

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 17 through 21), as follows:
- a. 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.
 - b. 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. Designate whether the proposed dementia care unit is: (check one)

New Construction _____ Occupied Existing Building _____
 Unoccupied Existing Building _____ Certified Supportive Living Site _____
 Approved Supportive Living Site _____

12. Indicate whether the same rate will be charged to Medicaid residents (includes room and board rate, Medicaid service rate and Supplemental Nutrition Allowance Program (SNAP) allotment) and private pay residents in the dementia care unit.

Yes _____ No _____

13. Indicate the maximum number of apartments that the dementia care setting will have available. _____

- a. Estimated number of apartments for Medicaid residents _____
- b. Estimated number of apartments for private pay residents _____
 (These estimates are non-binding on the applicant)

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

- a. Single _____
- b. Double _____

15. Indicate the maximum number of residents (including double occupancy apartments) that the dementia care setting will have the capacity to serve at any one time.

16. List the names and addresses of all owners of the site and building where the supportive living dementia care setting 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.

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17. List the names and addresses of all owners of the supportive living dementia care setting 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.

18. List the names and addresses of all service providers that are contracting or will be contracting with the supportive living dementia care setting.

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

20. List the name and address of the manager of the supportive living dementia care setting, if known.

21. Describe any experience the operating entity has with providing supportive living, assisted living, nursing facility or home health care services. Applicants must demonstrate experience with serving persons with a diagnosis of Alzheimer's disease or related dementia.

22. 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.

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23. Indicate whether any individual or entity listed in items 17 through 21: (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.
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24. Attach any letters of community support. Examples might include letters from local officials, legislators, proof of land donation, TIF and tax abatement.

25. If the dementia care setting is not located in a site approved or certified as for supportive living, attach proof of site control for the dementia care setting location.

26. Attach a market feasibility study that defines the service area where the supportive living dementia care setting is or will be located. The study must include an inventory of existing publicly or privately funded housing locations and units in the relevant area serving persons with Alzheimer's Disease or other related dementia, market strength and penetration rate. A firm with experience in doing market feasibility studies for housing for seniors, independent from the ownership, must complete the study. Provide a cover letter or summary sheet that summarizes the market strength, penetration rate and existing housing locations being requested.

27. If the dementia care setting is located in a site currently approved or certified as for supportive living, attach a copy of the supportive living building's schematic plans prepared by an architect currently licensed in Illinois clearly identifying the dementia care setting with a typical floor plan that clearly identifies required areas. Additionally, include a percentage of common space available in the interior of the dementia care setting, excluding hallways, and identify any unique features and amenities that will be offered by the facility and available to residents.

If the dementia care setting is **not** located in a site approved or certified as supportive living, plans must include a site plan, a typical floor plan that clearly identifies required areas, typical unit plans and elevations. Additionally, include a percentage of common space available in the interior of the dementia care setting, excluding hallways and identify any unique features and amenities available to residents.

28. If the dementia care setting is not located in a site approved or certified for supportive living, attach proof of zoning approval or that an application for zoning approval has been filed.
29. If the dementia care setting is not located in a site approved or certified for supportive living, attach a phase one environmental study and any other environmental studies that have been completed.
30. Attach a narrative strategic plan for implementing and operating the dementia care setting that includes, at a minimum, a concept for providing housing and services under this model, an implementation timetable (including a projected opening date) and a staffing plan (including the number of each type of staff that will be employed at opening and at full occupancy on all shifts). Provide a written narrative of how health care and personal care services will be provided. At a minimum, include: resident assessment, service plan development, health monitoring, medication management and assistance with activities of daily living.
31. Provide a written narrative of how the dementia care setting will be compliant with new Centers for Medicare and Medicaid Services (CMS) rules regarding community setting requirements in Home and Community Based waiver settings ([42 CFR Part 441](#)).
32. If the applicant is converting a building that is currently occupied, the strategic plan must include a transition plan. The transition plan must include the following elements:
 - a. The number of residents currently in the facility and how many of those residents are projected to transfer to the dementia care setting after certification.
 - b. What assistance will be provided to current residents who may relocate as a result of the transition?
33. Attach the following information demonstrating the general financial strength of the applicant:
 - a. 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 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.
 - 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 letter offering Tax Increment Financing (TIF) funds and/or a letter from a syndicator of Low-Income Housing Tax Credits (LIHTC) showing interest or an evaluation of the project. The Uses detail should identify the cost of the land, building construction, renovation and/or

purchase price, working capital reserves, any developer fees and total cost of the development and operations of the project.

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

34. If the dementia care setting is **not** located in a site approved or certified for supportive living, also attach the following information:

a. 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.

b. 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).

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, 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

Phone Number

Email address