**Section 686.235 Enhanced Rate for Health Insurance Costs**

An enhanced rate shall be paid to Homemaker Service Providers that offer health insurance coverage as a benefit to their Homemaker employees who provide services to customers under HSP.

a) For purposes of this Section, "health insurance" means a Type 1 plan or a Type 2 plan as described in subsections (a)(1) and (2).

1) Type 1 Plan

A Type 1 plan must comply with, be comparable to, or exceed required mandated benefits, coverages, and co-payment levels for individuals and group insurance policies and individual and group contracts for health maintenance organizations under the Illinois Insurance Code [215 ILCS 5], the Health Maintenance Organization Act [215 ILCS 125], and 50 Ill. Adm. Code 2001.

2) Type 2 Plan

A Type 2 plan is employer-paid health insurance as part of collective bargaining with unionized Homemaker employees through a Taft-Hartley Multi-employer Health and Welfare Plan. The Labor Management Relations Act of 1947 (29 USC 141 et seq.) describes the requirements and coverage at 29 USC 186(c)(5).

b) Initial Application

1) An interested Homemaker Service Provider must submit an initial application at least 120 days prior to the end of each State fiscal year. The application may be obtained from and must be submitted to the Home Services Liaison for Health Insurance, Department of Human Services, 100 South Grand Avenue East, P.O. Box 19429, Springfield, Illinois 62794-9429.

2) Homemaker Service Providers that are found by HSP to have deficiencies may not apply for the enhanced rate until deficiencies are corrected to the satisfaction of HSP.

c) Eligibility

Eligibility requirements include:

1) Verification of a current rate agreement as a Homemaker Service Provider under the HSP.

2) A copy of a health insurance plan or a certification of insurance and the effective date of that document, to establish that:

A) the Homemaker Service Provider provides health insurance at its own expense for its Homemaker employees, which may include coverage for those employees' dependents; or

B) the Homemaker Service Provider will provide for health insurance as part of collective bargaining with unionized Homemaker employees, which may include coverage for those employees' dependents through a Taft-Hartley Multi-employer Health and Welfare Plan.

3) Specification of the total number of employees and the total number of Homemaker employees, together with a certification from a responsible party for the Homemaker Service Provider to the effect that:

A) under a Type 1 health insurance plan:

i) health insurance coverage is offered to all Homemaker employees who have worked at least an average of 20 hours per week for three consecutive months under HSP; and

ii) at least one quarter of the total number of Homemaker employees accept the offer of health insurance.

B) under a Type 2 health insurance plan:

i) health insurance coverage is offered to all of the Homemaker employees subject to the collective bargaining agreement who have worked at least an average of 20 hours per week for three consecutive months under HSP; and

ii) at least one quarter of the total number of Homemaker employees, or any higher percentage required under federal law, accept the offer of health insurance.

4) Submission of any other relevant information requested by HSP for administrative or audit purposes.

d) Notification

It is the responsibility of a Homemaker Service Provider to notify HSP within 7 days of any change in its eligibility status, including, but not limited to, cancellation or termination of the health insurance plan or purchase of a new plan. A Homemaker Service Provider is only required to monitor participation by Homemaker employees in order to submit the initial application, the Annual Insurance Review required by subsection (e), and required financial reporting.

e) Annual Insurance Review

1) Once a Homemaker Service Provider is determined eligible by HSP and is paid an enhanced rate for health insurance costs, the Homemaker Service Provider must thereafter substantiate its continued eligibility under subsection (c) by submitting appropriate supporting documentation at the same time as its annual financial report under Section 686.250.

2) As part of the Annual Insurance Review, an independent certified public accounting firm for the Homemaker Service Provider must verify the actual, documented expense for health insurance provided for the period listed as part of the required financial reporting under Section 686.250.

3) HSP reserves the right to require a Homemaker Service Provider to engage an independent certified public accounting firm, approved by HSP, to verify the information and data submitted by the Homemaker Service Provider if HSP is in possession of evidence to suggest the information and data submitted is inaccurate, incomplete or fraudulent. This audit will be performed at the Homemaker Service Provider's expense.

4) HSP shall notify a Homemaker Service Provider in the event of a determination during the Annual Insurance Review that:

A) the Homemaker Service Provider is no longer eligible for continued payment of the enhanced rate for health insurance costs;

B) the total revenue from the enhanced rate for health insurance costs exceeds the actual, documented expenses for health insurance costs for the reporting period;

C) there was an error in eligibility of a Homemaker Service Provider for the prior reporting period;

D) there was an error in the amount of revenue from the enhanced rate for health insurance costs; or

E) there was an error in the amount of the health insurance costs.

5) A Homemaker Service Provider may appeal an adverse eligibility decision regarding continued payment of the enhanced rate for health insurance costs or a repayment decision in accordance with Section 686.230. HSP will continue to pay the enhanced rate for health insurance costs until the appeal is resolved.

6) Supporting documentation may be subject to release under the Freedom of Information Act [5 ILCS 140] unless an exemption applies for confidentiality, privacy, or other proprietary business purpose and is marked accordingly on the face of any submission.

(Source: Added at 38 Ill. Reg. 11519, effective May 15, 2014)