

ILLINOIS DEPARTMENT ON AGING

APPLICATION FOR CERTIFICATION

**EMERGENCY
HOME RESPONSE
SERVICE**

Service Definition

Emergency home response service (EHRS) is defined as a 24-hour emergency communication link to assistance outside the client's home for clients based on health and safety needs and mobility limitations. This service is provided by a two-way voice communication system consisting of a base unit and an activation device worn by the client that will automatically link the client to a professionally staffed support center. The support center assesses the situation and directs an appropriate response whenever this system is engaged by a client. The purpose of providing EHRS is to improve the independence and safety of clients in their own homes in accordance with the authorized plan of care, and thereby help reduce the need for nursing home care.

Solicitation Information

The Illinois Department on Aging (the Department) is soliciting applications for certification in the provision of Emergency Home Response Service (EHRS) under a statewide demonstration project. It is the intent of the Department to transition emergency home response service from demonstration status to a core service of the Community Care Program (CCP) after a reasonable period of operation to enable evaluation of service and administrative functions.

Standards for emergency home response service are included as a separate document with this Application for Certification. Your agency must meet all of these standards before submitting an application; after certification your agency will be held to these standards in providing services.

Because applications are being solicited under an all willing and qualified process, there is no deadline for submission of applications or limit to the number of contracts which could be awarded, based upon a successful response to the service standards for the EHRS program. Applications will be evaluated as they are received and applicants will be notified, in writing, of the results of their certification application for EHRS.

An original completed application and four (4) copies should be submitted to:

Illinois Department on Aging
Attn: Office of Service Development and Procurement
One Natural Resources Way, Suite 100
Springfield, IL 62702-1271

Faxed transmission of applications will not be accepted by the Department.

Questions

Any questions about this application or the service being applied for must be submitted to carrie.marcy@illinois.gov. Responses will be posted on the Department Website, <http://www.state.il.us/aging/>, under Emergency Home Response Service, Frequently Asked Questions (FAQs).

Rates

The Department has established the following rates for Emergency Home Response Service:

\$30.00	Installation
\$28.00	Monthly Maintenance Fee per Client

Community Care Program Background

Introduction:

The Department administers the CCP to more than 40,000 clients statewide. The CCP currently provides case management, homemaker, and adult day services for qualifying seniors age sixty and older. Without these core services, many of the State's frail elderly would face premature or unnecessary institutionalization. EHRS is being added as a statewide demonstration program. The Department anticipates expanding the core services to include EHRS based on the results of the demonstration. The CCP is supported by State General Revenue funds, partially reimbursed through a federal Title XIX (Medicaid) Home and Community-Based Waiver.

Structure:

The need for CCP services is determined by local community agencies called Case Coordination Units (CCUs) which are under contract with the Department. Each CCU serves a unique area, which can range from a portion of a county (as in Cook County) to a single county, or to multiple counties. The agencies are selected by the Department and the local Area Agencies on Aging (AAA) through a joint designation process.

The CCU employs case managers who evaluate the applicant's need for long term care services using a standardized needs assessment instrument, the Determination of Need (DON). Community referrals and all nursing facility applicants are evaluated prior to services. In addition to these initial intake and assessment responsibilities, CCUs also perform continuing case management for CCP clients.

Eligible individuals may receive one or a combination of the CCP core services from provider agencies that have contracts with the Department to provide the services. Provider agency workers are the Department's primary link to each client and alert the CCUs to physical changes in the client or to changes in the client's environment that may require a reassessment of service needs.

Services:

Homemaker services are available statewide and, in most areas, clients have the choice of more than one provider. Homemakers perform shopping and essential errands, prepare meals, assist with personal care (grooming, bathing, dressing), assist with self-administered medications, perform routine housekeeping tasks (vacuuming, washing dishes, cleaning floors, laundry and changing bed linens), and escort the client to medical facilities, errands, shopping and individual business. In some areas, the

homemaker will also transport the client to medical appointments or for essential errands/shopping/business.

Adult day services (ADS) offer CCP clients the opportunity to interact with peers in a supervised community setting. A wide array of services including nursing services, health monitoring, transportation, assistance with activities of daily living, nutritious meals and snacks, therapeutic activity programs, and socialization are provided by the ADS.

Other services, such as money management, senior companion, home delivered meals, transportation, and assisted living are available on a demonstration basis in selected regions of the state.

Community Care Program Rules

To obtain more specific information on the CCP visit the Department's website at www.state.il.us/aging. Select "Statutes & Rules" in the left hand column then under "Administrative Rules", click on "Community Care Program".

Caseload Information

The CCP is an entitlement program, which means that all eligible individuals are entitled to receive service(s) appropriate to their needs. All eligible individuals are also granted freedom of choice in the selection of the provider agencies within the geographic service area in which they reside. Therefore, the successful applicant must be prepared at any time to receive new clients and to serve those clients within required time frames. The provider must have sufficient personnel to ensure service if there is an unexpected increase in client caseload and to assure that all incoming signals are monitored and emergency responders are notified or summoned in a timely manner.

The Department cannot establish the number of clients referred to a provider; only the rate of reimbursement per unit of service delivered. If more than one provider is serving a client's geographic area, the client has the freedom to choose between or among the providers. If clients elect not to choose a provider, the Department has established a rotation plan which refers these clients in sequence to all providers in the geographic area. The proportionate share of new referrals will vary by the number of providers in the same geographic service area. All clients referred by choice or rotation to respective providers must be served within the time frames established by the Department.

Fiscal Considerations

The Department requires that all billing for provider services be sent via the Internet. Therefore, all providers must have access to a computer and Internet services in order to receive payment from the Department for services rendered. Requests for Payment must be received by the Department no later than the fifteenth (15th) day of the month following the month in which service was provided.

Since reimbursement is not provided until after service is rendered, it could potentially take sixty (60) calendar days or more from the date a bill is submitted before State

reimbursement for services is received by the provider. This is of particular importance to new providers who, for this initial 60-day period, will have no state reimbursement to cover required expenditures. By affirming that you are fiscally sound on the signature page of this application, you affirm your agency's ability to continue service provision, meeting all rule requirements, between the time when service is provided and the time when reimbursement is received.

Community Care Program Contract

The Community Care Program contract is a binding agreement which sets out the terms and conditions of the contractual relationship between the Department and the provider agency. Acceptance and signing of the contract, as offered by the Department, serves as an assurance that the provider agency will commence provision of service upon the effective date of the contract and will meet all other requirements of the contract, including all applicable CCP rules and the content of the this Application for Certification which is incorporated, in its entirety, as part of the contract.

Providers may not enter into sub-contracts without express written consent of the Department and assignment of the contract by the provider is prohibited. The contractual relationship between the provider and the Department results in the provider being an independent contractor.

The sole contractual liability of the Department is to make payment for appropriate delivery of service to clients. These payments are contingent upon such funds as are made available by the General Assembly of the State of Illinois or the Federal Government for the conduct of the Community Care Program. Any expenditure for which claim is made that does not meet all applicable requirements of Federal and State law and rules and regulations shall be disallowed and shall be the sole responsibility of the provider.

The contract may be terminated without cause by either party upon thirty (30) calendar days written notice and may be amended with the mutual consent of both parties at any time during the term of the contract. The contract may be terminated for cause by the Department based upon any default by the provider. Termination for cause may also result if the provider fails to adhere to the requirements of the applicable CCP rules or the contract between the Department and the Provider, and/or if the provider obtains or attempts to obtain payments under the contract to which the provider is either not entitled or in an amount greater than was due.

The Department may terminate the contract for circumstances beyond the control of the provider, such as a natural disaster or fire. The contract may also be terminated by dissolution of a corporate provider, bankruptcy assignments for the benefit of creditors or other similar action. Upon termination, the provider shall be paid for work satisfactorily completed up to and including the date of termination, pending any outstanding obligations in accordance with the contract.

APPLICATION FOR CERTIFICATION EMERGENCY HOME RESPONSE SERVICE

PART A – GENERAL APPLICANT INFORMATION

1. Legal Name of Applicant Agency:

2. Address of Administrative Office:

3. Contact Person for the Administrative Office (Name and Title):

4. Administrative Office Telephone Number:

5. FAX # of Administrative Office:

6. E-Mail address of Contact Person:

7. Business Hours of Administrative Office:

8. Illinois Department of Human Rights (IDHR) Bidder Eligibility
Number: _____

(NOTE: Public Contractor Registration Form PC-1, needed to obtain this number, can be downloaded at the IDHR website, www.state.il.us/dhr)

PART A – GENERAL APPLICANT INFORMATION (continued)

9. Under penalties of perjury, I certify that _____
is my agency's correct Taxpayer Identification Number (TIN.)
(NOTE: The TIN, also referred to as a Federal Employer Identification Number (FEIN), may be obtained with Form SS-4, Application for Employer Identification Number, which can be downloaded at the U.S. Internal Revenue Service website, www.IRS.gov)
10. The legal structure under which my agency is organized to do business is a **(Check ONE of the following)**:
- | | |
|---------------------------|----------------------------|
| Sole Proprietorship | Corporation |
| Partnership | Not-for-Profit Corporation |
| Limited Liability Company | Unit of Local Government |
11. List the individuals (Name and Title) who have been designated as authorized representatives of the applicant agency and who, therefore, have the authority to commit the agency to a financial and/or contractual responsibility. If additional space is needed, attach a separate list to this page.
12. List all persons or entities (e.g., managing personnel, officers, administrators, directors, supervisors, partners and/or individuals) who own at least a 5% interest in the applicant's assets. If additional space is needed, attach a separate list to this page.
13. List the names and addresses of each member of your agency's governing body. If additional space is needed, attach a separate list to this page.

PART B - GEOGRAPHIC INFORMATION

Indicate below the proposed geographic area to be served by your agency.

Statewide

County/Counties Served (specify):

Limited Area (provide written description and, if necessary, attach map)

PART C – APPLICANT AGENCY DOCUMENTATION

Attach narratives and/or supporting documentation to respond to the following:

1. Experience

Certification of qualifications for an EHRS provider agency is dependent upon whether an entity has adequate capacity and relevant experience in order to assure quality service to Community Care Program clients. Submit documentation which supports your agency's provision of emergency home response service for a minimum of five (5) years. Documentation must be in sufficient detail to allow an adequate Department evaluation.

2. References

Submit reference information or letters of recommendation from at least two (2) businesses which can attest to your agency's qualifications relevant to providing emergency home response service. Include a contact person and title, address, e-mail address, telephone number and description of scope of work performed for each reference/recommendation, and ensure that all telephone numbers and addresses are current and correct. Recommendations and references will be verified.

3. Financial Statement

In order for the Department to judge if the applicant is fiscally sound and able to undertake and successfully complete the contract, the applicant must submit audited financial statements to include a balance sheet, income statement and statement of cash flow, and all applicable notes from the last complete business fiscal year.

4. Insurance

Submit proof of general liability insurance in the amounts of at least \$100,000 per occurrence, \$300,000 in the aggregate.

5. Organizational Charts

Entire Firm: Submit an organizational chart or narrative description of your agency's overall business structure and how it will support this service under Part G of standards. Highlight the person or unit(s) responsible for the service.

Contract Specific: Submit an organizational chart or narrative description which shows the management, supervisory, monitoring, installation, testing, training, repair, administrative/fiscal and other key personnel assigned to the proposed geographic service area for EHRS.

PART C – APPLICANT AGENCY DOCUMENTATION (continued)

6. Legal Structure

Submit the following documentation based upon the legal structure of your agency:

Sole Proprietorship, Partnership

Submit Certificate of Ownership of Business issued by the County Clerk in the county(ies) for which you are applying

Limited Liability Company

Submit Secretary of State Certificate of Good Standing (**NOTE: contact the Office of the Secretary of State, Department of Business Services, Limited Liability Company Division**). Articles of Organization, including all subsequent amendments, must be available upon request by the Department.

Corporation, Not-for-Profit Corporation

Submit Secretary of State Certificate of Good Standing, (**NOTE: contact the Office of the Secretary of State, Department of Business Services, Corporation Division**).

Not-for-Profit Corporations must also submit a Letter of Good Standing or a Letter of Exemption from the Illinois Attorney General. (**NOTE: contact the Office of the Attorney General, Charitable Trust Division**) Articles of Incorporation, including all subsequent amendments, must be available upon request by the Department.

Unit of Local Government

Resolution or Ordinance authorizing the submission of this Application for Certification and execution of subsequent contract, if awarded

7. W-9 Form

If you currently have a completed W-9 form on file with the Illinois Comptroller's Office, attach a copy to this application and ensure that the legal name of your agency, as listed in Part A, #1 of this Application for Certification, and the TIN match **exactly** with that provided to the Comptroller. If you do not currently have a completed W-9 form on file with the State of Illinois, obtain and complete the form and return it with this application. (**NOTE: Form W-9, Request for Taxpayer Identification Number and Certification, can be downloaded at the U.S. Internal Revenue Service website, www.IRS.gov**).

8. Underwriters Laboratories Documentation

Submit a copy of the UL 1637 Home Health Signaling Equipment listing report which indicates equipment also meets UL 1635 Safety Testing.

PART D - SERVICE INFORMATION

Attach policies and procedures, narratives and/or supporting documentation to respond to the following. Refer to standards for emergency home response service which are included, as a separate document, with this Application for Certification.

1. Equipment Installed in Client's Home

Based on standards, Parts E and G, provide descriptions/FCC certification, power and transmission specifications or capabilities for the equipment installed by your agency in a client's home, including base unit, activation devices, and adaptations for handicapped individuals and multiple clients in one home.

2. Support Center Equipment:

Based on standards, Parts E and G, provide descriptions/FCC certification for equipment (receiver, transmitter, monitoring system, power system) at your agency's support center.

3. Uninterrupted Power Source

Describe the specifications and location of your agency back up monitoring system to ensure against component failure.

4. Service Capability for Special Populations

Submit your agency's policies for serving non-English or limited English speaking clients as well as those who are hearing and/or vision impaired.

5. Response Protocol

Submit your agency's procedure for responding to client activation of the EHRS unit. Include time frames and the title of agency personnel involved in the process.

6. Client Training

Submit your agency's procedure for training clients in the use and maintenance of EHRS home based equipment. Include written materials provided to the client and any special teaching aids developed for special client populations.

7. Testing

Submit your agency's schedule for testing all equipment.

8. Maintenance and Repairs

Submit your agency's schedule for maintenance and repairs.

9. Administrative Support (personnel practices, qualifications, complaint practices, quality improvement processes, archiving and billing, service statistics)

Submit your agency's complaint and quality improvement procedures. The remainder of the procedures and practices listed above must be made available to the Department at any time upon request

10. Continuity of Operations Plan

Describe your agency's plan for maintaining operations and service to clients in the event of an outside emergency or natural disaster.

BY MY **NOTARIZED** SIGNATURE BELOW, I CERTIFY THAT:

1. I HAVE READ AND UNDERSTOOD THE STANDARDS APPLICABLE TO EMERGENCY HOME RESPONSE SYSTEM;
2. INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE;
3. MY AGENCY IS FISCALLY SOUND;
4. MY AGENCY IS CAPABLE OF PROVIDING EHRS IN THE MANNER REQUIRED BY PROGRAM STANDARDS AND THAT THE SERVICE APPLIED FOR HEREIN COMPLIES WITH THESE STANDARDS AND ALL RULES AND POLICIES OF THE COMMUNITY CARE PROGRAM, AS WELL AS ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, REGULATIONS, AND ORDINANCES;
5. MY AGENCY WILL COOPERATE WITH DEPARTMENT OFFICIALS IN VERIFYING INFORMATION;
6. MY AGENCY WILL PROVIDE THE SERVICE DESCRIBED HEREIN TO ALL ELIGIBLE PARTICIPANTS REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, ANCESTRY, MARITAL STATUS, PHYSICAL OR MENTAL DISABILITY, UNFAVORABLE MILITARY DISCHARGE OR AGE; AND
7. I UNDERSTAND THAT A DELIBERATE MISREPRESENTATION OF INFORMATION MAY SUBJECT ME OR MY AGENCY TO CIVIL LIABILITY OR CRIMINAL PROSECUTION UNDER APPLICABLE STATE AND FEDERAL STATUTES IN THE EVENT THAT A CONTRACT IS EXECUTED WITH IDOA ON BEHALF OF THE STATE OF ILLINOIS.

*Note: If applicant is a partnership or corporation, application must be signed by **both** partners or **two** of the corporate officers which are authorized representatives of the applicant agency.*

Signature of Authorized Representative of the Agency

Date

Name and Title of Authorized Representative (Type or Print)

Signature of Authorized Representative of the Agency

Date

Name and Title of Authorized Representative (Type or Print)

State of Illinois

County of _____

Signed before me on _____ **(date)**

By _____ **(name of person)**

Seal

Signature of notary public

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20ILCS 105/8.07. Disclosure of this information is VOLUNTARY; however, failure to comply may result in this form not being processed.

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal Statutes. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call the Senior HelpLine: 1-800-252-8966 (Voice) or 1-888-206-1327 (TTY).