



DONATED FUNDS INITIATIVE

TITLE XX SOCIAL SERVICES BLOCK GRANT

PROGRAM MANUAL

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Prepared by:	
Bureau of Title XX Social Services	
Office of Family Support Services	
Division of Human Capital Development	
400 West Lawrence Avenue, 1st Floor	
Springfield, Illinois 62762	
Telephone: 217-782-0693	
Fax: 217-782-0216	

Web Sites:

Illinois Department of Human Services: <http://www.dhs.state.il.us>

Federal Department of Health and Human Services:

<http://www.acf.dhhs.gov/programs/ocs/ssbg/index.htm>

Federal Office of Management and Budget: <http://www.whitehouse.gov/omb/circulars/>

Statute and Administrative Code Governing the Administration of the Title XX Social Services Block Grant

Federal

Title XX of the Social Security Act, 42 USC 1398 et seq.

Title 45 of the Code of Federal Regulations, Part 96 (45 CFR Part 96)

OMB Circular A-122 Cost Principles for Non-Profit Organizations

OMB Circular A-110 Grants and Agreements with Higher Education, Hospitals and Other Non-Profit Organizations

OMB A-133 Audits of States, Local Governments, and Non-Profit Organizations

State of Illinois Administrative Code

89 Illinois Administrative Code: Social Services, Chapter XX: Department of Human Services, Part 130, Administration of Social Services Program, SubPart A: Title XX Social Services Block Grant Program, and SubPart B: Local Initiative Fund Program

Part 509, Fiscal/Administrative Record Keeping and Requirements

Part 511, Grants and Grant Fund Recovery

Note: Illinois Administrative Code is located on the IDHS website

INTRODUCTION

The **United States Congress** created the Title XX Social Services Block Grant in 1981 as part of the Omnibus Budget Reconciliation Act. Lawmakers believed that by creating the Title XX Social Services Block Grant, states would be able to manage their own programs and respond more efficiently to local needs.

Congress intended that the Title XX Social Services Block Grant funds be directed at one or more of five national goals:

1. Achieving or maintaining economic self-support to prevent, reduce or eliminate dependency;
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
3. Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests or preserving, rehabilitating or reuniting families;
4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care; and
5. Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

The Illinois Department of Human Services (IDHS) is the lead agency for the Title XX Social Services Block Grant Program in Illinois. The IDHS has administrative responsibility to ensure that all federal requirements are met. Mandates include planning, reporting, audit, public participation, and identification of activities that may not be supported with Block Grant funds. A network of state agencies and public and private social service providers utilize the Title XX Social Services Block Grant. The four state agencies that make up the Title XX Social Services Block Grant network include the Department of Children and Family Services, the Department of Corrections, the Department of Human Services, and the Department on Aging.

Within IDHS, the Bureau of Title XX Social Services, Office of Family Support Services is responsible for the administration of the Title XX Social Services Block Grant.

DONATED FUNDS INITIATIVE (DFI)

The State established the Donated Funds Initiative in Fiscal Year 1978 to encourage cooperative social service delivery efforts between local public/private providers and state government. The DFI Program is a “match” program meaning community entities who receive DFI funding must match the DFI funding with locally generated funds. The required match is 25 percent of the total award. The State’s Title XX Social Services Block Grant allocation provides the remaining 75 percent of the total award. Through the use of locally generated funds, services can be expanded without the investment of additional state or federal funds. Examples of matching funds are United Way, local taxes, or certification of expenditures by local governments.

IDHS has **Community Services** Agreements with providers for the delivery of a wide range of services for people who are elderly, people with developmental disabilities, neglected children and adults, children who are at risk, people with physical disabilities, ex-offenders and victims of domestic violence.

IDHS, with the assistance of the state agency network, administers DFI. IDHS receives the appropriated funds and allocates funds for services sponsored by state agencies **through Interagency Agreements**. All DFI Community Services Agreements are between IDHS and the service providers. Through the **Interagency Agreements**, the Department on Aging, and the Departments of Children and Family Services and Corrections: identify service priorities, recommend community-based agencies for funding, and assist IDHS with providing technical assistance to DFI service providers to ensure service priorities are followed.

Within IDHS, the Office of Alcohol and Substance Abuse, Office of Mental Health, Office of Developmental Disabilities, Office of Rehabilitation Services, and Community Health and Prevention identify service priorities and recommend community-based agencies for DFI funding. Staff within IDHS also provide assistance to the Bureau of Title XX Social Services to aid in providing technical assistance to providers.

Providers are reimbursed from the Local Initiative Fund. This fund is part of the annual appropriation to IDHS. For DFI, Requests for Reimbursement with supportive reports are submitted to IDHS at the 100 percent level and reimbursed at 75 percent. Providers/donors contribute 25 percent to meet the matching funds requirement.

The total DFI funding available is projected at an appropriation of \$22,391,700. The state agencies participating in DFI and allocations for the purchase of services are as follows:

Illinois Department of Human Services	\$16,123,350
Illinois Department of Children and Family Services	2,246,175
Illinois Department of Corrections	2,904,825
Illinois Department on Aging	<u>1,117,350</u>
	\$22,391,700

The following is a listing of services funded by DFI. Service definitions and components are further detailed in the Title XX Social Services Block Grant Report and the IDHS Community Services Agreement, Donated Funds Initiative Attachment J.

1. Case Coordination
2. Community Maintenance
3. Comprehensive Youth Development
4. Employability Development

5. Family Support
6. School-Based Health Care
7. Outpatient Treatment
8. Protective Intervention
9. Rehabilitation and Training for People with Disabilities
10. Rehabilitation and Treatment for Substance Abuse
11. Social Adjustment and Rehabilitation
12. Transportation
13. Treatment and Habilitation
14. Unmarried Parents

DEFINITIONS

Following is a listing of terms used throughout the Program Manual that may be of assistance in implementing requirements of the DFI.

1. CARS

The Consolidated Accounting Reporting System (CARS) is the Illinois Department of Human Services' integrated accounting and financial information system. CARS has been customized for IDHS to accomplish the following main objectives:

- Provide the ability to process, track, and report accounting activity.
- Facilitate reporting requirements.
- Facilitate decision-making by IDHS management.
- Offer easy-access windows-based features.
- Interface information from other IDHS systems to record the respective accounting events.

2. Donated Funds Initiative Request for Reimbursement

This is the standard form used to make payments to organizations with DFI Community Services Agreements.

3. Certified Public Expenditures

These are expenditures for social services that are certified as such by a public agency, pursuant to the contractual agreement, in order to be considered as a portion of the State's share of social services expenditures.

4. C-13 Invoice-Voucher

The C-13 Invoice-Voucher is the standard form used by IDHS to make payments to organizations with agreements to provide rehabilitation and treatment for substance abuse services.

5. Community Outreach Plan

The plan which includes a detailed description for notifying the community of the program, hours of operation, and admittance/eligibility requirements into the programs(s) they administer for IDHS. IDHS must approve any publication and distribution of flyers, printed materials and brochures that are part of the IDHS funded program. All contractors must have a referral process that assists program participants with enrollment into public benefit programs such as TANF, Food Stamps, KIDCARE, medical and disability assistance, as well as other resources that address the needs of the population targeted for service. A record of referrals made to and from IDHS must be maintained. This information is to be reported as required.

6. Community Services Agreement

The Community Services Agreement is the standard legal boilerplate used by IDHS and approved by the Illinois Office of the Comptroller to purchase social services from private and public community-based organizations or units of local government. The agreement is signed by the provider and the Secretary of IDHS.

7. Contract Deliverables - Service Activity and Performance Indicator Report

Report which will be completed by service providers quarterly to report the actual numbers of clients served and the actual contract deliverables provided for the quarter and year-to-date. In addition, the report summarizes performance indicators that measure the degree to which providers have achieved their identified program goals. This report is shown as Exhibit II.

8. DFI Attachment J

The Donated Funds Initiative (DFI) Attachment J serves as an attachment to the Community Services Agreement and sets forth supplemental contractual obligations. The Attachment provides contractual requirements beyond and in addition to those in the Community Services Agreement. It is intended to address the programmatic areas of DFI.

9. Fee for Service

DFI is a fee for service program for which the payments are made on the basis of a rate or allowable actual cost incurred and is based on a statement or bill as required by IDHS.

10. Group Service

Group service is any activity, therapy, counseling, or regimen of treatment involving a participant to a counselor ratio greater than 1:1.

11. Individual Service

Individual Service is any activity, therapy, counseling, or regimen of treatment involving a participant to a counselor ratio of 1:1.

12. In-Kind Contributions

The value of non-cash contributions provided for directly benefitting the program. In-kind may consist of donated services, goods, property and equipment.

13. Minority Seniors Report

Public Act 88-0254 requires the Illinois Department on Aging (IDOA) to prepare an annual report on all programs and services provided to “Minority Senior Citizens” to the Governor and the General Assembly. The IDHS, along with other state agencies, must submit information on program/service participation of minority senior citizens to the IDOA. At the end of the fiscal year, the Department will ask each provider to report these statistics on the persons served through the DFI program during the fiscal year.

For the purposes of this report, the definition of a senior citizen is a person 55 years of age or older. The reporting categories are African American, Hispanic, Asian American, American Indian or Alaskan Native and Caucasian (Caucasian category included for comparison purposes).

14. Outcomes

Outcomes are the expected benefits or changes for individuals who in the DFI services. Changes or benefits may be measured by pre or post surveys, questionnaires and participation in service sessions.

15. Outputs

Outputs are the direct products of program activities. Outputs produce desired outcomes for DFI program participants, i.e., number of parenting classes, number of counseling sessions, number of transportation trips, number of job training classes, number of participants served.

16. Performance Indicators

Performance indicators measure the degree to which providers have achieved their identified program goals.

17. Program Plan

The DFI program plan details the program services, deliverables, and budget that providers will implement for the DFI. The provider is required to comply with all of the conditions and provisions of the program plan. The program plan is referenced as an exhibit to the DFI Attachment J, Community Services Agreement.

18. Provider

A provider is a public or private community-based organization under a contractual agreement with the Illinois Department of Human Services to deliver specific social services to a target population.

19. Public Agencies

A public agency is one which is created by an act of law.

20. Service Activities Report

Report which will be completed by service providers quarterly to report the actual numbers of clients served and the actual contract deliverables provided for the quarter and year-to-date.

21. Title XX Social Services Block Grant Projected Expenditure Report
Title XX Social Services Block Grant Expenditure Report

Two of the Federal requirements that Illinois must meet in order to receive the Title XX allocation is to submit two reports. The Title XX Social Services Block Grant Projected Expenditure Report must be submitted to the Federal Department of Health and Human Services thirty (30) days prior to the beginning of the state fiscal year, July 1. The report is the State's plan for social services provided under the Title XX Social Services Block Grant. The report projects the number of clients to be served, expenditures to be incurred, and describes each service and target population.

The Title XX Social Services Block Grant Expenditure Report must be submitted six (6) months after the end of the state fiscal year or prior to the beginning of the new fiscal year. The Expenditure Report provides the actual number of clients served, expenditures, and services provided.

22. Total Award

The total award for the Donated Funds Initiative is comprised of two parts, the required 25% match amount and the state's 75% funding commitment. The matching funds must be identified first before the state commits to funding. The Total Award is also referred to as the 100% level of funding.

23. Sponsoring State Agency

Four state agencies sponsor providers that participant in the Donated Funds Initiative. The providers serve the target population and provide the services that coincide with the mission of the state agencies. The agencies are the Department of Human Services, Department on Aging, Department of Corrections, and Department of Children and Family Services.

POLICIES AND PROCEDURES

IDHS, with the assistance of the Departments on Aging, Children and Family Services, and Corrections that sponsor DFI programs, has the responsibility to review provider service need and performance, service outcomes, service documentation, and fiscal accountability. Following are basic policies and procedures of IDHS.

A. Eligibility Determination

To be eligible for social services provided under the Title XX Social Services Block Grant, it must be determined and documented that the applicant is in need of a particular service and that the provision of the service will assist the participant in meeting that need. In addition, there should be a reasonable expectation of the participant attaining the service goal at the conclusion of the service period.

Each state agency has specific priorities for service and categories or characteristics of individuals to be served which are generally defined by state law and/or agency mission statements. Within these priorities, each state agency defines specific eligibility for particular services which are included in the Title XX Social Services Block Grant Projected Expenditure Report. The eligibility criteria for the Block Grant services must be consistent with standards established by the state agency. Each service provider must document in the case record that applicants are eligible for a particular service. The eligibility documentation must be maintained in the participant case record and address the following:

- The individual(s) is in need of the service.
- The individual(s) will benefit by receiving the service.
- The individual(s) meet the conditions for eligibility as defined by the sponsoring state agency and included in the Projected Expenditure Report for the Title XX Social Services.
- TANF Eligibility. For those services reported to Temporary Assistance for Needy Families, the family income of the children and adults served must be at or below 200% of poverty.

B. Fees

Only one service provided through the Title XX Social Services Block Grant has fees associated with service delivery. This service is child care for children. All participants receiving child care services must be assessed a fee according to the fee schedule in effect for these services. Guidelines for fees and fee policy are outlined in the Title 89 Illinois Administrative Rules and detailed in the Title XX Social Services Block Grant Projected Expenditures Report. Child care services are administered by the Bureau of Child Care and Development.

C. Case Records

Service providers under the Title XX Social Services Block are responsible for keeping the following information in the case record of the individual for whom service is being provided:

1. Name
2. Address
3. Birth Date
4. Social Security Number
5. If the participant receives Temporary Assistance for Needy Families (TANF)
6. The type of service given
7. Documentation of the provision of individual and group counseling sessions, i.e., dates of service, amounts of time, narrative description of what took place during the session, and who provided the service, outcomes, etc
8. Attendance records - if the participant is in a residential setting or daily routinized service program
9. If eligibility for an applicant is based on the need for protection, the case record must also contain the written, dated statement specifying the nature of the need for protection and the reasons (intake records and investigative reports).

10. Intake, assessment of service needs, reassessment of service needs, and a service plan
11. Indication of eligibility status
12. Documentation that the applicant was notified of ineligibility
13. If found ineligible, an indication that the applicant was advised of the right to a fair hearing related to the disposition of the application for service.
14. Documentation of the applicant's consent to release information
15. More specific documentation may be required depending upon the service provided. Refer to Community Services Agreement, Attachment J, Program Services.
16. The provider should document linkages and coordination of service delivery with other service providers to ensure that the needs of the individual are met. (The provider's service system must build on the assets of each individual served by increasing the capacity to achieve and maintain self-sufficiency to the maximum extent possible.)
17. Providers must develop and maintain a working agreement with their local Illinois Department of Human Services (IDHS) Family and Community Resource Centers (formerly called IDHS Local Office) which details the referral process for IDHS services that are appropriate for the target population including, but not limited to, the Food Stamp Program, Assistance to the Aged, Blind and Disabled, Housing, etc. Providers must maintain a record of referrals made to and from IDHS.
18. Certain types of services may not lend themselves to documentation by case records. Examples are presentations to the public and transportation. Other methods of documentation may be used.

D. Fiscal/Administrative Record Keeping

The Provider must have established current administrative policies and procedures for agency operations, agency Board structure and function, personnel, and fiscal operations. These policies and procedures should be consistently applied, up to date, and reflect current agency practices. The Provider is expected to maintain policy and procedures in a manner that ensures compliance with 89 Illinois Administrative Code, CH. XX, Part 509.

CONTRACT AND AMENDMENT PROCEDURES

A. Community Services Agreement

To provide social services through DFI, providers must have a fully executed set of documents that have been approved and signed by the Secretary of the IDHS. The Community Services Agreement is between IDHS and the provider and is the legally binding document to implement services consistent with all the agreement attachments which delineate the duties and responsibilities of the provider under the laws of the State of Illinois. One Community Services Agreement may cover a number of different IDHS Programs as the result of the Department's efforts toward consolidation. The Donated Funds Initiative Program Attachment is an attachment to the Community Services Agreement and sets forth supplemental contractual obligations between the provider and IDHS. The attachment provides contractual requirements beyond and in addition to those in the Community Services Agreement and is intended to relate to the programmatic areas of the Office of Human Capital Development, Bureau of Title XX Social Services, Donated Funds Initiative.

All providers must have an approved DFI program plan on file with the Bureau of Title XX Social Services. The program services, contract deliverables, and budget are detailed in the approved DFI program plan. As Part of the DFI Attachment, the program plan is referenced as an Exhibit. Any changes during the contract period require prior IDHS approval.

During the spring of each year, the Bureau of Title XX Social Services reviews existing Community Services Agreements to determine program funding levels for the next fiscal year subject to the availability of an approved state appropriation and the availability of federal funds for the purpose outlined in the agreement. The Bureau will **send** the agreement, funding revision form, or Attachment to the agreement, depending on IDHS procedure, to the provider for review and signature, obtain the IDHS Secretary's signature, and return a copy of the executed agreement and attachments to the provider. Bureau staff carefully review each program plan using a program plan checklist. If the program plan does not adequately address the DFI program requirements, staff will contact the provider and provide technical assistance to obtain the required information.

B. Agreement Amendment

An amendment is required when there is a change in the program plan that has been approved by IDHS. The changes to the program plan may cover services, service delivery, deliverables and the budget. The provider must contact IDHS to discuss the proposed changes and to determine if an amendment is necessary. The provider will prepare the amendment and supporting documentation for IDHS approval. All agreement amendments must be submitted to the Bureau at least thirty (30) days prior to the proposed effective date and thirty (30) days before the end of the Agreement period (June 30). Processing time required by IDHS should be taken into consideration.

DELIVERABLES/COSTS/PAYMENT

A. Deliverables

All providers must have an approved Program Plan on file along with their Agreement with the Bureau of Title XX Social Services. The program services, deliverables, outcomes, and budget are detailed in the approved plan. The contract deliverables are identified in the Contract Addendum of the Community Services Agreement and the approved DFI Program Plan. The provider is required to comply with the contract addendum and the program plan and provide the services outlined. Any changes to the Program Plan must be submitted in writing and approved by the Bureau prior to implementation.

Failure to provide a completed Program Plan by the date specified by the Department will result in payment suspension. The Provider will receive written notification of the suspension and given an opportunity to provide the requested information. If the Provider does not contract the Department within 30 days from the date of the written notification the Department will initiate action to terminate the Agreement. The Provider will receive written notification of the Department's intent to terminate the Agreement.

B. Payment

Payments occur after documentation has been received by IDHS. Payments made as a fee-for-service are not subject to the Illinois Grants Recovery Act (30 ILCS 705 et.seq.). Except for providers of rehabilitation and treatment for substance abuse services, providers request monthly reimbursement using the Donated Funds Initiative Request for Reimbursement form which is also utilized to verify or certify the required match. Providers of rehabilitation and treatment for substance abuse services continue to use a C-13 Invoice Voucher and Verification of Donation IL444-2715 to request reimbursement. All forms be completed properly and must be signed or they will not be processed. Facsimile signatures are acceptable.

The basis for the reimbursement for all other providers is line item costs. Costs that are not in the approved budget should not be reported to IDHS as they will not be reimbursed. Also, costs and services in excess of the contracted amount are not reimbursed. Budget revisions may be requested as detailed in the Program Budget section.

The Donated Funds Initiative Request for Reimbursement Form, or the C-13 Invoice-Voucher and Verification of Donation IL444-2715 IDHS are submitted by the Provider upon completion of service. The Provider must accurately complete and submit billings within 30 days of the end of the month for which payment is being requested. Payment requests which are not completed correctly or are not signed will be returned to the provider. Facsimile signatures are acceptable.

C. Payment Suspension

Providers must submit accurate and timely service and fiscal information that is traceable to records. Payments will be suspended if required information is not received as specified by IDHS in a timely manner and in the proper format. Providers will receive written notification of payment suspension and given an opportunity to resolve issues prior to the suspension of payments.

If the Provider does not contact the Department within 30 days of the date of the written notification, the Department will initiate action to terminate the Community Services Agreement. The Provider will receive written notification of the Department's intent to terminate the Agreement.

D. Service Claims

Service providers are required to define the activities that constitute services and document the services delivered to support their monthly expenditure claim. The services, as defined in the Program Plan, consist of a staff hour or day in the program (residential programs only). Documentation should demonstrate a benefit to the participant and be consistent with the Title XX Social Services Block Grant service definition.

Services documented should reflect only the actual service time. Time spent writing narratives may be counted as service time if it is reasonable. For example, if the service is provided for 47 minutes and it takes 10 minutes for the case note, a service may be claimed. It is important not to separate write-up time from the service time.

Unsuccessful attempts to contact the participant are not services. Conversely, services for a participant should not be to the point of excessiveness. Staff development should not be claimed as services.

E. Individual Services

Individual service is any activity, therapy, counseling or regimen of treatment involving a participant to a counselor ratio of 1:1. Documentation of the services should reflect the amount of staff time required to provide the service including a reasonable amount of write-up or preparation time.

F. Group Services

Group service is any activity, therapy, counseling or regimen of treatment which involves a participant to a counselor ratio greater than 1:1. As reimbursement for services in most cases is based upon cost of delivering services, documentation of these services should reflect the staff time involved in service delivery. It is not appropriate to document for each group participant the total staff time involved.

G. Units of Service Reimbursement – *Rehabilitation and Treatment for Substance Abuse Service and Approved Residential Service Providers Only.*

For programs funded on an ongoing basis, unit rates and the number of units should remain constant from the previous fiscal year unless there is a cost of living increase, change in service, or renegotiation of the unit rate. Changes of service must be identified in the program plan and explained in detail.

When individual services are being provided, unit rates are based on "participant time." This rate can only be utilized when there is a participant to a counselor ratio of 1:1.

Group or staff time rates are used to provide an equitable method of billing service units when services are provided in groups. When group services are being provided the unit rates are based on "group time." The group time rate takes into account the average group size. This rate can only be utilized for group services.

A "staff time" rate may be utilized as a basis for reimbursement instead of the participant time and group time rates. The basis for the rate, i.e., individual time, staff time, group time, should be shown on page 2 of the DFI Program Plan.

The basis for reimbursement selected should take into consideration the provider's method of service delivery. In requesting reimbursement, it is important for the provider to adhere to the selected basis of reimbursement as stated in the program plan, otherwise, improper billing may result.

Units delivered in excess of the contracted level are not reimbursable unless funding is available and a formal amendment is approved by IDHS. If it is determined that the delivered units will be less than the contracted units (by at least 10%), a formal amendment may also be needed to reduce the contract.

For programs that have an approved residential treatment day unit of service, reimbursement will be negotiated with IDHS. The program plan will clearly define the residential treatment program, contract deliverables, and cost.

H. Cost Reimbursement

Actual cost reimbursement will be based on the submission of invoice vouchers reflecting monthly costs. Service activities and expenditures must support the provider's claim for reimbursement and be traceable to source documentation on file. Reportable service activities should demonstrate a benefit to the participant and be consistent with the Title XX Social Services Block Grant service definitions and the goals established for the program participant. IDHS will negotiate service activities and the reporting format for these activities. At a minimum, service reporting will include the type and quantity of service activities provided to DFI participants. There must be a direct correlation between the quantity of services delivered and the level of reimbursement requested.

I. Match Requirement

Funding under the DFI program is contingent upon providers having a commitment from **local sources (donors)** for 25% of the total award (100 %) or certifying 25% of expenditures if the Provider is a public agency. The 25% match may be all cash or up to 10% (of the 100% or total award) cash and up to 15% (of the 100% or total award) in-kind contributions. The DFI Community Services Agreement is issued at the 75% level of the total award. Match is calculated based on one of the following methods identified in the following examples:

The DFI Agreement is \$100,000, the provider must divide the \$100,000 by 75% (.75) to compute the total award (100% level), which is \$133,333 (required match and requested DFI funding). That amount multiplied times 25% (.25) is \$33,333 (the required match).

Another way to compute the match is to take the DFI agreement amount of \$100,000 (75% of the total award) and divide it by 3, which is \$33,333 (the required match amount). It is recommended that the match be calculated by both methods as an added check and balance. The 75% figure and the 25% figure should always equal the 100% figure (the total award amount). IDHS never pays more than 75% of a DFI total award.

In order for the State to pay its 75% share of the Request for Reimbursement, the provider must first have on hand the 25% required match amount. The Donated Funds Initiative Request for Reimbursement form is the document used to request reimbursement and verify the required match. Instructions for completing the Donated Funds Initiative Request for Reimbursement form are found under Billing Instructions.

To receive DFI funding, the provider must meet the 25% match requirement in one of two methods. The provider's match requirement is specified in the approved program plan.

1. Donation Certification - For providers that receive cash donations and certify in-kind contributions, the provider must, on their DFI Request for Reimbursement form, indicate the amount of donation that has been transmitted to the provider and that the donation is documented in the accounting records prior to the request for reimbursement. Providers may also be their own donor.
2. Certified Expenditures - For providers that are public agencies, such as local units of government or public universities, the providers must, on the Donated Funds Initiative Request for Reimbursement form, certify that the matching requirements have been met through the documentation of 100% of the program expenditures.

PROVIDER RESPONSIBILITIES

A. Audit Trail

The fundamental requirement that must be met by service providers is that reporting and record keeping systems be organized in such a manner that logical progression from service provision to payment for the service can be readily ascertained. This constitutes an audit trail.

The organization of records must be such that any and all reports can be reconstructed and traced back to primary source documents. There are five major areas in which records must be maintained to validate service claims. They are participant eligibility determination, participant eligibility redetermination, service delivery, measurable participant outcomes, and service costs. There are numerous types of records that constitute primary source documentation in the above five areas. The following represents examples, but not a complete listing, of primary source documentation:

1. Approved applications/or request for service forms, confirmation forms and any other documents on which participant eligibility information is recorded. This primary source documentation must be maintained in the participant case record. Provisions must also be made to document continuing eligibility.
2. Needs assessment and goal establishment for new and continuing participants.

3. Service Delivery Records

Casework notes, participant attendance records or time cards, counselor time sheets, monthly logs to summarize service billing on the C-13 Invoice Vouchers or Reimbursement Requests, service reports approved by IDHS, and any other documents which indicate for each individual participant:

- the type of service received
- the dates service received
- the units of service received
- narrative of service contact or appropriate service code and service activity.

These should be maintained in chronological order in the participant's case record and should support all services reported to IDHS. Narrative descriptions should describe the service interaction. The length of the narrative should be appropriate for the length of time providing the service. Services provided to more than one individual at the same time should be recorded as group service. A listing of each participant, date, service time, and a narrative summary describing the activity should be recorded on a group form in each participant's file or in a separate group file.

Group hours are recorded and reported on the basis of the staff's time. For example, if 20 clients participate in a one hour session with two staff, only the staff time or two hours would be recorded and reported unless otherwise detailed in the Program Plan and approved.

4. Contract Deliverables/Service Activity/Performance Records

IDHS establishes, through the DFI program plan and contract addendum, contract deliverables for the DFI funded services. The records maintained by the Provider must document the type and level of service activities and the outcome of the service goals. Providers are required to maintain records and report necessary information on a quarterly basis. From this information IDHS will monitor provider performance throughout the fiscal year. At the conclusion of the fiscal year, the Provider's overall performance will be evaluated on an actual versus contracted basis.

5. Cost of Service Records

These records include, but are not limited to, payroll registers or payroll ledgers, employee time records, appropriate in-kind documentation, canceled checks, bank statements and reconciliations, cash receipt and disbursement journals, general ledger accounts, purchase of service invoices, agreements, cost allocation plans and work papers and any other records to determine the cost of the service. These should be maintained in the fiscal records of the service provider to support line item costs reported to IDHS.

6. Matching Records

Documentation must indicate the source(s) of local 25% match (cash and/or in-kind), and that the match was received directly into the program or expenses were certified by public agencies. The documentation must verify that the match was received prior to submitting a request for payment.

7. IDHS requires that providers maintain a separate revenue/cost center for each DFI program. An acceptable, well-maintained and up-to-date accounting system includes bank reconciliations, a trial balance, separate identification of program expenses in accounting books of entry, i.e. separate revenue/cost centers for each DFI program, justification for allocations, segregation of duties for internal control, and written, detailed administrative policies and accounting procedures.

8. Agency Audit Report According to Federal and State rules

The State's 75% reimbursement to DFI providers are Federal funds from the U.S. Department of Health and Human Services. The Catalog of Federal Domestic Assistance number is 93.667. Two provider audit reports must be submitted to IDHS within 120 days after the end of the contract period.

B. COMMUNITY OUTREACH PLAN

All contractors must have a community outreach plan. This plan must include a detailed description for notifying the community of the program, hours of operation, and admittance/eligibility requirements into the DFI funded program(s). Linkage agreements or memorandums of understanding with other community services agencies, IDHS Family and Community Resource Centers (local offices) and other outreach entities must be available for inspection by IDHS. IDHS must approve any publication and distribution of flyers, printed materials and brochures that are part of the IDHS funded program. All contractors must have a referral process that assists program participants with enrollment into public benefit programs such as TANF, Food Stamps, KIDCARE, medical and disability assistance, as well as other resources that address the needs of the population targeted for service.

C. Reporting Requirements

In addition to basic record keeping requirements, certain service and fiscal reports must be submitted. If reports are not received in a timely manner and arrangements are not made for the submittal of reports by an approved date, payment will be withheld until reporting requirements are satisfied. The Provider will receive written notification of payment suspension and be provided the opportunity to resolve reporting issues.

If the Provider does not contact the Department within 30 days from the date of the written notification, the Department will initiate action to terminate the Community Services Agreement. The Provider will receive written notification of the Department's intent to terminate the Agreement.

1. Expenditure Reporting

With the exception of the Rehabilitation and Treatment for Substance Abuse service providers and approved Residential Services Treatment providers, each provider is required to submit monthly expenditure data. Expenditure data must be reported on the Donated Funds Initiative Request for Reimbursement form. Monthly expenditure data must be reported by the 30th day after the end of the service month.

Rehabilitation and Treatment for Substance Abuse service providers and approved Residential Treatment providers must report quarterly expenditure data on the Providers Detailed Statement of Cost IL444-1946. The quarterly expenditure report is due within 30 days after the end of each state fiscal year quarter: October 30, January 30, April 30 and July 30.

Instructions for completing the Providers Detailed Statement of Cost IL444-1946 and the Donated Funds Initiative Request for Reimbursement forms are detailed in the Billing Instructions section.

2. Quarterly Reporting for Contract Deliverables - Service Activity and Performance Indicators

Each provider is required to submit a quarterly Contract Deliverables- Service Activity and Performance Indicator report. The report details the actual numbers of clients served and the actual contract deliverables provided for the quarter and year-to-date. In addition, the report summarizes performance indicators that measure the degree to which providers have achieved their identified program goals. Note: Mental Health, Developmental Disabilities, and Rehabilitation Services providers are not required to complete the performance indicator section of the report. The Contract Deliverables - Services Activity and Performance Indicator Report and Instructions is included in Exhibit II.

Quarterly reports are due within 30 days from the end of the quarter, October 30, January 30, April 30, and July 30. If reports are not received in a timely manner and arrangements are not made for the submittal of reports by an approved date, payment will be suspended. Providers will receive written notification of payment suspension and will be provided the opportunity to resolve reporting issues.

3. Annual Final Report

At the conclusion of each fiscal year, each provider is required to submit an Annual Final Report. This report must be submitted in a format approved by IDHS. As IDHS maintains year-to-date statistics for expenditures from Reimbursement Requests and Contract Deliverables - Service Activities and Performance Indicator report, the report may be limited to information not available on previously submitted reports.

The Final Program Report will be mailed to providers by the end of May of the current State fiscal year. The Annual Final Report is due within 30 days subsequent to the end of the State fiscal year.

4. Minority Seniors Report

Public Act 88-0254 required the Illinois Department on Aging (IDOA) to prepare an annual report on all programs and services provided to “Minority Senior Citizens” to the Governor and the General Assembly. IDHS, along with other state agencies, must submit information on program/service participation of minority senior citizens to the IDOA. At the conclusion of the fiscal year, the provider is required to report this information to the Department. The approved report is shown as Exhibit VIII.

For the purposes of this report, except for IDOA sponsored providers, the definition of a senior citizen is a person 55 years of age or older. The reporting categories are African American, Hispanic, Asian American, American Indian or Alaskan Native and Caucasian. The Caucasian category is included in the report for comparison purposes.

IDHS reserves the right to negotiate other reporting requirements at any time during the Community Services Agreement period. Providers will receive written notification of any additional requirements.

D. Confidentiality

Providers must observe State and Federal laws and regulations with respect to safeguarding the use and disclosure of information on applicants for and recipients of services. Such disclosures are permissible under regulations only for purposes directly connected with the administration of the program:

1. To establish eligibility.
2. To determine service need and fee assessment.
3. To provide service.
4. To meet sponsoring agency and lead state agency reporting requirements.
5. To conduct official reviews, evaluations, management studies, audits of the program.
6. To certify Temporary Assistance for Needy Families participants' status to an employer for tax credit purposes.
7. To establish income for Illinois' Temporary Assistance for Needy Families claiming.
8. To aid in any investigation, prosecution, or legal proceeding regarding administration of the program.

IDHS maintains the right to request and use any of the above information to support its claim for federal reimbursements as it deems necessary. In such

circumstances, IDHS will exercise utmost caution to preserve the integrity of all confidential documentation.

The types of information that the Federal regulations consider as within the purview of the safeguarding requirement include, but are not limited to:

1. Names and addresses of applicants or participants.
2. Types and amount of assistance a particular individual applies for or receives.
3. Information related to the social and economic circumstances of a particular individual.
4. Evaluation or diagnosis of a particular individual.

The release of any information included under the safeguarding requirement, unless otherwise authorized by the applicant/participant in writing, may only be to persons who are subject to standards of confidentiality no less rigorous than those of the releasing agency.

E. Record Retention

The State requires providers through the Community Services Agreement to retain program records connected with their participation for a minimum of five (5) years from the later of the date of final payment or the expiration of the Agreement.

DEPARTMENT RESPONSIBILITIES

IDHS' Bureau of Title XX Social Services' role as the administrator of DFI is to focus on the following goals:

- Ensure that services reach the targeted population.
- Ensure that services are not duplicative of services already provided by IDHS.
- Ensure that services are integrated with other services offered through IDHS.
- Ensure that efforts are made to fully utilize available resources to meet the needs of the citizens of Illinois
- Ensure that, if necessary, services are changed or redefined.
- Ensure that the expenditures for services are efficient, effective, and follow State and Federal laws and regulations.

In order to ensure that DFI provides needed social services effectively and efficiently to Illinois children and families, the Bureau's objectives include:

1. Implement legislative directives for the use of the appropriated funds including the annual agreement and program plan process. This includes the review of the DFI program plan and budget, the agreement amount, the service definition and unit rate, if applicable, and prepare contract approval documents.
2. Process 2,600 Donated Funds Initiative Request for Reimbursement forms submitted annually. Prepare and establish all necessary documentation to post payments to the Consolidated Accounting and Reporting System (CARS) for provider reimbursement. Follow-up with providers to obtain missing information or to clarify incorrect information.
3. Conduct desk review and on site monitoring reviews to assess the quality and compliance of program operations in accordance with the approved agreement and program plan.

4. Maintain expenditure controls and analysis of the DFI providers. Which includes review of monthly spending reports and quarterly expenditure reports to determine if providers are spending funds logically. If necessary, discuss any concerns with providers to ensure no problems are occurring with the provision of services and/or the completion of required reports.
5. Provide ongoing program and financial technical assistance to providers regarding service provision and client participation, reporting requirements, performance outcomes, and documentation requirements.
6. Provide ongoing program and fiscal technical assistance to intra-departmental staff or sponsoring state agencies in accordance with the DFI Program Manual, the Title XX Social Services Block Grant Annual Reports, and the Federal regulations.
7. Perform analysis and compile performance indicator information for the IDHS' Office of Strategic Planning and Performance Management.
8. Monitor the cost of providing services to determine if they are reasonable for the services delivered.

BILLING INSTRUCTIONS

Providers request monthly reimbursement using the Donated Funds Initiative Request for Reimbursement Form, or the Form C-13 Invoice Voucher or the Verification of Donation IL444-2715. The Verification of Donation form is not applicable for public agencies. More detailed instructions for billing are found on Exhibits I, III, IV, and V. Reimbursement is through either of two methods: unit rate or cost of service. The only providers that are reimbursed on the unit rate are those that provide Rehabilitation and Treatment for Substance Abuse services and approved residential service providers. All other providers are reimbursed on the basis of cost of service.

Funding under the DFI program is contingent upon a provider having a commitment from donor(s) for 25% of the amount of the total award (100%) or certifying 25% of expenditures if a public agency. A provider may also be their own donor. A minimum 10% (of the total award or 100% amount) cash match is required. In-kind contributions may be up to a maximum of 15% (of the total award or 100% amount). In order for the State to pay its 75% share of the Request for Reimbursement, the provider must have on hand the 25% share of that voucher from the donor. The Donated Funds Initiative Request for Reimbursement form or the Verification of Donation form are the documents used to verify the 25% donation.

A. Unit of Service Reimbursement - *Rehabilitation and Treatment for Substance Abuse Providers and approved residential service providers Only.*

When billing using this method, two forms should be completed; the C-13 Invoice Voucher and the Verification of Donation IL444-2715 (This form is not applicable for public agencies). The following guidelines should be followed when preparing the C-13 Invoice Voucher.

1. Prepare the voucher for 100% of the monthly requested amount, i.e., 1000 units @ \$5 each = \$5,000 (100%). See Attached Instructions.

2. The amount of donation required is equal to or greater than 25% of the requested amount rounded to the nearest dollar, i.e.:
$$\begin{aligned} \$5,000 \times 25\% &= \$1,250 \text{ - or -} \\ \$1,000 \times 25\% &= \$250 \text{ - or -} \\ \$307.75 \times 25\% &= \$77 \text{ - or -} \\ \$161.31 \times 25\% &= \$40 \end{aligned}$$

3. The donation must be on hand at the provider agency prior to submitting the monthly C-13 Invoice-Voucher.

4. A properly completed Verification of Donation form must be attached to each C-13 Invoice-Voucher submitted for payment. If no verification is included with the voucher, payment cannot be made unless expenditures are being certified by a public agency. See Attachment III, C-13 Invoice Voucher and Attachment IV, Verification of Donation Instructions. Supplemental information may also be requested to support program performance.

B. Cost of Service Reimbursement

When billing using this method, complete the Donated Funds Initiative Request for Reimbursement form following these instructions:

1. Prepare the Donated Funds Initiative Request for Reimbursement form for 100% of the requested amount using the total of the program costs. See Exhibit V for instructions.

2. The amount of donation required is equal to or greater than 25% of the requested amount rounded to the nearest dollar, i.e.:
$$\begin{aligned} \$5,000 \times 25\% &= \$1,250 \text{ - or -} \\ \$1,000 \times 25\% &= \$250 \text{ - or -} \\ \$307.75 \times 25\% &= \$77 \text{ - or -} \\ \$161.31 \times 25\% &= \$40 \end{aligned}$$

3. The donation must be on hand at the provider agency prior to submitting the monthly voucher.
4. In-kind contributions should be verifiable and documented in the provider's records, not be included as contributions or expenditures for any other federal program, and be necessary and reasonable. It is preferred that in-kind contributions be related to direct services. Examples of in-kind contributions are direct services provided by volunteers, donated program supplies, and facilities and equipment to be used in service provision.

Volunteer services furnished by professional and technical personnel, consultants, and other skilled and unskilled labor may be counted if the services is an integral and necessary part of the service. Rates for volunteer services should be consistent with those paid for similar work in the agency. In instances in which the required skills are not found in the agency, rates should be consistent with those paid for similar work in the labor market. Fringe benefits that are reasonable, allowable, and allocable may be included.

When an employer other than the DFI provider furnishes the services of an employee, the services should be valued at the employee's regular rate of pay and fringe benefits provided these services are the same skill for which the employee is normally paid. Donated supplies, such as expendable equipment, office supplies, workshop and classroom supplies, shall be reasonable (i.e., cost basis) and not exceed the fair market value at time of donation. The value of donated space should not exceed the fair rental value of comparable space. The basis for determining the valuation for personal service, material, equipment, and facilities should be documented in the provider's records.

For in-kind contributions not addressed by these guidelines, it is recommended that the provider contact Bureau of Title XX staff for clarification.

5. The Donated Funds Initiative Request for Reimbursement form must be signed by an authorized representative of the Provider and dated. The form includes language that certifies that the 25% match requirement has been met by the provider. If the form is not signed payment cannot be made. Supplemental information may also be requested to support program performance.

PROGRAM MONITORING

The purpose of monitoring social service programs is to enhance services and strengthen the overall compliance of provider service networks with the governing regulations and policies. By pursuing this objective, the potential for future deferrals, disallowance, or adverse audit actions can be reduced. Monitoring also provides an effective early warning mechanism that identifies problem areas and motivates IDHS and the provider to take corrective actions that may avoid adverse contractual sanctions.

Monitoring is the process used to conduct an on site review of the provider's general operating procedures and fiscal and service records to determine adherence to the IDHS Community Service Agreement requirements, the DFI Administrative Rules and Program Manual. Broadly stated, monitoring includes: the review of service records for documentation of the request for service and application, the determination of eligibility for client participation, development of a service/treatment plan with established goals, evaluation of progress toward meeting the established service goals, review of fiscal records to verify supporting documentation for reported program expenditures, and a review of the provider's general operating procedures to assess the provider's oversight of the DFI funded program.

Monitoring is also conducted for the purpose of assessing the provider's oversight of the funded program and to determine the appropriateness of the services provided in comparison to the service categories approved within the DFI Program Plan.

A. Monitoring Review Objectives

The objectives for a monitoring review are as follows:

- | | |
|---------------|---|
| Objective I | Review the agency's administrative oversight of the program and determine if the provider establishes general operating procedures that allow for adherence to the Community Service Agreement, the Title XX Social Services Block Grant Administrative Rule and the Donated Funds Initiative Program Manual. |
| Objective II | Review the agency's adherence to IDHS reporting requirements and determine if record keeping systems provide documentation of service activities, program expenditures, contract utilization, and program performance reported to IDHS. |
| Objective III | Review the agency's service records and determine if the records document participant eligibility, participant needs assessment, service/treatment plan development, evaluation of participant progress, and service activities and that the documentation assures adherence to the IDHS Community Service Agreement, Title XX Social Services Block Grant Administrative Rule and the Donated Funds Initiative Program Manual. |

- Objective IV Review the agency's program operations for the purpose of identifying procedures that assure service activities are appropriate for program participants and are delivered in accordance with the IDHS approved Program Plan.
- Objective V Review the agency's administrative oversight of the program for the purpose of identifying program assessment and planning, development and evaluation that allows for a program framework that effectively addresses the need for the service within the community and the State's expectations for services provided within the Title XX Social Services Block Grant.
- Objective VI Review the agency's records and determine if the records document the performance indicator(s) according to the approved Title XX Program Plan.
- Objective VII Review the agency's financial records and determine if the records document payments and expenditures reported to IDHS for reimbursement and that the documentation assures adherence to the IDHS Community Services Agreement, the Title XX Social Services Block Grant Administrative Rule and the Donated Funds Initiative Program Manual.
- Objective VIII Review the agency's financial records and determine if the records document the source of the matching funds and the amount reported to IDHS to receive reimbursement and that the documentation assures adherence to the IDHS Community Services Agreement, the Title XX Social Services Block Grant Administrative Rule and the Donated Funds Initiative Program Manual.
- Objective IX Review the agency's records for the purpose of identifying adherence to general contact conditions and Title XX Social Services Block Grant Administrative Rule.

B. Scheduling On-Site Monitoring Reviews

Bureau staff will contact the provider by telephone at least two weeks ahead of the general time frame for the visit. Monitoring reviews are generally completed within one day. If the review is for more than one program, additional days may be needed. A letter with the review objectives is mailed to confirm the date of the review and the type of review. The review period is the most recent calendar quarter for services and expenditures.

C. On-Site Monitoring Review

A Monitoring Review Provider Checklist and a copy of the monitoring instrument will also be included with the confirmation of scheduled review letter. The Provider Checklist identifies the fiscal and program areas that may be discussed and the program and fiscal records that should be made available during the review. The monitoring instrument includes all of the administrative, program and fiscal areas that will be reviewed. An entrance conference is conducted to discuss services, client records, fiscal record keeping, and governance. A client file review is conducted for a sample of files selected by the monitor. A discussion with staff will focus on the performance information reported. The fiscal monitoring includes the review of reimbursement, matching funds, personnel, and the tracking of specific expenditures reported. An exit conference is conducted in which the findings, if any, are presented.

Upon completion of the field work, a monitoring report is prepared and issued to the provider. If the report contains recommendations for corrective action, the provider is given 30 days to provide a response. The provider's response to the report is stated in the final report. Significant findings may result in a follow-up visit to determine if problem areas were satisfactorily resolved.

D. Monitoring Selection Criteria

To provide effective program coverage and to maximize the most efficient use of resources, criteria for the selection of programs to be monitored are as follows:

1. Contract amount.
2. Geographic location of the program.
3. Type of service.
4. Date of last monitoring visit. Providers are reviewed every 3 years.
5. New program/provider. At a minimum, a review of a new program/provider is conducted within six months or upon execution of a contract.

However, efforts will be made to go on-site prior to the execution of a contract to provide technical assistance and to determine the administrative capabilities of the provider.

6. Identified problematic areas/technical assistance needs.

PROGRAM BUDGET

A. Budget and Budget Revisions

The budget is a part of the program plan and includes the 25% match. The budget consists of direct and administrative costs. The administrative costs budgeted must be less than or equal to 20% of direct costs and must be traceable to a cost allocation methodology. A format for submitting a budget is located in Exhibit VI.

After the budget is in place, line item transfers may occur without a budget amendment if the cumulative amount transferred is 10% of the line item to which the transfer is made. However, for transfers more than 10%, a written explanation of the transfers and a revised budget must be submitted to the Office of Family Support Services, Bureau of Title XX Social Services 30 days prior to the transfer. A format for submitting a budget change(s) is located in Exhibit VII.

B. Reasonableness of Cost

A cost is reasonable if, in its nature and amount, it does not exceed that which would be paid by IDHS or sponsoring state agency for the same service funded. Service providers should be prepared to document their claim for reasonableness including the basis for allocating administrative costs.

C. Unallowable Costs

The following are examples of activities or items which are not generally eligible for reimbursement:

1. Medical and remedial care which is not supportive of and required as a component of a broader Title XX Social Services Block Grant service. In addition, the individual receiving the medical component cannot be eligible for the medical component under Title XIX and neither the individual nor the provider may be eligible for reimbursement under Title XVIII.
2. Room and board, unless the room and board is supportive of and required as a component of a broader Title XX Social Services Block Grant service component, reimbursement cannot be claimed. In addition, room and board is not eligible for reimbursement as a component of foster care delivered through a foster home. According to the Title XX Social Services Block Grant rules, room and board can be provided for a short term as an integral but subordinate part of a social service, or temporary emergency shelter provided as a protective service.
3. Child day care services which do not meet state licensing standards as established by the Department of Children and Family Services.

4. Educational services made generally available to residents of the State through any state or local educational agency, i.e., education mandated by legislation.
5. In-reach services provided in facilities such as hospitals, prisons or skilled nursing facilities, which are the inherent responsibility of the facility, are not eligible. In-reach services provided by other than facility staff, but unavailable to individuals in the catchment area, are eligible.
6. Participant wages, salaries, fringe benefits, or any other direct payments to participants for maintenance needs.
7. Purchase, construction, or major modifications of any land, building, other facility, or fixed equipment, except to the extent of depreciation or use allowances in accordance with Federal cost principles.
8. Housing costs for families or individuals including rent, deposits, purchase, construction, major renovation, or repairs.
9. Goods or services provided in-kind by private organizations or individuals (unless used as in-kind match).
10. Carrying out any maintenance assistance payments functions or other functions or activities not related to the Title XX Social Services Block Grant services.
11. Interest costs associated with loans.
12. Out of state travel expenses.

D. Allowable Costs

The following are examples of activities/items which are generally eligible for reimbursement:

1. Staff salary, fringe benefits and travel involved in the provision of Title XX Block Grant services.
2. Minor equipment, furniture, supplies, office space and communications. Prior to the purchase of fixed equipment over \$1,000, the provider must receive approval in writing from IDHS.
3. Cost of agency staff attendance at meetings pertinent to the development or implementation of Federal and State service policies and programs.

4. Cost of technical assistance, data collection, surveys and studies performed by other public agencies, private organizations or individuals to assist the State Agency in developing, planning, monitoring and evaluating the services program.

This does not include program research activities performed by the provider agency, unless the agreement contains such a provision and it is consistent with the Projected Expenditure Report.

5. Cost to the agency for the use of volunteers in the program (recruiting, training, supervision or out-of-pocket expenses of volunteers).
6. Costs of transportation (such as tokens or tickets) and medical examinations when necessary for the development of a service plan or when precedent to obtaining a service for an individual, provided such medical examination is not available to the individual under Title XVIII or Title XIX of the Act.
7. Facility operating costs such as rent, utilities, buildings and grounds maintenance, insurance and other costs (except fixed equipment and furniture) incurred in normal operations.
8. Administrative support costs such as staff salaries, computer time, supplies and communications.
9. Insurance to cover public liability.
10. Indirect costs are not allowed as a separate budget line item, but such costs are allowable if assigned to specific line items. For example, accounting may be budgeted as a separate line item.
11. The cost of program audits performed by personnel external to the provider. The provider must illustrate the methodology used to estimate the audit cost for the DFI program.

E. Other Costs

It is advised that providers seek prior approval from IDHS before including costs which are not identified as allowable or unallowable.

INSTRUCTIONS FOR COMPLETING THE PROVIDERS DETAILED
STATEMENT OF COSTS IL444-1946
FOR REHABILITATION AND TREATMENT FOR
SUBSTANCE ABUSE AND APPROVED RESIDENTIAL SERVICE PROVIDERS ONLY

Quarterly Reporting for all DFI Providers: Complete this form within thirty days after the end of the fiscal year quarter and after the C-13 Invoice Voucher(s) have been prepared for the applicable three month period. Items 10 and 11 are only applicable to those providers that are under agreement to provide units of service.

- | | | |
|----|--------------------------|---|
| 1. | Agreement Number | Fill in the agreement number assigned by IDHS as written in the upper right-hand of the agreement. |
| 2. | Provider Name | Enter the provider name as it appears in the agreement. |
| 3. | Program Name | Enter the program name as it appears in the agreement. |
| 4. | Year to Date Cost Period | Enter the beginning date of the agreement and the ending date of the report month. |
| 5. | Report Months | Enter the beginning and ending dates of the Report month(s). |
| 6. | Prepared by | Enter the name of the individual who prepared the report. |
| 7. | Date Prepared | Enter the date the report was prepared. |
| 8. | Agreement Budget | Enter the agreement budget from the agreement or the amended agreement. (This Should be at 100% which includes your agency's matching funds.) |
| 9. | Cost Categories | |
| • | Expenditures for Quarter | Enter the 100% expenditures incurred for the Three (3) months ending on the date of the Report. (See Number 5) |
| • | Year to Date | Add the current quarter's expenditures to the Cumulative expenditures for the previous quarter. |
| • | Percentage of Budget | Divide year to date amount by the agreement budget amount. |

Exhibit I (cont')

10. Agreement of Units of Service
- a. Budgeted Units Enter the budgeted units of service as stated in the agreement or amended agreement, if applicable.
 - b. Unite Rate Enter the unit rate as shown in the agreement or amended agreement.
 - c. Total Agreement Amount Multiply:
a. (United Service) multiplied by b. (Cost per Unit of Service). May not be greater than the total agreement amount.
11. Units of Service Eligible for Reimbursement, if applicable.
- a. Units Delivered
 - For Quarter Enter the actual units of service provided and documented in the service records for the report. This should correspond with the units of service billed on the C-13 Invoice Voucher(s) for year-to-date.
 - Year to Date Add the report(s) to the previous reports Cumulative. This should correspond with the total units of service billed on the C-13 Invoice Voucher(s) for year-to-date.
 - b. Unit Rate
 - For Quarter Enter the rate(s) stated in the agreement or the amended agreement, if applicable.
 - Year to Date Same.
 - c. Total Eligible for Reimbursement Multiply: a. (Units Delivered) by b. (Unit Rate) for the respective columns. May not be greater than the total agreement amount.
12. Initial All Changes Any audit changes made to the amounts in 11. Units of Service Eligible for Reimbursement, should be initialed.
13. Signature Authorized provider signature. (**Must be shown**)

For questions or additional supply of the form, telephone (217)782-0693 or write to the Office of Human Capital Development, Bureau of Title XX Social Services, 400 West Lawrence Avenue, 1st Floor, Springfield, Illinois 62762.

ILLINOIS DEPARTMENT OF HUMAN SERVICES		(Please check the appropriate quarter)					
BUREAU OF TITLE XX SOCIAL SERVICES		Qtr 1	Qtr 2	Qtr 3	Qtr 4		
2006 QUARTERLY CONTRACT DELIVERABLES		July-Sept.	Oct.-Dec.	Jan.-Mar.	Apr.-June	EXHIBIT II	
SERVICE ACTIVITY REPORT							
Provider Name:				Agreement No.:			
Program Name:							
Program Location:							
Program Type:							
SOC ADJUST/REHAB __ EMP DEV SERV __ COMP YOUTH DEV SERV __ REHAB/TREAT SUB ABUSE __ TRANSPORTATION __ COMM. MAINT __ TREATMENT/HABILITATION __ CASE COORD __ FAMILY SUPPORT __ PROTECTIVE INTERVENTION __ OUTPATIENT __ UNMARRIED PARENTS __ REHAB/TRAIN FOR DISABLED PERSONS __							
		CURRENT	Y-T-D	Number speaking primary foreign language (use codes on reverse:			
NUMBER OF CHILDREN (UNDUPLICATED) *							
NUMBER OF FAMILIES (UNDUPLICATED)*							
SERVICE ACTIVITY PERTAINING TO PROGRAM TYPE		STAFF	Y-T-D	RTSA RESIDENTIAL	Y-T-D	SENIOR TRANS ONE WAY	Y-T-D
		HOURS**	TOTAL	DAYS	TOTAL	TRIPS	TOTAL
ACTIVITIES PROVIDED							
TOTAL							
Number of unduplicated individuals referred to IDHS for: TANF _____ Medical Assistance _____ Food Stamps _____ Other _____							
Number of unduplicated individuals referred from IDHS:							
							NO. OF
PERFORMANCE MEASURES (OUTCOMES)							PART.
1. Number of participants in Social Enhancement Skills/Activities.							
1. Number of participants assessed as improving social functioning skills.							
2. Number of participants in Youth Services that developed, maintained or increased social skills.							
2. Number of families that were preserved or reunified.							
3. Number of participants (DOC) in Comprehensive Youth Services in social enhancement activities.							
3. Number of participants (DOC) assessed as improving social functioning skills.							
4. Number of participants in Senior Transportation completing surveys.							
4. Number of participants who reported the maintenance of or increase in their ability to access needed services.							
5. Number of participants in Employability Development activities.							
5. Number of participants placed in employment.							
6. Number of participants in Rehabilitation and Treatment for Substance Abuse with a treatment plan.							
6. Number of participants who are classified as a positive discharge.							
This is to certify that these services represent true and actual services rendered pursuant to the Agreement, that Title XX eligible services delivered to Title XX eligible recipients, and that appropriate documentation is available to support these services.							
Signature: _____				Date: _____			
Name				Telephone Number:			
Typed: _____							

Primary Spoken Language Code			
Albanian	SQ	Romanian	RO
Arabic	AR	Russian	RU
Bosnian	BS	Spanish	ES
Bulgarian	BG	Ukrainian	UK
Chinese	ZH	Urdu	UR
English	-	Uzbek	UZ
French	FR	Vietnamese	VI
Gujarati	GU	Other-Asian	AS
Khmer	KM	Other-African	AF
		Other-Central	CS
		South Am.	
Korean	KO	Other-European	OE
Lithuanian	LT	Other-India	IN
Mandigo	MA	Other	OT
Polish	PL		

**ILLINOIS DEPARTMENT OF HUMAN SERVICES
FISCAL YEAR 2006 DONATED FUNDS INITIATIVE
SERVICE ACTIVITY REPORT
INSTRUCTIONS**

Exhibit II

The attached form must be used by DFI providers as the instrument to satisfy the Illinois Department of Human Services requirements for deliverable reporting. The activities listed should be consistent with the service activities pursuant to the agreement's program plan. Prior approval is required before any change to the program plan.

- Provider Name:** Enter the name of your agency.
- Quarter:** Check the appropriate quarter for which the form is being prepared.
- Agreement Number:** Enter the number of the DFI agreement as it appears on the upper right-hand corner of the contract.
- Program Name:** Enter the name of the program for which statistics are entered.
- Program Location:** Enter the address where the services are being provided.
- Program Type:** Enter the information from Page 1, Item 8 of the Program Plan Summary.
- Number of Adults (Unduplicated):** Enter the number of adults receiving services during the current quarter (Count only once).
- Year-to-Date:** Enter the total number of adults that receive the services for all quarters. (Include duplicated clients).
- Number of Children (Unduplicated):** Enter the number of children receiving services during the current quarter (Count only once).
- Number of Children (Unduplicated):** Enter the number of families receiving services during the current quarter (Count only once).
- Year-to-Date:** Enter the total number of children that receive the services for all quarters. (Include duplicated clients).
- Foreign Speaking:** Enter the number of persons speaking a primary foreign language.
- Activities Provided:** List the direct service activities provided to DFI program participants. These services activities should match the activities reflected on your FY'06 Attachment Cover Sheet – Addendum which is attached to your Fiscal Year 2006 Community Services Agreement.
- Staff Hours:** Enter the actual number of staff hours (total of both individual and group hours) utilized to provide the service activities for the quarter.

Exhibit II SERVICE ACTIVITY REPORT INSTRUCTIONS (con't)

Y-T-D: Enter the total of all quarters' staff hours.

RTSA

Residential Days: Enter the number of residential days of service provided for the quarter.

Y-T-D: Enter the total of all quarters' residential days.

Senior Trans

One-Way Trips: Enter the number of one-way rides provided for the quarter.

Y-T-D: Enter the total of all quarters' one way rides.

Referrals to

IDHS: Enter the number of unduplicated individuals referred by your agency to IDHS for Temporary Assistance to Needy Families (TANF), Medical Assistance, Food Stamps or other services during the quarter.

Referrals

from IDHS: Enter the number of unduplicated individuals referred by IDHS to your agency for services during the quarter.

***Year-to-Date would include duplicate clients/activities. Also, within each activity clients should be unduplicated however, if more than one activity, clients may be duplicated in multi activities.**

****Staff hours include individual and group hours for any activity, therapy, counseling or regimen of treatment involving a participant. Documentation of the services should reflect the amount of staff time required providing the service including a reasonable amount of writ-up or preparation time.**

PERFORMANCE MEASURE (OUTCOMES)

1. Social Adjustment/Social Enhancement Skills/Activities

Enter the number of individuals who participate in a social enhancement activity (individual/group counseling, family counseling, substance abuse groups, etc.)

Enter the number of participants who are assessed as improving social functioning skills.

2. Youth Services (Includes comprehensive development services, social adjustment & rehabilitation, protective intervention, unmarried parent services and outpatient services).

Enter the total number of participants who developed new social skills, maintained existing social skills or increased in quality or quantity existing skills. Report each participant only once regardless of the number of services received. For example, if a participant developed a new skill and also maintained an existing skill, report this individual only once.

Enter total number of families receiving services for family preservation or reunification during the quarter which have remained intact or been reunified.

Exhibit II SERVICE ACTIVITY REPORT INSTRUCTIONS (con't)

3. Comprehensive Youth Development Services (Department of Corrections)

Enter the number of individuals who participate in a social enhancement activity (family development sessions, individual/group counseling, substance abuse groups, etc.)

Enter the number of participants who are assessed as improving social functioning skills.

4. Senior Transportation Services

Enter the number of surveys completed by participants that received transportation services.

Enter the number of participants who reported the maintenance of or an improvement in their ability to access needed services.

5. Employability Development Services

Enter the number of individuals who participate in employability development services.

Enter the number of participants who are placed in employment.

6. Rehabilitation and Treatment for Substance Abuse Services

Enter the number of individuals with a treatment plan.

Enter the number of participants who are classified as positive discharge from treatment services.

This form is required to be signed and dated by the person completing the form. If submitting via email, please enter the name of the person completing the form in both the spaces provided for Signature and Name (Typed). Also, include the telephone number and extension of the person completing the form for inquiry purposes.

Service Statistics are for the Program Location Listed

Effective July 2005

**INSTRUCTION FOR COMPLETING THE INVOICE-VOUCHER (FORM C-13)
REHABILITATION AND TREATMENT
FOR SUBSTANCE ABUSE AND APPROVED RESIDENTIAL SERVICE PROVIDERS
ONLY**

To request reimbursement, complete this form monthly and within thirty days after the service period for which you are billing.

- 1. Heading**
Enter IDHS, Bureau of Title XX Social Services, 400 West Lawrence Avenue, 1st Floor, Springfield, Illinois 62762 and the location to which the goods or services were delivered in the space at the top of the Invoice-Voucher form.
- 2. Vendor Number - FEIN/SSN - Zip Code - Type Code**
Enter the vendor's nine digit Taxpayer Identification Number. This is the Federal Employer Identification Number (FEIN).

2a. TIN Type Code - Enter Type Code - 01.
- 3. Vendor or Payee**
Enter the full name of the entity to which the warrant is to be mailed. Include the full address and zip code for the provider.
- 4. Voucher Number - Leave Blank.**
- 5. Voucher Date - Leave Blank**
- 6. Appropriation Account Number - Leave Blank**
- 7. Invoice Number**
Enter "1" on the first Invoice Voucher submitted for payment during the fiscal year. Numbers should follow sequentially for each subsequent Invoice-Voucher submitted.
- 8. Invoice Date**
Enter the month for which reimbursement is being requested.
- 10. Service Description**
Enter the applicable service month and complete description of the service provided. The description should be precise enough to permit an auditor to determine the propriety of the charges.

Exhibit III (continued)

- 11. Quantity**
Enter the number of units of service provided. This item is not applicable when billing using the cost of service method. For cost, enter “Cost of Service.”
- 12. Units**
Enter the unit of measure for the services provided (for example: staff hour, client day, etc.) This item is not applicable when billing using the cost of service method
- 13. Unit Price**
Enter the unit rate. This item is not applicable when billing using the cost of service method.
- 14. Amount**
Enter the extended price of the services delivered. If billing on cost of service method, enter the total of line item expenditures.
- 15. Subtotal**
Add the amounts in column 14 and enter the sum as the subtotal in box 15. This is the 100% amount
- 16. Discount/Deduction - Leave blank. IDHS will deduct 25%.**
- 17. Total Amount - Leave blank. This will be the 75% IDHS reimbursement.**
- 18. Expenditure Object - Leave Blank.**
- 19. Expenditure Amount - Leave blank.**
- 20. Total Expenditure - Leave blank.**
- 22. Obligation Number**
Enter the agreement number in the upper right-hand corner of the agreement that has been assigned by the Department of Human Services. Do not bill for reimbursement if the executed contract has not been returned by IDHS.
- 23. Leave Blank.**
- 24. Payment Amount - Leave blank.**
- 25. Total Payment Amount - Leave blank.**
- 26. For Agency Use Only - Leave blank.**

Signatures - Provider Agency Head or Authorized Representative (must be present).

Exhibit III (continued)

Attach a completed Verification of Donation to the C-13. (If Applicable)

Separate vouchers should be submitted for supplemental billings needed to bill for retroactive rate increases or corrections to prior billings.

Submit to: Bureau of Title XX Social Services, 400 West Lawrence Avenue, 1st Floor, Attn: Nancy Jones, Springfield Illinois 62762. For technical assistance or additional supply of the forms, please telephone (217) 782-0693 or write to the address above.

**INSTRUCTIONS FOR COMPLETING THE
VERIFICATION OF DONATION FORM IL444-2715
REHABILITATION AND TREATMENT
FOR SUBSTANCE ABUSE AND APPROVED RESIDENTIAL SERVICE PROVIDERS
ONLY**

Note: A Verification of Donation is not required for public agencies that certify 25% of expenditures. However, funds must be on hand prior to submitting to IDHS.

Complete this form at the same time as the C-13 Invoice Voucher. Attach it to the Invoice Voucher for submittal to IDHS. The amount of matching funds required is directly related to what has been billed on the C-13 Invoice Voucher. Incorrect amounts of match shown on this form may delay payment or cause the requested payment to be reduced.

- 1. Enter the name of the provider agency, as it appears on the DFI Agreement.**
- 2. Enter the 100% amount of item 15 on the C-13 Invoice Voucher request.**
- 3. Enter the amount of donation received and value of the in-kind contribution for this voucher which should be equal to or greater than 25% of the requested amount (25% of item 2 above). If your agency does not use in-kind contributions for the required match, enter "NA" on the in-kind line.**
- 4. Enter the amount of the federal reimbursement for the voucher which should be exactly 75% of the requested amount.**
- 5. Enter the date on which the form is being completed.**
- 6. Signature of Agency's Authorized Representative (must be present).**

Submit the C-13 Invoice Voucher, and Verification of Donation to: Bureau of Title XX Social Services, 400 West Lawrence Avenue, 1st Floor, Attn: Nancy Jones, Springfield, Illinois 62762. For technical assistance or additional supply of the form telephone (217)782-0693 or write to the address above.

Exhibit IV

**State of Illinois
Illinois Department of Human Services**

**DONATED FUNDS INITIATIVE
VERIFICATION OF DONATION**

**TO: Bureau Chief
Bureau of Title XX Social Services
Office of Family Support Services
Division of Human Capital Development**

**FROM: _____
(DFI Agency Name)**

The above state provider certifies that the attached expenditure report in the amount of \$_____ represents true and actual expenditures for services rendered pursuant to the Agreement, that Title XX eligible services were delivered to Title XX eligible recipients, and that appropriate documentation to these costs is available in the service provider's office.

This also certifies that \$_____ cash match and a value of \$_____ in-kind required to receive 75%, \$_____ federal reimbursement has been received by our agency and is accounted for through our fiscal system.

(Date)

(Agency Authorized Representative)

State of Illinois
 Department of Human Services
DONATED FUNDS INITIATIVE - REQUEST FOR REIMBURSEMENT

Exhibit V

Provider Name: Address: Agreement Number: FEIN:	Report Month: Prepared by: Telephone: Email:	Prepared by:
--	---	---------------------

Line Items	Approved	Actual Monthly	Year to Date	
	Budget @ 100%	Expenditures @ 100%	Expenditures @ 100%	Balance @ 100%
A. Personal Services				
Salaries				
Payroll Taxes				
Other Benefits				
Contractual				
B. Consumables				
Supplies				
Printing				
Postage				
C. Occupancy				
Rent				
Utilities				
Building Maintenance				
Telephone				
D. Miscellaneous				
Staff Travel				
Equipment Maintenance				
Depreciation				
Conference, Meeting, etc.				
Liability & Other Ins.				
Management and General				
E. Other (Specify) _____				

Total Expenditures				

Include any in-kind expenses in line items above. Line item transfers may occur without a budget amendment if the cumulative amount transferred is 10% or less of the line item to which the transfer is made.)

The above stated provider certifies that the above monthly expenditures represent true and actual expenditures for services rendered pursuant to the Agreement, that Title XX eligible services were delivered to Title XX eligible recipients, and that appropriate documentation to these costs is available in th service provider’s office.

This certifies that the 25% match consisting of \$ _____ cash and a value of \$ _____ in-kind required to receive 75%, \$ _____ federal reimbursement (75% of total actual monthly expenditures above) has been received by our agency and is accounted for through our fiscal system.
 (Note: The 25% cash and in-kind match plus the 75% amount should equal the 100% total actual monthly expenditures.)

Date: _____ Authorized Signature: _____ (Required)

**INSTRUCTION FOR COMPLETING
DONATED FUNDS INITIATIVE – REQUEST FOR REIMBURSEMENT**

This form is to be used on a monthly basis to request reimbursement for expenditures made in execution of the agency’s DFI agreement. Only line item expenditures delineated on the approved budget will be allowed. Subsequent to exhausting approved line item amounts for the fiscal year, further reimbursements specific to these line items will not be allowed.

It is required that actual expenditures be reported each month. Requests for reimbursement are due by the 30th day following the month for which reimbursement is being requested. Incomplete, incorrect or late requests may result in lack of payment. Agencies should not bill one-twelfth (1/12) of the DFI Agreement unless accompanied by a letter indicating that there are actual costs to support such billing. Documentation of actual expenditures must be maintained for each line item. Documentation supporting claimed expenditures may be requested by IDHS at any time.

Please enter data as indicated below:

- Provider Name:** Enter the name of the agency as it appears on the Community Service Agreement.
- Address:** Enter the address of the agency as it appears on the Community Services Agreement.
- Agreement Number:** Enter the agreement number as it appears on the top, right-hand corner of the first page of the Community Service Agreement.
- FEIN:** Enter the agency’s Federal Employer Identification Number as it appears on the Community Service Agreement.
- Report Month:** Enter the month and fiscal year for which reimbursement is being requested.
- Prepared by:** Enter the first and last name of the individual completing this request.
- Telephone:** Enter the telephone number and extension, if applicable, of the person completing the form.
- Email:** Enter the email address of the person completing the form.

Line Items:

- **IDHS Approved Budget** By line item, enter the budget figures from the approved fiscal year budget as they appear in the program plan.
- **Actual Monthly Expenditures** By line item, enter the actual DFI program expenditures for the month indicated in the Report Month area. Only line item expenditures with corresponding budgeted amounts may be entered. If you are using in-kind match, please enter any in-kind matching expenditures in the appropriate line items.

Exhibit V (continued)

- **Year to Date Expenditures** **By line item, enter the cumulative total of expenses for the fiscal year including the Report Month.**

 - **Balance** **By line item, enter the remaining amount of the budget after deducting the current and previous months' expenditures during the fiscal year. (IDHS Approved Budget – Actual Monthly Expenditures – Year to Date Expenditures = Balance).**
- Certification:**
- Enter the total amount of expenditures reported prior to deducting the 25% cash match and/or cash and in-kind contributions.**
- Enter the 25% cash match amount and/or cash and value of in-kind contributions.**
- Enter the amount of reimbursement requested. (Total expenditures - 25% match = reimbursement amount).**
- Enter the date of receipt and the source of the of the cash match received by your agency. Matching funds must be received prior to requesting reimbursement.**
- Date and Signatures** **An authorized signatory must sign and date the form in the space provided.**

**FY'06 Donated Funds Initiative Budget
(include 25% match)**

	(A)	(B)	(C)
	Admin./ Indirect	Program Services	Total
A. Personal Services:(Attach Narrative)			
Salaries	\$ _____	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____	\$ _____
Contractual	\$ _____	\$ _____	\$ _____
2. Consumables:(Attach Narrative)			
Supplies	\$ _____	\$ _____	\$ _____
Printing	\$ _____	\$ _____	\$ _____
Postage	\$ _____	\$ _____	\$ _____
C. Occupancy:(Attach Narrative)			
Rent	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Building Maintenance	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
D. Miscellaneous:(Attach Narrative)			
Staff Travel	\$ _____	\$ _____	\$ _____
Equipment Maintenance	\$ _____	\$ _____	\$ _____
Depreciation	\$ _____	\$ _____	\$ _____
Conferences, Meetings	\$ _____	\$ _____	\$ _____
Liability/Other			
Insurance	\$ _____	\$ _____	\$ _____
Management/General (Attach a separate sheet to break out)	\$ _____	\$ _____	\$ _____
E. Other (Specify):(Attach Narrative)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

Administrative Cost Percentage

To calculate the administrative cost percentage, divide the total administrative costs, Column A, by the total program services costs, Column B:

$$\frac{\text{Grand Total of Column A}}{\text{Grand Total of Column B}} \times 100 = \text{ _____\% } \text{ No more than 20\%}.$$

Reimbursement is not available for purchase of fixed equipment more than \$1,000. Typical examples for administrative/indirect are administrative personnel, rent, utilities, building maintenance, local telephone, equipment maintenance, management and general and accounting. For purposes of this program, it is requested that direct costs be those directly associated with the delivery of program services. These may include labor, program supplies, space for services, etc. Classification of costs are subject to interpretation by the Department. Federal Circulars can be referenced for assistance: OMB Circular A-21, "Cost Principles for Educational Institutions" A-87 "Cost Principles for State, Local ...Governments", A-122 "Cost Principles for Non-Profit Organizations."

**Donated Funds Initiative Budget
Continued**

Salary Detail	FTE to DFI	(A) Admin./ Indirect	(B) Program Services	(C) Total
Position Title				
_____	___ %	\$ _____	\$ _____	\$ _____
_____	___ %	\$ _____	\$ _____	\$ _____
_____	___ %	\$ _____	\$ _____	\$ _____
_____	___ %	\$ _____	\$ _____	\$ _____
_____	___ %	\$ _____	\$ _____	\$ _____
_____	___ %	\$ _____	\$ _____	\$ _____
_____	___ %	\$ _____	\$ _____	\$ _____
_____	___ %	\$ _____	\$ _____	\$ _____
TOTAL SALARIES		\$ _____	\$ _____	\$ _____

The TOTAL figures must match those reported on line A, Personal Services: Salaries on previous page. Do not include payroll taxes, fringe benefits, or contractual.

For each position, enter the percentage of time for the program and the amount. Note: There should be a correlation between the number of FTE's budgeted for direct service and quantity of service hours to be delivered. In other words, amounts that are billed should be proportionate to the services delivered, as the program is fee for service.

BUDGET NARRATIVE

Provide a budget narrative for each line item of the budget. Any package received without a budget narrative will be returned to the Provider.

Each line item must have a narrative explanation or justification stating the method used in determining the amount allocated to each line item, why and how funds are to be utilized. Include your basis for determining administrative/indirect and direct program services. For assistance in determining administrative/indirect versus direct cost components, please consult either OMB Circular A-21 Cost Principles for Educational Institutions, OMB Circular A-87 “Cost Principles for State, Local and Indian Tribal Governments” or OMB Circular A-122 “Cost Principles for Non-Profit Organizations.” Specifically identify the components of each line item. For larger line items, a separate schedule may be used to provide a breakout. A budget submitted without narrative explanation or justification of each line item will be considered incomplete.

Note: While it is permissible for more than one funding source to share the costs of a given service, it is not permissible for two funding sources both to reimburse the same cost of a service. Double claiming is prohibited even if the combined sources do not exceed the expenditures.

Illinois Department of Human Services
 Human Capital Development
 Bureau of Title XX Social Services
 Donated Funds Initiative Budget Amendment

Exhibit VII

Agency: _____ Contract No.: _____
 FEIN: _____

Line Item Adjustment - Revision # _____

The following line item adjustments are submitted as a revision to the above referenced contract.

		Current	Requested	Current	Requested	Total
		Admin./	Change	Program	Change	Revised
		Indirect	Admin/Indirect	Services	Program Services	Budget
A.	Personal Services:					
	Salaries					
	Payroll Taxes					
	Fringe Benefits					
	Contractual					
B.	Consumables:					
	Supplies					
	Printing					
	Postage					
C.	Occupancy:					
	Rent					
	Utilities					
	Building Maintenance					
	Telephone					
D.	Miscellaneous:					
	Staff Travel					
	Equipment Maintenance					
	Depreciation					
	Conferences, Meetings					
	Liability/Other					
	Insurance					
	Management & General					
E.	Other (Specify):					
	TOTAL					

Justification: (If additional space is needed, attach separate sheets)

The undersigned for the Agency certifies that the above numbers are true and correct, and that documentation of these amounts is available at the Agency's office.

Agency Representative Signature

IDHS Representative Signature

Date

Date:

MINORITY SENIORS REPORT - FY2006

PROGRAM NAME: DONATED FUNDS INITIATIVE

AGENCY NAME: _____

CONTRACT NUMBER: _____

SERVICE: _____

Race	Number of FY'06 Unduplicated DFI Participants
African-American	
Hispanic	
Asian-American	
American Indian or Alaskan Native	
Caucasian	
TOTAL MINORITY SENIORS	

Signature: _____ **Date:** _____

Name (Typed): _____ **Telephone Number:** _____

EXAMPLE

* Senior - 55 and older

** To be completed and submitted at the conclusion of Fiscal Year 2005

Instructions for the completion of the Minority Seniors Report - FY2006

Public Act 88-0254 requires the Illinois Department on Aging (IDOA) to prepare an annual report on all programs and services provided to "Minority Senior Citizens" to the Governor and the General Assembly. The Illinois Department of Human Services (IDHS) along with several other state agencies must submit information on program/service participation of minority senior citizens to the IDOA. Your cooperation in helping the Department collect data for IDHS' submission is greatly appreciated.

1. For Agency Name: enter the name of your agency.
2. For Contract Number: enter the Agreement Number assigned by IDHS at the beginning of FY2006.
3. For Service: enter the SSBG service assigned by IDHS and shown on the attachment cover sheet.
4. You must use the following definitions of senior citizen and minorities by race:

For all agencies/programs except those sponsored by IDOA, the definition of a senior citizen is an individual 55 years of age or older. For those agencies/programs sponsored by IDOA, the definition of a senior citizen is an individual 60 years of age or older.

The minorities by race and origin are defined as follows:

1. African American: a person having origins in any of the African-American racial groups in Africa. Also, the term "Black" may be used.
2. Hispanic: a person of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean islands, regardless of race.
3. Asian-American: a person having origins in any of the original peoples of the Far East; southeast Asia, the Subcontinent or the Pacific Islands.
4. American Indian or Alaskan Native: A person having origins in any of the peoples of North America.

Please complete the attached form based on the unduplicated clients served for FY2006.