



State of Illinois
Illinois Department on Aging

Community Care Program **LEGAL ENTITY APPLICATION FOR PROVIDER CERTIFICATION**

GENERAL INSTRUCTIONS

Each application must be complete, including all required documentation. If information is missing, the applicant will be given one opportunity to submit the additional information before the application is denied and re-submission is required.

Do not leave any questions blank. If the question does not apply to your agency, write N/A. Include all attachments at the back of the application **IN THE ORDER IN WHICH THEY ARE REQUESTED.**

PART A: APPLICANT INFORMATION

LEGAL NAME OF APPLICANT AGENCY

Enter the legal name of the applicant agency, which is the name that appears on the legal structure documentation and is the name under which the agency files tax returns. **DO NOT** use a nickname or acronym, even if such nickname or acronym is used in casual or daily reference to your agency. Blanks are provided for including any additional names by which the applicant agency is known.

Attachment: Organization Chart

Attach an organization chart which displays overall business structure and how it will support CCP service. Highlight the responsible person(s) or unit(s).

ADMINISTRATIVE OFFICE

This is the address which the Department will use for all official correspondence and the address at which the authorized representative(s) of the applicant agency may be contacted.

APPLICANT'S AUTHORIZED REPRESENTATIVE

An Authorized Representative of the applicant agency is an owner, officer, employee or other designated person, who has the authority to commit the agency to a financial obligation and/or a contractual responsibility.

PART B: ORGANIZATIONAL INFORMATION

LEGAL STRUCTURE

“Legal Structure” is defined as the type of structure under which your agency is organized to do business (i.e., the type of entity or structure under which your agency files tax returns). “Current” is defined as within one (1) year before the date of application submission.

The addresses set out below are to be used in Illinois to obtain the required legal structure documentation applicable to your agency:

INDIVIDUAL/SOLE PROPRIETORSHIP OR PARTNERSHIP

Required Documentation:

“Certificate of Ownership of Business”

Source: There is no single source for this documentation. You must contact the County Clerk’s office in each county in which you intend to provide service to obtain the certificate for that county.

CORPORATION OR LIMITED LIABILITY COMPANY (domestic or foreign)

Required Documentation:

A current “**Certificate of Good Standing**,” renewed annually.

Source: Office of the Secretary of State. See website at www.cyberdriveillinois.com and go to Business Services.

NOT-FOR-PROFIT CORPORATION (domestic or foreign)

Required Documentation:

A current “**Certificate of Good Standing**,” renewed annually,
(see above for Source)

and either,

A current “**Letter of Good Standing**,” renewed annually,

OR

A “**Letter of Exemption**” (applicable only if your agency is a religious organization **or** is affiliated with a religious organization) – no annual renewal required

Source: Office of the Attorney General
Charitable Trust and Solicitation Division
100 West Randolph Street - 3rd Floor
Chicago, Illinois 60601
(312) 814-2595

UNIT OF STATE GOVERNMENT

Required Documentation:

You must obtain a copy of a **letter** from the Director, or head of the agency, citing its statutory authority to enter into a contractual agreement to provide service.

UNIT OF LOCAL GOVERNMENT

Required Documentation:

You must obtain a copy of a **resolution** or **ordinance**, passed by the governing body of the unit of local government, authorizing your agency to apply for certification and to execute a contractual agreement with the Illinois Department on Aging. List designated individual for signature.

Attachment: Legal Structure Documentation

Attach relevant documentation based upon applicant agency legal structure.

AUTHORIZED REPRESENTATIVES OF THE APPLICANT AGENCY

List other individuals with the authority to commit the applicant agency to a financial obligation and/or a contractual responsibility.

PART C: FINANCIAL INFORMATION

ILLINOIS DEPARTMENT OF HUMAN RIGHTS (IDHR) NUMBER

Your agency's application must include an Illinois Department of Human Rights (IDHR) number. Apply at the IDHR website, www.state.il.us/dhr, go to IDHR forms and scroll down to Public Contractor Registration Form.

COMPLETED W-9 FORM

If your agency's Request for Taxpayer Identification Number and Certification (W-9) is **not** on file with the Illinois Office of the Comptroller, attach a completed W-9 form to this application. The Department will forward the W-9 form to the Office of the Comptroller upon certification and issuance of a Provider Agreement.

Attachment: Financial Information

Attach W-9 form, if applicable

Attach Audited Financial Report

Report must include balance sheet, income statement, statement of cash flow and all applicable notes for the last complete fiscal year.

Attach Agency Business Plan

Attach Bank Reference(s)

Submit references for each account maintained by your agency

Attach Budget Narrative

Submit budget narrative which discusses plans to monitor/analyze the budget and to cover potential cash flow problems and year-end deficits.

INSURANCE

Insurance policies must be available for inspection by the Department.

PART D: COMPUTER CAPABILITIES

In order to bill for services provided to CCP clients, you must have a PC running Internet Explorer 6.01 or higher with Adobe Acrobat reader and Active X enabled.

PART E: BUSINESS PRACTICE HISTORY

Attachment: Business Practice Documentation

Attach narrative and a copy of the determination issued by the applicable licensing body, business issuer, court, or federal/state agency for any item checked under Past Business Practices.

REFERENCES OR LETTERS OF RECOMMENDATION

Provide a minimum of five references or letters of recommendation.

Examples: Persons who have been served by the provider, nonprofit or business organizations or governmental bodies that have observed the operations and/or services of the provider, employees of the provider, an Area Agency on Aging, etc. The references must be from a diverse group of knowledgeable entities.

Attachment: References

Attach five (5) reference letters or letters of recommendation.

PART F: SERVICE INFORMATION

The Department must contract with organizations having adequate capacity and relevant experience in order to assure quality service to Community Care Program clients.

Community Care Program rule Section 240.1505 (a)(5) requires the following experience for certification as a provider of CCP services:

For prospective **in-home service** providers: A minimum of **three** years experience in business operations providing in-home service, **one** of which must be in Illinois.

Note: Licensure [210 ILCS 55] by the Illinois Department of Public Health does not fulfill the experience requirement or the documentation requirement for in-home service provision.

For prospective **adult day service** provider agencies: A minimum of **two** years experience in business operations providing adult day service.

If you are applying for certification to provide both services, you must submit documentation meeting the individual experience requirement for each service which proves that your agency meets the required years of experience in business operations and that the service is comparable to CCP.

Documentation should be **no more** than **5** pages per service and must be in sufficient detail to allow an adequate Department evaluation. If the documentation submitted does not prove to the Department that your agency has the required experience, your application will be rejected.

Documentation should include, but is not limited to:

1. A brief history of your organization, including the founding date, overall philosophy, mission statement and familiarity and experience with the type of service. Include any informational brochures or other publicity developed for your agency. The Department must be able to inspect records documenting service experience.
2. A sample client care plan, which includes services comparable to CCP service components.
3. A comprehensive listing of contracts or grants that have been successfully completed, as evidence of applicant's ability to successfully complete services required by the Department. These contracts may be with other funding sources or dated agreements with past and current clients. A description of all such contacts, including effective dates and services provided, should be included to show how such contracts relate to the ability of the organization to provide Community Care Program services.

EXPERIENCE ADJUSTMENTS

The Department may make adjustments to the experience requirements, pursuant to CCP rule Section 240.1505 (a)(2)(B) for accreditation by an appropriate national organization for the service applied for or when such an adjustment is in the best interests of the CCP.

ACCREDITATION

If you wish to request an adjustment based upon accreditation, submit documentation from the accrediting organization indicating that your agency holds a current accreditation for the applicable service.

For in-home services, the following national accreditation organizations are acceptable:

- Accreditation Commission for Health Care (ACHC)
- Community Health Accreditation Program (CHAP)
- The Joint Commission (JCOA)

For adult day services, the following national accreditation organization is acceptable:

- Commission on Accreditation of Rehabilitation Facilities (CARF)

Consideration of other accreditation organizations may be requested in writing with supporting documentation regarding the particular competency requirements for another designation.

OTHER ADJUSTMENTS

If you wish to request an adjustment to the experience requirement for other reasons, such as substituting management team experience for agency experience, submit documentation of **no more** than **5** pages explaining the exception you are requesting and why it would be in the best interests of CCP clients and the CCP program to grant this exception.

For example, if you are requesting substitution of management team experience for agency experience, provide detailed resumes which include relevant qualifications and experience of individuals; training; position in the agency; years and types of experience; duties each will perform under the agreement, if issued; and certifications or other professional credentials.

Attachment: Experience/Exception Documentation

Attach documentation of experience, accreditation or exception for each service to which you applied.

PART G: PERSONNEL

The applicant must have policies and procedures on file to meet the requirements of the Community Care Program rules including, but not limited to, Sections 240.1510 and 240.1520. Policies and procedures must be available for inspection by the Department.

Attachment: Policies and Procedures

Attach policies and procedures for:

1. Job descriptions
2. Wage ranges
3. Employee benefits
4. Promotion and evaluation criteria
5. Grievance procedures

PART H: APPLICANT CERTIFICATIONS

If signed by a person not listed as an Authorized Representative, your application will be rejected and must be re-submitted.

ATTACHMENT CHECK LIST

This check list is provided for the convenience of the applicant to ensure that all required attachments are included with this application. The Department will not review an incomplete application.