ILLINOIS DEPARTMENT OF PUBLIC HEALTH HEALTH SYSTEMS EVALUATION SECTION LIFE CARE FACILITIES PROGRAM

Alzheimer's Special Care Disclosure Questionnaire

The Alzheimer's Special Care Disclosure Act (210 ILCS 4/) requires a life care facility that offers to provide care for persons with Alzheimer's disease through an Alzheimer's special care unit or center to disclose annually to the Department of Public Health certain information concerning the treatment of care for persons with Alzheimer's disease. Please complete this form by supplying the requested information and any additional documentation, if required, and return to:

Life Care Program Illinois Department of Public Health Office of Policy, Planning and Statistics 525 W. Jefferson St., Second Floor Springfield, IL 62761

NOTE:

If your facility does not provide Alzheimer's care, you will check "No" in Part III to indicate that such care is not available at the facility.

All life care facilities, including those with no Alzheimer's special care units, must complete the form in its entirety and return a signed copy along with all applicable attachments to the Life Care Program no later than <u>October 31, 2011</u>.

Any questions should be directed to the Life Care Program at 217-782-3986 or evan.ponder@illinois.gov.

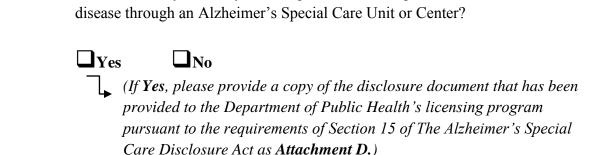
Part I: LIFE CARE FACILITY	GENERAL INFORMATION					
Name						
Street Address						
	Zip County					
Telephone	Fax					
Website						
	Units; Permit Units nultiple permits, attach a listing of all permits and number of atte permit as Attachment A.)					
Permit Holder						
Street Address						
City	Zip County					
Telephone	Fax					
Website						

Type of Owner	ship: _	: sole proprietorship general partnership not-for-profit							
	_	fo	or-profit	li	mited pa	rtnershi	р	limit	ed liability
	-	01	ther (spe	cify):					
Site Owner	_								
(If site owner is	same a	s perm	it holder	, enter "	ʻsame as _I	permit ho	older	" as app	ropriate)
Street Address	_								
City	_				Zip			County	
Telephone	_				Fax				
Website	_								
Operator	_						1 ,,		
(If operator is so	-	permit	holder, e	enter "so	ame as pe	ermit hol	der"	as appro	opriate)
Street Address	_								
City					_			-	
Telephone	_				Fax _				
Website	_								
Administrator									
Title	_								
Street Address	_								
	_				7in			Country	
City	_				_			•	
Telephone	_				Fax				
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			ould they ving units	_	a higher	level of o	care t	han can	be provided in the
[⊃ _{Nur}	rsing S	ervices	Пν	ledical S	ervices		Persons	al Care Services
•		Sing D	ci vices	— 10	icuicui S	ci vices		1 CI SOIIC	ir cure per vices
(sion (facility a CCAC)? No	ccredite	d through	the Con	tinui	ng Care	Accreditation

Part II: LIFE CARE CONTRACTS AND REQUIRED DISCLOSURE

- **2.1.** A "life care contract" is defined as a contract to provide to a person for the duration of such person's life or for a term in excess of one year, nursing services, medical services or personal care services, in addition to maintenance services for such person in a facility, conditioned upon the transfer of an entrance fee to the provider of such services in addition to or in lieu of the payment of regular periodic charges for the care and services involved. Please enclose a copy of all life care contract form(s) currently utilized by the facility. (Label the first page of each life care contract form **Attachment B.**)
- **2.2.** At the time of or prior to the execution of a life care contract and the transfer of any money or other property to a provider or escrow agent, the provider shall deliver to the resident a copy of a financial disclosure statement reflecting the provider's financial condition. The statement shall include, but is not limited to, the disclosure of short term assets and liabilities. Please provide a copy of your most current "financial disclosure statement" that is provided to potential life care residents. (Label the "financial disclosure statement" Attachment C.)

Part III: AVAILABILITY OF ALZHEIMER'S CARE

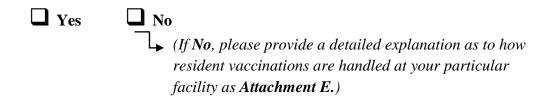


Does the facility currently offer to provide care for persons with Alzheimer's

Part IV: VACCINATIONS

3.1.

4.1 Does the facility currently have policies and procedures in place that meet the requirements stipulated in the *Life Care Facilities Act, Sec. 10.1* regarding the provision of vaccinations to residents?



Part V: ESCROW REQUIREMENTS

Facilities Contract Code, the provider must establish and maintain on a current basis, an escrow account and/or letter of credit with a bank, trust company, or other financial institution located in Illinois. To allow the Department to determine the provider's compliance with this requirement, please provide a complete, detailed written description of any long-term financing of the facility, amortization schedules, and the calculations used to determine the appropriate escrow or letter of credit amount required by the act and code. Also, provide a current copy of the escrow agreement or letter of credit. (*Label this information Attachment F.*)

Part VI: CERTIFICATION

6.1. In accordance with the requirements and procedures of the Illinois *Life Care Facilities Act (210 ILCS 40/)*, I, the undersigned, as the administrator of the life care facility permit holder, certify that I am authorized to execute and sign this certification on my facility's behalf. I certify that the information provided herein, and appended thereto, is complete and accurate to the best of my knowledge and belief.

Signature	
Printed Name	
Title	Date

PLEASE NOTE THE FOLLOWING:

- The Life Care Facilities Contract Code states that all permit holders must annually
 provide audited financial statements to the Department within 120 days of the
 close of their fiscal year. <u>If you have not yet submitted your most recently</u>
 completed audited statement, please enclose the audit report along with this
 form and any applicable attachments.
- The Department must be notified, in writing, by the permit grantee, within 30 days of any change in any information provided upon which the issuance of the permit is based. This includes, but is not limited to, changes in the text of the residency agreement or contract, the text of the escrow account or letter of credit, the terms of any long-term financing of the facility, the name of the permit holder or grantee, the name or address of the facility, and any services provided by the facility.
- Providers must immediately report to the Department in writing any changes in the financial condition of the facility which could threaten its ability to sustain operations or meet its contractual obligations to its residents or creditors.