ICC Referral User Guide for Agencies

The Illinois Care Connections Program (ICC) is specifically intended to help an older adult aged 60 and older living in the community, in their home or rental unit, in Illinois with a specific need for durable medical equipment (DME) and/or assistive technology (AT). Are they socially isolated – are they unable to complete tasks in their home or community – are they at risk of injury or institutionalization? The program's goal is to help an individual stay more connected, healthy, safe, and independent. Please complete this form with the participant as specific information on the participant's needs and functional capacity is required.

Referral must be filled out completely. Any item marked with an asterisk (*) must be filled out – if not, you will not be able to submit the referral form until you complete the missing fields. If you fill it out completely and accurately, the older adult can receive help quicker. If not, ICC staff must call you back to get additional information, which causes delays.

If at any time you need assistance with the referral form or have any questions, please contact the IATP ICC staff at (217) 522-7985 or iatp.care@iltech.org before you submit the form. Please let participants know they will be getting a call from ICC staff from a phone number with the (217) area code before their referral is processed.

How to Complete an ICC Referral Form

Open a web browser and navigate to the ICC web page: https://care.iltech.org/ and enter the FY26 referring agency code to begin the referral process. The FY26 code will be given out by IDoA. Click on the validate code button to open the referral form.

Illinois Care Connections

Community Living. Education. Employment.

Referring Agency Information Section

Referring Agency — Select your agency type and enter your agency name. If your agency type is an Area Agency on Aging (AAA), select your agency name from the pull-down list. For FY26, we are also accepting referrals from Adult Protective Services (APS 60+) and Home Care Ombudsman (HCO). Enter your Point of Contact information – all items are required.

Participant Information Section

The participant is the individual for whom you are completing this referral form. Please involve the participant in collecting this data to identify their needs and prevent delays. Do not use your agency or your own personal information in this section.

Complete the following four prompts and questions:

Participant receives services or supports through a…: Community Care Program (CCP) or Non-Community Care Program (Non-CCP).

Does the participant live in an Independent Living facility or Assisted Living? If yes, the referral form will close because eligibility for ICC is currently limited to older adults age 60+ who are not living in a facility, including Independent Living or Assisted Living Facilities or wings.

Is the participant new to your agency?

Has the participant received services from the Illinois Care Connections (ICC) program in the past?

Participant Contact Information

Fill out the participant's contact information **completely** (full address including unit or apartment number and zip code). We do need a phone number and email address to follow up with the participant to ensure services and devices are appropriate to their individual needs. List what method of contact is preferred.

Note: If you know that it is difficult for the client to receive shipments to their residence, let us know in the notes section at the end of the form. This helps us to decide if we will deliver the device(s) instead. You can also check the Box for "Shipping to a Different Address" — be sure you have the name and complete address to fill in. ICC only ships to Illinois addresses. Any address outside of Illinois will not receive shipments from the ICC program.

Illinois Care Connections

Community Living. Education. Employment.

Demographics Section

Enter the participant's demographics. Demographics are important and required by state law. It is collected for informational purposes only. Please collect as much information as possible, including an alternate phone number, to help us fulfill the referral in a timely manner. If the participant does not have an email address, ask if there is an email address of a family member or friend that can be used for notifications.

Current DME Usage

Examples include mobility devices like walkers and canes, speech communication devices, and aids of daily living devices like shower chairs/benches and weighted utensils. If the participant currently uses DME, please enter what DME the participant is using.

IDoA Benefit Access Services

Select the Benefit Access Services the participant receives or select "none of the above" if they do not receive any of these services.

UCLA Loneliness Scale

The UCLA loneliness scale data is collected as a baseline at the time of the referral and will be collected again during the 30-day post-survey.

Reason For Referral

Please select all the reasons that apply. This information will help identify the types of AT and/or DME the participant may need to help them be more independent in their home. This helps ICC staff understand why the referral is being submitted.

- Risk of fall
- Risk of nursing home placement
- Recent hospitalization / Risk of hospitalization
- Difficulties with daily living activities
- Difficulties with staying in contact with family and friends
- Home safety
- Letting a caregiver into the home

Assistive Technology and Information Technology Options

Please select all the AT and DME device types the participant potentially needs to live as confidently and independently as possible. This is not a shopping list for specific equipment, devices, or services the older adult wants. This is a needs-based program. Requested items are not guaranteed. During the intake call, the ICC staff will work with the participant to determine the specific devices that will be most helpful.

In each category, identify any devices the participant is currently using – include name/brand of device if possible.

AT is divided into four categories:

Tablet – to communicate with family/friends, purchase food or other household items, attend telehealth appointments, or to participate in other online activities

Vision – to enlarge visual information, to convert visual information to auditory or tactile, to support navigation

Hearing – to amplify sound, to convert sound into visual or tactile information

Environmental Control / Smart Home – to support security/safety, to promote independence

DME is divided into three categories:

Mobility – for when the participant has difficulty walking, standing, seating, or is unable to walk

Speech Communications Devices – to enhance or replace speech

Aids for Daily Living – for when the participant has difficulty bathing, grooming, dressing, eating, cooking, managing medications, and/or managing their household

Tablet/Smart Home Questionnaire

This section opens if the Tablet or Environmental Control/Smart Home is selected. When asking about why they need a tablet, make sure you know what type of cell phone they use now (iPhone or Android). If they do not have a cell phone, you should ask what kind of phone their family members/ support system uses. It is helpful to match the kind of tablet what they use or with what type their main support system uses.

Functional Assessment

This section opens if a Tablet or Environmental Control/Smart Home is selected above. These answers help the ICC staff to determine what devices are appropriate for the participant.

Illinois Care Connections

Community Living. Education. Employment.

General Screening Questionnaire

This section gives you the opportunity to provide additional information that will help us better identify the participant's needs.

Other Information

Please describe any other functional limitations that could impact the participant's ability to use the devices provided. In this section, you could tell us more about the participant's needs and abilities to use assistive technology. There is also a place to enter referral notes. This is your opportunity to add any other information not asked for on this form.

Performance Measure

Answer the question with multiple choice answers: Why is the participant obtaining the AT / DME?

Submitting the Referral

At the very end of the form, you must check the final box stating, "Please verify that this form was completed with the participant's input to ensure that we have accurate information to process the referral." If you do not, you will not be able to submit the referral.

IATP Does Not Offer the Following Items:

- Security Systems
- In-Home Surveillance Cameras
- Disposable Products (incontinence products, internal products)
- Cell Phones/Cell Phone Service
- Printers, 3D-Printers
- Life Alert Systems
- Motorized Wheelchairs or Scooters
- Stair Lifts
- Grab Bars
- Full-Length Bed Rails
- Vehicle Modifications (including devices to transport scooters/motorized wheelchairs)
- Braces/Prostheses
- Hospital Beds
- Home Modifications (barn door installation, door widening, ramp building, bathroom remodels)
- Hearing Aids
- Prescription Glasses
- House Cleaning Services
- Home Delivered Meals
- Caregiver Services
- Subscription Services (software, medical alert, Ring protection plans)
- Smoke Detectors

Illinois Care Connections

Community Living. Education. Employment.

Illinois Assistive Technology Program

701 N. Walnut St. • Springfield, IL 62702

(217) 522-7985 • (800) 852-5110

www.iltech.org

iatp.care@iltech.org

Follow us on Social Media