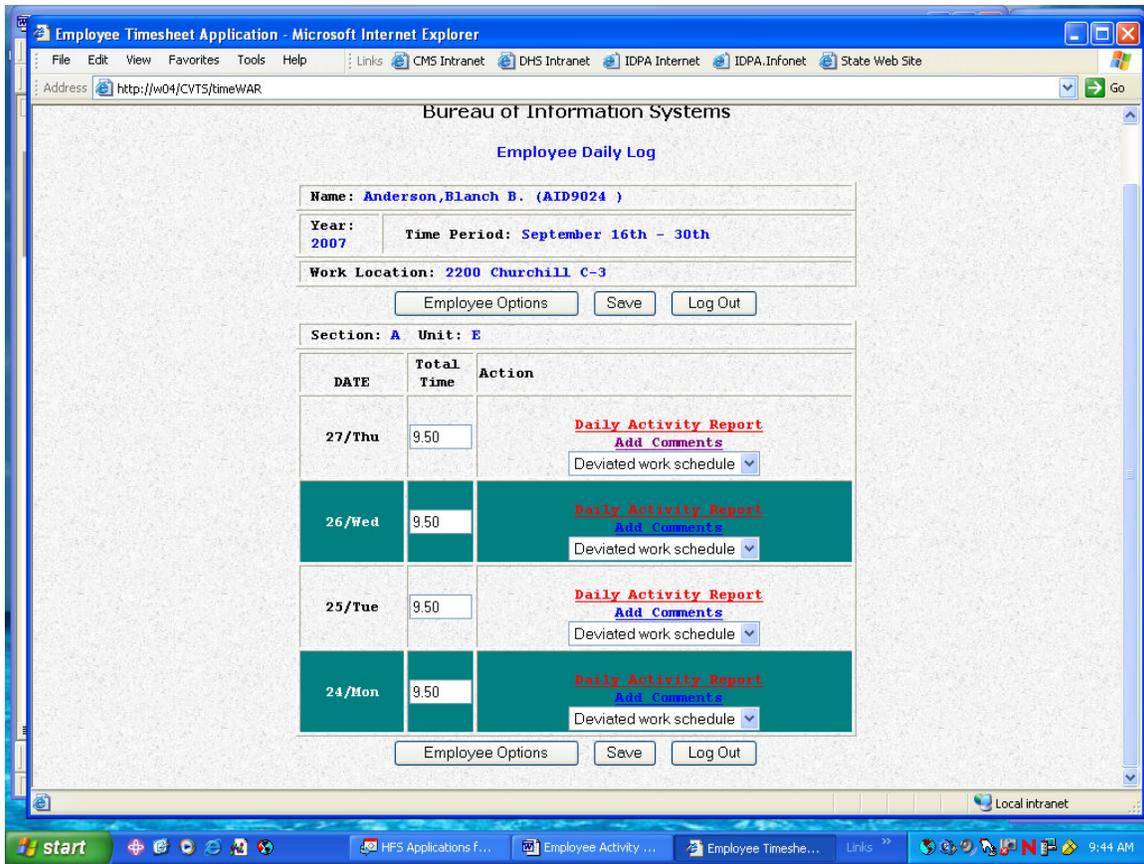
This system was designed to utilize Internet Explorer Browser and IDHFS's Intranet. Before a Employee can use the system, they must be registered as a resource to their appropriate Section and Unit Supervisor, once this has been done they may access the system, using the following URL <http://w03/CVTS/index.jsp>.



Enter User ID (same as LAN ID), default password (network). Then click the Login Button.



Enter New Password, Re-type Password and click Submit. The New Password must equal the Re-type Password.

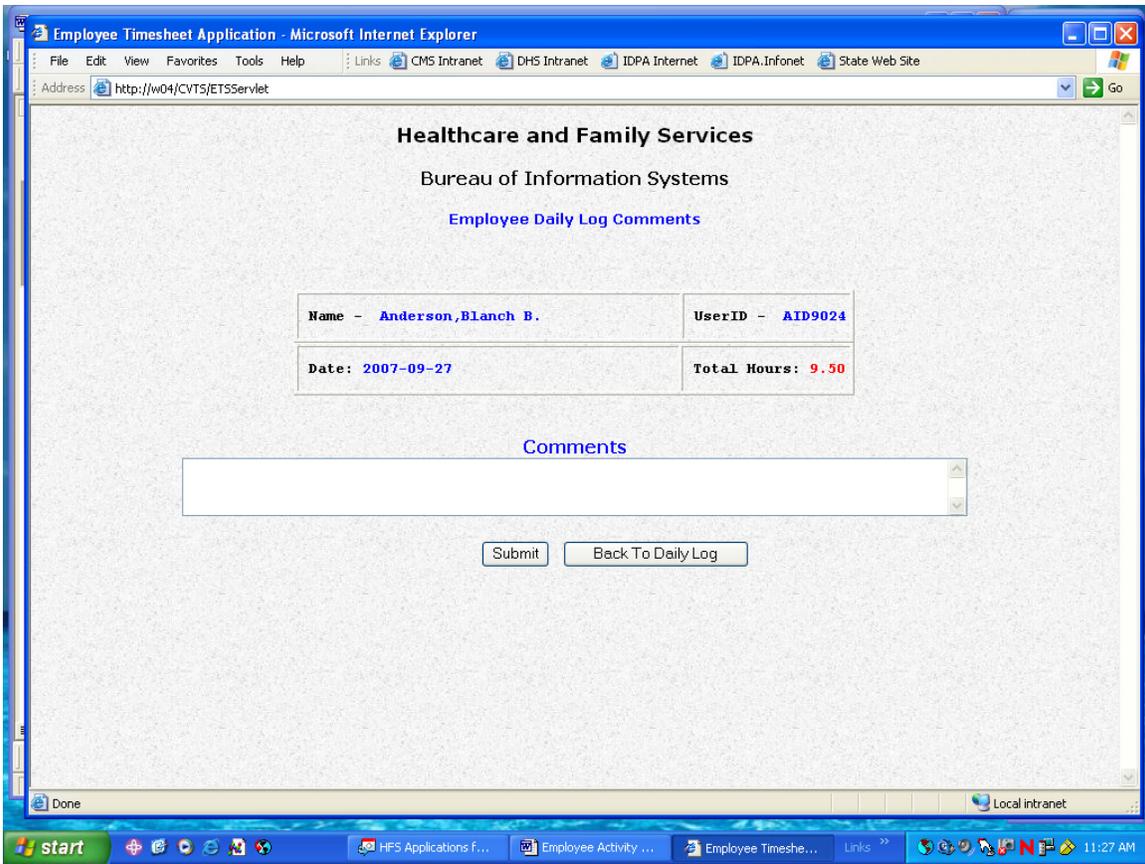


When this screen appears Employee may either change their Total Time to reflect a Deviation from the normal 7.50 hours work day, then utilize the drop down box located under the Add Comments hyperlink and select the Deviated work schedule option to identify this, if there is no change to the normal hours worked, Total Time should remain 7.50 hours for that day. Employee should simply click on Add Comments button (optional) or Daily Activity Report button. If Employee click Add Comments button the following screen Employee Daily Log Comments will appear, if employee click on Daily Activity Report button the Employee Daily Report screen will appear.

Pay periods for employees is the 1st – thru the end of the month.

** Only enter Times for days that were worked.

** For days you **did not work**, utilize the drop down box located under the Add Comments hyperlink and select the Did Not Work option to identify this. For Saturdays and Sundays if you denote Did Not Work and click the save button, these days will be removed from your screen and automatically approved. For Monday – Friday, Vacation, Sick, Personal time and Holidays you will denote Did Not Work and click the Daily Activity Report hyperlink and track 7.50 hours to Activity Request Number 000002 (Time Off Without Pay).



This screen is used to enter comments for employee daily log, when entry is completed simple click Submit button, then click on Back to Daily Log button.



The first line of data is carried over from the Daily Sign In Log. This data is utilized to balance the day's activities.

Monday thru Friday, holidays included it is required that the daily activities track to at least 7.50 hours a day.

The hours are entered by the employee and must be rounded to quarter hour increments.

If Total Hours on the Daily Activity Report screen does not match Total Time entered on Employee Daily Log screen you will get a warning message "Daily timesheet Hours must match with Daily Activity Report Hours".

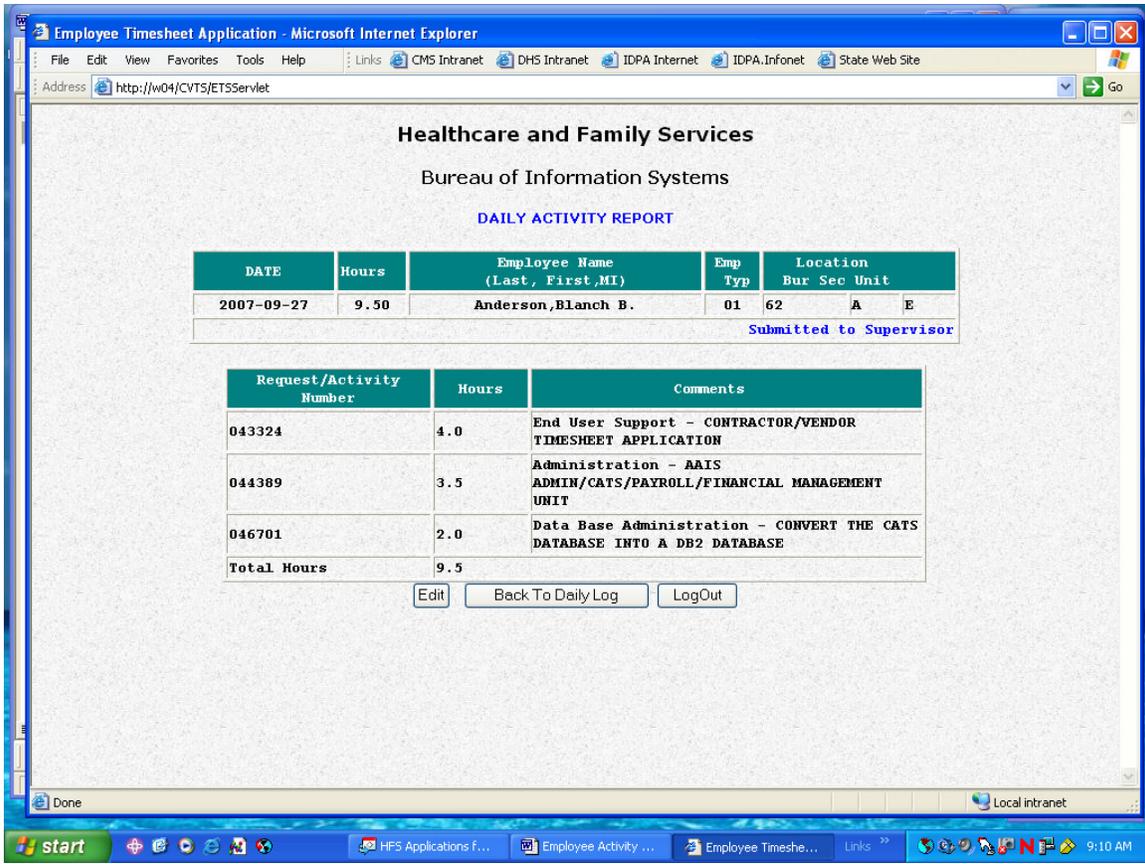
The Request/Activity Number drop down is populated thru the use of an online transaction to retrieve the active PIR's and PRR's for the User ID assigned to the Employee from the Production Cost and Analysis Tracking System located on the mainframe host. This field can only be populated thru the drop down. If you are working on a PIR/PRR that does not show up in this list contact your supervisor to have you added to the given PIR/PRR.



After selecting the Request/Activity Number and Function from the drop down, entering hours and a 'Y' in O.T. if hours are for overtime worked the Comments are populated from selecting the Request/Activity Number drop down and can be modified to reflect actual activities.

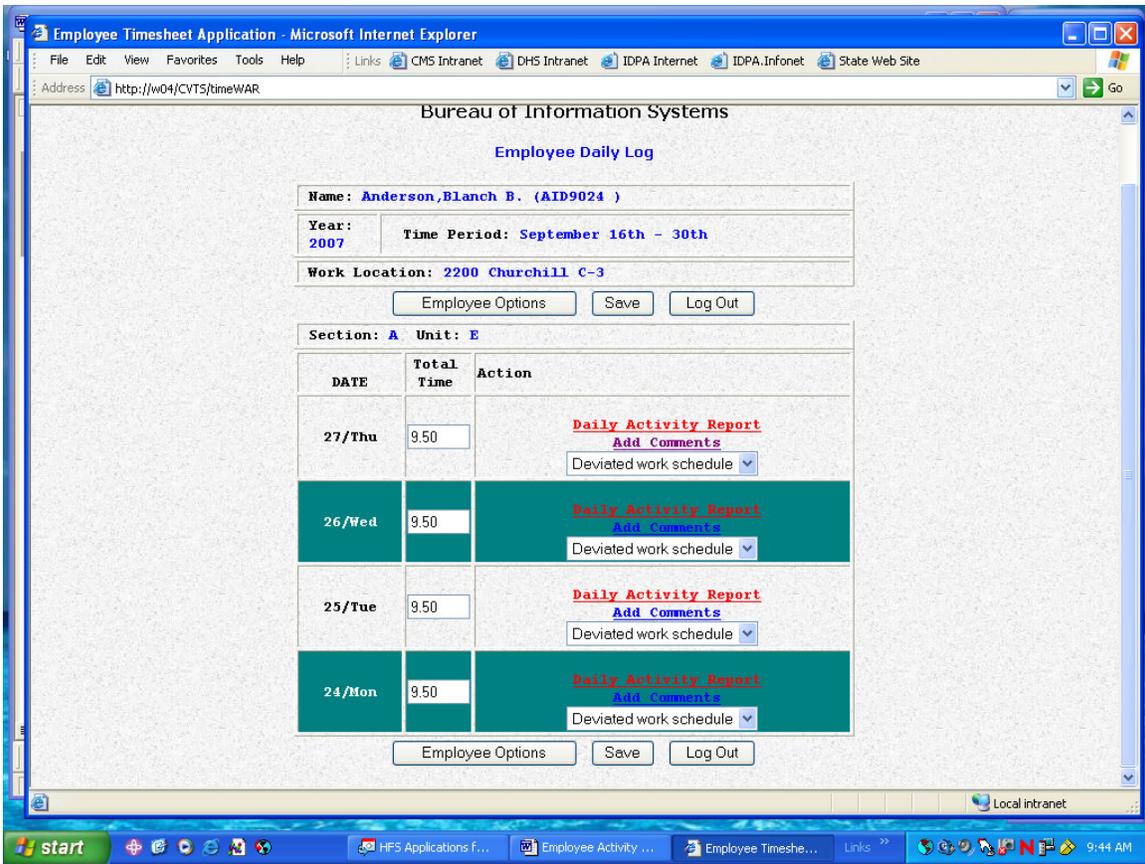
You must click the Save Button in order to save any changes that were made. When the employee clicks Complete & Submit for Approval Button, the system will verify that the hours on the Activity Report and the hours on the Daily Sign In Log match, if match the data will be saved and submit to the Supervisor for approval.

The following screen, saying "Submitted to supervisor" will appear.

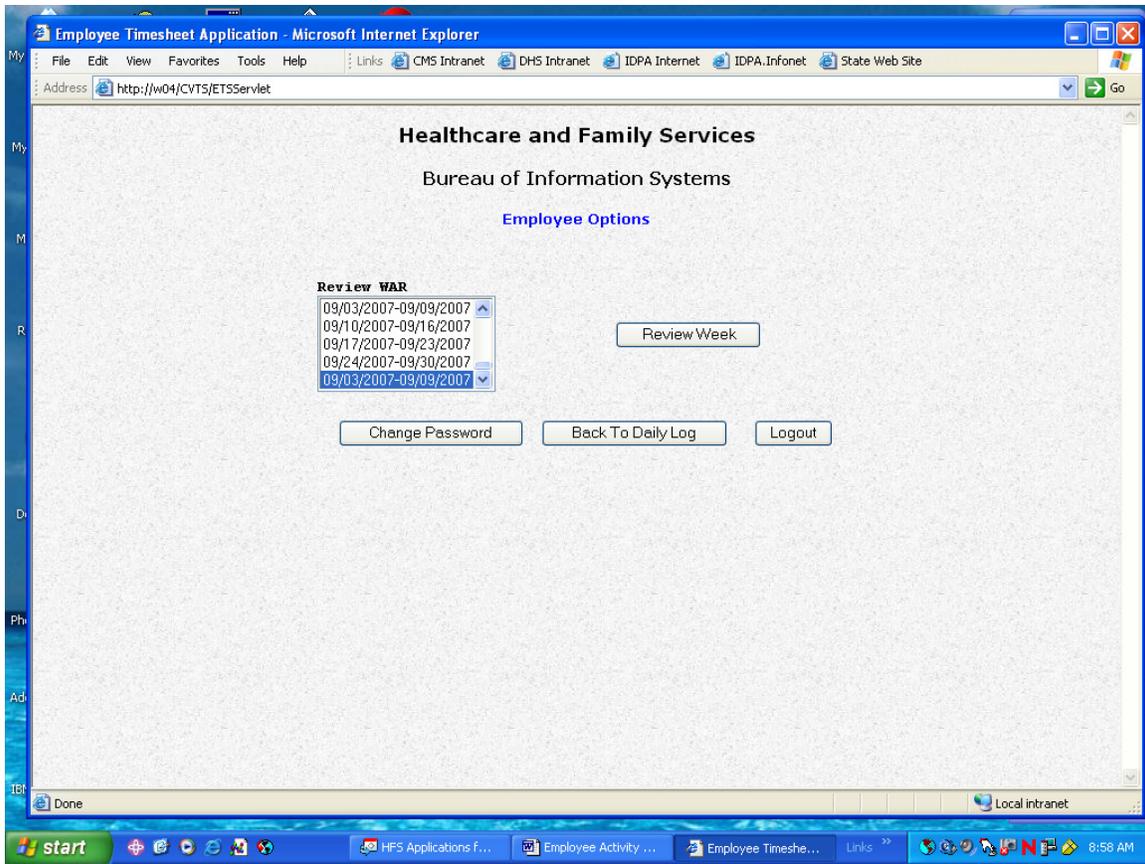


You have completed your daily requirements. At this time you may either click Edit button, Back to Daily Log button or LogOut button.

To review you're current entries, simply click on Back to Daily Log button. The following Employee Daily Log Screen should appear.



To continue with reviewing your current entries, from the Employee Daily Log simply click Employee Options button. The following Screen will appear.

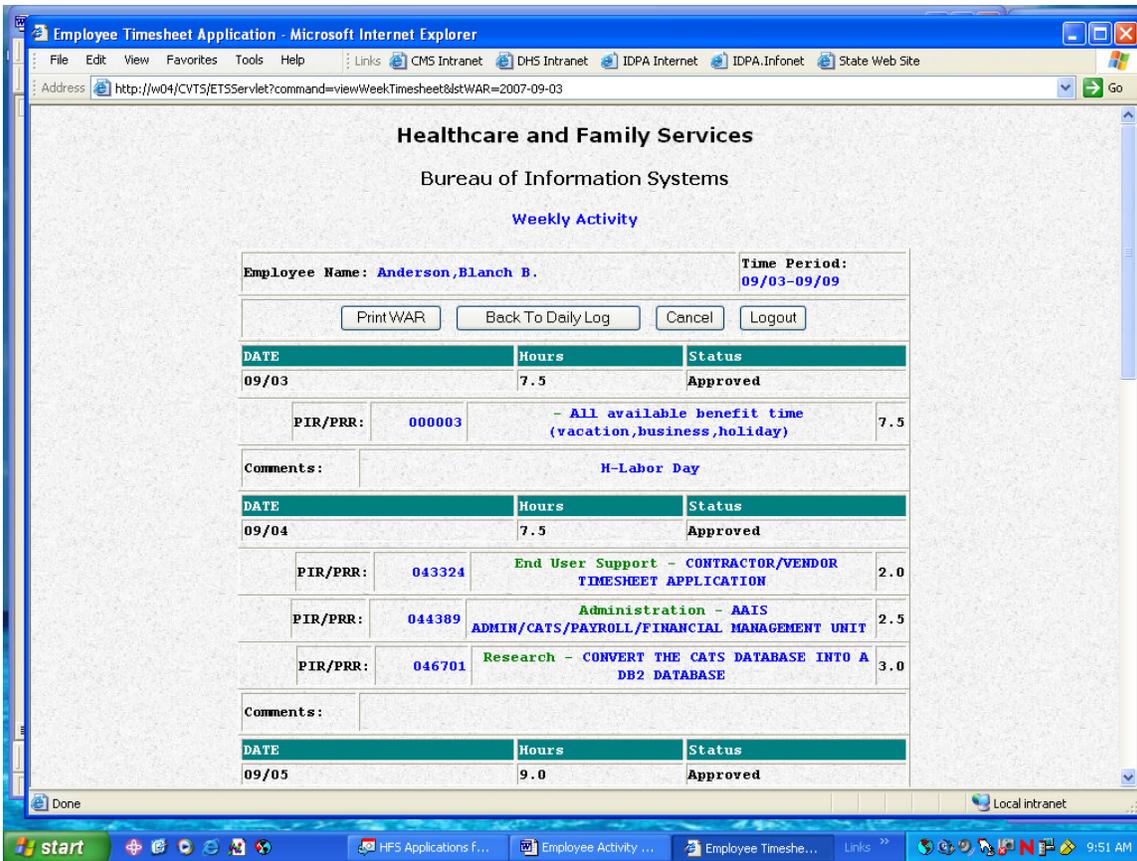


This screen is used to review and print the Employee Activity of Hours Worked.

Under the Review WAR lists the Pay Periods documented. Select the period you which to review and click the Review Week button. The following screen will appear.

This has been a scrolled to the bottom presentation.

NOTE: Employee may also changed password, by simply clicking on the Change Password button. The Change Password screen will follow the Employee Weekly Activity Report.



To print Employee's Weekly Activity Report, Click the PrintWAR button. A screen similar to the following should appear along with the IE Printer box. This form was designed to print on 8 ½ x 11 with no header and no footer, with default margins. These can be modified in the Page Setup located under the File hyperlink of IE.

Print Dialog Box:

- General tab selected
- Select Printer: HP LaserJet 2200 Series, P2200002 on P2200A
- Status: Ready
- Page Range: All (selected), 1
- Number of copies: 1
- Collate: checked

Application Data:

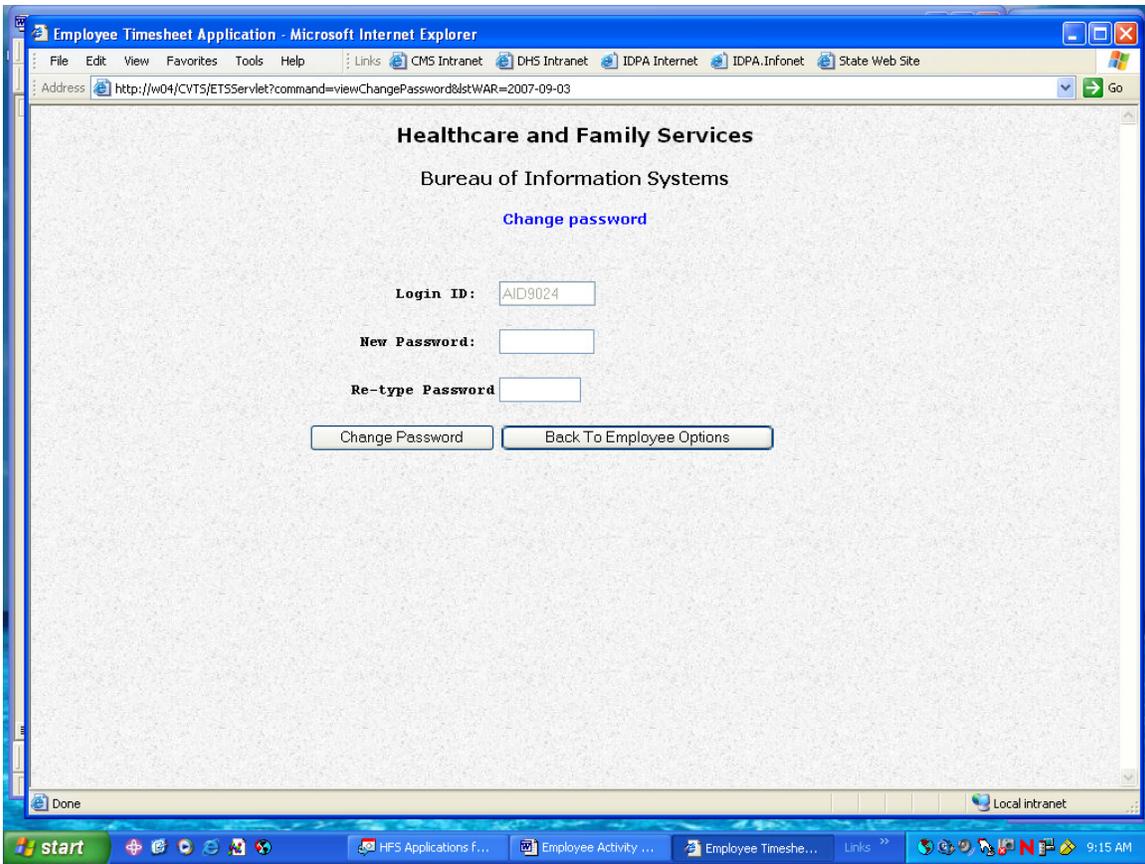
Weekly Activity Report

RIC: AID9024

SSN: 432069211

Date	Hours	ID	Comments	O.T
2007-09-04	3.0	046701	CONVERT THE CATS DATABASE INTO A DB2 DATABASE	
2007-09-05	2.5	043324	CONVERT THE CATS DATABASE INTO A DB2 DATABASE	
2007-09-05	2.0	044389	CONVERT THE CATS DATABASE INTO A DB2 DATABASE	
2007-09-05	3.0	046701	CONVERT THE CATS DATABASE INTO A DB2 DATABASE	
2007-09-05	1.5	046701	CONVERT THE CATS DATABASE INTO A DB2 DATABASE	Y
2007-09-06	3.0	043324	CONVERT THE CATS DATABASE INTO A DB2 DATABASE	
2007-09-06	2.5	044389	CONVERT THE CATS DATABASE INTO A DB2 DATABASE	
2007-09-06	2.0	046701	CONVERT THE CATS DATABASE INTO A DB2 DATABASE	
2007-09-06	2.0	046701	CONVERT THE CATS DATABASE INTO A DB2 DATABASE	Y

Good Luck!



Enter New Password, Re-type Password and click Change Password button. The New Password must equal the Re-type Password.

PART 6

Attachment C

PAAS Info Pack

Illinois Department of Healthcare and Family Services BFF - PAAS INFORMATION PACKET		CFDA #	REPORTING CATEGORY	IDPA #478	DHS #444	DMH #462	DOA #402	DORS #488	DASA #409	DCFS #418	ISBE #586	DPH #482	COMM COLL #684	U of I #676	Non-Cash Adj #666	Fed %	State %	Other %	TOTAL %	Financial Trans. Code	Interface System	C-13 YES/NO	Add. Codes Required YES/NO	COMMENTS
UO12P																								
MEDICAL ASSISTANCE (HCFA-64. 9)		93.778																						
Draw	478-831-820-001		50D													100%								
	478-831-075-136 *		50D													100%								
	478-831-075-325 *		50D													100%								
	478-831-075-329 *		50D													100%								
	478-831-675-329 *		50D													100%								
	478-831-075-344 *		50D													100%								
	478-831-075-345 *		50D													100%								
	478-831-075-346 *		50D													100%								
	478-831-075-355 *		50D													100%								
	478-831-075-397		50D													100%								
	478-831-075-486		50D													100%								
	478-831-075-487		50D													100%								
	478-831-838-575		50D													100%								
	478-831-075-421		50D													100%								
	478-831-075-502		50D													100%								
Inpatient Hospital Service																								
Regular Payments			500	X										X		50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
DSH Adjustments			501	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes	Reason Code	
Mental Health Facility Service																								
Regular Payments			502	X		X										50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
DSH Payments			501			X										50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes	Reason Code	
Nursing Facility Services			503	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes	Provider Number	
Intermediate Care Facilities Mentally Retarded																								
Public Provider			504			X										50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes	Provider Number	
Private Provider			504	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes	Provider Number	
Physicians' Service FFP 50%			505	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Physicians' Service FFP 90% (Family Planning)			506	X												90%	10%	0%	100%			Yes		
Outpatient Hospital Service			507	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Prescribed Drugs FFP 50%			508	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes	Family Planning Indicator	
Prescribed Drugs FFP 90% (Family Planning)			509	X												90%	10%	0%	100%			Yes	Family Planning Indicator	
Dental Services			510	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Other Practitioners' Services			511	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Clinic Services			512	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Laboratory And Radiology Services			513	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Home Health Services			514	X		X										50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Sterilizations FFP 50%			515	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Sterilizations FFP 90% (Family Planning)			516	X												90%	10%	0%	100%			Yes		
Abortions (Both Number And Amount)																				2A&2G	MMIS		Procedure Code & Diagnosis Code	
Completed To Save The Life of The Mother			517	X												50%	50%	0%	100%	2A&2G	MMIS		Procedure Code & Diagnosis Code	
Completed Because Of Rape			518	X												50%	50%	0%	100%	2A&2G	MMIS		Procedure Code & Diagnosis Code	
Completed Because Of Incest			519	X												50%	50%	0%	100%	2A&2G	MMIS		Procedure Code & Diagnosis Code	
EPSDT Screening Services			520	X							X					50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Rural Health Clinic Services			521	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Health Insurance Payments																								
Part A Premiums			522	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Reg Part B Premiums			523	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Coinsurance And Deductible			524	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Group Health Plan			525	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Other			526	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
DMHDD Waiver No. 205.01			527			X										50%	50%	0%	100%	2G	MMIS&AAIS/FAS			
DMHDD Waiver No. 204			528			X										50%	50%	0%	100%	2G	MMIS&AAIS/FAS			
DMHDD Waiver No. 205.90			529			X										50%	50%	0%	100%	2G	MMIS&AAIS/FAS			
DOA Waiver No. 143.90			530				X									50%	50%	0%	100%	2G	MMIS&AAIS/FAS			
DORS Waiver No. 142.90			531					X								50%	50%	0%	100%	2G	MMIS&AAIS/FAS			
DORS Waiver No 202			532					X								50%	50%	0%	100%	2G	MMIS&AAIS/FAS			
DSCC Waiver 40147.90			533	X												50%	50%	0%	100%	2A&2G	AAIS/FAS	Yes		
H&CB Care For Functional Disabled Elderly			534	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Personal Care Services			535	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Targeted Case Management Services			536	X		X										50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		
Hospice Benefits			537	X												50%	50%	0%	100%	2A&2G	MMIS&AAIS/FAS	Yes		

Illinois Department of Healthcare and Family Services BFF - PAAS INFORMATION PACKET		CFDA #	REPORTING CATEGORY	IDPA #478	DHS #444	DMH #462	DOA #402	DORS #488	DASA #409	DCFS #418	ISBE #586	DPH #482	COMM COLL #684	U of I #676	Non-Cash Adj #666	Fed %	State %	Other %	TOTAL %	Financial Trans. Code	Interface System	C-13 YES/NO	Add. Codes Required YES/NO	COMMENTS
Ambulatory Care			PMG	X													100%		100%					
Prescribed Drugs			PMH	X													100%		100%					
Long Term Care			PMI	X													100%		100%					
Community Health Centers			PMJ	X													100%		100%					
Hospice Care			PMK	X													100%		100%					
Independent Labs			PLM	X													100%		100%					
Home Health Care			PMM	X													100%		100%					
Appliances			PMN	X													100%		100%					
Transportation			PMO	X													100%		100%					
Medicare Part A			PMP	X													100%		100%					
SMIB			PMQ	X													100%		100%					
HMO			PMR	X													100%		100%					
Other related Medical			PMS	X													100%		100%					
Family Care Services			PMT	X																				
DSCC/MMIS Schedules			PMU	X																				
Presumptive Eligible SCHIP			PSR	X																				
Direct Food Stamps			P03	X													100%		100%					
Direct Title IV-D			P04	X													100%		100%					
Special Allocation Quality Control			P05	X													100%		100%					
Special Allocation Admin. Hearings			P06	X													100%		100%					
Special Allocation Bur. Collections			P07	X													100%		100%					
Special Allocation Staff Develop.			P08	X													100%		100%					
Special Allocation Supportive Med.			P09	X													100%		100%					
Special Allocation Special Investigation			P10	X													100%		100%					
Special Allocation Inspector General			P11	X													100%		100%					
MMIS - Ongoing 75%			P13	X													100%		100%					
MMIS - Develop. 90%			P14	X													100%		100%					
Postage			P15	X													100%		100%					
Attorney General			P20	X													100%		100%					
PRO (Peer Review)			P21	X													100%		100%					
Skilled Medical			P29	X													100%		100%					
Office of Legislative Affairs			P98	X													100%		100%					
Central Indirect			P99	X													100%		100%					
C-13's any 4400 DOC for Admin Prgm Claiming			CAD	X													100%		100%					
C-13's from 001-47865-01 thru 54, Fund 136,329,344,345,346,397 (Med Asst)			CMS	X													100%		100%					
All KIDS			KD2	X													100%		100%					
ENERGY ASSISTANCE																								
LIHEAP Grant Draw	PMS - V617B	93.568	30D	X																				
HHS LIHEAP			301	X												100%			100%					
LIHEAP LIHEAP			302	X												100%			100%					
LIHEAP Weatherization Admin			303	X												100%			100%					
HHS LIHEAP Admin			304	X												100%			100%					
Pure LIHEAP Admin Non LAA			309	X												100%			100%					
Pure LIHP ADM Outreach Non LAA			310	X												100%			100%					
Bureau of Energy Administration			L37	X												100%			100%					
DOE Weatherization Grant Draw	ASAP	81.042	35D	X																				
Doe Weatherization			351	X												100%			100%				WinSaga	
Doe Weatherization Admin.			352	X												100%			100%				WinSaga	
Pure DOE WX Admin Non LAA			354	X												100%			100%				WinSaga	
DOE Wx Recoveries			359	X												100%			100%				WinSaga	
Bureau of Energy Administration			L37	X												100%			100%				WinSaga	
Best Practices Field Guild OMN Draw	ASAP	81.117	3BD	X																				
Best Practices Field Guild OMN			353	X												100%			100%				WinSaga	

REPORTING CATEGORY GUIDE

The Reporting Category (RC) was designed to link each expenditure line to a Federal Grant program, e.g., Title XIX – Medicaid, Title IV-D – Child Support, Title XXI – Children’s Health Initiative. Reporting categories are four (4) digit codes with the fourth digit reflecting the Federal Fiscal Year. The last (fourth) digit will not be visible in the Healthcare and Family Services Accounting System (PAAS) as the PV’s are processed. (It is systematically assigned at the time the warrant number and warrant date are available in PAAS.) Therefore, the following discussion will refer to the reporting category in three digit terms.

All expenditure transactions entered in PAAS require a RC. If there are multiple “lines” included in a transaction, each line will contain a RC. Multiple RC’s can be used on a voucher. The expenditures will be charged to a Federal program by the use of the RC. It is important to note that the appropriation line (where the payment is made) should not be the determining factor of which Federal program to be charged. The primary factor is what activity/function is being done or supported by the payment and which Federal program is best supported by this activity/function, e.g., expenditures related to child support (Title IV-D) do not have to be paid from the Child Support Administrative Fund (Fund 757) to be claimable as child support. General Revenue (001) expenditures, which relate to and support child support activities/functions should be identified and claimed as Child Support. The appropriation/fund relates to the source of cash, not necessarily the Federal program; and the Federal Government is not necessarily interested in what source of cash was used, but does require that the expenditure be made. There are three primary pools of expenditures for which the RC is the primary claiming identifier: Personal services and fringe benefits; non-personal service related administrative expenditures; and distributive C-13 expenditures. The assignment of a RC for personal services (payroll) is generally done by BFF staff at the cost center level. The RC assigned to each cost center (Bureau/Section/Unit) was previously identified by their Divisions/Bureaus as supporting either specific program, e.g., Medicaid, Children’s Health, Child Support, or supporting all programs of the Department (Central Indirect). Assignment of the RC can also be done at the employee (social security number) or position (nurses) level if documented by time study or certified by supervisor, or the employee as to what program is specifically being supported.

Non-personal administrative expenditures such as travel, commodities, printing, equipment, telecommunications, and contractual are either assigned at the cost center level or direct charged at the line level of the voucher. The primary question to be asked is what function or Federal program is or was the employee, equipment, contract, etc. working on or supporting at the time the service was delivered. For those expenditures, which were not determined solely Child Support or Medicaid related, a general RC would be assigned. BFF staff refer to this RC (P99) as Central Indirect and the costs assigned to this RC will be allocated to all the Federal programs administered by the Department. **This allocation is based on the Personal Services costs charged to the programs for the quarter.** The best source of which RC (program to be charged) to

use is the direct program staff of the Division who deal with the Federal program staff or designated staff within BFF.

The final major pool of expenditures utilizing RC as the primary designator of which Federal program to be charged is the C-13 vouchers processed through distributive appropriations. Again the best source of information as to which RC (Federal program) to choose is the program staff within the Division, from which, many times, is the originator of the contract or voucher.

The primary decisions to be asked for each expenditure or line on a voucher is, whether the expenditure is claimable, matchable, etc. or not claimable, not matchable, all state etc., and if matchable what specific Federal program, if any, should be charged and at what Federal Financial Participation (FFP) rate.

Examples of non-matchable expenditures would include C-13 advances, “recoupable” vouchers, grants, IV-D cooperative agreements, DCFS and JOBS non-covered services, penalty payments and designated C-13’s where the claimable detail is included with MMIS. Also, for claiming purposes, any expenditure paid with either a detail object code (DOC) or major object code (MOC) of 1993, 1994, or 99xx should be treated as “all state” monies or non-matchable. The universal RC for non-matchable expenditures is NMT. This universal code is used on all funds, appropriations, and/or cost centers when the expenditure has been determined to be funded with all state money. [Excepting when the C-13 expense duplicates detail in another system (MMIS).]

Matchable expenditures are determined by factors such as client eligibility, provider enrollment, allowability of services and based on rates or cost methodology included in the Medicaid/Child Support State Plan or an approved Interagency Agreement.

The potentially claimable (matchable) RC’s are divided into two primary groups. NOTE: The use of the word “potential” refers to the fact an expenditure with an RC of “matchable” may become not matchable when more information is made available later.

The first group are direct costs or those RC’s beginning with a numeric digit that can be generally 100% directly charged to a specific Federal program. The following are some examples:

Title IV-D Child Support	<u>2</u>	<u>0</u>	<u>0</u>	>	<u>2</u>	<u>4</u>	<u>9</u>
LIHEAP and Weatherization	<u>3</u>	<u>0</u>	<u>0</u>	>	<u>3</u>	<u>9</u>	<u>9</u>
Title XIX Medical Assistance	<u>5</u>	<u>0</u>	<u>0</u>	>	<u>5</u>	<u>9</u>	<u>9</u>
Title XXI Children’s Health Insurance Program (CHIP)	<u>6</u>	<u>0</u>	<u>0</u>	>	<u>6</u>	<u>9</u>	<u>9</u>

Title XIX Medical Administration	<u>7</u>	<u>0</u>	<u>0</u>	>	<u>7</u>	<u>8</u>	<u>9</u>
Survey & Certification/HSQB/ MDS – DPH	<u>7</u>	<u>9</u>	<u>0</u>	>	<u>7</u>	<u>9</u>	<u>9</u>
Title IV-D Child Support – State Access & Visitation	<u>8</u>	<u>F</u>	<u>1</u>				
Title IV-D State Child Support – Agency Demo	<u>8</u>	<u>E</u>	<u>1</u>				
Title IV-D Child Support – Improvement Grant	<u>8</u>	<u>G</u>	<u>1</u>				
Title IV-D Child Support – FF Partners for Fragile Families	<u>8</u>	<u>H</u>	<u>1</u>				
Title IV-D Child Support – Family Self Sufficiency (Corrections)	<u>8</u>	<u>I</u>	<u>1</u>				
Title IV-D Child Support – Healthy Family Relations	<u>8</u>	<u>J</u>	<u>1</u>				
Unassigned	<u>9</u>	<u>0</u>	<u>0</u>	>	<u>9</u>	<u>4</u>	<u>9</u>
Unassigned	<u>9</u>	<u>5</u>	<u>2</u>	>	<u>9</u>	<u>9</u>	<u>9</u>

The second group are referred to as “pooled” costs. Expenditures with these RC’s will be further allocated to specific programs (e.g. Title XIX, Title XXI, Title IV-D, etc.) by approvals, cases or claims, etc., or assigned to other pools such as Central Indirect (P99). Examples of pooled RC’s are P04 through P99, CMS (services), CAD (admin.), KD2 (CHIP), Y04, Y09, Y13, Y99, and YNM (prior year adjustments).

The three primary codes utilized for C-13’s paid from distributive lines are CMS, CAD and NMT. The RC of CMS was designed to inform BFF staff that the expenditure should be claimed as medical assistance. The code CAD was intended to inform BFF that the expenditure should be claimed as an administrative expense. If these expenditures are relatively new in nature, BFF staff may research the specific item as to its claimability by contacting the originator, program person in the Division, or analyzing the contract itself. Non-personnel related administrative expenditures generally are coded as direct charge (numeric) or the pooled categories P04-P99 and KD2 (All KIDS General). If contracts are a 100% one RC, they can be assigned that RC in the beginning. All contractual expenditures are related to a cost center (Bureau/Section/Unit) and every cost center has an assigned RC. If a RC has not been entered as the voucher is processed the RC assigned to the cost center will automatically be entered (defaulted). Therefore, if the intended RC is to be different than the default, the originator must enter the correct one, e.g., most Bureaus in the Child Support Division would be assigned to P04 or 204 – Child Support at 66%. Therefore, if the individual worked on a project with enhanced FFP another RC should be used. Also, “body shop” contracts at BIS are usually assigned to the Bureau Chief’s

Office, which would be coded as all programs (P99). Therefore, it is important to properly code the individual contractor where he is assigned (Child Support, LIHEAP, MMIS, MMIS APD, etc.)

The allowable functions/activities/equipment which qualify for (enhanced) special FFP rates are specifically defined by the Federal Government and the use of them should be limited to those areas pre-approved by designed coordinators within the program division or BFF staff.

In summary, the RC is used to help the BFF/Fed-State Unit to produce the Federal Claiming Report. Each expenditure and expenditure line, if necessary, should be analyzed to determine which RC is most appropriate. The description utilized in the C-13 or the contract narrative sometimes helps the “coder” with the proper assignment. The prior FY expenditure (should the expenditure item be a continuation) may help with the RC assignment. A designated program person within the coder’s Division may be of assistance with the proper assignment. The originator of the C-13 or contact, many times, has done the research. Staff within BFF, such as Expenditure Control and most certainly the Fed/State Unit, will be available to help when there is a question as to what RC to use.

Attached is a list of RC currently being utilized in the PAAS System. If there are any questions, please feel free to contact the BFF/Fed-State Unit at 557-8310.

Reporting Category	Description	Principle Way Of Assignment
P03	Food Stamp Fraud	Cost Center
P04	Direct IV-D Child Support	Cost Center (Bureau/Section/Unit)
P05	Special Allocation Quality Control	Cost Center
P06	Special Allocation Administrative Hearing	Cost Center
P07	Special Allocation Bureau of Collections	Cost Center
P08	Special Allocation Staff Development	Cost Center
P09	Special Allocation Supportive Medical	Cost Center
P10	Special Allocation Special Investigations	Cost Center
P11	Special Allocation Inspector General	Cost Center
P13	MMIS – Ongoing 75%	Cost Center Coder
P14	MMIS – Development APD 90%	Coder
P15	Bulk Postage	Coder
P20	Attorney General	Cost Center
P21	PRO (Peer Review) 75%	(HCFA) Fed. Approved Contractor
P24	External Quality Review Organizations	Coder
P29	Skilled Medical 75%	Position Code Contract
P98	Office of Legislative Affairs	Coder
P99	Central Indirect (General Admin. – all programs)	Cost Center Coder
CMS	“Matchable” Medical Services/Assistance	Coder
CAD	“Matchable” Administrative Expenditures	Coder
KD2	All KIDS Admin. – General	Coder

Reporting Category	Description	Principle Way Of Assignment
NMG	Health Insurance Revolving Fund – NMT	Coder
NML	State LIHEAP Expenditures – NMT	Coder
NMT	Non Matchable (All State Money)	Coder
NMW	State Weatherization Expenditures – NMT	Coder
202	KIDS APD Operations	Coder
203	Title IV-D Child Support APD – Developmental (66%)	Coder
204	Title IV-D Child Support – Reg. (66%)	Cost Center Coder
205	Title IV-D Laboratory Paternity Determination (90%)	Coder
8F1	Title IV-D Child Support – Access & Visitation	Coder
8J1	Title IV-D Child Support – Healthy Family Relations	Coder
301	HHS LIHEAP	Coder
302	HHS Weatherization	Coder
303	LIHEAP Weatherization Admin	Coder
304	LIHEAP LIHEAP Admin	Coder
309	Pure LIHEAP Admin – Non LAA	Coder
310	LIHEAP Admin Outreach – Non LAA	Coder
351	DOE Weatherization	Coder
352	DOE Weatherization Admin	Coder
354	Pure DOE Weatherization Admin – Non LAA	Coder
L37	Bureau of Energy Admin	Coder
508	Prescribed Drugs – DPH Vaccine (Actual)	Coder
542	DSCC Waiver Services Dates of Services	Coder

Reporting Category	Description	Principle Way Of Assignment
545	Traumatic Brain Injury Waiver #329.01	Coder
546	Senior Care Wavier Assistance Payments at 50%	Coder
547	Family Care Waiver Title XIX at 50%	Coder
610	Prescribed Drugs – DPH Vaccine Tile XXI (FFP 65%)	Coder
630	Family Care Waiver Title XXI Assistance at 65%	Coder
731	MEDI (Medical Electronic Data Interchange Project (FFP 90%))	Coder
732	HIPAA APD at 75%	Coder
733	HIPAA APD at 90%	Coder
734	Medicaid Working Disabled Buy-In	Coder
738	HIPPA FFP at 50%	Coder
739	Medical Special Projects 808	Coder
740	Medicaid Buy-In Grant Pure	Coder
791	HSQB/MDS AUTOMATION	Coder
795	Drugs Dual Elig. Medicare D Waiver	Coder

PART 6

Attachment E

Space Utilization

Space Utilization

CMS FACILITY MANAGEMENT CHARGES

DCMS has agreed to provide cost/billing statements to Healthcare and Family Services for its facility management program. These statements will detail costs by Healthcare and Family Services facility on a monthly basis and may reflect, lease, utility, maintenance, repair, equipment, security, reimbursable personal services, fringe benefits and other facility management and support costs.

For each Fiscal Year, Space Utilization records are established in the Healthcare and Family Services Accounting System (PAAS) using the following tables.

Set up 4 Tables in PAAS

1. **SUBT** – Space Utilization Building Table– Enter square footage of building associated with building/lease
2. **SUMT** – Space Utilization Management Table - Enter floor number, cost center, PAAS appropriation unit code & square footage associated with each cost center (cost center name appears on table view in PAAS but defaults from Cost Center Table (CCTR))- from this PAAS calculates percent.
3. **SUAT** – Space Utilization Appropriation Table – This table is system generated, records are automatically created from first two tables. Breaks down building square footage by appropriation and percentage of square footage for each appropriation
4. **SUAC** – Space Utilization/Cost Center – This table is system generated, records are automatically created from first two tables. Breaks down building square footage by cost center and percentage of square footage for each cost center.

Space Utilization Report – Crystal Report generated from information contained on PAAS space utilization tables. Report identifies each building/lease and breaks down each building by the floor, cost center, total number of square feet occupied by each cost center, the percentage of square footage occupied and the appropriation.

ALLOCATING MONTHLY DCMS FACILITY BILLING/COST STATEMENTS

SUPV – VI Transaction – Upon receipt of the monthly DCMS facility billing statements, separate PAAS Vendor Invoice (VI) transactions will be entered for each building/facility, referencing the appropriate building/lease number on the PAAS space utilization tables. PAAS offline SUPV process runs on a nightly basis. Using accepted VI transactions, the SUPV offline job will generate appropriate number of payment line details, one line for each cost center occupying space in building/lease record on space utilization table. Payment line details will include, cost center, building code, reporting category, appropriation unit, service dates, line amount, and service description.

PART 6

Attachment F

Stat Tab

Statistical Services Revolving Fund

Invoice Voucher – The invoice voucher is a summary of the CMS expenses. It includes the total of Job and Peripheral charges, Credit adjustments, Surcharges, Infonet Services and the CICS Region/Image charges. Included with the summary is a separate page detailing the breakout of Job and Peripheral charges. This page is broken out by code and includes a list of the individual charges, the quantity and the cost of each item.



CPU Cost analysis for BIS – The CPU Cost analysis for BIS is the MMIS summary of expenses. It balances with the Invoice Voucher and includes a breakout of expenses by section.



Cost Analysis - The charges from the CPU Cost analysis are allocated to the appropriate fund. DHS and IDHFS charges are combined. To back out the DHS charges, IDHFS adds all of the DHS direct charges and takes a percentage of the total charges to create a prorate percentage for the remaining costs. In addition to prorating any charges from CMS, the statement provided to DHS also includes a prorated share of any credits received from CMS due to billing errors on prior statements. The Costs are allocated to the following funds:

- ✓ General Revenue Fund
- ✓ Provider Inquiry Trust Fund
- ✓ Healthcare and Family Services Recoveries
- ✓ Child Support Trust Fund
- ✓ DHS Costs

Once the costs are allocated to the appropriate funds they are sent to the Bureau of Budget and Cash Management for approval. Whatever fund the cost is allocated to determines how the cost will be claimed.

- General Revenue Fund – MMIS 75%, AAIS 50%, and Medical 50%
- Provider Inquiry Trust Fund – MMIS 75%
- Healthcare and Family Services Recoveries – Medical 50%
- Child Support – Child Support 66%

PART 6

Attachment G

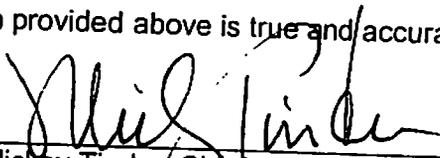
OIG - Investigations Certification

In accordance with OMB Circular A-87, I certify that each of the personnel paid from the above payrolls, and as detailed on the attachment, have spent 100% of their time exclusively on the investigations for the above mentioned time period. I further certify that I am a supervisory official having first hand knowledge of the work performed by each of these employees.

Program	Number of Cases	Agency	% of Cases*
MAG TANF	68	HFS/DHS	7%
MAG AABD	6	HFS/DHS	1%
MANG TANF	679	HFS/DHS	73%
MANG AABD	70	HFS/DHS	7%
Food Stamps/Trafficking	69	DHS	7%
General Assistance	1	DHS	0%
Sub-Total	893		95%
Medicaid	43	HFS	5%
Total	936		100%

* Percentage represents the number of cases completed, not the percentage of time involved in completing the cases.

I certify the information provided above is true and accurate to the best of my knowledge.


 Mickey Tinder, Chief
 Bureau of Investigations

10/7/07
 Date

RECEIVED

OCT 12 2007

BUREAU OF
 FEDERAL FINANCE

PART 6

Attachment H

Medicaid Integrity Certification



**Office of Inspector General
State of Illinois
Healthcare and Family Services
Inter-Office Memorandum**

TO: Mark McCurdy, Chief
Bureau of Federal Finance

DATE: October 9, 2007

FROM: Terry Mercer, Chief
Bureau of Medicaid Integrity

RE: ALLOCATION REPORT FOR QUARTER ENDING 09/30/2007

During the third quarter of 2007, the Bureau of Medicaid Integrity (BMI) conducted federally mandated Medicaid Eligibility Quality Control (MEQC) reviews targeted toward Income Verification (IVR) and the accuracy of redeterminations (Redetermination Accuracy Reviews – RAR). BMI also completed reviews for the federally mandated Negative Corrective Action Review (Medicaid Denials/Terminations). Two special projects were also conducted:

- New Provider Verification
- Medicaid Client Satisfaction Surveys

The above listed projects are Title XIX funded. Attached are tables indicating the work hours required, number of cases and the hours per case for each of the five projects listed.

I certify the information provided is true and accurate to the best of my knowledge. Please contact Phronsie Spaulding at (217) 524-3102 if you need any further information.

Attachment

cc: Queen Crawford
Phronsie Spaulding
Kevin McCann
Tammy Land

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OCT 09 2007

BUREAU OF
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Quarterly Report of Cases Reviewed

The following cases were reviewed during the previous quarter:

Title XIX	cases	hours per case	total hours
MEQC Target Review - IVRs *	71	7.6	539.6
Redetermination Accuracy Review	268	9.1	2438.8
Medicaid Denial / Termination	65	2.6	169.0
New Provider Verification	63	9.4	592.2
Medicaid Client Satisfaction Survey	269	0.9	242.1
Total	736		3981.7

* Includes the additional time required to complete a client satisfaction survey.

sheet : Report
notebook: quarter 07 03
folder: G:/OIG/BQC/Quarterly Cost Allocation Rpts

RECEIVED

OCT 09 2007

BUREAU OF
FEDERAL FINANCE

PART 6

Attachment I

Internal Affairs Certification

QUARTERLY CERTIFICATION FOR FEDERAL FINANCIAL PARTICIPATION REPORTING

Adj
#14

Office of the Inspector General – Bureau of Internal Affairs

Certification Period: July 1, 2007 – September 30, 2007

Employee Name	SSN	Bureau / Section / Unit	100% of Time Effort
MOSCARDELLI DERRICK J	5409	18-000-00-6	Internal Affairs
MCMILLAN CONNIE S	6306	18-000-10-6	Internal Affairs
COLE KENNETH R JR	4057	18-000-20-6	Internal Affairs
SYLVESTER JOE E	7436	18-000-20-6	Internal Affairs
AYERS LARRY N	1241	18-010-00-2	Internal Affairs
KINSELLA THOMAS G	1235	18-010-20-2	Internal Affairs
BRIGLIO DENISE H	6623	18-010-20-2	Internal Affairs
BRAXTON-HASKELL TRALI	7268	18-010-20-2	Internal Affairs
GAITER JOYCE	3267	18-010-30-2	Internal Affairs
MERCER LINDA M	3910	18-020-00-6	Internal Affairs
WHETSTONE LAURA R	0111	18-100-20-6	Internal Affairs
PINN EDWARD B JR	4511	18-100-20-6	Internal Affairs
SYLVESTER JOE E	7436	18-100-20-6	Internal Affairs
HILGERS, STEVE S	2311	19-150-20-6	Internal Affairs

In accordance with OMB Circular A-87, I certify that each of the personnel paid from the above payrolls, and as detailed on the attachment, have spent 100% of their time exclusively on Internal Affairs for the above mentioned time period. I further certify that I am a supervisory official having first hand knowledge of the work performed by each of these employees.

Number of Cases*	Agency	Percentage (%)**
1	DHS	1%
98	HFS	99%
99	Total	100%

* Numbers of cases reflect all investigations, both closed and active, within the reporting period.

** Percentage represents the number of cases, not the percentage of time involved in completing the cases.

I certify the information provided above is true and accurate to the best of my knowledge.



 Derrick Moscardelli, Chief
 Bureau of Internal Affairs

10/11/07
 Date
RECEIVED

OCT 12 2007

BUREAU OF
FEDERAL FINANCE

Entered
 10-18-07
 10-18-07

PART 6

Attachment J

Attorney General Certification

**INSTRUCTIONS FOR COMPLETING
MONTHLY TIME SHEET
ATTORNEY GENERAL'S OFFICE**

1. Enter your full name as it appears on your statement of earnings (Last, First and Middle initial)
2. Enter the location in which you work.
3. Enter the month in which the activity occurs. Each time sheet represents one month.
4. Enter the amount of time including overtime spent on each program every day.
 - a. Do not include sick, vacation, lunch or break time.
 - b. Include Saturdays and Sundays only if time was expended on those days.
5. Total the number of hours by program at the bottom of the certification at the end of the month
6. Sign and date the certification certifying the time spent on each program.

**ATTORNEY GENERAL'S OFFICE
HEALTHCARE AND FAMILY SERVICES DIVISION
QUARTERLY CERTIFICATION**

for the Quarter Ending March 31, 2004

Program	Number of Hours	
IV-D	14,612.00	99.86%
Medical Assistance	14.00	0.10%
TANF	3.00	0.02%
Food Stamp	3.00	0.02%
		0.00%
		0.00%
Total Number of Hours	14,632.00	100.00%

The number of hours is based on each individual employee's time sheet certifying the number of hours worked per program each month. The number of hours is 100% of each employee's time.

I certify that the above summary is accurate to the best of my knowledge.

Supervisor Signature
Attorney Generals Office

ATTORNEY GENERAL
HEALTHCARE AND FAMILY SERVICES DIVISION

Monthly Time Sheet
Number of Hours Spent by Employee per Program

Name: _____

Office Location: _____

Month: _____

Day	IDHFS		IDHS	
	IV-D	Medical Assistance	Food Stamp	TANF non-IV-D
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Total Number of Hours _____

Date: _____

Signature _____

PART 6

Attachment K

Administrative Hearings Certification

INSTRUCTIONS FOR COMPLETING
MONTHLY TIME SHEET
ADMINISTRATIVE HEARINGS

1. Enter your full name as it appears on your statement of earnings (Last, First and Middle initial).
2. Enter the location in which you work.
3. Enter the month in which the activity occurs. Each time sheet represents one month.
4. Enter the amount of time including overtime spent on each program every day.
 - a. Do not include sick, vacation, lunch or break time.
 - b. Include Saturdays and Sundays only if time was expended on those days.
5. Admin hours are any hours that relate to activity performed in support of the unit.
6. Total the number of hours by program at the bottom of the certification at the end of the month.
7. Sign and date the certification certifying the time spent on each program.

**ADMINISTRATIVE HEARINGS
HEALTHCARE AND FAMILY SERVICES DIVISION
QUARTERLY CERTIFICATION**

for the Quarter Ending March 31, 2004

SAMPLE

Program	Number of Hours	Number of Admin Hours *	Total Hours	
IV-D	14,612.00	19.98	14,631.98	99.90%
Medical Assistance	14.00	0.02	14.02	0.10%
Administrative Hours	20.00			
<hr/>				
Total Number of Hours	14,626.00	20.00	14,646.00	100.00%

The number of hours is based on each individual employee's time sheet certifying the number of hours worked per program each month. The number of hours is 100% of each employee's time.

I certify that the above summary is accurate to the best of my knowledge.

* Administrative hours are allocated based on that quarter's direct costs.

Supervisor Signature
Administrative Hearings

**ADMINISTRATIVE HEARINGS
HEALTHCARE AND FAMILY SERVICES DIVISION**

Monthly Hours by Program per Employee

Name: _____

Office Location: _____

Day	IDHFS		Admin Hours
	IV-D	Medical Assistance	Non Program specific
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

Total Number of Hours: _____

Signature Date

PART 6

Attachment M

Health Benefits for Workers with Disabilities

INSTRUCTIONS FOR COMPLETING
MONTHLY TIME SHEET
MEDICAL DIVISION

1. Enter your full name as it appears on your statement of earnings (Last, First and Middle initial).
2. Enter the location in which you work.
3. Enter the month in which the activity occurs. Each time sheet represents one month.
4. Enter the amount of time including overtime spent on each program every day.
 - a. Do not include sick, vacation, lunch or break time.
 - b. Include Saturdays and Sundays only if time was expended on those days.
5. Admin hours are any hours that relate to activity performed in support of the unit.
6. Total the number of hours by program at the bottom of the certification at the end of the month.
7. Sign and date the certification certifying the time spent on each program.

Division of Medical
Health Benefits for Worker's with Disabilities
Healthcare and Family Services

Monthly Hours by Program per Employee

Name: _____

Office Location: _____

Month: _____

Day	Supp Med	MIG	IL Cares RX	Veteran's Care
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Total Number of Hours: _____

Date: _____

Signature

**Division of Medical
Healthcare and Family Services
QUARTERLY CERTIFICATION**

for the Quarter Ending March 31, 2006

Program	Number of Hours	
Supportive Medical	100.00	12.50%
Medicaid Infrastructure Grant	500.00	62.50%
Illinois Care RX	100.00	12.50%
Veteran's Care	100.00	12.50%
<hr/>		
Total Number of Hours	800.00	100.00%

SAMPLE

The number of hours is based on each individual employee's time sheet certifying the number of hours worked per program each month. The number of hours is 100% of each employee's time.

I certify that the above summary is accurate to the best of my knowledge.

Supervisor Signature
Division of Medical

PART 6

Attachment N

Medical Data Warehouse

Medical Data Warehouse Expenditures

Costs for the Medical Datawarehouse include Professional Services, Hardware and Software purchases.

1. Professional Services Costs – Contractual staff whose functions include Operations, Administration, Development, Training and Help-Desk Support will time log their activities using the Easy Web system. This system allows the staff to track their time spent to the specific tasks assigned/performed. Time entered will be monitored and reviewed for certification by a senior staff member of the Bureau of Rate Development and Analysis (BRDA).
 - a. For staff whose function is Administration, Development and/or Operations a unique project number determines identification of costs to a specific project, task and the benefiting agency. Staff will log their time spent on that specific task and report this effort on a weekly basis into the EasyWeb system. Percentages will be calculated based on the time reported. The costs of the Professional Services categories listed in this section will be allocated to the appropriate cost pools based on the calculated percentages.
 - b. For staff whose functions are Training and Help-Desk Support they will track their time spent per user/users assisted. These functions will support users on various levels to help accurately gather and report data. Staff will log their time spent on assisting users on a weekly basis into the Easy Web system. Percentages will be calculated based on the time reported. The costs of the Professional Services categories listed in this section will be allocated to the appropriate cost pools based on the calculated percentages.
2. Hardware Costs – Hardware costs include both equipment purchases and maintenance costs associated with the hardware. Costs will be allocated based on the percentage of disk space occupied by the stored data and the function of the different Datasets within the occupied space. Other agency data will be segregated from the HFS MMIS data and allocated to the appropriate agencies based on the percentage of space in which the data occupies. Datasets within the agency breakouts will be used to identify the type of data stored. Based on this information, percentages will be calculated and used to allocate the Hardware and Hardware maintenance costs to the appropriate cost pools.
3. Software Costs – Software costs include both equipment purchases and maintenance costs associated with the software. All costs associated with software will be direct charged to the IDHFS. Other agencies will be responsible for software costs incurred to support their functions.

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-1200
TTY: (800) 526-5812

March 26, 2010

Mr Henry Williams
U.S. Department of Health and Human Services
Division of Cost Allocation
1301 Young St., Room 732
Dallas, TX 75202

Re: Illinois Department of Healthcare and Family Services Amendment to the Public Assistance Cost Allocation Plan

Dear Mr. Williams:

Please find attached the sections being submitted to add The Illinois Health Information Exchange Program effective January 1, 2010. This grant is in the amount of \$18,837,639 over 4 years (2/8/2010 through 2/7/2014), all of which is a direct charge to the Program. The attached sections with changes are as follows:

- I. Part 1
 - a. Section 2, Page 2 – Add Illinois Health Information Exchange Program
 - b. Section 4, Page 1 – Add Health Information Exchange to Table 1-4A.
 - c. Section 4, Page 2 and 3 – Add Health Information Exchange to Table 1-4B and change subsequent numbering of cost pools.
 - d. Section 4, Pages 4 and 5 – Add Health Information Exchange and change numbering of cost pool #11 to #12.
 - e. Section 4, Page 6 – Change numbering of cost pool #12 to #13.
 - f. Section 4, Pages 7 and 8 – Change numbering of cost pools as appropriate and add Health Information Exchange to Table 1-4-E.

- II. Part 2
 - a. Section 2.2.0, Page 5 – Change Charge for Legislative Liaison – Washington, D.C. from Central Indirect to Non Match. Even though it is the same job, it is now covered under an intergovernmental agreement with the Governor's office. Salary and fringe of approximately \$24,000 per quarter will be charged to non-match that we previously charged to central indirect.
 - b. Section 2.2.0, Page 7 – Add Office of Health Information Technology (OHIT)

Mr Henry Williams
May 20, 2009
Page 2

A paper copy of the amendments will be mailed along with the appropriate signatures. I appreciate your comments and any assistance you can provide. If you have any questions please feel free to contact me at 217-557-9663.

Sincerely,

A handwritten signature in black ink, appearing to read "Jack Dodds", with a long horizontal flourish extending to the right.

Jack Dodds, Chief Fiscal Officer
Division of Finance

Attachments via email

Illinois Department of Healthcare and Family Services
Public Assistance Cost Allocation Plan

Director's Certification

In accordance with 45 CFR 95.507(b)(8), I certify that:

1. The information contained in this cost allocation plan is prepared in conformance with Office of Management and Budget Circular A-87.
2. The costs are accorded consistent treatment through the application of generally accepted accounting principles appropriate to the circumstances.
3. An adequate accounting and statistical system exists to support the claims made under this cost allocation plan.
4. The information provided in support of this cost allocation plan is accurate.



Jack Dodds, Chief Fiscal Officer, Division of Finance
Illinois Department of Healthcare and Family Services

3-26-2010

Date

Illinois Department of Healthcare and Family Services (IDHFS) Public Assistance Cost Allocation Plan

Federal Statutory Basis for IDHFS Programs

The Federal **Social Security Act**, as amended, enacted by Congress, approved August 4, 1935, provides the basis for the following IDHFS programs. IDHFS is the single state agency for the following Titles of this Act under which federal funds for administration of said Titles are made available.

Title IV - Part D -- Child Support and Establishment of Paternity -- Illinois' Child Support Enforcement Program serves Illinois residents regardless of income. Services include parent locating services, genetic testing to establish paternity, child support order establishment and order modification reviews, medical support, wages withholding, computerized accounting and billing, and interception of federal and state income tax refunds.

Healthy Marriages/Healthy Relationships is an 1115 waiver to help families build and maintain healthy family relationships by testing strategies to strengthen the Child Support Enforcement Program by enhancing its ability to promote the financial and broader well-being of children, and to make the program more effective by both increasing paternity establishment, and fostering relationships.

Title XIX -- Medical Assistance (Medicaid) -- Illinois' Medical Assistance Program pays for medically necessary services for eligible individuals and families. To be eligible for medical assistance, individuals must meet non-financial and financial eligibility requirements. Non-financial requirements are factors such as citizenship, age, relationship, and categorical relatedness. For persons who are blind, disabled or 65 years of age and older, financial factors include both assets (resources) and income. For all All Kids plans, Parent Assist, and Family Assist, the only financial factor is income; assets do not affect eligibility.

FamilyCare – This plan was a combination of Title XIX and Title XXI. It was implemented through an 1115 Federal Waiver that ended September 30, 2007. There is a pending State Plan Amendment that will move a large portion of the population that were claimed under this waiver to the Title XIX program.

Family Planning – This plan is a Title XIX 1115 Federal Waiver. Family Planning offers expanding coverage to women ages 19 to 44 who have previously lost coverage under Medicaid, but are still at or below 200% of the poverty level. The primary goal of this waiver is to improve women's health outcomes by expanding access to, and coverage of, publicly funded family planning services that enhance the ability of women to make personal choices regarding the number and spacing of their pregnancies.

Title XXI -- State Children's Health Insurance Program -- This program provides health care coverage for children through expansion of the Medical Assistance Program. The administrative costs related to the following two eligibility groups are charged to Title XXI.

All Kids Share - This plan makes health care benefits available to children who are under the age of 19, in families whose countable income is above 133 percent and at or below 150

percent of the Federal Poverty Level (FPL). These families have small co-payment responsibilities.

All Kids Premium - This plan makes health care benefits available to children, under 19 years of age, in families whose countable income is above 150 percent and at or below 185 percent of the FPL. These families pay a modest premium for the coverage and have small co-payment responsibilities.

FamilyCare – There is a pending State Plan Amendment that will move a large portion of the population that were claimed under this waiver to the Title XIX program.

The American Recovery and Reinvestment Act, 2009 (PL 111-5), Title XIII, enacted on February 17, 2009, provides the basis for the following IDHFS program.

The Illinois Health Information Exchange. Illinois entered into a four-year Cooperative Agreement with the Office of the National Coordinator for Health Information Technology to promote health information technology in Illinois. Funds are for planning and implementation efforts to create a state-level health information exchange (HIE) that will facilitate the widespread exchange of clinical health information among providers, patients and public health entities throughout the state. Goals are to support the adoption and meaningful use of electronic health records to improve health care quality and outcomes, improve patient safety, reduce health disparities, reduce medical errors and duplicative services, enhance patient care coordination, enhance public health and disease surveillance and control the cost of health care.

IDHFS provides support for the following programs administered by the Illinois Department of Human Services (IDHS):

Title IV - Part A -- Block Grants to States for Temporary Assistance for Needy Families (TANF) --conducts hearings on petitions filed by responsible relatives of children receiving child support services under Article X of the Healthcare and Family Services Code. As the single state Medicaid agency, the department also issues Final Administrative Decisions (FADs) on all appeals that involve Medicaid.

Food Stamp Act of 1977 -- Food Stamp Program -- The Food Stamp Program Provides monthly benefits that help low-income households buy the food they need for good health. The goal of the program is to promote the general welfare and to safeguard the health and well-being of the population through the issuance of benefits to all eligible households. For most households, food stamps account for only a portion of their food budgets; they must also use their own funds to buy food sufficient to last throughout the month.

Refugee Act of 1980 -- Refugee Resettlement Program -- The Refugee Resettlement Program is a service provided to refugees, entrants, and Amerasians for their effective resettlement in this country. The services are designed to promote self-sufficiency within the shortest possible time after their entrance into the country and the state.

SSI/AABD – Supplemental Security Income is protected income and cannot be used to meet the needs of any other person. Aid to the Aged, Blind, and Disabled is cash and medical assistance. They may also be eligible for food stamps.

Illinois Department of Healthcare and Family Services (IDHFS) Public Assistance Cost Allocation Plan

Cost Pools and Allocation Methods

The cost pools and allocation methods of this PACAP are in accordance with the provisions of 45 CFR, Part 205.150, 45 CFR Part 95 Subpart E, OMB Circular A-87 and the Federal Social Security Act. All costs included in this PACAP are supported by formal accounting records maintained in the Healthcare and Family Services Accounting System, and to some extent in the Medicaid Management Information System. The accounting methods used are in accordance with State laws and with the Illinois State Comptroller's Statewide Accounting Management System (SAMS).

The remainder of this section systematically explains how costs are allocated to the Federal Programs (FPs). The FP includes all IDHFS programs including the State Only – Non Matchable programs. The FPs are identified and associated with the corresponding State Program (SP). Next, the Cost Pools (CP) are identified, described, linked to the SP and linked to the associated Federal Financial Participation (FFP) Rate. The allocation method “charge” is described. There is one indirect charge method for the Department, with the remaining methods being direct charges. The charges are then associated with the CP and thus complete the allocation method.

PROGRAMS

The chart below compares the current Federal Programs to the State Programs that Cost Pools are charged.

TABLE 1-4-A

Federal Program	State Program	Controlling Agency
Title XIX – Medicaid	Medical	IDHFS
Title XXI – SCHIP	Medical	IDHFS
Title IV-D – CSE	Child Support	IDHFS
Health Information Exchange	Illinois Health Information Exchange	IDHFS/Governor's Office
Refugee	IDHS	IDHS
TANF	IDHS	IDHS
SSI/AABD	IDHS	IDHS
Food Stamp	IDHS	IDHS
Demo Grants (various)	Medical or Child Support	IDHFS
Non Federal-State Only	Non-Match: Medical Coverage, TA Medical Coverage, Non-Match Presumptive Eligibility Medical	IDHFS

	Coverage, All-Kids Premium Levels 2-8, and undocumented immigrant children at all income levels, Veteran's Care, IL Cares Rx, non-IVD non-income withholding costs, and Group Insurance, Renal, Warrior Assistance	
--	--	--

COST POOLS

The chart below identifies the CPs and FFP rate by which expenditures are grouped.

TABLE 1-4-B

CP#	Cost Pool	Description	SP	FFP Rate
1	General Medical Admin	General costs associated with the Medicaid Program that do not qualify for enhanced FFP	Medical	50%
2	Medical APD	Costs associated with CMS approved Advance Planning Documents that qualify for enhanced FFP	Medical	Per APD
3	Medical SPMP	Health Facility Nurses, Nurse Supervisors, and Medical Consultants	Medical	75%
4	MMIS	Costs associated with the Medicaid Management Information System	Medical	75%
5	All Kids	General costs associated with the All Kids Program within Medical	Medical	0%, 50% and 65%
6	General Child Support	General costs associated with the Child Support Enforcement Program that do not qualify for enhanced FFP	Child Support	66%
7	Child Support APD	Costs associated with ACF approved Advance Planning Documents that qualify for enhanced FFP	Child Support	Per APD
8	Child Support Genetics tests	Costs associated with paternity blood testing	Child Support	66%
9	Child Support Waiver	1115 Waiver	Child Support	66%
10	HIE	Health Information Exchange	Illinois HIE	FFY 10 100% FFY 11 91% FFY 12 87.5% FFY 13

				75%
11	Central Indirect	Costs that benefit all Federal Programs	All Programs	Blend
12	Non Match	Costs for which no FFP is available	Various	0%
13	Demo Grants	Costs associated with specific federal grants	Medical or Child Support	Per Grant
14	IDHS	Costs associated with Refugees, Food Stamp, TANF, SSI/AABD	IDHS	0% to IDHFS

DIRECT CHARGES – these are expenditures that directly correlate to a particular Federal Program prior to the application of the indirect expenditures. The total of the Direct Charge and Indirect Charge for a particular Federal Program is the expenditure amount charged to that program. Personnel costs are accounted for in accordance with OMB Circular A-87 Attachment B, Section 8.

◆ Supportive Medical Allocation

This allocation ensures the Medical Program’s administrative costs are charged to the appropriate FP. The allocation is derived from medical service claims processed for the federal reporting quarter and reflects an accurate measure of effort. A medical service claim is the lower level of an item of service for each episode of service received by a recipient that the Department adjudicates. This statistic is calculated on a monthly basis.

Step 1. Group medical service claims processed for the quarter by Title XIX, Title XXI, Demo Grant, Non Match, and Refugee.

Step 2. Divide each group in Step 1 by the total service claims processed for the quarter.

Step 3. The resulting percentages are multiplied by the administrative expenditures Direct charged to the Medical program of the CP #1, #2, #3, and #4 and then multiplied by the appropriate FFP rate. (See Table 1-4-B)

Step 4. The results of Step 3 are in Table 1-4-C.

TABLE 1-4-C

Supportive Medical Subgroup	FP	FFP Rate (Admin)
Medicaid Title XIX	Title XIX	50%
Family Planning Title XIX	Title XIX – 1115 Waiver	50%
Demo Grant	Demo	Per Grant
Share/Premium/Unborn Child	Title XXI – SCHIP	65%
IDHFS	Refugee	0% to IDHFS
State Only	Non-Match	0%

◆ All Kids Allocation

The purpose of this allocation is to fairly distribute administrative costs related to the State's All Kids Program to the appropriate FP. The All Kids Program is Illinois' initiative to insure all children living within the State of Illinois have Medical Insurance. The program blankets all of the children covered under the program including those who are eligible for Title XIX-Medicaid (All-Kids Assist <133% FPL), Title XIX-MCHIP (All-Kids Assist Expansion <133% FPL), and Title XXI-SCHIP (All-Kids Share and Premium 133%-200% FPL). Children whose family income exceeds 200% FPL (All-Kids Premium levels 2-8) and are therefore not eligible under the Title XIX or Title XXI programs are covered under the State Only program, as are undocumented immigrant children at all income levels. This methodology is different from the Supportive Medical Allocation. This allocation uses the applications approved within the Bureau of All Kids as a basis for a more accurate measure of effort. This statistic is calculated on a quarterly basis by month.

Step 1. Group the applications approved for the quarter within the Bureau of All Kids by All Kids Sub-group. (See Table 1-4-D)

Step 2. Divide each group in Step 1 by the total applications approved for the quarter.

Step 3. The resulting percentages are multiplied by the expenditures of the CP #5.

(See Table 1-4-B) and then multiplied by the appropriate FFP rate in Table 1-4-B.

Step 4. The results of Step 3 are the dollars charged to each of the Federal Programs listed in Table 1-4-D.

TABLE 1-4-D

Medical Sub-group All Kids	FP	FFP Rate (Admin)
All Kids Assist Base <133% FPL	Title XIX	50%
All Kids Assist Expansion <133% FPL	Title XIX-MCHIP	50%
All Kids Share/Premium 133%-200% FPL	Title XXI-SCHIP	65%
All Kids Rebate/Immigrant All FPLs Over Income Threshold >200% FPL	Non Match	0%

◆ **Child Support Enforcement**

This is a pure charge to the Title IV-D Federal Program.

Step 1. Expenditures captured in CP#6, #7, #8, and #9

Step 2. Expenditures from Step 1 are multiplied by the appropriate FFP rates in Table 1-4-B

Step 3. The results of Step 2 are charged to Title IV-D.

◆ **Health Information Exchange**

This is a pure charge to American Recovery and Reinvestment Act of 2009, State Grants to Promote Health Information Technology Planning and Implementation Projects.

Step 1. Expenditures captured in CP #10

Step 2. Expenditures from Step 1 are multiplied by the appropriate FFP rates in Table 1-4-B

Step 3. The results of Step 2 are charged to Grant.

◆ Non Match

This is a pure Non Match (State Only) which is tracked but not claimed.

This is any administrative cost **captured in CP #12** not allowed by DHHS as specified in Federal Code, OMB Circular A-87, or the Social Security Act. The *State Only* programs are as follows:

- Transitional Assistance Medical Coverage – The State provides medical coverage for individuals who have lost eligibility for medical benefits under the TANF or Family Assist Program due to earnings and who have not received TANF or Family Assist for three months.
- Non-Match Presumptive Eligibility Medical Coverage – The State provides medical coverage to pregnant women under the presumption they are eligible and issues a medical card for 90 days. If during that time it is found that the pregnant woman is not eligible for benefits, by federal law the pregnant woman loses eligibility the day the application for ongoing benefits is denied. The State provides coverage for outpatient services at state expense from the date of denial through the end of the 90-day period for which the state has authorized a medical card.
- All-Kids Premium Levels 2-8 – The State provides medical coverage to children under the age of 19 who are not eligible for federally funded Medicaid/SCHIP because their family income exceeds 200% of the FPL, and undocumented immigrant children at all income levels.
- Veterans Care Program is a new program designed to provide healthcare to Illinois' uninsured veterans. It is a state only program that covers veterans ages 19 to 64 who are not eligible for VA healthcare and are not eligible for other state healthcare programs.
- Illinois Cares Rx is a program that is designed to help senior citizens over the age of 65 pay for their drug prescriptions. Recipients eligible for this program are not eligible for other programs and is primarily a state covered program.
- Non-IV-D, non-income withholding costs are costs incurred by the State's Disbursement Unit (SDU) that are for non-IV-D cases in which there is no income withholding from the employer.
- Administering Group Insurance is a shared function of IDHFS and Central Management Services (CMS). Rates are developed to account for all costs associated with administering Group Insurance and allocated to the agencies for federal claiming through Part 1 of the Statewide Cost Allocation Plan (SWCAP). Since costs are accounted for through the SWCAP, actual IDHFS Group Insurance costs are allocated to non-match through IDHFS's PACAP.

- The Illinois State Chronic Renal Disease program assists Illinois residents who have been diagnosed as having chronic renal disease at the stage of irreversible renal impairment requiring a regular course of dialysis to maintain life. The program is for patients with chronic renal diseases who require lifesaving care and treatment, but do not qualify for Medicaid or KidCare or cannot meet spenddown.
 - The Illinois Warrior Assistance Program provides Illinois Veteran's who are returning from combat mental health services including Post-Traumatic Stress Disorder, Traumatic Brain Injury (TBI) screening, counseling and referrals to the appropriate providers.
- ◆ Special Project Demonstration Grants
- This is a pure charge to a Federal Grant.*
- Step 1. The expenditures captured in CP#13 are segregated by Federal Grant.
- Step 2. Expenditures from Step 1 are multiplied by the appropriate FFP rates per the Federal Grant requirements.
- Step 3. The results of Step 2 are charged to that particular Grant.
- ◆ Office of the Inspector General Special Allocations
- Investigations Allocation
The basis of the allocation is derived from the number of completed cases by program for the federal reporting quarter. Each case file will be identified to a specific state or federal program. The Bureau of Investigations performs investigations for programs at IDHFS and at IDHS. An interagency agreement is in effect to assure program costs for IDHS are properly recognized. The resulting costs of the calculation provide a distribution of time and effort directly charged to a CP. See Attachment G in Part 6 for supporting documentation.
 - Medicaid Integrity Allocation
The basis of the allocation is the number of hours per completed case grouped by program, i.e. Supportive Medical, Child Support, All Kids, etc. divided by the total hours. The result is a percent, which is multiplied by the total cost of Medicaid Integrity. It provides a distribution of time and effort charged directly to the CP. The number of hours per case is updated on a quarterly basis as policy and procedural changes impact the time needed to conduct case reviews for a particular program. Cases include Fraud Detection, Medicaid Denial/Terminations, New Provider Verification, etc. See Attachment H in Part 6 for supporting documentation.
 - Internal Affairs Allocation
The basis of the allocation is derived from the number of investigations both closed and active for each month in a federal reporting quarter. The number of investigations is derived from the employing agency, IDHFS or IDHS, with respect to the employee investigated. The Office of Inspector General's Bureau of Internal Affairs performs employee-related investigations for IDHFS and IDHS. An

interagency agreement is in effect to assure program costs for IDHS are properly recognized. The costs identified to IDHFS will be allocated in the Central Indirect Allocation described below. See Attachment I in Part 6 for supporting documentation.

INDIRECT CHARGES

◆ Central Indirect Allocation

An allocation of those administrative expenditures, which benefit all FP and SP and therefore cannot be directly charged to a specific FP.

Step 1. Capture expenses in CP#11 and subtract Staff Development Training Costs.

Step 2. Total the expenditures (Personal Services Only) of the Direct Charges for the federal reporting quarter by CP. (Central Indirect costs are allocated to the 1115 waivers based on the amounts derived from the Supportive Medical and All Kids Allocations)

Step 3. For each CP calculate the percent of expenditures to the total.

Step 4. The resulting Medical CPs that are at an enhanced FFP rate are reduced to the 50% FFP rate. (Indirect Charges for Medicaid do not qualify for an enhanced rate)

Step 5. Take the training costs from Step 1 and multiply them by the percent in Step 3.

Step 6. The resulting Child Support CPs are reduced to the 0% FFP rate. (Indirect Charges for training do not qualify for Title IV-D FFP)

Step 7. The results of Step 1 through Step 6 are the dollars charged to each of the Federal Programs listed in Table 1-4-B.

CLAIMING MATRIX

Below is a matrix that summarizes how the CP are charged and the associated FFP Rate. Later in this Plan, there is discussion of federal reporting categories. There are 40 + individual federal reporting categories which boil down to the CP.

TABLE 1-4-E

CP#	Cost Pool	Charges	FFP Rate
1	General Medical Admin	Supportive Medical Allocation	50%
2	Medical APD	Supportive Medical Allocation	Per APD
3	Medical SPMP	Supportive Medical Allocation	75%
4	MMIS	Supportive Medical Allocation	75%
5	All Kids	All Kids Allocation	0%, 50%, and 65%
6	General Child Support	Direct Child Support Enforcement	66%
7	Child Support APD	Direct Child Support Enforcement	Per APD
8	Child Support Blood Tests	Direct Child Support Enforcement	66%
9	Child Support Waiver	Direct Child Support Enforcement	66%
10	HIE	Health Information Exchange	100%, 91%, 87.5%, 75%
11	Central Indirect	Central Indirect Allocation	Blend

12	Non Match	State Only	0%
13	Demo Grants	Direct	Per Grant
14	IDHS	Direct	0% to IDHFS

Illinois Department of Healthcare and Family Services Public Assistance Cost Allocation Plan

Organization Narrative - Office of the Director

Office of the Director is the lead policy maker for the programs administered by IDHFS. The Director's Office includes the Director, the Director's staff, the Assistant Director and the Special Assistants to the Director.

CHARGE: Central Indirect Allocation

Deputy Director of New Initiatives represents and acts on behalf of the Director in reviewing, analyzing, and comparing existing and proposed policies governing the child support enforcement and medical programs. The incumbent works with Pay for Performance administered by local governmental agencies, other state agencies, and/or the Federal Government to determine if similar programs would provide better healthcare for HFS clients, save the agency money by early intervention, and result in an increase in the number of providers available for agency programs.

CHARGE: Central Indirect Allocation

Deputy Director for Community Outreach formulates and implements Agency policies and procedures to promote Agency Assistance programs; collaborates with the Director and HFS top administrators to develop community outreach strategies; acts with full authority of the Director in directing the formulation and implementation of agency policy governing program operations and activities; establishes and maintains cooperative working agreements with other state agencies having similar or impacting legislative mandates and/or common client populations; represents the agency in official conferences with various public and private organizations doing business with or having officially recognized public interest in the policies, programs and activities of HFS.

CHARGE: Central Indirect Allocation

Deputy Director for Strategic Planning acts as a policy making official and performs highly responsible and sensitive policy making functions for the programs administered by the agency, formulates and establishes policies which define the parameters for determining programmatic needs; represents the Director and the department in contacts with the Governor's Office, elected members of the Illinois General Assembly, Federal Government officials, special interest groups, and with other state and federal agencies

relative to agency programs and strategic planning; evaluates agency policies to ensure effectiveness. serves as a member of the Director's Executive Staff.

CHARGE: Central Indirect Allocation

Deputy Director for Administrative Operations directs and coordinates all administrative operational programs for the Department of Healthcare and Family Services. This position acts with full authority of the Director in formulating and implementing Agency policy governing administrative operational programs and activities. It establishes cooperative agreements with other State agencies having similar or impacting legislative mandates and/or common client populations and represents the Agency in official conferences with various public and private organizations doing business with or having officially recognized public interest in the policies, programs, and activities of the Department.

CHARGE: Central Indirect

Healthcare Purchasing is responsible for monitoring and coordinating all procurement activities for the Department. The Office also assists bureaus/divisions in working through the State's procurement procedures and provides periodic procurement training for departmental staff involved in procurement.

CHARGE: Central Indirect Allocation

Strategic Sourcing and Procurement The administrator of the Office of Strategic Sourcing and Procurement serves as the Agency State Purchasing Officer and serves as an expert authority in collaboration with the Director of the Department and the Chief State Purchasing Officer in planning and developing all aspects of policy for the sourcing of all procurements specific to the Department. The administrator serves as an official Agency spokesperson on behalf of the Director and the Agency and is responsible for developing the Agency's annual procurement budget. The activities of the Office include planning, directing, and implementing all Agency specific procurement functions and developing new legislative and programmatic initiatives working in concert with the CMS Bureau of Strategic Sourcing and Procurement. This Office also negotiates contractual arrangements for Agency specific procurements and supports contractual negotiations for the CMS led procurements to the Department.

CHARGE: Central Indirect Allocation

Attorney General Staff There are two units within the AG staff that are paid from an IDHFS payroll and assist the Department in specific legal issues. The first unit works

primarily to support the Division of Child Support Enforcement in administrative reviews and support collections. The second unit handles class action litigation, state collections, liens and personal injury. These staff report to the Illinois Attorney General.

CHARGE: Medical Allocation

CHARGE: Child Support Allocation

CHARGE: Central Indirect

Special Assistants to the Director

Special Assistant for HIPAA & Computer

This position performs highly responsible and sensitive policymaking functions for the Agency's Health Insurance Portability & Accountability Act (HIPAA) and Computer Security programs. The incumbent monitors and evaluates Agency HIPAA operations to facilitate development of new and revised policies and procedures relative to attainment of Agency goals and objectives and represents the Director in coordination of HIPAA and computer security policies and procedures with all divisions of the Agency, Governor's Office, elected members of the Illinois General Assembly, special interest groups and other state and federal agencies.

CHARGE: Supportive Medical Allocation

Medical Policy Development Specialist

This position performs highly responsible and sensitive policymaking functions for all Agency interactions with hospitals utilized through the medical programs administered by the Department. The incumbent serves as the Agency's Hospital Policy Liaison to the Governor's office and monitors and evaluates the Agency's hospital policies, procedures and operations to facilitate development of policies and procedures relative to attainment of Agency goals and objectives.

CHARGE: Supportive Medical Allocation

Hospital Policy

The Director's Special Assistant for Hospital Policy Development performs highly responsible and sensitive policy making functions for all agency interactions with hospitals utilized through the medical programs administered by the department. This assistant also serves as the agency's hospital policy liaison to the Governor's office and establishes and implements policies, standards, and procedural guidelines for medical program operations involving hospitals.

CHARGE: Non Match

Business Practices

The Director's Special Assistant for Business Practices represents and acts on behalf of the Director in the coordination of official agency business practices and in the development of important and sensitive business relationships with all divisions of the agency, with the Governor's office, with elected members of the Illinois General Assembly, with special interest and community groups, and with other state and federal agencies.

CHARGE: Central Indirect

Special Assistant for the State Prescription Drug Program - Downstate

Counties/Cook County This position serves as a policy formulating manager with statewide authority for coordinating efforts in program development and implementation. The incumbent develops and implements policies for centralizing the purchase of all State purchased prescription drugs to effect cost savings and to ensure purchases of generic drugs when available and is responsible for researching and analyzing the efficiency and cost-effectiveness of Illinois entering into a multi-state purchasing pool for prescription drugs. The incumbent serves as official spokesperson with commitment authority on behalf of the Governor and the Director.

CHARGE: Non Match

Special Assistant for Medical Finance

This position performs highly responsible and sensitive policy making functions for the Department's Medical financial activities and obligations. The incumbent serves as the Agency's Medical Finance Liaison to the Governor's Office of Management and Budget and monitors and evaluates the Agency's Medical financial policies, procedures and operations to facilitate the development of new and revised policies and procedures relative to the attainment of Agency goals and objectives.

CHARGE: Supportive Medical Allocation

Special Assistant for Child Support

This position performs highly responsible and sensitive policymaking functions for the Child Support Enforcement (CSE) Program. The incumbent monitors and evaluates Agency CSE program operations to facilitate the development of new and revised policies and procedures relative to the attainment of Agency goals and objectives and confers with Agency administrators to resolve sensitive issues and to improve administrative links between the Executive Office and Agency staff.

CHARGE: Child Support Allocation

Special Assistant for All Kids

This position performs highly responsible and sensitive policymaking functions for the All Kids Program. The incumbent monitors and evaluates Agency All Kids program operations to facilitate the development of new and revised policies and procedures relative to the attainment of Agency goals and objectives and confers with Agency administrators to resolve sensitive issues and to improve administrative links between the Executive Office and Agency staff.

CHARGE: All Kids Allocation

Legislative Liaison – Washington D.C.

The incumbent serves as the legislative liaison for the Director with the Federal Government and with special interest groups in Washington, D.C., and represents the Director and the department in contacts with the Governor's office, elected members of the Illinois General Assembly, special interest groups, the Congress of the United States, and federal agencies such as the Department of Health and Human Services relative to Child Support Enforcement and Medicaid programs and strategies. This liaison performs highly responsible and sensitive policymaking functions for the agency's Medicaid and Child Support Enforcement programs and represents the Director in the coordination of agency program policies with all divisions of the agency and with other state and federal agencies.

CHARGE: Non Match

Confidential Special Assistant

The Director's Confidential Special Assistant develops and revises departmental policies, rules, and regulations and serves as the Director's spokesperson, speaking on his/her behalf. The incumbent confers with agency administrators and managers to resolve sensitive issues and to improve administrative links between the Executive office and agency staff. He/She also confers with the Assistant Director and the Deputy Directors on their concerns for the agency.

CHARGE: Central Indirect

Intergovernmental Affairs Liaison

The Intergovernmental Affairs Liaison is a Special Assistant to the Director. This position's primary function is to develop and establish important and sensitive working relationships and represents the Director and the Department in the coordination of Agency program policies with all divisions of the Agency, with the Governor's Office, with elected members of the Illinois General Assembly, the State's Attorney's Office, the

Circuit Clerk, the Attorney General, special interest groups, and with other state and federal agencies. As an Intergovernmental Affairs Liaison, this position encompasses all agency programs.

CHARGE: Central Indirect Allocation

Special Assistant for Long Term Care

The Special Assistant for Long Term Care reports to the director. This position's primary function is to monitor and evaluate Agency Long Term Care program operations to facilitate the development of and to establish and implement new and revised policies, standards, and procedural guidelines for Long Term Care program operations. The incumbent meets with Agency administrators to resolve sensitive long term care issues and to improve administrative links between the Director's Office and Agency staff. As a Special Assistant to the Director, other duties may be assigned that are not restricted to the Medical Assistance Program.

CHARGE: Central Indirect Allocation

Special Assistant for Managed Care

The Special Assistant for Managed Care performs highly responsible and sensitive policy making functions for the Managed Care program, monitors and evaluates agency Managed Care program operations to facilitate the development of new and revised policies and procedures relative to the attainment of agency goals and objectives; meets with agency administrators to resolve sensitive issues and to improve administrative links between the Executive Office and agency staff; establishes and implements policies, standards, and procedural guidelines for Managed Care program operations; develops, establishes, and revises departmental policies, rules, and regulations concerning the Managed Care program.

CHARGE: Supportive Medical

Chief Operating Officer

The Chief Operating Officer performs highly responsible and sensitive policymaking functions for all programs administered by the agency; represents and acts on behalf of the Director in the coordination of agency program policies with all divisions of the agency, with the Governor's Office, and with other state and federal agencies; collaborates with administrative and managerial staff to research and conduct studies; develops important and sensitive relationships and represents the Director and the department in contacts with the Governor's Office, elected members of the Illinois General Assembly, special interest groups, and with other state and federal agencies; and evaluates agency operational policies to ensure effectiveness.

CHARGE: Central Indirect Allocation

Office of Health Information Technology (OHIT). IDHFS applied for and was awarded federal grant funds to develop and implement a statewide health information exchange through the Illinois Health Information Exchange program under the American Recovery and Reinvestment Act of 2009 (ARRA). The Governor of Illinois, Pat Quinn, issued Executive Order 10-01 which created the Office of Health Information Technology (OHIT) in the Governor's Office for the purpose of overseeing the State's development and implementation of health information technology initiatives, including the creation of a statewide health information exchange. IDHFS and the Office of the Governor have entered into an Interagency Agreement. IDHFS has been designated the executive agency that will receive the grant funds and pay for the administration and development of the Program in Illinois from HFS appropriations.

Charge: Health Information Exchange

The Offices of Legislative Affairs, General Counsel, Information Services, the Deputy Director for Human Resources, and the Assistant Director all report to the Director. Also reporting to the Director are the Administrators' of the Divisions of Finance, Child Support Enforcement, and Medical Programs.

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-1200
TTY: (800) 526-5812

September 9, 2010

Mr Henry Williams
U.S. Department of Health and Human Services
Division of Cost Allocation
1301 Young St., Room 732
Dallas, TX 75202

Re: Illinois Department of Healthcare and Family Services Amendment to the Public Assistance Cost Allocation Plan (PACAP)

Dear Mr. Williams:

This is in response to your June 1, 2010, letter requesting changes from your review of our PACAP amendment submitted to you on March 26, 2010. Please find attached the following documents:

1. "INSTRUCTIONS FOR COMPLETEING QUARTERLY or SEMIANNUAL TIME CERTIFICATIONS Used for Federal Financial Participation Reporting" and "Quarterly Certification For Federal Financial Participation Reporting" has been modified to remove terms which could be "leading" employees to report their time as being spent on Federally funded programs. An original and four copies (with tracking) and one copy with no tracking are enclosed.
2. A chart listing all organizational units and the methodology used to document the staff time of each unit added to the PACAP. In preparing the chart, we reviewed the organizational structure and made some cosmetic changes (name changes, charges documented incorrectly in PACAP but that have been charged correctly, and some organizational changes) to Office of the Director (Part 2 – Section 2.2.0), Division of Finance (Part 2 – Section 2.2.7), Division of Medical Programs (Part 2 – Section 2.2.8), and Office of Information Services (Part 2 – Section 2.2.9). These changes have no cost impact. An original and four copies (with tracking) and one copy with no tracking for each of these sections is enclosed.

Mr Henry Williams
September 9, 2010
Page 2

3. The DHHS DIVISION OF COST ALLOCATION (DCA) CERTIFICATE OF AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA) PUBLIC ASSISTANCE COST ALLOCATION PLAN (PACAP) has been completed and an original and four copies are enclosed.

4. The Illinois Health Information Exchange program has been included in the chart described in number 2 above. There are no provisions for indirect costs in the award, so indirect costs are included as non-match in the central indirect allocation.

Sincerely,

A handwritten signature in black ink that reads "Jack Dodds". The signature is written in a cursive style with a large initial "J".

Jack Dodds, Chief Fiscal Officer
Division of Finance

**INSTRUCTIONS FOR COMPLETING
QUARTERLY or SEMIANNUAL TIME CERTIFICATIONS
Used for Federal Financial Participation Reporting**

The Quarterly Time Certification is used by the Bureau of Federal Finance on personnel service costs made by the Illinois Department of Healthcare and Family Services. This certification is necessary when employees work solely on a single cost objective. Cost objectives are defined in the USDHHS approved DHHS Public Assistance Cost Allocation Plan, Part 1 - Section 4. Any questions regarding the cost objectives should be directed to the BFF.

**ONLY EMPLOYEES WHO WORK 100% OF THEIR TIME ON A SINGLE COST OBJECTIVE DURING THE
CERTIFICATION PERIOD CAN BE CERTIFIED VIA THIS MECHANISM.**

Basic data elements necessary for a specific time period include the Bureau number, and/or the Section number, and/or the Unit number, and the Name and Social Security Number of a specific employee. Contact BFF or your payroll/personnel liaison for assistance. The example below demonstrates the use of data elements combined with three single cost objectives.

Name	SS #	Bureau	Section	Unit	100% of Time Effort
Employee 1	123-45-6789	71	000	00	Supportive Medical
Employee 2	012-34-5678	71	000	20	MMIS
Employee 3	901-23-4567	71	000	20	KidCare
Employee 4	890-12-3456	71	100	20	MMIS
Employee 5	789-01-2345	71	200	20	Supportive Medical

Note: a row can only have one cost objective at 100%. Splitting an employee's time to more than one cost objective is not allowed in this certification method. REMEMBER the certifying supervisor must have first hand knowledge of the work performed by the employees.

For the sake of administrative efficiency, the BFF will electronically transmit the current quarter's time certification to the person that certified the previous quarter's time. Using data from the personal services database, BFF will include a listing of employees paid within that Bureau for that quarter with the prior quarter's cost objective charge. The certifying supervisor shall then review the employee listing. Any discrepancy should be reported to BFF immediately. If there are no discrepancies or when the discrepancies are resolved, the supervisor shall update the employee's cost objective if it had changed from the prior quarter. The certifying supervisor signs the certification and returns it to the BFF. The organization certifying this document is responsible for the accuracy of the data elements and the cost objectives assigned to those data elements.

If there are any questions related to cost objectives, data elements or the completion of the Quarterly Time Certification call BFF at 217-557-8310 and someone will assist you.

Index of Data Elements used in Example above

Bureau 71- Federal Finance	Section 000 - Administration	Units: 00 & 20
Bureau 71- Federal Finance	Section 100 - Federal State Coordination	Units: 00 & 20
Bureau 71- Federal Finance	Section 110 - FFP Review & Analysis	Units: 00 & 20
Bureau 71- Federal Finance	Section 120 - Spending/Claims Reconciliation	Units: 00 & 20 & 30
Bureau 71- Federal Finance	Section 121 - Statistical Research	Units: 00 & 20
Bureau 71- Federal Finance	Section 200 - Policy, Regulation, & Compliance	Units: 00 & 20
Bureau 71- Federal Finance	Section 210 - Policy and Regulations	Units: 00 & 20

ORGANIZATIONAL UNIT	PACAP Part 2	Salary Documentation	Allocation Methodology/Explanation
Office of the Director	Sec 2.2.0	None	Areas whose time effort benefits all programs are charged to Central Indirect Allocation. No certifications are required. Part 3 - Section 1, Page 3
Deputy Director of New Initiatives		None	Central Indirect
Deputy Director for Community Outreach		None	Central Indirect
Deputy Director for Strategic Planning		None	Central Indirect
Deputy Director for Administrative Operations		None	Central Indirect
Strategic Sourcing and Procurement		None	Central Indirect
Healthcare Purchasing		None	Central Indirect
Special Assistant for HIPAA & Computer		None	Central Indirect
Medical Policy Development Specialist		None	Central Indirect
Hospital Policy		None	Non-Match
Business Practices		None	Central Indirect
Special Assistant for the State Prescription Drug Program - Downstate Counties/Cook		None	Non-Match
Special Assistant for Medical Finance		None	Central Indirect
Special Assistant for Child Support		None	Central Indirect
Special Assistant for All Kids		None	Central Indirect
Legislative Liaison - Washington DC		None	Non-Match
Confidential Special Assistant		None	Central Indirect
Intergovernmental Affairs Liaison		None	Central Indirect
Special Assistant for Long Term Care		None	Central Indirect
Special Assistant for Managed Care		None	Central Indirect
Chief Operating Officer		None	Central Indirect
Office of Health Information Technology		Time Certification	HIE Grant (Staff report to OHIT in Governor's Office)
Attorney General Staff		Monthly Activity Report	Medical Allocation/Child Support Allocation (Staff report to Illinois Attorney General)
Office of Internal Audits (effective 7/1/2010)	Amendment coming	None	Central Indirect Allocation
Office of Legislative Affairs	Sec. 2.2.1	None	Central Indirect
OFFICE OF THE GENERAL COUNSEL	Sec. 2.2.2	None	Central Indirect
Bureau of Administrative Hearings		Time Certification	Supportive Medical Allocation/Child Support Allocation
Rules and Regulations Section		None	Central Indirect
Deputy Director of Human Resources	Sec. 2.2.6	None	Central Indirect
Division of Personnel and Administrative Services		None	Central Indirect
Asst Administrator of Personnel and Admin Serv		None	Central Indirect

ORGANIZATIONAL UNIT	PACAP Part 2	Salary Documentation	Allocation Methodology/Explanation
Office of Labor Relations	Sec. 2.2.6	None	Central Indirect
Bureau of Training		None	Central Indirect
Bureau of Administrative Services		None	Central Indirect
Division of Finance	Sec. 2.2.7	None	Central Indirect
Bureau of Budget and Cash Management		None	Central Indirect
Administrative Budget and Cash Management Unit		None	Central Indirect
Medical Budget and Cash Management Unit		Time Certification	Supportive Medical
Drug Rebate		Time Certification	Supportive Medical
CSE Expenditure Processing & Reconciliation		Time Certification	Child Support Enforcement
Technical Services		None	Central Indirect
Bureau of Rate Development and Analysis		Time Certification	Supportive Medical
Bureau of Federal Finance		None	Central Indirect
Bureau of Fiscal Operations		None	Central Indirect
General Accounting Section		None	Central Indirect
Receipts & IV-D Distribution Section		None	Central Indirect
Receipts & IV-D Distribution Section		Time Certification	Child Support Enforcement/All Kids Allocation
Expenditure Accounting Section		None	Central Indirect
Technical Support Unit		None	Central Indirect
Bureau of Collections		Time Certification	Supportive Medical
Bureau of Health Finance		Time Certification	Supportive Medical
Division of Medical Programs	Sec. 2.2.8	Time Certification	Supportive Medical
Bureau of Technical Support		Time Certification	Supportive Medical/All Kids
Bureau of Managed Care		Time Certification	Supportive Medical
Bureau of Administrative Support		Time Certification	Supportive Medical
Bureau of Claims Processing		Time Certification	Supportive Medical
Bureau of Pharmacy Services		Time Certification	Supportive Medical
Bureau of Long Term Care		Time Certification	Supportive Medical
Bureau of Comprehensive Health Services		Time Certification	Supportive Medical
Bureau of All Kids		Time Certification	All Kids
Bureau of Health Benefits for Workers with Disabilities		Time Report	Spec. Proj. Demo Grant/Supportive Medical/Non-Match
Bureau of Medical Eligibility Policy		None	Central Indirect
Bureau of Interagency Coordination		Time Certification	Supportive Medical
Bureau of Maternal and Child Health		Time Certification	Supportive Medical
Bureau of Program and Reimbursement Analysis		Time Certification	Supportive Medical/MMIS
Office of Information Services	Sec. 2.2.9	None	Central Indirect

Illinois Department of Healthcare and Family Services Public Assistance Cost Allocation Plan

Organization Narrative - Office of the Director

Office of the Director is the lead policy maker for the programs administered by IDHFS. The Director's Office includes the Director, the Director's staff, the Assistant Director and the Special Assistants to the Director. The Director and the Assistant Director are paid from a separate State Officer's appropriation and are not included in any of the Department's costs or allocations.

CHARGE: Central Indirect Allocation

Deputy Director of New Initiatives represents and acts on behalf of the Director in reviewing, analyzing, and comparing existing and proposed policies governing the child support enforcement and medical programs. The incumbent works with Pay for Performance administered by local governmental agencies, other state agencies, and/or the Federal Government to determine if similar programs would provide better healthcare for HFS clients, save the agency money by early intervention, and result in an increase in the number of providers available for agency programs.

CHARGE: Central Indirect Allocation

Deputy Director for Community Outreach formulates and implements Agency policies and procedures to promote Agency Assistance programs; collaborates with the Director and HFS top administrators to develop community outreach strategies; acts with full authority of the Director in directing the formulation and implementation of agency policy governing program operations and activities; establishes and maintains cooperative working agreements with other state agencies having similar or impacting legislative mandates and/or common client populations; represents the agency in official conferences with various public and private organizations doing business with or having officially recognized public interest in the policies, programs and activities of HFS.

CHARGE: Central Indirect Allocation

Deputy Director for Strategic Planning acts as a policy making official and performs highly responsible and sensitive policy making functions for the programs administered by the agency, formulates and establishes policies which define the parameters for determining programmatic needs; represents the Director and the department in contacts with the Governor's Office, elected members of the Illinois General Assembly, Federal Government officials, special interest groups, and with other state and federal agencies

relative to agency programs and strategic planning; evaluates agency policies to ensure effectiveness, serves as a member of the Director's Executive Staff.

CHARGE: Central Indirect Allocation

Deputy Director for Administrative Operations directs and coordinates all administrative operational programs for the Department of Healthcare and Family Services. This position acts with full authority of the Director in formulating and implementing Agency policy governing administrative operational programs and activities. It establishes cooperative agreements with other State agencies having similar or impacting legislative mandates and/or common client populations and represents the Agency in official conferences with various public and private organizations doing business with or having officially recognized public interest in the policies, programs, and activities of the Department.

CHARGE: Central Indirect Allocation

Healthcare Purchasing is responsible for monitoring and coordinating all procurement activities for the Department. The Office also assists bureaus/divisions in working through the State's procurement procedures and provides periodic procurement training for departmental staff involved in procurement.

CHARGE: Central Indirect Allocation

Strategic Sourcing and Procurement The administrator of the Office of Strategic Sourcing and Procurement serves as the Agency State Purchasing Officer and serves as an expert authority in collaboration with the Director of the Department and the Chief State Purchasing Officer in planning and developing all aspects of policy for the sourcing of all procurements specific to the Department. The administrator serves as an official Agency spokesperson on behalf of the Director and the Agency and is responsible for developing the Agency's annual procurement budget. The activities of the Office include planning, directing, and implementing all Agency specific procurement functions and developing new legislative and programmatic initiatives working in concert with the CMS Bureau of Strategic Sourcing and Procurement. This Office also negotiates contractual arrangements for Agency specific procurements and supports contractual negotiations for the CMS led procurements to the Department.

CHARGE: Central Indirect Allocation

Attorney General Staff There are two units within the AG staff that are paid from an IDHFS payroll and assist the Department in specific legal issues. The first unit works primarily to support the Division of Child Support Enforcement in administrative reviews and support collections. The second unit handles class action litigation, state collections, liens and personal injury. These staff report to the Illinois Attorney General.

CHARGE: Medical Allocation
CHARGE: Child Support Allocation
CHARGE: Central Indirect

Special Assistants to the Director

Special Assistant for HIPAA & Computer

This position performs highly responsible and sensitive policymaking functions for the Agency's Health Insurance Portability & Accountability Act (HIPAA) and Computer Security programs. The incumbent monitors and evaluates Agency HIPAA operations to facilitate development of new and revised policies and procedures relative to attainment of Agency goals and objectives and represents the Director in coordination of HIPAA and computer security policies and procedures with all divisions of the Agency, Governor's Office, elected members of the Illinois General Assembly, special interest groups and other state and federal agencies.

CHARGE: Central Indirect Allocation

Medical Policy Development Specialist

This position performs highly responsible and sensitive policymaking functions for all Agency interactions with hospitals utilized through the medical programs administered by the Department. The incumbent serves as the Agency's Hospital Policy Liaison to the Governor's office and monitors and evaluates the Agency's hospital policies, procedures and operations to facilitate development of policies and procedures relative to attainment of Agency goals and objectives.

CHARGE: Central Indirect Allocation

Hospital Policy

The Director's Special Assistant for Hospital Policy Development performs highly responsible and sensitive policy making functions for all agency interactions with hospitals utilized through the medical programs administered by the department. This assistant also serves as the agency's hospital policy liaison to the Governor's office and establishes and implements policies, standards, and procedural guidelines for medical program operations involving hospitals.

CHARGE: Non Match

Business Practices

The Director's Special Assistant for Business Practices represents and acts on behalf of the Director in the coordination of official agency business practices and in the

development of important and sensitive business relationships with all divisions of the agency, with the Governor's office, with elected members of the Illinois General Assembly, with special interest and community groups, and with other state and federal agencies.

CHARGE: Central Indirect Allocation

Special Assistant for the State Prescription Drug Program - Downstate

Counties/Cook County This position serves as a policy formulating manager with statewide authority for coordinating efforts in program development and implementation. The incumbent develops and implements policies for centralizing the purchase of all State purchased prescription drugs to effect cost savings and to ensure purchases of generic drugs when available and is responsible for researching and analyzing the efficiency and cost-effectiveness of Illinois entering into a multi-state purchasing pool for prescription drugs. The incumbent serves as official spokesperson with commitment authority on behalf of the Governor and the Director.

CHARGE: Non Match

Special Assistant for Medical Finance

This position performs highly responsible and sensitive policy making functions for the Department's Medical financial activities and obligations. The incumbent serves as the Agency's Medical Finance Liaison to the Governor's Office of Management and Budget and monitors and evaluates the Agency's Medical financial policies, procedures and operations to facilitate the development of new and revised policies and procedures relative to the attainment of Agency goals and objectives.

CHARGE: Central Indirect Allocation

Special Assistant for Child Support

This position performs highly responsible and sensitive policymaking functions for the Child Support Enforcement (CSE) Program. The incumbent monitors and evaluates Agency CSE program operations to facilitate the development of new and revised policies and procedures relative to the attainment of Agency goals and objectives and confers with Agency administrators to resolve sensitive issues and to improve administrative links between the Executive Office and Agency staff.

CHARGE: Central Indirect Allocation

Special Assistant for All Kids

This position performs highly responsible and sensitive policymaking functions for the All Kids Program. The incumbent monitors and evaluates Agency All Kids program

operations to facilitate the development of new and revised policies and procedures relative to the attainment of Agency goals and objectives and confers with Agency administrators to resolve sensitive issues and to improve administrative links between the Executive Office and Agency staff.

CHARGE: Central Indirect Allocation

Legislative Liaison – Washington D.C.

The incumbent serves as the legislative liaison for the Director with the Federal Government and with special interest groups in Washington, D.C., and represents the Director and the department in contacts with the Governor's office, elected members of the Illinois General Assembly, special interest groups, the Congress of the United States, and federal agencies such as the Department of Health and Human Services relative to Child Support Enforcement and Medicaid programs and strategies. This liaison performs highly responsible and sensitive policymaking functions for the agency's Medicaid and Child Support Enforcement programs and represents the Director in the coordination of agency program policies with all divisions of the agency and with other state and federal agencies.

CHARGE: Non Match

Confidential Special Assistant

The Director's Confidential Special Assistant develops and revises departmental policies, rules, and regulations and serves as the Director's spokesperson, speaking on his/her behalf. The incumbent confers with agency administrators and managers to resolve sensitive issues and to improve administrative links between the Executive office and agency staff. He/She also confers with the Assistant Director and the Deputy Directors on their concerns for the agency.

CHARGE: Central Indirect Allocation

Intergovernmental Affairs Liaison

The Intergovernmental Affairs Liaison is a Special Assistant to the Director. This position's primary function is to develop and establish important and sensitive working relationships and represents the Director and the Department in the coordination of Agency program policies with all divisions of the Agency, with the Governor's Office, with elected members of the Illinois General Assembly, the State's Attorney's Office, the Circuit Clerk, the Attorney General, special interest groups, and with other state and federal agencies. As an Intergovernmental Affairs Liaison, this position encompasses all agency programs.

CHARGE: Central Indirect Allocation

Special Assistant for Long Term Care

The Special Assistant for Long Term Care reports to the director. This position's primary function is to monitor and evaluate Agency Long Term Care program operations to facilitate the development of and to establish and implement new and revised policies, standards, and procedural guidelines for Long Term Care program operations. The incumbent meets with Agency administrators to resolve sensitive long term care issues and to improve administrative links between the Director's Office and Agency staff. As a Special Assistant to the Director, other duties may be assigned that are not restricted to the Medical Assistance Program.

CHARGE: Central Indirect Allocation

Special Assistant for Managed Care

The Special Assistant for Managed Care performs highly responsible and sensitive policy making functions for the Managed Care program, monitors and evaluates agency Managed Care program operations to facilitate the development of new and revised policies and procedures relative to the attainment of agency goals and objectives; meets with agency administrators to resolve sensitive issues and to improve administrative links between the Executive Office and agency staff; establishes and implements policies, standards, and procedural guidelines for Managed Care program operations; develops, establishes, and revises departmental policies, rules, and regulations concerning the Managed Care program.

CHARGE: Central Indirect Allocation

Chief Operating Officer

The Chief Operating Officer performs highly responsible and sensitive policymaking functions for all programs administered by the agency; represents and acts on behalf of the Director in the coordination of agency program policies with all divisions of the agency, with the Governor's Office, and with other state and federal agencies; collaborates with administrative and managerial staff to research and conduct studies; develops important and sensitive relationships and represents the Director and the department in contacts with the Governor's Office, elected members of the Illinois General Assembly, special interest groups, and with other state and federal agencies; and evaluates agency operational policies to ensure effectiveness.

CHARGE: Central Indirect Allocation

Office of Health Information Technology (OHIT). IDHFS applied for and was awarded federal grant funds to develop and implement a statewide health information exchange through the Illinois Health Information Exchange program under the American Recovery and Reinvestment Act of 2009 (ARRA). The Governor of Illinois, Pat Quinn, issued Executive Order 10-01 which created the Office of Health Information Technology (OHIT) in the Governor's Office for the purpose of overseeing the State's development and implementation of health information technology initiatives, including

the creation of a statewide health information exchange. IDHFS and the Office of the Governor have entered into an Interagency Agreement. IDHFS has been designated the executive agency that will receive the grant funds and pay for the administration and development of the Program in Illinois from HFS appropriations.

Charge: Health Information Exchange

The Offices of Legislative Affairs, General Counsel, Information Services, the Deputy Director for Human Resources, and the Assistant Director all report to the Director. Also reporting to the Director are the Administrators' of the Divisions of Finance, Child Support Enforcement, and Medical Programs.

Illinois Department of Healthcare and Family Services Public Assistance Cost Allocation Plan

Organization Narrative – Division of Finance

Division of Finance directs the development, implementation and management of the Agency's budget for all divisions and programs. It works with the Governor's Office of Management and Budget to develop the agency's submission, and with the legislative caucus staff to set appropriations and other legislative priorities. Working with HFS' program divisions, its staff develops cost estimates for agency programs, manages agency cash flow and appropriations, determines the costs of proposed legislation, and develops fiscal policy initiatives. The Division also serves the agency's accounting functions, receipts management, institutional cost report auditing, and program collections. The Division assists the Director with policy development, data requests, and fiscal management in relation to external stakeholders, the Legislature, and communications.

CHARGE: Central Indirect Allocation

Bureau of Budget and Cash Management is responsible for the development, submission, negotiation and monitoring of the department's budget (\$18.5 billion in FY10). The bureau is also responsible for administering fiscal management responsibilities for agency programs. Bureau staff work closely with other departmental divisions, the Governor's Office, the Governor's Office of Management and Budget, General Assembly staffs and other state/federal agencies on issues that impact the agency's budget and operations. The Bureau consists of the following units: Administrative Budget and Cash Management, Medical Budget and Cash Management, Drug Rebate, Child Support Enforcement Expenditure Processing and Reconciliation, and Technical Services.

CHARGE: Central Indirect Allocation

Medical Budget and Cash Management Unit is responsible for the development and monitoring of the medical distributive budget that reimburses medical providers for the services rendered to clients enrolled in one of the Department's Medical Assistance programs (\$14.9 billion in FY10). The unit develops program liability estimates, creates payment cycle plans, monitors daily medical spending and prepares cash flow analyses for 19 funds used in reimbursing medical care. In addition, the unit prepares fiscal impact statements for introduced pieces of legislation impacting the Medical Assistance program.

CHARGE: Supportive Medical Allocation

Administrative Budget and Cash Management Unit has two primary responsibilities. The first is the preparation and monitoring of the agency's administrative budget. This includes headcount monitoring and prior approval of contracts, grants, hiring, out of state travel, and other procurements as well as the preparation and submission of the agency's budget to the Governor's Office of Management and Budget and the legislature. The second function is cash management of administrative funding sources, including the Child Support Administrative Fund and the Medical Special Purposes Trust Fund.

CHARGE: Central Indirect Allocation

Drug Rebate Unit is responsible for invoicing and collecting rebates for the agency's Medicaid prescription drug purchases. For the Calendar Year of 2009, the unit mailed out over 2000 invoices to the 400 plus drug manufacturers that are currently in one or more of our four rebate programs, Federal, Supplemental, Diabetic Aids, and J-Codes. The unit processed over 1,500 checks, totaling about \$470 million during the last year. Since 1991, the unit has collected over \$4.5 billion in rebate payments. The unit is also responsible for the dispute resolution process. The dispute resolution process requires working with Medicaid providers and drug manufacturers to clean up outstanding account balances with the drug manufacturers, which may have occurred for various reasons. The dispute analysts research the balances and determine actions needed to clear the balances.

CHARGE: Supportive Medical

Child Support Enforcement Expenditure Processing and Reconciliation Unit reviews and comments on procurement decision memos and contracts by preparing internal documents, processes all Division of Child Support Enforcement contracts, and prepares and processes all payments for contracts, agreements, and miscellaneous invoices utilizing the Programmatic and Administrative Accounting System (PAAS). The Unit maintains 3 petty cash funds that are used for miscellaneous fees under \$50, reviews telephone bills, and manages Cook County mass transit tokens.

CHARGE: Child Support Enforcement

Technical Support Unit maintains the multitude of systems used to create budget documents, spending plans, and reports. The Unit prepares presentations and materials for briefings and meetings. The Unit also assists in data mining and data management. Further, Technical Support engages in special projects as well as manages the system and computer needs for the entire Division of Finance.

CHARGE: Central Indirect Allocation

BUREAU OF RATE DEVELOPMENT AND ANALYSIS (BRDA) develops, updates and reviews all new rate structures for institutional and non-institutional providers in order to most effectively allocate appropriated revenues and provide increased access to health care for all clients covered by the Medical Assistance programs numerous clients. Additionally, BRDA develops accurate liability estimates for the appropriations administered by the Division of Medical Programs and analyzes historical data, policy changes, demographic movement and various other influences to estimate future liability for all medical distributive lines. The bureau performs complex financial analysis for decision memos, policy initiatives and changes, program changes and state/federal legislation; tracks Medicaid spending and Medicaid enrollees and member months by eligibility groups (i.e., Aid to Aged, Blind and Disabled (AABD), Family Health Plans, Department of Children and Family Services (DCFS) and All Kids, etc.). Significant time and effort is spent performing utilization analysis of the Medical Assistance population in order to determine and predict service usage patterns. This allows management to make informed decisions regarding the most effective use of resources.

The bureau functions as the primary data retrieval and preparation area for most of the Freedom of Information Act (FOIA) requests received by the Department. Also, performing detailed level expenditure analysis for use in rate setting.

The bureau is also responsible for the day-to-day management of the Medical Data Warehouse (MDW) and widely recognized as the central repository of the data and financial analysis subject matter experts within the agency.

CHARGE: Supportive Medical Allocation

Bureau of Fiscal Operations (BFO) processes all contracts, obligations and vouchers, including payroll (except medical payments and child support payments), handles all cash receipts and reporting, and administers the Department's Programmatic and Administrative Accounting System (PAAS).

BFO consists of three operational sections and one administrative support unit. The three operational sections are: General Accounting Section, Receipts and IV-D Distribution Section, and Expenditure Accounting Section. The administrative support unit is the Technical Support Unit.

CHARGE: Central Indirect Allocation

General Accounting Section - This section has 2 units: Financial Analysis & Reporting Unit and Audits and Special Projects Unit

Financial Analysis & Reporting Unit is responsible for the preparation of the Agency's annual GAAP Reports to the Comptroller, preparation of the Agency's annual Financial Statements, monthly fund, receipt and expenditure reconciliation for the Agency, development and/or coordination of the Bureau's responses to internal and external audit reports, and maintenance of the Agency's general ledger and chart of accounts.

Audits and Special Projects Unit Exercises accounting oversight of Child Support receipts and distributions (Key Information Delivery System (KIDS) and State Disbursement Unit (SDU)). This Unit prepares Annual (GAAP), Quarterly (Federal) and Monthly (Financial Statements) reports on the Child Support Enforcement Trust Fund. The Unit also conducts receipt and fund reconciliations for the Child Support funds. Unit staff participates in various workgroups and committees dealing with Child Support issues and provides recommendations on the implementation of new procedures, programs and accounting issues. This Unit assists in BFO with accounting and reporting issues of various HFS programs along with the review, development, implementation and enhancement of PAAS.

CHARGE: Central Indirect Allocation

RECEIPTS AND IV-D DISTRIBUTION SECTION has 3 units: Receipts Accounting Unit, Intake and Deposit Unit, Receipts and IV-D Distribution Accounting Unit

Receipts Accounting Unit The Receipt Accounting Unit is divided into two sub-units: Receipts Processing and Balancing and Transfers.

Receipts Processing Sub-Unit is responsible for the processing of all paper receipts and refunds. Child Support Special Enforcement collections, Drug Rebate, Third Party Liability, Liens and Estates, Hospital Assessments and Long Term Care are just a few of the programs whose receipts are processed.

Balancing and Transfers Sub-Unit reconciles daily deposits with the Treasurer for all funds received and prepares quarterly reports of funds received by computing appropriate state and federal share of such receipts in accordance with federal requirements and completing required statutory transfer of monies.

Intake and Deposits Unit is responsible for sorting and accounting for all monies upon receipt and distributing receipts to the Receipts Accounting Unit for processing. This sub-Unit also processes credit card and e-check payments for Health Benefits for Workers with Disabilities (HBWD), All Kids, Veterans Care Programs, as well as Child Support Enforcement. Beginning in FY10, Hospital Assessment e-check payments are received monthly by this unit. **This unit initiates client refunds and has money moving responsibilities related to account/receivable modifications.**

IV-D Receipts and Distribution Accounting Unit – This unit is divided into two sub-units: IV-D Distribution and IV-D Receipt Accounting/Accounts Receivables.

IV-D Distribution Sub-Unit provides ongoing customer service to the Division of Child Support Enforcement (DCSE), as well as other IV-D and Illinois state agencies. It is also responsible for the ongoing monitoring of the State Disbursement Unit (SDU). The sub-unit processes all non-automated child support payout requests received from DCSE and BFO as well as federal tax pre-offset requests, researches and takes appropriate action on escheated warrants, and all returned (Mercury and Commercial) Comptroller and Interstate warrants, and processes DPA98 requests for lost/stolen warrants through working with DHS local offices, DCSE offices, Office of the Comptroller and the Treasurer's Office.

IV-D Receipt Accounting Sub-Unit/Accounts Receivables reconciles and reports child support monies received by the Department. This includes the preparation of monthly financial statements and quarterly federal collection reports and the development and establishment of all accounting functions necessary for updating and maintaining the Child Support Enforcement Trust Fund. This sub-unit also coordinates the submittal of the quarterly accounts receivable reporting packages to the State Comptroller's Office; initiates procedures for forged warrants (other than Child Support); is responsible for the re-mailing of withheld warrants; for the maintenance of the accounts receivables in PAAS, which includes adjusting for discrepancies with All Kids billing and receivables; and reconciles all agency receivables not in PAAS and then enters monthly summary level totals into the system for receivables.

CHARGE: Child Support Enforcement

CHARGE: All Kids Allocation

CHARGE: Central Indirect Allocation

EXPENDITURE ACCOUNTING SECTION consists of three units: Expenditure Control Unit, Payroll Unit, and Vouchering Unit.

Expenditure Control Unit (ECU) – Responsible for the final audit and authorization of the Agency's commercial payments processed through PAAS. The Unit also performs the final audit of Agency contracts, preparation of a Contract Approval List for the Director's authorization and on-line entry of the authorized contract into the Office of the Comptroller's Statewide Accounting Management System (SAMS). The Expenditure Control Unit acts as a liaison with the Office of the Comptroller for issues related to the commercial payment process and the obligation process for Agency contracts. ECU works jointly with finance bureaus in the establishment and maintenance of spending plans in PAAS for the Medical Assistance Program and various non-appropriated expenditure accounts.

Payroll Unit – Responsible for maintaining the Agency’s employee payroll system: This includes on-line entry of all personnel transactions, group insurance transactions, voluntary and involuntary payroll deductions and all transactions for overtime payments. This Unit maintains the timekeeping system that allows for on-line entry of employee’s attendance with immediate update of Available Benefit Time (ABT) balances. The system also handles numerous types of work schedules, agency sick bank and tracking of tardiness.

Vouchering Unit - Responsible for handling the accounting and administrative functions relating to the receipt, auditing, processing and scheduling of vouchers for payment. These include various other recipient related billings, employee travel reimbursements and direct-billed travel items. The Vouchering Unit acts as the liaison between the Agency and the Comptroller regarding payment tape and vendor issues. The Unit also establishes and maintains the Agency’s commercial vendor file in compliance with the Comptroller’s Statewide Accounting and Management System (SAMS).

CHARGE: Central Indirect Allocation

Technical Support Unit plans, organizes, executes, trains, controls, and evaluates the operations of PAAS, including responsibility for design, development, and installation. The unit also handles all RACE, LAN and PAAS computer security, as well as the ongoing maintenance of PAAS and other accounting sub-systems within the Agency. The Technical Support Unit interfaces with the Office of Information Services (OIS) for PAAS software, hardware, and communication requirements and ongoing system support. The Technical Support Unit provides a help desk for agency-wide PAAS users and is responsible for the coordination of enhancements/modifications to PAAS between all programmatic operational areas within the Agency. The Technical Support Unit is responsible for the design and development of customized application for the Bureau and for training the Bureau’s staff in the use of hardware and software. This Unit also designs, develops and trains staff in the use of all electronic imaging projects within the Bureau.

CHARGE: Central Indirect Allocation

Bureau of Collections is responsible for recovering medical and financial assistance that HFS has expended on behalf of HFS clients from the estates of deceased clients and their spouses, for avoiding HFS payment of medical expenses when a client has other health insurance and for recovering HFS-paid client medical expenses from third parties liable for those payments.

CHARGE: Supportive Medical Allocation

Bureau of Federal Finance is responsible for claiming Federal Financial Participation (FFP) dollars from the U.S. Department of Health and Human Services (USDHHS) and drawing those dollars into the State Treasury. The Bureau serves as a liaison with the U.S. Centers for Medicare and Medicaid Services (CMS) and the Administration of Children and Families-Office of Child Support Enforcement (ACF-OCSE) in matters of federal reimbursement, FFP integrity and quarterly financial-compliance audits.

CHARGE: Central Indirect Allocation

Bureau of Health Finance (BHF) consists of a staff of accounting professionals who perform audits, analysis and supply data for several programs within HFS, and for three other state agencies.

Audits -- BHF performs audits of annual cost reports and financial statements submitted by Medicaid participating facilities in the following provider types: nursing homes, hospitals, facilities for the developmentally disabled and Federally Qualified Health Centers. The audited cost data is entered into computerized databases and used for rate calculation, analysis, monitoring and budgeting.

Financial Analysis -- BHF also assists other bureaus and divisions with financial analysis functions, such as analysis of solvency and financial condition for the provider types mentioned above. BHF staff performs solvency and financial analysis on quarterly reports from Health Maintenance Organizations (HMO's), Managed Care Community Networks (MCCN's) and specialty contractors. Cash flow analysis and financial evaluation is performed on facilities experiencing operating or cash flow problems. Profit analysis and reports are prepared to allow evaluation of the financial status of major provider industries and the related effect of Medicaid on those health care providers. Other areas of analysis relate to supportive living facilities, disproportionate share hospitals, state institutions and Civil Monetary Penalty Act financial analysis for Centers for Medicare and Medicaid Services (CMS) and Illinois Department of Public Health (IDPH).

CHARGE: Supportive Medical Allocation

Illinois Department of Healthcare and Family Services
Public Assistance Cost Allocation Plan

Organization Narrative – Division of Medical Programs

Division of Medical Programs administers the Medical Assistance Program under Titles XIX and XXI of the Social Security Act. The program offers a wide range of medical coverage, including all mandatory, as well as, 27 of 32 optional Title XIX services. The Division reports to the Director's Office. The Division has fourteen bureaus and four Deputy Administrators that report to the Administrator.

CHARGE: Supportive Medical Allocation

OPERATIONS

Bureau of Technical Support serves as a liaison to information systems staff concerning computer information needs, including the development, implementation and operation of the technical aspects of all medical program functions. The Bureau is responsible for the coordination and administration of the Medical Electronic Data Interchange (MEDI) System and assists in the development of technical information data exchanges involving the Medicaid Management Information System (MMIS). The Bureau also administers the Recipient Eligibility Verification (REV) system which allows providers to electronically verify participants eligibility, check claim status, submit claims and submit information on long term care residents.

**CHARGES: Supportive Medical Allocation,
All Kids Allocation**

Bureau of Managed Care is responsible for the development, procurement, monitoring and payment of the majority of contracts within the Division of Medical Programs. Through these contracts, the Bureau administers Illinois' Voluntary Managed Care Program, the Medical Assistance Dental Program and the Department's Peer Review and Quality Assurance Programs. BCM administers the Medical Assistance Pharmaceutical Benefit Program, which includes policy development, drug prior approval intake and review processes and management of the Department's preferred drug list. The Bureau also manages the Illinois Cares Rx Program, which includes policy development, interagency coordination with the Illinois Department of Revenue and customer service. In addition, BCM operates the Health Care Benefits Hotline, manages the Maternal and Child Health Programs and leads the Perinatal Task Force.

CHARGE: Supportive Medical Allocation

Bureau of Administrative Support processes and monitors the Division of Medical Programs' contracts and payment vouchers, oversees the provider enrollment process for all provider types and manages the Department's medical provider database for over 128,000 providers participating in the Medical Assistance Program. The Bureau also initiates and monitors recovery of advance payments; pursues delinquent accounts and initiates collection referrals; maintains computerized medically related accounting systems used to complete various account receivable reports; and provides clerical and technical personal computer support to the Division.

CHARGE: Supportive Medical Allocation

Bureau of Claims Processing is responsible for timely and accurate adjudication of medical claims submitted by providers. After adjudication, invoice schedules are sent to the Comptroller for payment to providers.

CHARGE: Supportive Medical Allocation

Bureau of Pharmacy Services (BPS) is responsible for all aspects of the administration of the Medicaid and **Illinois Cares Rx** pharmaceutical benefits. BPS staff perform the prior approval and refill-too-soon functions, manage the Preferred Drug List, develop and implement pharmacy policy, administer all programmatic aspects of the **Illinois Cares Rx** program, assist pharmacy providers with billing problems related to the NCPDP 5.1 billing format, respond to eligibility and product inquiries from clients and providers and monitor multiple contracts.

CHARGE: Supportive Medical Allocation

PROGRAMS

Bureau of Long Term Care develops State policy and procedures and implements, interprets and enforces State and Federal policies concerning payment of nursing and supportive living facilities. Central office staff develops State Plan amendments; coordinates provider enrollment and enforcement actions and resolves payment problems. The Bureau also completes post-payment audits to assure that paid claims for bed holds were appropriately handled and provides technical support to help facilities achieve regulatory compliance. The Bureau conducts special on-site audits and studies affecting reimbursement issues and a limited number of interim Inspection of Care reviews for qualified providers.

CHARGE: Supportive Medical Allocation

Bureau of Comprehensive Health Services is responsible for processing prior authorizations; providing interpretation and communication on policy, rules and regulations; providing training on billing requirements to hospitals and providers; assisting with billing problems; monitoring weekly expedited payment schedules and special payment processes; issuing quarterly hospital payments; reviewing hardship payment requests; and providing medical expertise in program administration and policy

development, including reviewing/approving medical plans for children in the Technology Dependent Waiver Program.

CHARGE: Supportive Medical Allocation

Bureau of All Kids administers the Federal and State Children's Health Insurance Program, (All Kids). The Bureau processes applications and determines eligibility for families who apply for All Kids. They also determine Medicaid Presumptive Eligibility (MPE), for pregnant women; maintain cases that are approved for specific All Kids plan (Share, Premium or Rebate) coverage; and handle statewide promotion of All Kids.

CHARGE: All Kids Allocation

POLICY COORDINATION

Bureau of Health Benefits for Workers with Disabilities is responsible for the application processing for Health Benefits for Workers with Disabilities. This Program provides Medicaid health benefits to persons up to 200% of FPL. Program participants are expected to pay a premium of up to 7.5% of their gross income for these Medicaid services.

**CHARGE: Special Project Demo Grant
Supportive Medical
Non-Match**

Bureau of Medical Eligibility Policy is responsible for the administration, coordination and interpretation of all administrative policy for Medicaid and Child Support.

CHARGE: Central Indirect Allocation

Bureau of Interagency Coordination is responsible for monitoring Home and Community Based Services (HCBS) waiver programs that are administered by the Department of Human Services, Department of Aging, Department of Children and Family Services and the University of Illinois' Division of Specialized Care for Children. The Bureau works closely with other state agencies to ensure Federal funds are spent appropriately and that Medicaid recipients are safe and receiving required services.

CHARGE: Supportive Medical Allocation

Bureau of Program and Reimbursement Analysis coordinates the development of policy necessary for the operation of the health benefit programs administered by the Department; analyzes the impact of State and Federal legislation on Departmental policies; develops administrative rules and State Plan amendments; and conducts

financial reviews of other State and local agencies administering portions of the Medicaid program to ensure compliance with Federal regulations.

CHARGE: Supportive Medical Allocation

Bureau of Maternal and Child Health focuses on a wide variety of areas including reproductive and maternal health, women's health, children's health including improving birth outcomes and child health status. It administers initiatives and programs to provide services and education to help children have the safest and healthiest start in life and to ensure the health of their moms. The bureau develops and monitors the federally required, external quality improvement program (utilization and quality of care of inpatient services and quality assurance oversight of managed care.

CHARGE: Supportive Medical Allocation