

## Division of Specialized Care for Children



# Nursing Agency Annual Re-approval Tip Sheet

The Annual Re-approval packet is sent the 1st quarter of each new waiver year via email to ensure nursing agencies continue to meet the Home Care Program requirements.

The Annual Re-approval packet is updated 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. *DSCC NurseNet 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 or will be providing care to participants enrolled in the DSCC Home Care Program. A list of the nurses and CNAs employed by your agency who are not providing care to participants enrolled in the DSCC Home Care Program is not necessary. **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.
- 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.

