**APPLICATION FOR CERTIFICATION UNDER THE SUPPORTIVE LIVING PROGRAM DEMENTIA CARE SETTING**

This is an application to participate in the Illinois Department of Healthcare and Family Services (HFS) Supportive Living Program (SLP) as a Dementia Care Setting (DCS) provider. Approved applicants will go through the SLP DCS certification process. Approved providers that are successfully certified as SLP DCS providers will be eligible to receive reimbursement for services as outlined in the state’s 1915(c) [Supportive Living Program Waiver](https://www2.illinois.gov/hfs/SiteCollectionDocuments/CurrentlyActiveWaiverSLP.pdf) and [89 Ill. Adm. Code 146 Subpart B and E](https://www.ilga.gov/commission/jcar/admincode/089/08900146sections.html) .

**Key Dates:**

**Request Letter of Intent (non-binding):** Submit by mail or email on or before April 19, 2023, to (see Appendix D):

Department of Healthcare & Family Services OR HFS.SLF@illinois.gov

Bureau of Long Term Care-Supportive Living Program

201 South Grand Avenue East, 3rd Floor

Springfield, Illinois 62763-0002

The Letter of Intent should include the name of the applicant and the city and zip code of the proposed SLP DCS community. A letter of intent is not an application requirement.

**Applicant Questions:** Submit to HFS.SLF@illinois.gov .

**Deadline for Application Submission:** Two unbound hard copies of the application and all attachments must be postmarked or delivered in person no later than May 31, 2023,

5:00 p.m. (CST) to:

Department of Healthcare & Family Services

Bureau of Long Term Care-Supportive Living Program

201 South Grand Avenue East, 3rd Floor

Springfield, Illinois 62763-0002

**Electronic copies will not be accepted.**

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 **1. Background**

The Department of Healthcare and Family services (HFS) is seeking qualified providers to apply to the Illinois Medicaid Supportive Living Program (SLP) to provide services in Dementia Care Settings (DCS). HFS administers the Illinois SLP that offers alternatives to institutional care for the elderly and physically disabled. The SLP is operated under Illinois’ 1915 (c) Home and Community Based Services (HCBS) Medicaid Waiver, which allows states to offer non-traditional Medicaid services. The goal is to help SLP residents remain in the community and to prevent or delay institutionalization.

SLP residents who meet nursing home level of care receive long-term services and supports in state approved residential settings. Services include routine health assessments by licensed nurses, social and health promotion, personal care assistance, laundry, housekeeping, and 24-hour staff response. A detailed list of service requirements is presented in Section 2.2.4. and 2.3.3 and available at [89 Ill. Adm. Code 146 Subpart B and E](https://www.ilga.gov/commission/jcar/admincode/089/08900146sections.html) .

SLP DCSs allow individuals with cognitive impairments the option of remaining in a community setting while providing the added safety intervention of delayed egress and other supports. In addition to services and requirements associated with conventional SLP settings, the DCS must provide three daily well-being checks and at least three daily scheduled activities.

The SLP DCS offers services to eligible individuals ages 65 and older who exhibit symptoms related to internal pathological changes in the brain. Those symptoms must affect the individual’s intellectual and social abilities severely enough to interfere with daily functioning that make it unsafe for them to reside alone. Examples of diagnoses that could meet this definition include Alzheimer’s disease, dementia, Pick’s disease, brain injury, or brain atrophy.

HFS is responsible for certifying providers as qualified to deliver SLP and DCS services. The application process examines a wide range of factors such as: financial stability, business experience, knowledge and experience in working with the elderly, including those with cognitive impairments, record of non-compliance with SLP and other state programs and building schematics .

Certification occurs initially when a SLP provider becomes operational and can admit residents. It continues on an annual basis through an on-site review process. Initial HFS certification involves the review and approval of resident contracts, policies and procedures, emergency plans and quality assurance plans. Additionally, an on-site visit allows for the examination of approved local inspections, as well as the identification of compliance with required structural components, building maintenance and cleanliness, working building systems, staff background checks, qualifications and training. Final certification requires a review of resident records, apartment observations and interviews. An annual certification review combining the components of the initial and final certification processes is conducted at each SLP provider setting. Annual certification reviews determine if providers remain in compliance with program requirements.

**2. General Information**

**2.1 Provider Eligibility Requirements**

The DCS Application is open to any provider who can meet the certification criteria as outlined in [89 Ill. Adm. Code 146 Subpart B and E](https://www.ilga.gov/commission/jcar/admincode/089/08900146sections.html) and summarized in Section 2.2 of this Application. A site can be certified when program requirements are met within 180 calendar days of an approved application.

Providers that are currently certified as SLP providers may apply for the DCS program and will need to meet additional criteria for all DCS units. Criteria specific to certification for DCS units is outlined in [89 Ill. Adm. Code 146 Subpart B and E](https://www.ilga.gov/commission/jcar/admincode/089/08900146sections.html) and summarized in Section 2.3 of this application.

**2.2 Supportive Living Program Requirements**

 **2.2.1 Facility Requirements**

Supportive Living Program (SLP) settings must comply with all accessibility standards of the Americans with Disabilities Act of 1990 (42 USC 12101 et seq.) and must meet all requirements of the Illinois Accessibility Code (71 Ill. Adm. Code 400).

All SLP settings must comply with the 89 Ill. Adm. Code 146.210 Structural Requirements, including individual apartments with entrance doors that lock from the inside, bedroom doors for all shared apartments, and individual heating and cooling controls.

**2.2.2 Staffing Requirements**

SLP settings must comply with all staffing requirements as outlined in 89 Ill. Adm. Code 146.235. All SLP settings must employ a manager who must be on the premises during regular business hours. The SLP setting shall have licensed and certified staff sufficient in number to meet the needs of the population being served. Licensed nurses or certified nursing assistants (CNA) on duty at the SLP setting shall not be utilized in an adjoining or other part of the building not certified as the SLP. This includes, but is not limited to, a nursing facility, assisted living facility, and independent living facility.

 **2.2.3 Certification Requirements**

To become certified, SLP settings must meet all requirements codified in 89 Ill. Adm. Code 146.215 (c). Once an applicant has been approved, they will be required to complete the rest of the certification process that includes:

* Submitting a certificate of compliance signed by an architect that certifies that the project complies with applicable codes and all structural requirements found in 89 Ill Adm. Code 146.210 and 146.610.
* Submitting for approval prior to use a model of every type of resident contract to be used by the SLP.
* Submitting for approval all policies including but not limited to resident safety and wellness plans, employment policies and procedures, emergency procedures, resident discharge and appeal policies, and facility policies such as waste removal, water temperature control, and infectious disease control.
* Undergoing an on-site certification review by HFS.
* Enrolling to participate in the Medical Assistance Program in accordance with 89 Ill. Adm. Code 140.11 and executing a provider agreement with HFS.

 **2.2.4 Service Requirements**

An SLP must combine housing, personal, and health related services in response to the individual needs of residents who need help in activities of daily living. Supportive services shall be available 24 hours per day to meet scheduled and unscheduled needs in a way that promotes resident self-direction and participation in decisions that emphasize independence, individuality, privacy, dignity and autonomy in a residential setting. The following services must be provided by SLPs as outlined in 89 Ill Adm. Code 146.230:

**2.2.4.1 Nursing Services:** An SLP must provide nursing services as needed including medication management, episodic and intermittent health promotion or disease prevention counseling and teaching self-care in meeting routine and special health care needs.

**2.2.4.2 Personal Care Services:** An SLP must provide personal care services for residents, including but not limited to assistance with bathing, eating, dressing, personal hygiene, grooming, toileting, ambulation and transfer.

**2.2.4.3 Meal Services:** An SLP must provide three meals per day, or two meals per day (noon and evening meals) and a breakfast bar. The menu shall include food choices that allow a resident to choose foods that will meet the requirements of a therapeutic diet as ordered by a resident's physician. The menu for each resident shall meet the basic food pattern for a general diet for an adult following the recommendations of the Food and Nutrition Board, National Academy of Sciences.

**2.2.4.4 Laundry Services:** An SLP must provide for the appropriate handling, cleaning, and storage of routine personal laundry, laundry soiled with body secretions and all other laundry. This includes all detergent and fabric softeners required to perform normal routine laundry service at no cost to the resident.

**2.2.4.5 Housekeeping Services:** The SLP must provide for general housekeeping services at least weekly (house cleaning, bed making, changing of linens, dusting and vacuuming).

**2.2.4.6 Maintenance:** The SLP must maintain all residential apartments in good repair. The SLP shall keep the building and grounds clean and free of hazards, with all systems maintained in good working order.

**2.2.4.7 Social and Recreational Programming:** The SLP must provide for opportunities for social and recreational programming at least twice weekly which should include both on-site and off-site activities.

**2.2.4.8 Ancillary Services:** The SLP shall provide or arrange transportation, at no charge to the residents, for scheduled shopping, community and social activities. The community outings shall reflect the interests, choices and needs of the residents and be scheduled on a regular basis and be reflected in the residents' calendar.

**2.2.4.9 24 Hour Response/Security Staff:** The SLP shall have response/security staff awake and available on the premises 24 hours a day to respond to scheduled or unpredictable needs and emergency calls from residents. Staff shall possess certification in emergency resuscitation. The SLP shall provide security 24 hours a day, including lockable entrances (accessibility controlled by SLP staff for security purposes during overnight hours) and on-site personnel. All residents shall have 24-hour access.

**2.2.4.10 Health Promotion and Exercise Programming:** The SLP must develop programs to be held not less frequently than three times per week geared toward promoting better health and fitness of the residents. These programs are in addition to the social and recreational programming described in this Section.

**2.2.4.11 Emergency Call System:** The SLP shall ensure that at least two electronic devices are available in each apartment to enable the resident to secure help in an emergency. At least one device shall be located in each bathroom. The requirement for additional devices shall be met with a device located in each bedroom or through a portable emergency home response system.

**2.3 Dementia Care Setting Requirements**

**2.3.1 Facility Requirements**

All SLP DCSs must comply with the 89 Ill. Adm. Code 146.610 Structural Requirements. Each DCS shall consist of no more than 20 apartments within each DCS located within an: existing SLP community, attached to an existing SLP community or in a freestanding SLP DCS. Apartments designated for a dementia care unit shall not be located above the second story and shall be contiguous. Each DCS unit shall have alarmed doors with delays requiring a resident to hold the push bar for several seconds before opening. This applies to all doors exiting the DCS. Each individual residential unit shall have a sink, microwave, and refrigerator with a separate freezer compartment. The DCS shall have a dining area separate from the dining area of the general population of the SLP community. This provision does not apply to a freestanding SLP DCSs. The DCS shall have at least one common area for every ten residents to provide residents with space for socialization. The dining room may be used as one of the common areas. Access to private or public outdoor recreation areas shall be available to residents of the DCS. Outdoor recreation areas shall be secure. Common areas shall be available that are separate from those used by the general SLP community population. Residents in the DCS shall have the use of the SLP resident laundry room with SLP provider staff oversight.

**2.3.2 Staffing Requirements**

SLP DCS settings must also comply with all staffing requirements as outlined in 89 Ill. Adm. Code 146.660. A minimum of one CNA for every 10 residents is required. CNAs on duty in the DCS cannot work in the non-dementia SLP setting during the same shift. A licensed nurse may be utilized for the 1:10 ratio as long he/she is actively providing direct care to residents during their shift. Licensed nurses or CNAs on duty at the SLP setting shall not be utilized in an adjoining or other part of the building not certified as the SLP. This includes, but is not limited to, a nursing facility, assisted living facility, and independent living facility.

 **2.3.3 Service Requirements**

The following services must be provided in all SLP DCSs as outlined in 89 Ill Adm. Code 146.640:

**2.3.3.1 Medication Administration and Oversight:** Residents of the DCS shall not be allowed to self-administer medications. At a minimum, SLP medication management services shall include set up, verbal reminders, and documentation by CNA or licensed nurse, as applicable, that medication was taken or refused. All medication administration shall be delivered by a licensed nurse.

**2.3.3.2 Social and Recreational Programming:** Activities shall be suitable for residents with dementia, and may be shared with residents in the general SLP community as appropriate. Activities for residents of the DCS shall be carried out no less than three times a day. Activities shall include group socialization with the SLP setting and in the larger community.

**2.3.3.3 Daily Checks:** The SLP shall implement a system to check on the welfare of each DCS resident no less than three times a day, at least once per shift.

**2.3.3.4 Delivery of Mail:** The SLP may develop its own policy for mail delivery by having SLP provider staff deliver mail to the DCS or arranging for a specific time for residents to pick up their mail with staff supervision.

**2.3.3.5 Smoking:** Residents of the dementia care unit who smoke shall be supervised when smoking in accordance with SLP provider policy.

**3. Evaluation and Selection Process**

Submitted applications will be reviewed for completeness (see Appendix C). Incomplete applications will not be evaluated as part of the selection process. Department designated staff will evaluate complete applications utilizing a standardized scoring tool developed prior to the submission of applications.

The scoring tool will review responses to application questions, including, but not limited to dementia care experience, schematic plans, compliance with federal Home and Community Bases Services setting rules and financial strength. The scoring tool review areas and associated points are as follows:

|  |  |
| --- | --- |
| Application Area | Maximum Points |
| Experience and Management Serving Persons with a diagnosis of Alzheimer's disease, related dementia, cognitive impairment and health care experience. | 13 |
| Financial Strength | 21 |
| Site and Building Requirements | 12 |
| Transition Plan | 5 |
| Readiness Plan | 5 |
| Program Operation* Staff recruitment, hiring, training and retention.
* Pre-admission processes.
* Person-centered planning.
* Service provision.
* Nutrition, health monitoring and wellness.
* Activities.
* Responding to behaviors.
* Elopement prevention and response.
* Resident safety.
 | 44 |
| Total Points | 100 |

Applicants that fully complete their application and meet a minimum preliminary threshold score of 47 points out of a possible 56, including a minimum financial strength score of 16, will be offered an interview with the Department. The total of 56 points is derived by totaling all available application points, excluding the Program Operation section.

Applicants that do not fully complete the application, or are missing necessary information, will be notified and allowed 14 calendar days to submit revisions to their application. Applicants that fail to timely revise their application, and/or fall into one of the following categories, will be denied and will not receive an interview:

1. Individuals or entities that have been terminated or barred, suspended, etc. from any program under federal law; have not been reinstated; or been convicted of a criminal offense related to provision of health care items or services in the last ten years.
2. Proposed new construction.
3. Failure to meet federal Home and Community Based Services community setting rules [CMS Summary of HCBS Setting Requirements](https://www.medicaid.gov/sites/default/files/2019-12/requirements-for-home-and-community-settings.pdf)
4. Failure to comply with the 89 Ill. Adm Code Section 146.210 and 146.610 Structural Requirements. [89 Ill. Adm. Code 146 Subpart B and E](https://www.ilga.gov/commission/jcar/admincode/089/08900146sections.html) .
5. Failure to comply with 305 ILCS 5/5-5.01a (d) regarding mixed use buildings. [Illinois Public Aid Code](https://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=030500050HArt%2E+V&ActID=1413&ChapterID=28&SeqStart=11600000&SeqEnd=33400000&Print=True)
6. Inability to be ready for certification within 180 calendar days of an approval.
7. Inclusion of new non-dementia SLP apartments.

Applicants with a compliance history within the past year that includes an immediate jeopardy, or patterns of non-compliance involving serious or extensive health or safety issues, may not be selected for interview.

Applicants who are not offered an interview will be notified by decision letter and may appeal HFS’s decision using the instructions below.

Applicants that successfully meet the above criteria will be offered an interview with the Department. Applicants will be notified in writing of the interview date and time. Interviews will be conducted remotely; however, applicants may request an in-person interview by emailing HFS.SLF@illinois.gov within 7 calendar days of receipt of the Department’s notification. All in-person interviews will be held at 201 South Grand Avenue East, Springfield, Illinois. Interviews will be 1-hour in length. No extensions of time will be allowed. All applicants that complete an interview will receive a letter from the Department notifying them of the application decision. Approved applicants will be required to have their DCS operational within 180 calendar days. Denied applicants may appeal the Department’s decision using the instructions below.

**4. Appeals**

A written request to appeal a denial decision by the Department may be submitted within 30 calendar days to:

Department of Healthcare and Family Services

ATTN: Bureau of Waiver Operations Management-SLP DCS Appeal

201 South Grand Avenue East, 2nd Floor

Springfield Illinois 62763 -0002

Appeal requests must contain a clear and sufficient reason as to why the HFS’s decision should be reversed. Supportive documentation may be included with the appeal, but any documentation that was not submitted with the application will receive lesser weight in the Department’s appeal decision. Appeals will be reviewed and decided by a different unit within the Department than made the initial decision. Hearings will not be provided. The Department will rule on all appeals within 120 days after the date of the appeal, except in rare instances where the Department may require additional time. Applicants may seek review of the Department’s appeal decision with the Circuit Court.

APPENDIX A: Fillable Application

 APPLICATION FOR CERTIFICATION UNDER THE

**SUPPORTIVE LIVING PROGRAM**

## DEMENTIA CARE SETTING

**BACKGROUND & GENERAL INFORMATION 0 Points**

1. Applicant Name:
2. Street Address:       City:       State:

Zip Code

1. Phone Number:       Fax Number:       E-Mail Address:
2. Name of the Supportive Living Program (SLP) Dementia Care Setting (DCS):
3. Street Address:       City:       State:

Zip Code:

1. Phone Number (if known):       Fax Number (if known):
2. Contact Name:       Phone Number:

E-mail Address:

1. List the name and address of each related party as defined in 89 Ill. Adm. Code 146.205.
2. Identify any relationship with any person or related party doing business with the Department. State the nature of the relationship with the Department; in particular, identify any SLP community, nursing facility or sheltered care facility in Illinois owned or operated by the owner or related party.

10. On a separate attachment, list all deficiencies issued within the last four years to any facility in the State of Illinois owned or operated by the applicant or a related party (including anyone identified in items 16 through 19), as follows:

1. For nursing facilities participating in the Medicare or Medicaid Program, all deficiencies with a scope and severity rating of “G” or higher, listed by facility name and the date the deficiency was issued (On-line Survey Certification and Reporting System (OSCAR) reports for the last four years will satisfy this requirement.
2. For sheltered care facilities and other nursing facilities not participating in the Medicare or Medicaid Program, all deficiencies with a scope and severity rating of “Type A”, listed by facility name and the date the deficiency was issued.

11. List the names and addresses of all owners of the site and building where the DCS will be located. If the site and building are owned by a non-profit entity, list the name of the entity and the names and addresses of the members of the board of directors.

12. List the names and addresses of all owners of the DCS operation. If the owner of the operation is a non-profit entity, list the name of the entity and the names and addresses of the members of the board of directors.

13. List the names and addresses of all service providers that are contracting or will be contracting with the DCS.

14. List the name and address of the management agent, if known.

15. List the name and address of the manager of the DCS, if known.

16. Indicate whether the owner, operator or management agent has directly received, or received through a corporation in which he or she has at least five percent interest, any compensation in the last three years from any agency, board or authority of the State of Illinois, the United States Department of Health and Human Services, the United States Department of Housing and Urban Development or any local housing authority. Identify the owner, operator or management agent, corporation, the payor and the year the compensation was received. Compensation does not include loans acquired by the owner, operator or management agent from the governmental entities identified above.

17. Indicate whether any individual or entity listed in items 16 through 19: (i) is or has been terminated, barred, suspended or otherwise excluded from participation in, or has voluntarily withdrawn as the result of a settlement agreement from, any program under federal law, including any program from the United States Housing and Urban Development and Titles XVIII, XIX, XX or XXI of the Social Security Act; (ii) has not been reinstated in the Medical Assistance Program or Federal health care programs after a period of exclusion, suspension, debarment or ineligibility; or (iii) has been convicted of a criminal offense related to the provision of health care items or services in the last ten years. Please provide details.

1. Attach any letters of community support from local government.

**EXPERIENCE 13 Points**

1. Describe any experience the operating entity has with providing SLP, assisted living, shelter care, nursing facility or home health care services. Applicants must demonstrate experience with serving persons with a diagnosis of Alzheimer's disease, related dementia or other conditions impacting cognition.

**SITE & BUILDING REQUIREMENTS 12 Points**

1. Designate whether the proposed DCS is: (check one)

[ ]  Certified SLP Site [ ]  Licensed Shelter Care

[ ]  Approved SLP Site [ ]  Occupied existing building

[ ]  Licensed Assisted Living [ ]  Unoccupied existing building

2. Indicate the number of apartments set aside for single and double occupancy.

a. Single:

b. Double:

3. Indicate the maximum number of residents (including double occupancy apartments) the DCS will have the capacity to serve at any one time:

4. Indicate the maximum number of apartments the DCS will have available. (These estimates are non-binding on the applicant)

1. Estimated number of apartments for Medicaid residents:
2. Estimated number of apartments for private pay residents:

5. Attach proof of site control if the site is not already approved or certified for the SLP or licensed as Assisted Living or Shelter Care.

**SITE & BUILDING REQUIREMENTS 12 Points**

6. If the DCS will be located in a site currently approved or certified for the SLP, attach a copy of the building’s schematic plans prepared by an architect licensed in Illinois identifying the DCS. Plans should include typical apartment floor plan(s) and common areas. Additionally, include the percentage of common space available in the interior of the DCS, excluding hallways. Identify any unique features and amenities available to residents.

 If the DCS will not be located in a site approved or certified for the SLP, attach a copy of the building’s schematic plans prepared by an architect licensed in Illinois identifying the DCS. Plans should include typical apartment floor plan(s), common areas and elevations. Additionally, include the percentage of common space available in the interior of the DCS, excluding hallways. Identify any unique features and amenities available to residents.

7. If the DCS will not be located in a site approved or certified for the SLP or currently licensed as assisted living, or shelter care, attach proof of zoning approval or that an application for zoning approval has been filed.

8. If the DCS will not be located in a site approved or certified for the SLP or currently licensed as assisted living, or shelter care, attach a phase one environmental study and any other environmental studies that have been completed.

**PROGRAM OPERATION 44 Points**

1. Attach a narrative strategic plan for implementing and operating the DCS that includes, at a minimum:

* 1. Concept for providing housing and services under this model;
	2. Staffing plan (including the number of each type of staff that will be employed at opening and at full occupancy on all shifts and staff training);
	3. Staff recruitment and retention plan;
	4. Written narrative of how health care and personal care services will be provided. At a minimum, include: preadmission processes, resident assessment, service plan development, health monitoring, medication management, assistance with activities of daily living, social and health promotion activities, responding to behaviors and ensuring resident safety.

**PROGRAM OPERATION 44 Points**

2. Attach a written narrative of how the DCS will be compliant with Centers for Medicare and Medicaid Services (CMS) rules regarding person-centered planning and community setting requirements in Home and Community Based Services waiver settings [CMS Summary of HCBS Setting Requirements](https://www.medicaid.gov/sites/default/files/2019-12/requirements-for-home-and-community-settings.pdf) .

**TRANSITION PLAN 5 Points**

1. If the applicant is converting a building that is currently occupied, a transition plan must be attached. The transition plan must include the following elements:

1. The number of residents currently in the building and how many of those residents are projected to receive services in the DCS after certification.
2. How and when residents and their designated representatives will be informed of the transition to DCS, including program participation requirements, services, costs and any community remodeling plans. A general timetable is acceptable. Specific dates are not required.
3. How residents will be assisted with relocation if they do not qualify for the DCS or choose not to reside in the DCS setting.
4. If renovation will take place, how current residents will be kept safe while work is completed.

Applications for unoccupied buildings automatically receive 5 points.

**READINESS PLAN 5 Points**

1. Attach a detailed written plan outlining steps to ensure readiness by the operational deadline of 180 calendar days from application approval and how they will be achieved. Include a projected timetable.

**FINANCIAL STRENGTH 21 Points (minimum score of 16 required)**

1. Attach the following information demonstrating the general financial strength of the applicant:

1. Audited financial statements for the two most recent fiscal years for which the statements are available. The statements must include a balance sheet, income statement and a statement of changes in cash flows. Statements must be complete with opinions, notes and management letters. If this is a new entity which would not have financial statements, the owner, the developer or general partner’s financial statements should be included with the application. If no audited statements are available, explain why and submit unaudited financial statements. If no financial statements are included, this application will be considered incomplete.

b. Proforma financial statements covering a minimum of two years or through the fiscal year that break-even is projected, whichever is longer.

c. A plan of financing, including a Sources and Uses statement with documentation should be provided. The Sources documentation can include: a bank letter which indicates a working relationship with the applicant/developer of the project, a letter of interest in the project from a bank or other financing entity. A signed written statement made by the owner that funds from owners’ equity will be used as a source to fund the project may also be used for source documentation. The Uses detail should identify the proposed cost of the land, building construction improvements, renovation/remodeling and/or purchase price, working capital reserves, any developer fees and total cost of the development of the project. If no Sources and Uses statement is included, this application will be considered incomplete.

d. An analysis and evaluation of future financial condition and stability of the project.

2. If the DCS is **not** located in a site approved or certified for the SLP, also attach the following information:

1. If the entity is a corporation, proof of the type of corporation, including the tax status of the corporation (for profit or not-for-profit), the State of incorporation and the names of the corporation’s board of directors.
2. If an entity is not a corporation, state the legal nature of the entity and attach relevant operational documents (i.e., partnership agreements if a partnership).

**Note: All questions must be answered completely.**

By submitting and signing this application, the applicant agrees to comply with the rules and regulations pertaining to the Supportive Living Program, found at 89 Ill. Adm. Code 146 Subpart B and E, including any subsequent amendments and successors thereto.

I, the undersigned authorized representative, hereby certify that to the best of my knowledge and belief the information supplied is true, accurate and complete.

Authorized Signature

Print or Type the Name and Title of the Person Signing the Application

Date Click or tap to enter a date.

Phone Number:

Email address:

**Appendix B – Supportive Living Program Background Check Authorization**

Provider name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 For each owner complete the following section:

 Full name Date of Birth Social Security Number

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Race Gender

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Each/ I hereby AUTHORIZE the performance of criminal background check in accordance with 305 ILCS 5/12-4.25 (G-5)(2) to determine whether I have ever been charged with a crime and if so the disposition of those charges. I understand that present and/or future information and assistance from the U.S. Justice Department and the Illinois Law Enforcement will be utilized to conduct this investigation. The criminal history investigation may be used when considering an application to be a provider of a Supportive Living Facilities or other enforcement of Medicaid, Medicare and the Department of Public Aid rules and regulations.

 I understand that information obtained as a result of my authorizing this investigation is confidential, but may be used by Healthcare and Family Services administrative personnel for enforcement of rules and regulations. Under penalty of perjury, I hereby declare and certify that the information I have provided herein is true, correct and complete. I acknowledge that any falsification or omission may result in disapproval, suspension, or termination of a provider’s approved application.

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

OIG 1 (R-08-17)

**Appendix C – Application Checklist**

This checklist is designed to help applicants responding to the SLP DCS request for applications ensure they have collected and prepared all required elements as part of their DCS Proposal. This Appendix C – Application Checklist is for informational purposes only and is not required to be submitted as part of the applicant’s DCS proposal.

The items listed below must be completed and submitted as part of the applicant’s DCS Proposal. If any of the items listed are missing, the applicant’s proposal will be considered incomplete. Applicants identified as missing or incomplete required elements will be notified by HFS of the missing elements and allowed 14 calendar days to submit missing items

**APPLICATION CHECKLIST:**

[ ]  Completed Application Form – signed and dated

[ ]  Completed background check authorization form(s)

**BACKGROUND & GENERAL INFORMATION**

[ ]  Deficiency list attachment, if applicable (Question 10)

[ ]  Letters of community support from local government (Question 18)

**SITE AND BUILDING REQUIREMENTS**

[ ]  Proof of site Control, if applicable (Question 5)

[ ]  Building Schematic Plans (Question 6)

[ ]  Proof of Zoning, if applicable (Question 7)

[ ]  Environmental Studies, if applicable (Question 8)

**FINANCIAL STRENGTH**

[ ]  Audited Financial Statements for the two most recent fiscal years (Question 1.a.)

[ ]  Proforma Financial Statements (Question 1.b.)

[ ]  Financing Plan with a Sources and Uses Statement (Question 1.c.)

[ ]  Evaluation of future financial condition and stability of project (Question 1.d.)

[ ]  Additional information if proposed DCS is **not** on a site approved or certified for the SLP (Question 2)

**PROGRAM OPERATION**

[ ]  Narrative Strategic Plan (Question 1)

□ Compliance with federal HCBS person-centered planning and community setting rules (Question 2)

**TRANSITION PLAN & READINESS PLAN**

[ ]  Transition Plan, if applicable (Question 1. a-d)

[ ]  Readiness Plan

**Appendix D – Non-Binding Letter of Intent Form**

**Application for Supportive Living Program Dementia Care Setting**

**Organization Name:**

**Primary Contact Information**:

 Name:

 Title:

 Address:

 Email:

 Phone:

Addresses of proposed Dementia Care Setting (DCS) locations (at least city and zip code must be provided):

***All responses should be delivered to the application coordinator listed below.***

Submit letter of intent to:

|  |  |
| --- | --- |
| Agency: Healthcare and Family Services | Subject: DCS Application Letter of Intent |
| Department of Healthcare & Family ServicesBureau of Long Term Care-Supportive Living Program 201 South Grand Avenue, 3rd FloorSpringfield, Illinois 62763-0002 | Due: by 5:00 pm April 19, 2023 |
| **OR** Email: HFS.SLF@illinois.gov  | Attach letter as .PDF |