

# IN-HOME SERVICE APPLICATION INSTRUCTIONS

Enter the applicant agency name in the space provided. Make sure you have selected the appropriate application for the Planning and Service Area (PSA) you want to serve. As an attachment to your legal entity application, a separate in-home service application must be submitted for each PSA in which your agency is applying to provide service. Regardless of the number of counties, sub-areas or regions served within the PSA, only one application per PSA can be submitted.

Do not leave any questions blank. If the content does not apply to your agency, check or indicate "N/A."

## **PART A. PROPOSED SERVICE AREA**

From the list on page 1, select the county(ies), sub-area(s) or township(s) you wish to serve. If you want to serve the entire PSA, check all counties, sub-areas or townships listed.

### **How is a Service Area defined?**

The Illinois Department on Aging has divided the state of Illinois into 13 Planning and Service Areas (PSAs). These PSAs are further subdivided into counties for PSAs 1-11, sub-areas for PSA 12 (city of Chicago) and townships for PSA 13 (Suburban Cook County). A PSA map and more detailed maps of PSAs 12 and 13 are located on the Department on Aging website, [www.illinois.gov/aging](http://www.illinois.gov/aging).

**In PSAs 1-11**, Community Care Program rule Section 240.1505 requires applicants to serve a geographic area no smaller than a county. **In PSA 12**, applicants are required to serve a geographic area no smaller than a sub-area, as designated by groups of zip codes. **In PSA 13**, applicants are required to serve a geographic area no smaller than a township.

Therefore, unless your agency is requesting one of the exemptions listed in Community Care Program rule Section 1505(a)(2) (see below), the smallest geographic area that can be applied for is one county, sub-area or township within the PSA.

### **Examples:**

One application to serve all of the Counties in PSA 01 **or**

One application to serve Boone County in PSA 01 **or**

One application to serve Boone, Winnebago and DeKalb Counties in PSA 01.

One application to serve all of the Sub-areas in PSA 12 **or**

One application to serve Sub-area 07 **or**

One application to serve Sub-areas 06, 07, 08, and 09.

One application to serve all of the townships in PSA 13 **or**

One application to serve Barrington Township **or**

One application to serve Barrington, Palatine, Wheeling, Hanover, Schaumburg and Elk Grove Townships.

If the geographic area is **smaller** than a county your agency must meet one of the listed exceptions requested and enter the appropriate information to explain why you believe your agency should be granted the exception.

If you are seeking an exception because your agency provides service to a specific limited- or non-English-speaking population, identify the language group(s) to be served. Because the CCP is an entitlement program, you cannot refuse service if a participant selects your agency through freedom of choice.

## **PART B. APPLICANT INFORMATION**

Complete the requested information for all offices located within the PSA applied for in this application; attach additional pages as needed.

Use the legal name of your agency, which is the same name used on the legal structure documentation required by your legal entity application. For your local office(s), you may include any nickname, acronym, or dba that is used in casual or daily reference.

Your agency is not required to maintain office hours for the entire time service is being provided by your homecare aides. However, a supervisor must always be on call when service is being provided and must respond within 15 minutes to the homecare aide.

Your agency may designate certain days or dates when service will not be provided; i.e., religious holidays, in-service training days, staff retreats, the Friday after Thanksgiving, etc. Please include these days where indicated on the application.

Indicate the number of supervisors and the number of homecare aides in each local office.

## **PART C. SERVICE INFORMATION**

Answer each question about agency services. It is your responsibility, as an applicant, to familiarize yourself with all of the rules governing CCP. A link to these rules is located on the Department website.

If each question is not checked "yes," your application will be denied.

## **PART D. TRANSPORTATION**

Indicate how required transportation will be provided. If your agency is going to subcontract with another entity for the rule-required provision of transportation service(s), you must complete a "Request for Approval to Subcontract" Form (Part F) for each entity with whom your agency is subcontracting. Before completing this form, make sufficient copies of the blank form to meet the requirement of one completed form for each subcontract.

It is your responsibility to ensure that the subcontractor complies with all applicable program requirements.

**PART E. ELECTRONIC VISIT VERIFICATION**

This portion of the application verifies that the applicant agency has an Electronic Visit Verification System. This information is required for the Department to determine that an appropriate system is in place and information regarding the vendor used by the applicant agency.

**PART F. REQUEST FOR APPROVAL TO SUBCONTRACT FORM**

Complete, if applicable.

**PART G. APPLICANT SIGNATURE**

An Authorized Representative of the applicant agency, which is defined as an owner, officer or employee of the applicant agency, or other designated person, who has the authority to commit the agency to a financial and/or contractual responsibility, must sign the application. The authorized representative must be listed as such in the Legal Entity Application. The authorized representative must sign and date the notarized form.

The original of this form, plus two copies, must be returned to:

Illinois Department on Aging  
ATTN: Office of Service Development & Procurement  
One Natural Resources Way, #100  
Springfield, IL 62702-1271