

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

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**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 **October 31, 2011**.

Any questions should be directed to the Life Care Program at 217-782-3986 or [evan.ponder@illinois.gov](mailto:evan.ponder@illinois.gov).

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**Part I: LIFE CARE FACILITY GENERAL INFORMATION**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Website \_\_\_\_\_

**Life Care Permit(s):** Permit \_\_\_\_\_ Units \_\_\_\_\_; Permit \_\_\_\_\_ Units \_\_\_\_\_

*(If permit holder operates under multiple permits, attach a listing of all permits and number of units authorized under each separate permit as **Attachment A.**)*

**Permit Holder** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Website \_\_\_\_\_

**Type of Ownership:** \_\_\_\_ sole proprietorship \_\_\_\_ general partnership \_\_\_\_ not-for-profit  
\_\_\_\_ for-profit \_\_\_\_ limited partnership \_\_\_\_ limited liability  
\_\_\_\_ other (specify): \_\_\_\_\_

**Site Owner** \_\_\_\_\_

*(If site owner is same as permit holder, enter "same as permit holder" as appropriate)*

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Website** \_\_\_\_\_

**Operator** \_\_\_\_\_

*(If operator is same as permit holder, enter "same as permit holder" as appropriate)*

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Website** \_\_\_\_\_

**Administrator** \_\_\_\_\_

**Title** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_

- 1.1.** The Life Care Facilities Act requires permit holders to provide maintenance services and at least one of the following services: nursing, medical or personal services under the regular monthly fee set forth in the life care contract or residency agreement. Please indicate below which additional service is available to residents should they require a higher level of care than can be provided in the independent living units.

☐ **Nursing Services**    ☐ **Medical Services**    ☐ **Personal Care Services**

- 1.2.** Is the life care facility accredited through the Continuing Care Accreditation Commission (CCAC)?

☐ **Yes**    ☐ **No**

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**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.***)


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**Part III: AVAILABILITY OF ALZHEIMER’S CARE**

- 3.1.** Does the facility currently offer to provide care for persons with Alzheimer’s disease through an Alzheimer’s Special Care Unit or Center?
- ☐ Yes      ☐ No
-  (*If **Yes**, please provide a copy of the disclosure document that has been provided to the Department of Public Health’s licensing program pursuant to the requirements of Section 15 of The Alzheimer’s Special Care Disclosure Act as **Attachment D.***)

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**Part IV: VACCINATIONS**

- 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?
- ☐ Yes      ☐ No
-  (*If **No**, please provide a detailed explanation as to how resident vaccinations are handled at your particular facility as **Attachment E.***)
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**Part V: ESCROW REQUIREMENTS**

- 5.1.** When required by subsections (e) and (f) of Section 396.50 of the Life Care 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.*)

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**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. **If you have not yet submitted your most recently 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.