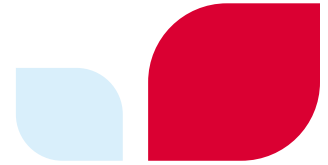


Division of Specialized Care for Children



Nursing Agency Annual Re-Approval Tip Sheet

The Division of Specialized Care for Children (DSCC) sends the Annual Re-Approval Packet during the first quarter of each new waiver year via email to ensure nursing agencies continue to meet the Home Care Program requirements.

DSCC updates the Annual Re-Approval Packet annually annually, so please use the appropriate forms that are provided in the emails we send each waiver year.

Complete the current forms within the Annual Re-Approval Packet and ensure the information is accurate, signed, and dated:

1. *Requirements for Nursing Agencies Participating With the Illinois Department of Healthcare and Family Services Home Care Program.*
2. *General Information Sheet for Nursing Agency.*
3. *Liability Insurance Statement.*
4. *Taxpayer Identification Number and Legal Status Disclosure Certification.*
5. *Provider Portal Access for Nursing Agencies.*

Provide a current copy of the Certificate of Professional Liability Insurance, including the workers' compensation coverage with the returned Annual Re-Approval Packet. The Certificate of Professional Liability Insurance must meet our insurance requirements:

1. Professional liability insurance coverage of \$1,000,000 per occurrence and \$3,000,000 aggregate.
2. Commercial general liability insurance coverage of \$1,000,000 per occurrence and \$2,000,000 aggregate.
3. Workers' compensation (Part A), including occupational diseases, in the amount of \$500,000 per occurrence.



If the agency's IDPH Home Nursing Agency (#400) license has been renewed recently, please provide a copy of the renewed license.

Provide a list of all nurses (including the DON) and CNAs who are currently providing or will provide care to participants enrolled in the Home Care Program. Do not include nurses and CNAs who are not providing care to Home Care Program participants. **Please include the license numbers, birth dates, confirmation and status on required restraint training utilizing DSCC's template format.**

Friendly Reminder: If any of the following information changes throughout the waiver year, please contact **DSCC** at **(800) 322-3722**:

- Contact information such as site address, billing address, email address, phone number and fax number. When these changes occur, please notify DSCC of the effective date.
- Administration level personnel or director of nursing.
- An office is added or closed.
- Counties willing to service.
- Taxpayer's name or payee/legal name as recorded on federal tax documents.
- Doing Business As (DBA).
- Tax classification or legal status.
- Taxpayer Identification Number (TIN) such as FEIN or SSN.
- National Provider Identifier (NPI).
- Commercial General Liability, Professional Liability and Workers' Compensation policies.



(800) 322-3722
dsccl.uic.edu

