



# EXCEPTIONAL CARE PROGRAM ANNUAL REVIEW FACILITY ATTESTATION

Facility Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

Executive Director or Designee: \_\_\_\_\_ Date of Review: \_\_\_\_\_  
(print only)

The facility attests to complying with all applicable Exceptional Care rules and regulations as outlined in 89 Illinois Administrative Code 144.100.

### EXCEPTIONAL CARE STAFFING REQUIREMENTS

YES  NO

If no is marked, comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EXCEPTIONAL CARE TRAINING REQUIREMENTS

YES  NO

If no is marked, comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY EQUIPMENT MAINTENANCE AND TRAINING

YES  NO

If no is marked, comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supporting documentation for any section above must be produced to DDD upon request.**

Executive Director or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Guidelines**

- 1) Facility: Record name of the SNF/Ped as it is recorded with the Illinois Secretary of State.
- 2) Provider Number: Record SNF/Ped number that is assigned by the State of Illinois.
- 3) Executive Director or Designee (Print Only): Print legible name of Executive Director or designee completing the form.
- 4) Date of Review: Record date of annual attestation.
- 5) Record Yes or No to questions referring to the regulations outlined in 89 Illinois Administrative Code 144.100.
- 6) EXCEPTIONAL CARE STAFFING REQUIREMENT: Check Yes or No box. If no is checked, write clear and concise reason(s) in comment section.
- 7) EXCEPTIONAL CARE TRAINING REQUIREMENTS: Check Yes or No box. If no is checked, write clear and concise reason(s) in comment section.
- 8) EMERGENCY EQUIPMENT MAINTENANCE AND TRAINING: Check Yes or No box. If no is checked, write clear and concise reason(s) in comment section.
- 9) Supporting Documentation: Submit support documentation for any section; must be produced to DDD upon request.
- 10) Executive Director or Designee Signature: Record signature of Executive Director or designee.
- 11) Date: Record date of Executive Director or designee signature.