**Section 240.1505 Administrative Requirements for Certification**

a) In order to qualify for certification as a provider of CCP services, a provider agency must, to the satisfaction of the Department, meet the following administrative requirements:

1) Serve an entire CCP geographic area.

A) Other than in Cook County, the geographic area will be the county.

B) In Cook County outside the City of Chicago, the geographic area will be the township.

C) Within the City of Chicago, the geographic area will be the following subareas, defined by Zip Code:

i) 60626, 60640, 60645, 60659, 60660

ii) 60625, 60630, 60631, 60646, 60656

iii) 60634, 60639, 60641

iv) 60613, 60614, 60618, 60647, 60657

v) 60601, 60602, 60603, 60604, 60605, 60606, 60607, 60610, 60611, 60622, 60642, 60654, 60661

vi) 60615, 60616, 60637, 60649, 60653

vii) 60609, 60623, 60629, 60632, 60638

viii) 60619

ix) 60620, 60621, 60636, 60643, 60652, 60655

x) 60608, 60612, 60624, 60644, 60651.

xi) 60628

xii) 60617, 60633, 60827.

2) The Department reserves the right to adjust this geographic area requirement to assure that:

A) no geographic area remains unserved.

B) the following entities are not excluded from participation as service providers in the CCP:

i) entities serving limited- or non-English-speaking participants;

ii) providers that are, or are controlled by, a unit of local government and cannot operate outside the jurisdiction of that local government; and

iii) regional benevolent, charitable, social or religious organizations that have as their charter providing services to a specific population or geographic area smaller than a county, township or CCP subarea.

C) transportation to/from adult day service facilities can be completed in a reasonable period of time.

3) Submit a request for certification providing the information described in this Section and Sections 240.1600 and 240.1605, in the form and manner prescribed by the Department, including all required supporting compliance material or other information documenting its administrative and operational ability, and institute all necessary action based on the outcome of the Department's review.

4) Document the legal structure under which it is organized to do business as set forth in Section 240.1607(h).

5) Provide a list of the directors, officers or owners, as applicable to the legal structure of the provider agency.

6) Verify experience in providing service comparable to the CCP, as defined in Sections 240.210, 240.230, 240.235 and 240.237, for which certification is requested, and that is consistent with the requirements set forth in this Part.

A) Required Experience

i) For prospective emergency home response service provider agencies: A minimum of five years experience in business operations providing emergency home response service.

ii) For prospective adult day service provider agencies: A minimum of two years experience providing direct social services programming.

iii) 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.

iv) For prospective AMD service provider agencies: a minimum of five years experience in business operation providing AMD services.

B) At the Department’s discretion, the Department may:

i) issue provisional certification to provider agencies, including, but not limited to, those that have not previously been certified or are not in operation at the time the application is made. The provisional certification shall not exceed two years and the Department will conduct additional oversight during the provisional period to protect participant health, safety and welfare. A provider with a provisional certification cannot expand until they have received their first successful review.

ii) adjust the experience requirement (e.g., substituting management team experience for agency experience). The Department will continue to assure that any adjustment of the experience requirement will occur only when the health, safety and welfare of CCP participants and the quality of services provided will not be adversely affected. The Department will not consider any substituted experience that has been used to support another application.

7) Disclosure of information regarding past business practices of the provider agency and its affiliates, including the managers, directors or owners, relevant to the service applied for, involving, but not limited to, the following circumstances:

A) denial, suspension, revocation or termination for cause of a license or Provider Agreement, or any other enforcement action, such as civil court or criminal action;

B) termination of a Provider Agreement or surrender of a license before expiration or allowing a contract or a license to expire in lieu of enforcement action;

C) any federal or state Medicaid or Medicare sanctions or penalties relating to the operation of the agency, including, but not limited to, Medicaid abuse or fraud;

D) any federal or state civil or criminal felony convictions;

E) operation of an agency that has been decertified in any state under Medicare or Medicaid; or

F) citations for participant abuse, neglect, injury, financial exploitation or inadequate care in any state.

8) Document its written policies and procedures in compliance with the applicable administrative standards imposed on provider agencies under the CCP, as set forth in Section 240.1510.

9) Document its ability to comply with all applicable responsibilities imposed on provider agencies under the CCP, as set forth in Section 240.1520, including proof of required insurance coverages.

10) Submit audited financial reports from the last complete business fiscal year, unless the provider agency is a newly established business entity.

A) Newly established for profit business entities, regardless of relationship to any other provider agency, shall:

i) submit proof that employee tax accounts are reestablished with the State of Illinois and the U.S. Treasury; and

ii) submit either:

• a bank approved business plan with approved financial backing; or

• if financial resources are from individuals, the most recent two years of tax returns, and if applicable any bank approved individual financial backing for use in the business.

B) Newly established not-for-profit business entities, regardless of relationship to any other provider agency, shall submit:

i) Bank approved business plan with approved financial backing or a signed financial statement illustrating restricted and nonrestricted funding; and

ii) Proof that employee tax accounts are established with the State of Illinois and the U.S. Treasury.

11) Submit proof that it is fiscally sound, as that term is defined in Section 240.160, by verifying assets (e.g., audited financial statements with accompanying notes, bank statements, investment statements, or letters of credit from financial institutions) sufficient to cover 90 days of operating expenses for the service line applied for (i.e., specifically ADS, In-Home Services, EHRS or AMD), as defined by the agency business plan. No more than 30 of the 90 days should be based on a line of credit.

12) Provide assurance that its business operations comply with the service, staffing and training requirements imposed on provider agencies under this Part.

13) Provide a minimum of five references from such entities as 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., attesting to the provider agency's qualifications relevant to providing CCP services. The references shall be from independent and diverse group of knowledgeable entities. The Department will not accept reference letters from entities or persons who are affiliated with the applicant and/or entities who have common control/owners with the applicant.

14) Comply with all applicable federal, State and local laws, regulations, rules, service standards and policies or procedures pertaining to the provider agency in its business operations and to the services provided under the CCP.

b) If a provider agency is not able or is unwilling to meet the administrative requirements in subsection (a), the Department shall deny its request for certification.

c) The Department reserves the right to accept documentation of Illinois Department of Public Health (DPH) home service licensure for applicable administrative requirements. (See 77 Ill. Adm. Code 245.Subpart B.)

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)