



*Using Caseload Composition
Tools and Resources with the
Family Case Management Grant*

Using Tools and Resources

The FCM Grant can best be monitored with resources and tools that are available from Cornerstone, DHS, and the Fiscal Department.

Caseload Composition can also be tracked , and by doing so , providers can:

- ✓ better manage their caseloads, and
- ✓ develop strategies to reach and serve target populations

The Family Case Management Grant

- 80% of the total grant is payable for Direct Service.
Assigned Caseload is based on this portion of the grant.
- 20 % of the grant is set aside to support building and maintaining caseloads:
 - Case-Finding = 10%
 - Outreach & Support Services = 10%

Administering the FCM Grant

- In FY13, improvements in the Fiscal database for the Family Case Management program standardized how the grant is reimbursed
- Prior to FY13 , grant spend-down was not a reliable indicator of caseload performance

Calculating Assigned Caseload

- To assess Caseload performance, an ***Assigned Caseload*** needs to be set.

Example: \$76,904 grant

$$(76,904 \times .80) / (12) / (27.04) = 190 \text{ cases}$$

80% of the grant is divided by 12 months, and then that amount is used to determine how many cases need to be served monthly, at \$27.04 per case.

The Agency Status Report (ASR)

- The **ASR** is a multi-purpose tool and calculator to help track caseload and grant spend-down
- The ASR is being revised in FY14 , and is in use in a trial version.
- The goal is to make the report more reliable and to include program indicators

FY14 Trial Version ASR

FY14 Agency Status Report (ASR)- Downstate trial version																				
2014		FISCAL YEAR																		
											FY 14 Assigned Caseload (at PWI rate)		0							
											Grant Allocation for Outreach/System Support		\$0							
											# Pregnant Women 7/1/13		0							
											TOTAL GRANT									
Month	PW Cases	Infant Cases	Pregnant Women and Infant (PWI) payment	Children Cases	Children payment	10% Case-Finding payment	ppc	Outreach	System Support	Total Grant earned	Average grant spend-down	Active cases at PWI rate	Monthly Active cases to assigned cases	% Direct Service spend down	Outreach Spend down	% increase Pregnant Women				
July			\$0		\$0	\$0					\$0	0								
Aug			\$0		\$0	\$0					\$0	0								
Sept			\$0		\$0	\$0					\$0	0								
1st Q			\$0		\$0	\$0	\$0	\$0	\$0		\$0									
Oct			\$0		\$0	\$0					\$0	0								
Nov			\$0		\$0	\$0					\$0	0								
Dec			\$0		\$0	\$0					\$0	0								
2nd Q			\$0		\$0	\$0	\$0	\$0	\$0		\$0									
Jan			\$0		\$0	\$0					\$0	0								
Feb			\$0		\$0	\$0					\$0	0								
Mar			\$0		\$0	\$0					\$0	0								
3rd Q			\$0		\$0	\$0	\$0	\$0	\$0		\$0									
April			\$0		\$0	\$0					\$0	0								
May			\$0		\$0	\$0					\$0	0								
June			\$0		\$0	\$0					\$0	0								
			\$0		\$0	\$0	\$0	\$0	\$0		\$0									

FY14 Agency Status Report (ASR)- Downstate trial version

2014 FISCAL YEAR
 \$76,904 TOTAL GRANT

FY 14 Assigned Caseload (at PWI rate) 190
 Grant Allocation for Outreach/System Support \$7,690
 # Pregnant Women 7/1/13 0

Month	PW Cases	Infant Cases	Pregnant Women and Infant (PWI) payment	Children Cases	Children payment	10% Case-Finding payment	ppc	Outreach	System Support	Total Grant earned	Average grant spend-down	Active cases at PWI rate	Monthly % Active cases to assigned cases	Direct Service spend down	Outreach Spend down	% increase Pregnant Women
July			\$0		\$641					\$6,409	0	0%				
Aug			\$0		\$0	\$1,282				\$12,817	0					
Sept			\$0		\$0	\$1,023				\$10,226	0					
1st Q			\$0		\$0	\$1,923	\$0	\$0	\$0	\$19,226						
Oct			\$0		\$0	\$2,563				\$25,635	0					
Nov			\$0		\$0	\$3,204				\$32,043	0					
Dec			\$0		\$0	\$3,845				\$38,452	0					
2nd Q			\$0		\$0	\$3,845	\$0	\$0	\$0	\$38,452						
Jan			\$0		\$0	\$4,486				\$44,861	0					
Feb			\$0		\$0	\$5,127				\$51,269	0					
Mar			\$0		\$0	\$5,768				\$57,678	0					
3rd Q			\$0		\$0	\$5,768	\$0	\$0	\$0	\$57,678						
April			\$0		\$0	\$6,409				\$64,087	0					
May			\$0		\$0	\$7,050				\$70,495	0					
June			\$0		\$0	\$7,690				\$76,904	0					
			\$0		\$0	\$7,690	\$0	\$0	\$0	\$76,904						

Caseload Performance

- The primary fiscal measure of caseload performance is the number of **Active Cases** being served relative to the number of Assigned Cases
- To earn the 80% of the grant allocated to Direct Service, a provider needs to be at – or to average - the Assigned Caseload *for every month of the Fiscal Year.*
- The HSPR1023 Caseload Composition Report reports the Active Cases monthly out of Cornerstone

The HSPR1023

REPORT: HSPR1023

STATE OF ILLINOIS
CORNERSTONE
CASELOAD COMPOSITION REPORT
11/01/2013 - 11/30/2013

RUN DATE: 12/24/2013
PAGE: 1

AGENCY		IPCM	PREGNANT	INFANT	CHILD	OTHER
	ALL KIDS MEDICAID	0	49	49	27	
	ALL KIDS SCHIP	0	0	0	1	
	ALL KIDS EXPANSION	0	3	8	4	
	MOM/BABIES MEDICAID	0	19	34	5	
	DCFS	0	0	0	4	1
	TITLE20		0	0	0	
	TOTAL	0	71	91	41	1

Monthly caseload percentage

Active Caseload for the month can be calculated manually using the numbers of Pregnant Women ,Infants and Children eligible for payment

Pregnant Women(71) and Infants(91) = 162

Payable Children (41) x \$12.88 / \$27.04(PWI rate) = 20

182 Active / 190 Assigned = 96%

AGENCY		IPCM	PREGNANT	INFANT	CHILD
	ALL KIDS MEDICAID	0	49	49	27
	ALL KIDS SCHIP	0	0	0	1
	ALL KIDS EXPANSION	0	2	2	4
	MOM/BABY'S MEDICAID	0	19	34	5
	DCFS	0	0	0	4
	TITLE20		0	0	0
	TOTAL	0	71	91	41

Caseload Percentage – ASR

AGENCY		IPCM	PREGNANT	INFANT	CHILD
	ALL KIDS MEDICAID	0	49	49	27
	ALL KIDS SCHIP	0	0	0	1
	ALL KIDS EXPANSION	0	3	0	4
	MOM/BABIES MEDICAID	0	19	34	5
	DCFS	0	0	0	4
	TITLE20		0	0	0
	TOTAL	0	71	91	41

Month	PW Cases	Infant Cases	Pregnant Women and Infant (PWI) payment	Children Cases	Children payment	16% Case-Finding payment	ppc	Outreach	System Support	Total Grant earned	Average grant spend-down	Active cases at PWI rate	Monthly % Active cases to assigned cases
July	63	98	\$4,353	86	\$1,108	\$641	\$10	\$428	\$0	\$6,540	\$6,409	202	107%
Aug	65	94	\$4,299	92	\$1,185	\$1,282		\$1,247	\$0	\$13,912	\$12,817	203	107%
Sept	63	96	\$4,299	96	\$1,236	\$1,923		\$0	\$77	\$20,166	\$19,228	205	108%
1st Q			\$12,952		\$3,529	\$1,923	\$10	\$1,675	\$77	\$20,166	\$19,228		
Oct	68	86	\$4,164	87	\$1,121	\$2,569		\$1,114	\$0	\$27,205	\$25,635	195	103%
Nov	71	91	\$4,380	41	\$528	\$3,204		\$996	\$75	\$33,825	\$32,043	182	96%
Dec			\$4,002		\$425	\$3,845				\$38,893	\$38,452		
2nd Q			\$25,499		\$5,603	\$3,845	\$10	\$3,784	\$152	\$38,893	\$38,452		
Jan			\$0		\$0	\$4,486					\$44,861		
Feb			\$0		\$0	\$5,127					\$51,269		

REPORT: HSPR1023 STATE OF ILLINOIS CORNERSTONE CASELOAD COMPOSITION REPORT 11/01/2013 - 11/30/2013 RUN DATE: 12/24/2013 PAGE: 1

AGENCY		IPCM	PREGNANT	INFANT	CHILD	OTHER
[Redacted]	ALL KIDS MEDICAID	0	49	49	27	
	ALL KIDS SCHIP	0	0	0	1	
	ALL KIDS EXPANSION	0	2	2	4	
	MOM/BABIES MEDICAID	0	19	34	5	
	DCFS	0	0	0	4	1
	TITLE20		0	0	0	
	TOTAL	0	71	91	41	1

The payable cases on the HSPR1023 should match the cases on the HSPR1022

REPORT: HSPR1022 STATE OF ILLINOIS CORNERSTONE MONTHLY COST REPORT November 2013 RUN DATE: 12/21/2013 PAGE: 1

AGENCY	IPCM	Times 200.00	FWI	Times \$27.04	OC	Times \$12.88	10% MED	Total Cost	Total Cost	Award	IPCM Total Cost	IPCM Total Cost	IPCM Award
[Redacted] MEDICAID	0	\$0	151	4,083	32	2412	\$648	\$8,143			\$0		
[Redacted] DCFS	0	\$0	0	\$0	4	\$52		\$52			\$0		
[Redacted] NON-MEDICAID	0	\$0	11	\$297	5	\$64		\$361			\$0		
COMBINED MED/NON-MED/DCFS									\$8,556	\$6,479		\$0	\$0
TITLE XX				\$0	0	\$0		\$0	\$0	\$0		\$0	\$0
AGENCY TOTALS:									\$8,556	\$6,479		\$0	\$0

Case-finding grant allocation

- **Case-Finding** is 10% of the total grant .
- On the HSPR1022, 1/12th of the grant amount allocated for Case-Finding is automatically added to the monthly payment calculation for active cases

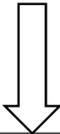
Example: \$77,748 Grant

Case-Finding allocation = \$7,775

Monthly payment calculated = \$648

The Case-Finding payment

AGENCY	IPCM	Times 200.00	PWI	Times \$27.04	OC	Times \$12.88	10% MED	Total Cost	Total Cost	Award	IPCM Total Cost	IPCM Total Cost	IPCM Award
MEDICAID	0	\$0	151	\$4,083	32	\$412	\$640	\$5,143			\$0		
DCFS	0	\$0	0	\$0	4	\$52		\$52			\$0		
NON-MEDICAID	0	\$0	11	\$297	5	\$64		\$361			\$0		
COMBINED MED/NON-MED/DCFS									\$5,556	\$6,479		\$0	\$0
TITLE XX			0	\$0	0	\$0		\$0	\$0	\$0			
AGENCY TOTALS:									\$5,556	\$6,479		\$0	\$0
									\$0	\$0			



The EDF Detail Information Report

- The EDF Detail Information Report is the name given by the Fiscal Department to the database used for FCM
- Cornerstone accesses this database to upload the monthly caseload payment calculations from the HSPR1022
- This database is continually updating, and is provided to the program administrator upon request

EDF Detail Information

Program Code: 300
 Program Name: Family Case Management - []

Provider: []
 Contract Number: R11G1432300
 Encumbrance Amount: \$77,748.00

Service Line	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Supp	Line Total	After Cl				
DORS ILT	194.00	190.00	190.00	<input type="checkbox"/> 190.00	194.00	194.00	<input type="checkbox"/> 50.00	77.00	77.00	<input type="checkbox"/> 51.00	51.00	51.00	<input type="checkbox"/> 0.00	1,103.00	\$0.00				
MEDICAID	3,069.00	3,062.00	3,025.00	<input type="checkbox"/> 3,054.00	3,973.00	3,933.00	<input type="checkbox"/> 4,000.00	4,119.00	3,930.00	<input type="checkbox"/> 3,961.00	4,217.00	5,315.00	<input type="checkbox"/> 0.00	46,419.00	\$0.00				
NON-MEDI	1,771.00	1,622.00	1,614.00	<input type="checkbox"/> 1,591.00	1,435.00	1,570.00	<input type="checkbox"/> 1,554.00	1,340.00	1,460.00	<input type="checkbox"/> 1,472.00	1,344.00	523.00	<input type="checkbox"/> 0.00	17,500.00	\$0.00				
OUTREAC	2,192.73	170.28	610.94	<input checked="" type="checkbox"/> 864.80	947.33	0.00	<input checked="" type="checkbox"/> 1,211.50	1,159.27	1,328.36	<input checked="" type="checkbox"/> 0.00	1,065.40	656.06	<input checked="" type="checkbox"/> 0.00	10,226.67	\$0.00				
PRIMARY	0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	\$0.00				
SYS SUPP	0.00	113.61	125.81	<input checked="" type="checkbox"/> 0.00	191.83	0.00	<input type="checkbox"/> 0.00	458.10	245.65	<input checked="" type="checkbox"/> 372.67	372.21	0.00	<input type="checkbox"/> 0.00	1,679.88	\$0.00				
TITLE XX	129.00	142.00	283.00	<input type="checkbox"/> 270.00	270.00	219.00	<input type="checkbox"/> 180.00	193.00	155.00	<input type="checkbox"/> 103.00	90.00	90.00	<input type="checkbox"/> 0.00	2,124.00	\$0.00				
Totals	8,005.73	6,007.89	6,276.75	5,507.80	6,921.16	5,328.00	7,038.50	7,376.37	7,254.01	6,002.67	7,203.61	6,276.06	0.00	81,362.85	\$0.00				
Lapse: 0.00														Adjusted Documentation: 81,362.85		Percent Documented: 104.65%		Total After Closeout: 81,362.85	

Wednesday, August 28, 2013

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The Fiscal Upload

- The payment calculations from the HSPR1022 are uploaded by Cornerstone into the fiscal database.
- These are the total payments for cases, including the monthly payment for Case finding

REPORT: HSPR1023 STATE OF ILLINOIS CORNERSTONE CASELOAD COMPOSITION REPORT 11/01/2013 - 11/30/2013 RUN DATE: 12/24/2013 PAGE: 1

AGENCY		IPCM	PREGNANT	INFANT	CHILD	OTHER
	ALL KIDS MEDICAID	0	49	49	27	
	Non-med ALL KIDS SCHIP	0	0	0	1	
	Non-med ALL KIDS EXPANSION	0	2	2	4	
	DCFS MEDICAID	0	19	34	5	
	DCFS	0	0	0	4	1
	TITLE20		0	0	0	
	TOTAL	0	71	91	41	1

The payable cases on the HSPR1023 should match the cases on the HSPR1022

REPORT: HSPR1022 STATE OF ILLINOIS CORNERSTONE MONTHLY COST REPORT November 2013 RUN DATE: 12/21/2013 PAGE: 1

AGENCY	IPCM	Times 200.00	FWI	Times \$27.04	OC	Times \$12.88	10% MED	Total Cost	Total Cost	Award	IPCM Total Cost	IPCM Total Cost	IPCM Award
	MEDICAID	0	\$0	151	4,083	32	2412	\$648	\$8,143		\$0		
	DCFS	0	\$0	0	\$0	4	\$52	\$52			\$0		
	NON-MEDICAID	0	\$0	11	\$297	5	\$64	\$361			\$0		
COMBINED MED/NON-MED/DCFS									\$8,556	\$8,479			
TITLE XX									\$0	\$0	\$0		
AGENCY TOTALS:									\$8,556	\$8,479	\$0	\$0	\$0
COMBINED MED/NON-MED/DCFS									\$8,556	\$8,479	\$0	\$0	\$0
TITLE XX									\$0	\$0			

REPORT: HSPR1022

STATE OF ILLINOIS
CORNERSTONE
MONTHLY COST REPORT
December 2013

RUN DATE: 01/06/14
PAGE: 1

REGION: 4

AGENCY	IPCM	Times 200.00	PWT	Times \$27.04	OC	Times \$12.88	10% MED	Total Cost	Total Cost
MEDICAID	0	\$0	127	\$3,704	26	\$335	\$648	\$4,687	
DCFS	0	\$0	0	\$0	2	\$26		\$26	
NON-MEDICAID	0	\$0	11	\$297	5	\$64		\$361	
COMBINED MED/NON-MED/DCFS									\$5,074
TITLE XX			0	\$0	0	\$0		\$0	\$0
AGENCY TOTALS:									COMBINED MED/NON-MED/DCFS \$5,074 TITLE XX \$0

Program Name: Family Case Management - Downstate

Provider: [REDACTED]

Contract Number: S11G3019300

Encumbrance Amount: \$76,903.77

Service Line	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Sept	Line Total
DCFS HLT	79.00	84.00	84.00	<input type="checkbox"/> 84.00	52.00	28.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	348.00
MEDICAID	2,632.00	5,578.00	5,829.00	<input type="checkbox"/> 5,483.00	5,116.00	4,887.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	28,123.00
NON-MEDI	3,348.00	453.00	452.00	<input type="checkbox"/> 372.00	388.00	381.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	5,274.00
OUTREAC	428.42	1,248.94	77.00	<input checked="" type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	1,752.45
PRIMARY	0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00
SYS SUPP	0.00	0.00	0.00	<input type="checkbox"/> 1,112.54	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	1,112.54
TITLE XX	52.00	39.00	39.00	<input type="checkbox"/> 13.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	143.00
Totals	6,539.42	7,278.94	6,281.00	7,045.54	5,556.00	5,074.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37,854.99

The Payment Calculation Report

- The Payment Calculation Report is a year-to-date summary of the fiscal database
- The report has a column for Paid Year-to-date and Balance Due.
- This report will show an Allowable Limit of 10% of the grant in the EDF section, once that amount is exceeded

VENDOR_NAME		\$1163019300	\$76,903.77	
Service Line	Line Amount	Allowable	Pd YTD	Bal Due
Comerstone	DCFS HLTHWK	\$349.00		
	MEDICAID	\$28,123.00		
	NON-MEDICAL	\$3,374.00		
	TITLE XXX	\$113.00		
		\$34,969.00	\$34,989.00	
EDF	OUTREACH	\$1,752.45		
	SYS SUPPORT	\$1,113.54		
		\$2,865.99	\$2,865.99	
PRIMARY CARE	PRIMARY CAR	\$0.00		
		\$0.00	\$0.00	
		\$37,854.99	\$37,854.99	\$17,067.57

Program Name: Family Case Management

Provider: _____

Contract Number: S11G3019300

Encumbrance Amount: \$76,903.77

Service Line	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Subt	Line Total
DCFS HLT	79.00	84.00	84.00	<input type="checkbox"/> 84.00	52.00	26.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	349.00
MEDICAID	2,802.00	5,576.00	5,829.00	<input type="checkbox"/> 5,489.00	5,116.00	4,887.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	29,123.00
NON-MEDI	3,348.00	453.00	452.00	<input type="checkbox"/> 372.00	388.00	361.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	5,374.00
OUTREAC	428.42	1,248.94	77.09	<input checked="" type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	1,752.45
PRIMARY	0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00
SYS SUPP	0.00	0.00	0.00	<input type="checkbox"/> 1,113.54	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	1,113.54
TITLE XX	52.00	39.00	39.00	<input type="checkbox"/> 13.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	142.00
Totals	8,509.42	7,379.94	6,281.00	7,045.54	5,596.00	5,074.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37,854.99

VENDOR_NAME: _____ S11G3019300 \$76,903.77

Service Line	Line Amount	Allowable	Pd YTD	Bal Due
Cornerstone	DCFS HLTHWK	\$349.00		
	MEDICAID	\$29,123.00		
	NON-MEDICAL	\$5,374.00		
	TITLE XX	\$143.00		
		\$34,989.00	\$34,989.00	
EDF	OUTREACH	\$1,752.45		
	SYS SUPPORT	\$1,113.54		
		\$2,865.99	\$2,865.99	
PRIMARY CARE	PRIMARY CAR	\$0.00		
		\$0.00	\$0.00	
		\$37,854.99	\$37,854.99	\$31,196.07
				\$13,067.57

Outreach/Support Services

- 10% of the grant can be earned by submitting expenditures for Outreach and Support Services .
- These are the only expenses that are entered on the Expenditure Documentation Form (EDF)

Expenditure Documentation Form

- Beginning in FY14, the EDF is sent directly to the Program Administrator for review and approval.
- Unlike other programs, the FCM EDF is not where all program expenses are documented to earn the grant.
- Only expenses up to 10% of the grant are eligible for payment

Documenting on the EDF

- During FY13, the Fiscal Department required that all agencies to submit the FCM EDF.
- Even if the provider earns the full grant from payments for active cases out of Cornerstone, a 0\$ EDF has to be submitted.

The Outreach “cap”

- If expenditures submitted for Outreach and Support Services exceed the 10% limit, the expenditures are capped in the Fiscal database so payment does not exceed 10%.
- All EDF expenditures are entered and totaled in the Detail Report
- Excessive Outreach is highlighted on the Payment Calculation Report if the “allowable limit” is exceeded.

VENDOR_NAME R11G1432300 \$77,748.00

	Service Line	Line Amount	Allowable	Pd YTD	Bal Due
Cornerstone	DCFS HLTHWK	\$1,183.00			
	MEDICAID	\$48,449.00			
	NON-MEDICAL	\$17,500.00			
	TITLE XX	\$2,124.00			
		\$69,256.00	\$69,256.00		
EDF	OUTREACH	\$10,226.67			
	SYS SUPPORT	\$1,879.88			
			\$7,774.80		
PRIMARY CARE	PRIMARY CAR	\$0.00			
		\$0.00	\$0.00		
		\$81,362.55	\$77,030.80	\$77,030.80	\$0.00

Grant Spend-down

- 90% of the FCM grant is payable out of Cornerstone for Active Cases and Case-Finding.
- If Assigned Caseload is **exceeded**, the grant will be spent-down through payments for those active cases
- If Assigned Caseload is **not** achieved, the remainder of the Direct Service portion of the grant will remain in the Fiscal System.

Tracking Grant Spend-down

Month	PW Cases	Infant Cases	Pregnant Women and Infant (PWI) payment	Children Cases	Children payment	10% Case-Finding payment	ppc	Outreach	System Support	Total Grant earned	Average grant spend-down	Active cases at FWI rate	Monthly % Active cases to assigned cases	Direct Service spend down	Outreach Spend down	% increase Pregnant Women
July	63	98	\$4,353	86	\$1,108	\$641	\$10	\$428	\$0	\$6,540	\$6,409	202	107%	107%	6%	0%
Aug	65	94	\$4,299	92	\$1,185	\$1,282		\$1,247	\$0	\$13,912	\$12,817	203	107%	107%	22%	3%
Sept	63	96	\$4,299	96	\$1,236	\$1,923		\$0	\$77	\$20,166	\$19,226	205	108%	107%	23%	0%
1st Q			\$12,952		\$3,529	\$1,923	\$10	\$1,675	\$77	\$20,166	\$19,226					
Oct	68	86	\$4,164	87	\$1,121	\$2,563		\$1,114	\$0	\$27,205	\$25,635	195	103%	106%	37%	8%
Nov	71	91	\$4,380	41	\$528	\$3,204		\$995	\$75	\$33,825	\$32,043	182	98%	104%	51%	13%
Dec	69	79	\$4,002	33	\$425	\$3,645				\$38,893	\$38,452	164	86%	101%		10%
2nd Q			\$25,499		\$5,603	\$3,845	\$10	\$3,784	\$152	\$38,893	\$38,452					
Jan			\$0		\$0	\$4,486					\$44,861	0				
Feb			\$0		\$0	\$5,127					\$51,269	0				
Mar			\$0		\$0	\$5,768					\$57,678	0				
3rd Q			\$25,499		\$5,603	\$5,768	\$10	\$3,784	\$152		\$57,678					
April			\$0		\$0	\$6,409					\$64,087	0				
May			\$0		\$0	\$7,050					\$70,495	0				
June			\$0		\$0	\$7,690					\$76,904	0				
			\$25,499		\$5,603	\$7,690	\$10	\$3,784	\$152		\$76,904					

Tracking Caseload and Indicators

The ASR tracks the impact of increases and decreases in cases.

2014 FISCAL YEAR		FY 14 Assigned Caseload (at PWI rate) 190										Grant Allocation for Outreach/System Support \$7,690		# Pregnant Women 7/1//13 63		
\$76,904 TOTAL GRANT																
Month	PW Cases	Infant Cases	Pregnant Women and Infant (PWI) payment	Children Cases	Children payment	10% Cas. Finding payment	PPC	Outreach	System Support	Total Grant earned	Average grant spend-down	Active cases at PWI rate	Monthly % Active cases to assigned cases	Direct Service spend down	Outreach Spend down	% Increase Pregnant Women
July	83	98	\$4,359	86	\$1,108	\$641		\$428	\$0	\$6,530	\$6,409	202	107%	107%	0%	0%
Aug	65	94	\$4,299	92	\$1,185	\$1,282		\$1,247	\$0	\$13,902	\$12,817	203	107%	107%	22%	3%
Sept	63	96	\$4,299	98	\$1,238	\$1,923		\$0	\$77	\$20,158	\$19,228	205	106%	107%	29%	0%
1st Q			\$12,957		\$3,529	\$1,893	\$0	\$1,675	\$77	\$30,456	\$18,926					
Oct	68	86	\$4,184	87	\$1,121	\$2,563		\$1,114	\$0	\$27,195	\$25,635	195	103%	106%	37%	8%
Nov	71	91	\$4,380	41	\$528	\$3,204		\$995	\$75	\$33,815	\$32,043	182	96%	104%	51%	13%
Dec	69	79	\$4,002	33	\$425	\$3,845				\$38,883	\$38,452	164	86%	101%		10%
2nd Q			\$25,409		\$5,603	\$3,845	\$0	\$3,784	\$152	\$38,883	\$38,452					
Jan			\$0		\$0	\$1,186					\$14,661	0				
Feb			\$0		\$0	\$5,127					\$51,209	0				
Mar			\$0		\$0	\$5,768					\$57,678	0				
3rd Q			\$25,499		\$5,603	\$5,768	\$0	\$3,784	\$152	\$57,678						
April			\$0		\$0	\$6,409					\$64,087	0				
May			\$0		\$0	\$7,050					\$70,495	0				
June			\$0		\$0	\$7,800					\$78,004	0				
			\$25,499		\$5,603	\$7,690	\$0	\$3,784	\$152	\$76,904						

Unexpended Grant Funds

- If the grant is **not** being spent-down through Direct Service , a Contract Amendment can de-obligate grant funds that would otherwise be “left on the table” by the end of the Fiscal Year.
- A Contract Amendment resets the grant spend-down amount for the entire Fiscal Year, and resets the Assigned Caseload.
- A “Funding Needs Adjustment” automated email is sent from CSA signaling the need for Budget revision.

The FCM Budget

- The FCM Budget that is started in July each year is based on earning the full grant.
- An Approved Budget is not a guarantee of full funding. It is an approval of the agency's use of the grant dollars to serve the Assigned caseload.
- The grant is then paid based on active cases, not program costs as detailed in the budget.

Right-sizing

- Caseload performance and Grant spend-downs are reviewed from previous Fiscal Years , and tracked and projected in the current Fiscal year .
- Grant dollars are de-obligated from programs that are projected to lose grant dollars ,and can be awarded to under-funded and partially funded programs.
- The right-sizing process serves to set achievable caseloads, and a to provide a realistic grant amount to Budget around.

Fiscal Close Out

- The Fiscal years ends with final calculations of:
 - ✓ payments calculated in Cornerstone (Active Cases, Case-Finding)
 - ✓ Outreach and Support Services expenditures from the EDFs
 - ✓ Primary Care claims (where applicable)
- Totals for the year are detailed and summarized on the Fiscal Reports

Grant not earned

VENDOR_NAME			R11G1522300	\$63,094.00
Service Line	Line Amount	Allowable	Pd YTD	Bal Due
Comerstone	DCFS HLTHWK	\$823.00		
	MEDICAID	\$36,389.00		
	NON-MEDICAL	\$10,288.00		
	TITLE XX	\$1,185.00		
		\$48,685.00	\$48,685.00	
EDF	OUTREACH	\$12,517.43		
	SYS SUPPORT	\$0.00		
		\$12,517.43	\$6,309.40	
PRIMARY CARE	PRIMARY CAR	\$2,135.79		
		\$2,135.79	\$2,135.79	
		\$63,338.22	\$57,130.19	\$0.00

Provider:

Contract Number: R11G1522300

Encumbrance Amount: \$63,094.00

Service Line	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Sept	Line Total
DGFG HLT	39.00	39.00	39.00	<input type="checkbox"/> 39.00	39.00	52.00	<input type="checkbox"/> 52.00	64.00	52.00	<input type="checkbox"/> 106.00	158.00	144.00	<input type="checkbox"/> 0.00	823.00
MEDICAID	3,040.00	3,108.00	3,067.00	<input type="checkbox"/> 3,197.00	3,013.00	2,901.00	<input type="checkbox"/> 2,904.00	3,067.00	3,013.00	<input type="checkbox"/> 2,863.00	2,864.00	3,442.00	<input type="checkbox"/> 0.00	36,389.00
NON-MEDI	1,026.00	1,013.00	905.00	<input type="checkbox"/> 851.00	824.00	851.00	<input type="checkbox"/> 959.00	931.00	904.00	<input type="checkbox"/> 958.00	742.00	324.00	<input type="checkbox"/> 0.00	10,288.00
OUTREAC	864.06	2,062.88	1,138.97	<input checked="" type="checkbox"/> 841.87	1,297.36	781.58	<input checked="" type="checkbox"/> 872.01	1,093.61	2,113.93	<input checked="" type="checkbox"/> 0.00	1,341.17	0.00	<input checked="" type="checkbox"/> 0.00	12,517.43
PRIMARY	96.44	48.22	159.26	<input checked="" type="checkbox"/> 144.86	96.44	189.66	<input checked="" type="checkbox"/> 280.85	205.18	294.66	<input checked="" type="checkbox"/> 237.88	144.66	237.88	<input checked="" type="checkbox"/> 0.00	2,135.79
OYO DU/P	0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00
TITLE XX	116.00	129.00	116.00	<input type="checkbox"/> 116.00	116.00	103.00	<input type="checkbox"/> 103.00	90.00	90.00	<input type="checkbox"/> 77.00	77.00	82.00	<input type="checkbox"/> 0.00	1,185.00
Total	5,181.50	6,420.10	5,425.23	5,199.53	5,385.79	4,878.24	5,170.86	5,448.79	5,467.59	4,241.88	5,326.83	4,195.88	0.00	63,338.22

Lapse: 0.00 Adjusted Documentation: 63,338.22 **Percent Documented: 100.39%** Total After Closeout: 63,338.22

VENDOR_NAME			R11G1522300	\$63,094.00	
	Service Line	Line Amount	Allowable	Pd YTD	Bal Due
Cornerstone	DCFS HLTHWK	\$823.00			
	MEDICAID	\$36,389.00			
	NON-MEDICAI	\$10,288.00			
	TITLE XX	\$1,185.00			
		\$48,685.00	\$48,685.00		
EDF	OUTREACH	\$12,517.43			
	SYS SUPPORT	\$0.00			
		\$12,517.43	\$6,309.40		
PRIMARY CARE	PRIMARY CAR	\$2,135.79			
		\$2,135.79	\$2,135.79		
		\$63,338.22	\$57,130.19	\$57,130.19	\$0.00

% Direct Service: \$48,685 - \$6309 (Case-Finding)= \$42, 376 (Case payments)

\$42, 376 (Case payments) / \$50,475 (80% grant for Direct Service)= **84%**

Cases served: \$42, 376 / \$27.04 / 12 (mos.) = 131

131 cases / 156 (assigned caseload)= **84%**

Grant earned on Active Cases

EDF Detail Information

Program Code: 300
 Program Name: Family Case Management -

Provider:

Contract Number: R11G1530300
 Encumbrance Amount: \$141,292.00

Service Line	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Sept	Line Total	After C
DCFS HLT	890.00	896.00	738.00	<input type="checkbox"/> 642.00	644.00	723.00	<input type="checkbox"/> 735.00	887.00	844.00	<input type="checkbox"/> 696.00	817.00	817.00	<input type="checkbox"/> 0.00	8,996.00	90.00
MEDICAID	8,736.00	8,506.00	8,371.00	<input type="checkbox"/> 8,278.00	8,601.00	8,774.00	<input type="checkbox"/> 8,223.00	8,522.00	8,210.00	<input type="checkbox"/> 8,155.00	8,530.00	11,354.00	<input type="checkbox"/> 0.00	104,303.00	90.00
NON-MEDI	3,753.00	3,984.00	4,145.00	<input type="checkbox"/> 4,090.00	4,253.00	4,010.00	<input type="checkbox"/> 3,966.00	4,010.00	3,943.00	<input type="checkbox"/> 3,738.00	3,466.00	647.00	<input type="checkbox"/> 0.00	44,005.00	90.00
OUTREAC	511.52	706.52	510.03	<input checked="" type="checkbox"/> 536.20	536.20	754.21	<input checked="" type="checkbox"/> 522.65	521.07	637.47	<input checked="" type="checkbox"/> 601.50	1,336.47	1,838.34	<input checked="" type="checkbox"/> 0.00	8,511.34	90.00
PRIMARY	279.79	310.17	152.71	<input checked="" type="checkbox"/> 192.88	245.68	95.77	<input checked="" type="checkbox"/> 209.61	200.29	91.51	<input checked="" type="checkbox"/> 244.89	233.24	150.55	<input checked="" type="checkbox"/> 0.00	2,518.89	90.00
SYS SUPP	116.77	178.16	116.77	<input checked="" type="checkbox"/> 116.77	116.74	154.76	<input checked="" type="checkbox"/> 116.77	116.77	116.77	<input checked="" type="checkbox"/> 116.77	261.93	428.70	<input checked="" type="checkbox"/> 0.00	1,664.68	90.00
TITLE XX	251.00	150.00	170.00	<input type="checkbox"/> 143.00	159.00	159.00	<input type="checkbox"/> 192.00	192.00	143.00	<input type="checkbox"/> 194.00	194.00	193.00	<input type="checkbox"/> 0.00	2,153.00	90.00
Totals	14,211.19	14,850.85	14,239.51	13,998.85	14,566.88	14,681.94	13,985.03	14,829.13	13,885.75	13,805.96	14,568.84	15,438.99	0.00	172,861.91	90.00

Lapse: 0.00 Adjusted Documentation: 172,861.91 Percent Documented: 122.34% Total After Closeout: \$172,861.91

VENDOR_NAME		R11G1530300	\$141,292.00
Service Line	Line Amount	Allowable	Pd YTD
Cornerstone	DCFS HLTHWK	\$8,996.00	
	MEDICAID	\$104,303.00	
	NON-MEDICAL	\$44,005.00	
	TITLE XX	\$2,163.00	
		\$159,467.00	
EDF	OUTREACH	\$8,911.34	
	SYS SUPPORT	\$1,964.68	
		\$10,876.02	\$10,876.02
PRIMARY CARE	PRIMARY CAR	\$2,518.89	
		\$2,518.89	\$2,518.89
		\$172,861.91	\$141,292.00
			50.00

Summary of Tools- *Cornerstone*

- The HSPR1023- Monthly Cornerstone Central Office count of Pregnant Women, Infants, and Children.

REPORT: HSPR1023		STATE OF ILLINOIS CORNERSTONE CASELOAD COMPOSITION REPORT 11/01/2013 - 11/30/2013			RUN DATE: 12/24/2013 PAGE: 1	
AGENCY		IPCM	PREGNANT	INFANT	CHILD	OTHER
	ALL RIDS MEDICAID	0	49	49	27	
	ALL RIDS SCHIP	0	0	0	1	
	ALL RIDS EXPANSION	0	3	8	4	
	MOM/BABIES MEDICAID	0	19	34	5	
	DCFS	0	0	0	4	1
	TITLE20		0	0	0	
	TOTAL	0	71	91	41	1

Summary of Tools- Fiscal Dept.

- The EDF Detail Report is the Fiscal database that has payment calculations from Cornerstone, and manual entries from expenditure forms (Outreach, Primary Care).

EDF Detail Information														
Program Code: 300														
Program Name: Family Case Management														
Provider: []														
Contract N []														
Encumbrance A []														
Service Line	JULY	AUGUST	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	SUPP	Line Total
DCFS HLT	79.00	64.00	64.00	<input type="checkbox"/> 64.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	271.00
MEDICAID	2,632.00	5,576.00	5,629.00	<input type="checkbox"/> 5,450.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	19,325.00
NON-MEDI	3,348.00	453.00	452.00	<input type="checkbox"/> 372.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	4,625.00
OUTREAC	428.42	1,246.94	77.00	<input checked="" type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	1,752.45
PRIMARY	0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00
BYS SUPP	0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00
TITLE XC	52.00	39.00	39.00	<input type="checkbox"/> 13.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	0.00	0.00	<input type="checkbox"/> 0.00	143.00
Totals	6,539.42	7,378.94	6,661.09	5,932.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26,111.45
Lapse: 0.00		Adjusted Documentation: 26,111.45				Percent Documented: 33.95%				Total After Closeout: 26,111.45				

Summary of Tools- Fiscal Dept

- The Payment Calculation Report summarizes each line from the Fiscal Database, caps the Outreach at 10%, and shows payments and balances.

VENDOR_NAME			R11G1432300	\$77,748.00	
	Service Line	Line Amount	Allowable	Pd YTD	Bal Due
Cornerstone	DCFS HLTHWK	\$1,183.00			
	MEDICAID	\$48,449.00			
	NON-MEDICAI	\$17,500.00			
	TITLE XX	\$2,124.00			
		\$69,256.00	\$69,256.00		
EDF	OUTREACH	\$10,226.67			
	SYS SUPPORT	\$1,879.88			
		\$12,106.55	\$7,774.80		
PRIMARY CARE	PRIMARY CAR.	\$0.00			
		\$0.00	\$0.00		
		\$81,362.55	\$77,030.80	\$77,030.80	\$0.00

Summary of Tools- DHS

- The ASR is in a trial version in FY14 and is not required to be used by the agencies.
- Use of the ASR will be supported at the program level .

FY14 Agency Status Report (ASR)- Downstate trial version

2014	FISCAL YEAR		FY 14 Assigned Caseload (at PWI rate)	0
			Grant Allocation for Outreach/System Support	\$0
	TOTAL GRANT		# Pregnant Women 7/1/13	0

Month	PW Cases	Infant Cases	Pregnant Women and Infant (PWI) payment	Children Cases	Children payment	10% Case-Finding payment	ppc	Outreach	System Support	Total Grant earned	Average grant spend-down	Active cases at PWI rate	Monthly Active cases to assigned cases	% Direct Service spend down	Outreach Spend down	% increase Pregnant Women
July			\$0		\$0	\$0					\$0	0				
Aug			\$0		\$0	\$0					\$0	0				
Sept			\$0		\$0	\$0					\$0	0				
1st Q			\$0		\$0	\$0	\$0	\$0	\$0		\$0					
Oct			\$0		\$0	\$0					\$0	0				
Nov			\$0		\$0	\$0					\$0	0				
Dec			\$0		\$0	\$0					\$0	0				
2nd Q			\$0		\$0	\$0	\$0	\$0	\$0		\$0					
Jan			\$0		\$0	\$0					\$0	0				
Feb			\$0		\$0	\$0					\$0	0				
Mar			\$0		\$0	\$0					\$0	0				
3rd Q			\$0		\$0	\$0	\$0	\$0	\$0		\$0					
April			\$0		\$0	\$0					\$0	0				
May			\$0		\$0	\$0					\$0	0				
June			\$0		\$0	\$0					\$0	0				
			\$0		\$0	\$0	\$0	\$0	\$0		\$0					

Conclusion

Understanding how the grant is presently administered will better prepare agencies for future changes

It is recommended that the tools and resources discussed in this presentation be used to :

- ✓ Monitor caseload composition, manage caseloads, and identify target populations
- ✓ Anticipate funding changes, prepare for funding changes, and advocate for funding changes based on cases served