

# 2006

# ILLINOIS

# REGISTER

RULES  
OF GOVERNMENTAL  
AGENCIES



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September 22, 2006  
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<b>Issue</b>	<b>Rules Due Date</b>	<b>Date of Issue</b>
1	December 27, 2005	January 6, 2006
2	January 3, 2006	January 13, 2006
3	January 9, 2006	January 20, 2006
4	January 17, 2006	January 27, 2006
5	January 23, 2006	February 3, 2006
6	January 30, 2006	February 10, 2006
7	February 6, 2006	February 17, 2006
8	February 14, 2006	February 24, 2006
9	February 21, 2006	March 3, 2006
10	February 27, 2006	March 10, 2006
11	March 6, 2006	March 17, 2006
12	March 13, 2006	March 24, 2006
13	March 20, 2006	March 31, 2006
14	March 27, 2006	April 7, 2006
15	April 3, 2006	April 14, 2006
16	April 10, 2006	April 21, 2006
17	April 17, 2006	April 28, 2006
18	April 24, 2006	May 5, 2006
19	May 1, 2006	May 12, 2006
20	May 8, 2006	May 19, 2006
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31	July 24, 2006	August 4, 2006
32	July 31, 2006	August 11, 2006
33	August 7, 2006	August 18, 2006
34	August 14, 2006	August 25, 2006
35	August 21, 2006	September 1, 2006
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50	December 4, 2006	December 15, 2006
51	December 11, 2006	December 26, 2006
52	December 18, 2006	December 29, 2006

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of Part: Consumer Installment Loan Act
- 2) Code Citation: 38 Ill. Adm. Code 110
- 3) Section Number: 110.280                      Proposed Action:  
New
- 4) Statutory Authority: Consumer Installment Loan Act [205 ILCS 670].
- 5) A Complete Description of the Subjects and Issues Involved: This Section is being added to provide necessary and appropriate protections when a loan is made to a member of the military. In a recent report issued by the Defense Department, the government found that, "Predatory lending undermines military readiness, harms the morale of troops and their families, and adds to the cost of fielding an all-volunteer fighting force."
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemakings currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? Yes
- 11) Statement of Statewide Policy Objectives: This rulemaking has no impact on local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit written comments to:

Department of Financial and Professional Regulation  
Attention: Barb Smith  
320 West Washington, 3rd Floor  
Springfield, IL 62786

217/785-0813 Fax #: 217/782-7645

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

All written comments received within 45 days after this issue of the *Illinois Register* will be considered.

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: None
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent regulatory agendas because: This rulemaking was not anticipated at the time of the preparation of the Regulatory Agenda.

The full text of the Proposed Amendment begins on the next page:

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

## TITLE 38: FINANCIAL INSTITUTIONS

## CHAPTER I: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## PART 110

## CONSUMER INSTALLMENT LOAN ACT

## SUBPART A: GENERAL PROVISIONS

## Section

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110.15	Application for License; Controlling Person
110.20	Loan Register
110.30	Individual Account Records
110.40	File of Original Papers
110.50	Cash Book
110.60	Alphabetical Record of Co-Makers, Obligors or Guarantors
110.65	Permanent File
110.70	Payments
110.80	Simple Interest Loans
110.90	Cancellation and Return of Documents
110.100	Finance Charges – Rebates and Delinquency Charges
110.110	Hypothecation at the Time of the Sale of Obligor's Notes
110.120	Legal Forms
110.130	Judgments
110.140	Sale of Security
110.150	Trouble File
110.160	Lien Charges
110.170	Insurance
110.180	Office and Office Hours
110.190	Advertising
110.200	Other Business
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110.220	Credit Practices
110.225	Verification of Amount Owing
110.230	General
110.235	Relocation
110.236	Name Change
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## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

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110.525	Negative Amortization (Repealed)
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110.535	Balloon Payments (Repealed)
110.540	Financing of Certain Points and Fees (Repealed)
110.545	Financing of Single Premium Insurance Products (Repealed)
110.550	Lending Without Due Regard to Ability to Repay (Repealed)
110.555	Verification of Ability to Repay (Repealed)
110.560	Payments to Contractors (Repealed)
110.565	Counseling Prior to Perfecting Foreclosure (Repealed)
110.570	Mortgage Awareness Program (Repealed)
110.575	Offer of Mortgage Awareness Program (Repealed)
110.580	Third Party Review (Repealed)

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

110.APPENDIX A	Estimated Monthly Income and Expenses Worksheet (Repealed)
110.APPENDIX B	Mortgage Ratio Worksheet (Repealed)
110.TABLE A	Illinois Rule of 78 Fractions for Rebating Charges According to Number of Months Originally Contracted For and Number of Months Prepaid in Full for Contracts of 2 to 120 Months (Repealed)
110.TABLE B	Rule of 78 Percentage Rebate Table (Repealed)

AUTHORITY: Implementing and authorized by Section 22 of the Consumer Installment Loan Act [205 ILCS 670/22].

SOURCE: Filed and effective June 19, 1970; amended at 3 Ill. Reg. 24, p. 16, effective June 15, 1979; emergency amendment at 4 Ill. Reg. 5, p. 372, effective January 16, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 36, p. 138, effective September 22, 1980; amended at 5 Ill. Reg. 1352, effective February 3, 1981; codified at 7 Ill. Reg. 11721; amended at 9 Ill. Reg. 1343, effective January 17, 1985; amended at 11 Ill. Reg. 2749, effective January 28, 1987; emergency amendment at 11 Ill. Reg. 14141, effective August 7, 1987, for a maximum of 150 days; amended at 12 Ill. Reg. 10456, effective June 7, 1988; amended at 19 Ill. Reg. 44, effective December 22, 1994; amended at 20 Ill. Reg. 5799, effective April 8, 1996; emergency amendment at 22 Ill. Reg. 1485, effective January 2, 1998, for a maximum of 150 days; emergency expired May 31, 1998; amended at 22 Ill. Reg. 13657, effective July 14, 1998; amended at 25 Ill. Reg. 6227, effective May 17, 2001; amended at 25 Ill. Reg. 7456, effective August 1, 2001; expedited correction at 29 Ill. Reg. 5776, effective August 1, 2001; amended at 26 Ill. Reg. 14232, effective October 1, 2002; amended at 30 Ill. Reg. 12558, effective July 7, 2006; amended at 30 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL PROVISIONS

**Section 110.280 Military Protection Provision**

All loans made pursuant to the Act to a member of the military must provide the following consumer protections:

- a) "Member of the military" means a person serving in the armed forces of the United States, the Illinois National Guard, or any reserve component of the armed forces of the United States and his or her spouse. "Member of the military" includes those persons engaged in:
- 1) active duty;

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

- 2) training or education under the supervision of the United States preliminary to induction into military service;
  - 3) a period of active duty with the State of Illinois under Title 10 or Title 32 of the United States Code pursuant to order of the President or the Governor of the State of Illinois.
- b) A licensee may not commit any of the following acts:
- 1) A licensee may not garnish the wages or salaries of a consumer who is a member of the military.
  - 2) In addition to any rights and obligations provided under the federal Servicemembers Civil Relief Act, a licensee shall suspend and defer collection activity against a consumer who is a member of the military and who has been deployed to a combat or combat support posting for the duration of the deployment.
  - 3) A licensee may not knowingly contact the military chain of command of a consumer who is a member of the military in an effort to collect on a loan.
  - 4) A licensee must honor the terms of any repayment plan that it has entered into with any consumer who is a member of the military, including a repayment agreement negotiated through military counselors or third-party credit counselors.
  - 5) A licensee may not offer, solicit, or negotiate a loan on a State of Illinois or United States military base or naval installation.
  - 6) A licensee may not refuse to transact with a military borrower or otherwise discriminate against a military borrower solely on the basis of his or her military status.
- c) Before a loan is made, a licensee shall deliver to a consumer who is a member of the military a pamphlet prepared with information specifically relevant to military borrowers, including all of the following:
- 1) the requirements of this Section;
  - 2) military policies relating to credit;

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

- 3) where military members may find financial assistance through established military programs, web sites and a military hotline;
- 4) where military members may find information about local credit counseling alternatives.
- d) A licensee, except those locations already in existence as of December 1, 2006, may not be within one mile of any State of Illinois or United States military base or naval installation.

(Source: Added at 30 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of Part: Payday Loan Reform Act
- 2) Code Citation: 38 Ill. Adm. Code 210
- 3) Section Number: 210.270                      Proposed Action:  
New
- 4) Statutory Authority: Payday Loan Reform Act [815 ILCS 122]
- 5) A Complete Description of the Subjects and Issues Involved: This Section is being added to provide necessary and appropriate protections when a loan is made to a member of the military. In a recent report issued by the Defense Department, the government found that, "Predatory lending undermines military readiness, harms the morale of troops and their families, and adds to the cost of fielding an all-volunteer fighting force."
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemakings currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking has no impact on local government.
- 12) Time, Place and Manner in which interested persons may comment on this rulemaking:  
Interested persons may submit written comments to:

Department of Financial and Professional Regulation  
Attention: Barb Smith  
320 West Washington, 3rd Floor  
Springfield, IL 62786

217/785-0813 Fax #: 217/782-7645

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

All written comments received within 45 days after this issue of the *Illinois Register* will be considered.

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: None
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not anticipated at the time of the preparation of the Regulatory Agenda.

The full text of the Proposed Amendment begins on the next page:

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

## TITLE 38: FINANCIAL INSTITUTIONS

## CHAPTER I: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## PART 210

## PAYDAY LOAN REFORM ACT

## Section

210.1	Definitions
210.10	Minimum Requirements for Office Records
210.15	Application for Payday Lender License; Controlling Person
210.20	Loan Register
210.30	Individual Account Records
210.40	File of Original Papers
210.50	Cash Book
210.60	Alphabetical Record of Co-Makers, Consumers or Guarantors
210.65	Permanent File
210.70	Payments
210.80	Cancellation and Return of Documents
210.90	Hypothecation at the Time of the Sale of Consumer's Loan Agreement
210.100	Legal Forms
210.110	Judgments
210.120	Trouble File
210.130	Office and Office Hours
210.140	Advertising
210.150	Other Business
210.160	Examination Remittances
210.170	General
210.180	Relocation
210.190	Name Change
210.200	Hearing Procedures
210.210	Off-Site Records
210.220	Servicing of Accounts by Contract
210.230	Revocation or Suspension of License
210.240	Consumer Written Verification of Compliance with Act
210.250	Gross Monthly Income Verification
210.260	Certified Database/Commercially Reasonable Method of Verification
<a href="#">210.270</a>	<a href="#">Military Protection Provision</a>

AUTHORITY: Implementing and authorized by the Payday Loan Reform Act [815 ILCS 122].

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENT

SOURCE: Adopted at 29 Ill. Reg. 21008, effective December 16, 2005; amended at 30 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 210.270 Military Protection Provision**

All loans made pursuant to the Act to a member of the military must provide the following consumer protections:

- a) A licensee may not commit any of the following acts:
  - 1) A licensee may not offer, solicit, or negotiate a loan on a State of Illinois or United States military base or naval installation.
  - 2) A licensee may not refuse to transact with a military borrower or otherwise discriminate against a military borrower solely on the basis of his or her military status.
- b) Before a loan is made, a licensee shall deliver to the consumer who is a member of the military a pamphlet prepared with information specifically relevant to military borrowers, including all of the following:
  - 1) the requirements of this Section;
  - 2) military policies relating to credit;
  - 3) where military members may find financial assistance through established military programs, web sites and a military hotline; and
  - 4) where military members may find information about local credit counseling alternatives.
- c) Any protections granted to a member of the military shall also be granted to his or her spouse.

(Source: Added at 30 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Retailers' Occupation Tax
- 2) Code Citation: 86 Ill. Adm. Code 130
- 3) Section Number: 130.1953                      Proposed Action:  
New Section
- 4) Statutory Authority: 20 ILCS 2505/2505-25
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking describes the exemption from tax for building materials incorporated into a redevelopment project area within an intermodal transfer facility area. The exemption was created by P.A. 94-0546, effective January 1, 2006. The exemption is administered in a manner similar to the exemption provided for building materials incorporated into enterprise zones (see Section 130.1951).
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemakings currently in effect: No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not create a State mandate, nor does it modify any existing State mandates.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to submit comments on this proposed rulemaking may submit them in writing by no later than 45 days after publication of this Notice to:

Terry D. Charlton  
Senior Counsel, Sales & Excise Taxes  
Illinois Department of Revenue  
Legal Services Office  
101 West Jefferson  
Springfield, Illinois 62794

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

(217) 782-2844

13) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: Retailers of building materials and contractors who purchase building materials for incorporation into a redevelopment project area within an intermodal transfer facility will now be able to take advantage of this exemption.
- B) Reporting, bookkeeping or other procedures required for compliance: In order to document the exemption, retailers must retain a copy of the purchaser's statement and a copy of the Certificate of Eligibility for Sales Tax Exemption issued by municipality in which the facility is located.
- C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: July 2006

The full text of the Proposed Amendment begins on the next page:

## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

TITLE 86: REVENUE  
CHAPTER I: DEPARTMENT OF REVENUEPART 130  
RETAILERS' OCCUPATION TAX

## SUBPART A: NATURE OF TAX

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130.101	Character and Rate of Tax
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130.110	Occasional Sales
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130.120	Nontaxable Transactions

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130.225	Drop Shipments

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130.325	Graphic Arts Machinery and Equipment Exemption
130.330	Manufacturing Machinery and Equipment
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## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

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130.505	Returns and How to Prepare
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130.515	First Return
130.520	Final Returns When Business is Discontinued
130.525	Who May Sign Returns
130.530	Returns Covering More Than One Location Under Same Registration – Separate Returns for Separately Registered Locations
130.535	Payment of the Tax, Including Quarter Monthly Payments in Certain Instances
130.540	Returns on a Transaction by Transaction Basis
130.545	Registrants Must File a Return for Every Return Period
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## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

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130.720	Separate Registrations for Different Places of Business of Same Taxpayer Under Some Circumstances
130.725	Display
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## DEPARTMENT OF REVENUE

## NOTICE OF PROPOSED AMENDMENT

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- 130.1405 Seller's Responsibility to Obtain Certificates of Resale and Requirements for Certificates of Resale
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DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENT

130.1420 Blanket Certificate of Resale (Repealed)

SUBPART O: CLAIMS TO RECOVER ERRONEOUSLY PAID TAX

Section

130.1501 Claims for Credit – Limitations – Procedure  
130.1505 Disposition of Credit Memoranda by Holders Thereof  
130.1510 Refunds  
130.1515 Interest

SUBPART P: PROCEDURE TO BE FOLLOWED UPON  
SELLING OUT OR DISCONTINUING BUSINESS

Section

130.1601 When Returns are Required After a Business is Discontinued  
130.1605 When Returns Are Not Required After Discontinuation of a Business  
130.1610 Cross Reference to Bulk Sales Regulation

SUBPART Q: NOTICE OF SALES OF GOODS IN BULK

Section

130.1701 Bulk Sales: Notices of Sales of Business Assets

SUBPART R: POWER OF ATTORNEY

Section

130.1801 When Powers of Attorney May be Given  
130.1805 Filing of Power of Attorney With Department  
130.1810 Filing of Papers by Agent Under Power of Attorney

SUBPART S: SPECIFIC APPLICATIONS

Section

130.1901 Addition Agents to Plating Baths  
130.1905 Agricultural Producers  
130.1910 Antiques, Curios, Art Work, Collectors' Coins, Collectors' Postage Stamps and  
Like Articles  
130.1915 Auctioneers and Agents  
130.1920 Barbers and Beauty Shop Operators  
130.1925 Blacksmiths

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130.1930	Chiropodists, Osteopaths and Chiropractors
130.1935	Computer Software
130.1940	Construction Contractors and Real Estate Developers
130.1945	Co-operative Associations
130.1950	Dentists
130.1951	Enterprise Zones
130.1952	Sales of Building Materials to a High Impact Business
<u>130.1953</u>	<u>Sales of Building Materials to be Incorporated into a Redevelopment Project Area within an Intermodal Terminal Facility Area</u>
130.1955	Farm Chemicals
130.1960	Finance Companies and Other Lending Agencies – Installment Contracts – Bad Debts
130.1965	Florists and Nurserymen
130.1970	Hatcheries
130.1971	Sellers of Pets and the Like
130.1975	Operators of Games of Chance and Their Suppliers
130.1980	Optometrists and Opticians
130.1985	Pawnbrokers
130.1990	Peddlers, Hawkers and Itinerant Vendors
130.1995	Personalizing Tangible Personal Property
130.2000	Persons Engaged in the Printing, Graphic Arts or Related Occupations, and Their Suppliers
130.2004	Sales to Nonprofit Arts or Cultural Organizations
130.2005	Persons Engaged in Nonprofit Service Enterprises and in Similar Enterprises Operated As Businesses, and Suppliers of Such Persons
130.2006	Sales by Teacher-Sponsored Student Organizations
130.2007	Exemption Identification Numbers
130.2008	Sales by Nonprofit Service Enterprises
130.2009	Personal Property Purchased Through Certain Fundraising Events for the Benefit of Certain Schools
130.2010	Persons Who Rent or Lease the Use of Tangible Personal Property to Others
130.2011	Sales to Persons Who Lease Tangible Personal Property to Exempt Hospitals
130.2012	Sales to Persons Who Lease Tangible Personal Property to Governmental Bodies
130.2013	Persons in the Business of Both Renting and Selling Tangible Personal Property – Tax Liabilities, Credit
130.2015	Persons Who Repair or Otherwise Service Tangible Personal Property
130.2020	Physicians and Surgeons
130.2025	Picture-Framers
130.2030	Public Amusement Places
130.2035	Registered Pharmacists and Druggists

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130.2040	Retailers of Clothing
130.2045	Retailers on Premises of the Illinois State Fair, County Fairs, Art Shows, Flea Markets and the Like
130.2050	Sales and Gifts By Employers to Employees
130.2055	Sales by Governmental Bodies
130.2060	Sales of Alcoholic Beverages, Motor Fuel and Tobacco Products
130.2065	Sales of Automobiles for Use In Demonstration (Repealed)
130.2070	Sales of Containers, Wrapping and Packing Materials and Related Products
130.2075	Sales To Construction Contractors, Real Estate Developers and Speculative Builders
130.2076	Sales to Purchasers Performing Contracts with Governmental Bodies
130.2080	Sales to Governmental Bodies, Foreign Diplomats and Consular Personnel
130.2085	Sales to or by Banks, Savings and Loan Associations and Credit Unions
130.2090	Sales to Railroad Companies
130.2095	Sellers of Gasohol, Coal, Coke, Fuel Oil and Other Combustibles
130.2100	Sellers of Feeds and Breeding Livestock
130.2101	Sellers of Floor Coverings
130.2105	Sellers of Newspapers, Magazines, Books, Sheet Music and Musical Recordings, and Their Suppliers; Transfer of Data Downloaded Electronically
130.2110	Sellers of Seeds and Fertilizer
130.2115	Sellers of Machinery, Tools and Special Order Items
130.2120	Suppliers of Persons Engaged in Service Occupations and Professions
130.2125	Trading Stamps and Discount Coupons
130.2130	Undertakers and Funeral Directors
130.2135	Vending Machines
130.2140	Vendors of Curtains, Slip Covers and Other Similar Items Made to Order
130.2145	Vendors of Meals
130.2150	Vendors of Memorial Stones and Monuments
130.2155	Tax Liability of Sign Vendors
130.2156	Vendors of Steam
130.2160	Vendors of Tangible Personal Property Employed for Premiums, Advertising, Prizes, Etc.
130.2165	Veterinarians
130.2170	Warehousemen

## SUBPART T: DIRECT PAYMENT PROGRAM

Section	
130.2500	Direct Payment Program
130.2505	Qualifying Transactions, Non-transferability of Permit

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130.2510	Permit Holder's Payment of Tax
130.2515	Application for Permit
130.2520	Qualification Process and Requirements
130.2525	Application Review
130.2530	Recordkeeping Requirements
130.2535	Revocation and Withdrawal
130.ILLUSTRATION A	Examples of Tax Exemption Card
130.ILLUSTRATION B	Example of Notice of Revocation of Certificate of Registration

AUTHORITY: Implementing the Illinois Retailers' Occupation Tax Act [35 ILCS 120] and authorized by Section 2505-25 of the Civil Administrative Code of Illinois [20 ILCS 2505/2505-25].

SOURCE: Adopted July 1, 1933; amended at 2 Ill. Reg. 50, p. 71, effective December 10, 1978; amended at 3 Ill. Reg. 12, p. 4, effective March 19, 1979; amended at 3 Ill. Reg. 13, pp. 93 and 95, effective March 25, 1979; amended at 3 Ill. Reg. 23, p. 164, effective June 3, 1979; amended at 3 Ill. Reg. 25, p. 229, effective June 17, 1979; amended at 3 Ill. Reg. 44, p. 193, effective October 19, 1979; amended at 3 Ill. Reg. 46, p. 52, effective November 2, 1979; amended at 4 Ill. Reg. 24, pp. 520, 539, 564 and 571, effective June 1, 1980; amended at 5 Ill. Reg. 818, effective January 2, 1981; amended at 5 Ill. Reg. 3014, effective March 11, 1981; amended at 5 Ill. Reg. 12782, effective November 2, 1981; amended at 6 Ill. Reg. 2860, effective March 3, 1982; amended at 6 Ill. Reg. 6780, effective May 24, 1982; codified at 6 Ill. Reg. 8229; recodified at 6 Ill. Reg. 8999; amended at 6 Ill. Reg. 15225, effective December 3, 1982; amended at 7 Ill. Reg. 7990, effective June 15, 1983; amended at 8 Ill. Reg. 5319, effective April 11, 1984; amended at 8 Ill. Reg. 19062, effective September 26, 1984; amended at 10 Ill. Reg. 1937, effective January 10, 1986; amended at 10 Ill. Reg. 12067, effective July 1, 1986; amended at 10 Ill. Reg. 19538, effective November 5, 1986; amended at 10 Ill. Reg. 19772, effective November 5, 1986; amended at 11 Ill. Reg. 4325, effective March 2, 1987; amended at 11 Ill. Reg. 6252, effective March 20, 1987; amended at 11 Ill. Reg. 18284, effective October 27, 1987; amended at 11 Ill. Reg. 18767, effective October 28, 1987; amended at 11 Ill. Reg. 19138, effective October 29, 1987; amended at 11 Ill. Reg. 19696, effective November 23, 1987; amended at 12 Ill. Reg. 5652, effective March 15, 1988; emergency amendment at 12 Ill. Reg. 14401, effective September 1, 1988, for a maximum of 150 days, modified in response to an objection of the Joint Committee on Administrative Rules at 12 Ill. Reg. 19531, effective November 4, 1988, not to exceed the 150 day time limit of the original rulemaking; emergency expired January 29, 1989; amended at 13 Ill. Reg. 11824, effective June 29, 1989; amended at 14 Ill. Reg. 241, effective December 21, 1989; amended at 14 Ill. Reg. 872, effective January 1, 1990; amended at 14 Ill. Reg. 15463, effective September 10, 1990; amended at 14 Ill. Reg. 16028, effective September 18, 1990; amended at 15 Ill. Reg. 6621, effective April 17, 1991;

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amended at 15 Ill. Reg. 13542, effective August 30, 1991; amended at 15 Ill. Reg. 15757, effective October 15, 1991; amended at 16 Ill. Reg. 1642, effective January 13, 1992; amended at 17 Ill. Reg. 860, effective January 11, 1993; amended at 17 Ill. Reg. 18142, effective October 4, 1993; amended at 17 Ill. Reg. 19651, effective November 2, 1993; amended at 18 Ill. Reg. 1537, effective January 13, 1994; amended at 18 Ill. Reg. 16866, effective November 7, 1994; amended at 19 Ill. Reg. 13446, effective September 12, 1995; amended at 19 Ill. Reg. 13568, effective September 11, 1995; amended at 19 Ill. Reg. 13968, effective September 18, 1995; amended at 20 Ill. Reg. 4428, effective March 4, 1996; amended at 20 Ill. Reg. 5366, effective March 26, 1996; amended at 20 Ill. Reg. 6991, effective May 7, 1996; amended at 20 Ill. Reg. 9116, effective July 2, 1996; amended at 20 Ill. Reg. 15753, effective December 2, 1996; expedited correction at 21 Ill. Reg. 4052, effective December 2, 1996; amended at 20 Ill. Reg. 16200, effective December 16, 1996; amended at 21 Ill. Reg. 12211, effective August 26, 1997; amended at 22 Ill. Reg. 3097, effective January 27, 1998; amended at 22 Ill. Reg. 11874, effective June 29, 1998; amended at 22 Ill. Reg. 19919, effective October 28, 1998; amended at 22 Ill. Reg. 21642, effective November 25, 1998; amended at 23 Ill. Reg. 9526, effective July 29, 1999; amended at 23 Ill. Reg. 9898, effective August 9, 1999; amended at 24 Ill. Reg. 10713, effective July 7, 2000; emergency amendment at 24 Ill. Reg. 11313, effective July 12, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15104, effective October 2, 2000; amended at 24 Ill. Reg. 18376, effective December 1, 2000; amended at 25 Ill. Reg. 941, effective January 8, 2001; emergency amendment at 25 Ill. Reg. 1792, effective January 16, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 4674, effective March 15, 2001; amended at 25 Ill. Reg. 4950, effective March 19, 2001; amended at 25 Ill. Reg. 5398, effective April 2, 2001; amended at 25 Ill. Reg. 6515, effective May 3, 2001; expedited correction at 25 Ill. Reg. 15681, effective May 3, 2001; amended at 25 Ill. Reg. 6713, effective May 9, 2001; amended at 25 Ill. Reg. 7264, effective May 25, 2001; amended at 25 Ill. Reg. 10917, effective August 13, 2001; amended at 25 Ill. Reg. 12841, effective October 1, 2001; amended at 26 Ill. Reg. 958, effective January 15, 2002; amended at 26 Ill. Reg. 1303, effective January 17, 2002; amended at 26 Ill. Reg. 3196, effective February 13, 2002; amended at 26 Ill. Reg. 5369, effective April 1, 2002; amended at 26 Ill. Reg. 5946, effective April 15, 2002; amended at 26 Ill. Reg. 8423, effective May 24, 2002; amended at 26 Ill. Reg. 9885, effective June 24, 2002; amended at 27 Ill. Reg. 795, effective January 3, 2003; emergency amendment at 27 Ill. Reg. 11099, effective July 7, 2003, for a maximum of 150 days; emergency expired December 3, 2003; amended at 27 Ill. Reg. 17216, effective November 3, 2003; emergency amendment at 27 Ill. Reg. 18911, effective November 26, 2003, for a maximum of 150 days; emergency expired April 23, 2004; amended at 28 Ill. Reg. 9121, effective June 18, 2004; amended at 28 Ill. Reg. 11268, effective July 21, 2004; emergency amendment at 28 Ill. Reg. 15193, effective November 3, 2004, for a maximum of 150 days; emergency expired April 1, 2005; amended at 29 Ill. Reg. 7004, effective April 26, 2005; amended at 30 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART S: SPECIFIC APPLICATIONS

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**Section 130.1953 Sales of Building Materials to be Incorporated into a Redevelopment Project Area within an Intermodal Terminal Facility Area**

- a) *Beginning on January 1, 2006, pursuant to P.A. 94-0546, each retailer that makes a qualified sale of building materials to be incorporated into real estate in a redevelopment project area within an intermodal terminal facility area in accordance with Section 11-74.4-3.1 of the Illinois Municipal Code by remodeling, rehabilitating, or new construction may deduct receipts from those sales when calculating the tax imposed by the Retailers' Occupation Tax Act. [35 ILCS 120/1p]*
- b) Definitions
- 1) *For purposes of this Section, "intermodal terminal facility" means land, improvements to land, equipment, and appliances necessary for the receipt and transfer of goods between one mode of transportation and another, at least one of which must be transportation by rail. [65 ILCS 5/11-74.4-3.1(c)]*
- 2) *For purposes of this Section, "qualified sale" means a sale of building materials that will be incorporated into real estate as part of an industrial or commercial project for which a Certificate of Eligibility for Sales Tax Exemption has been issued by the corporate authorities of the municipality in which the building project is located. [35 ILCS 120/1p]*
- c) Qualifying Building Materials  
In order to qualify for the deduction, the materials being purchased must be building materials purchased for physical incorporation into real estate as part of an industrial or commercial project in a redevelopment project area within an intermodal terminal facility area certified by the corporate authorities of the municipality in which the building project is located. For example, gross receipts from sales of the following can qualify for the deduction:
- 1) Common building materials such as lumber, bricks, cement, windows, doors, insulation, roofing materials and sheet metal;
- 2) Any trackage, ties, ballast, spikes, plates, high mast lighting, and cranes that are physically incorporated into the redevelopment project area of the intermodal terminal facility;

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- 3) Plumbing systems and their components such as bathtubs, lavatories, sinks, faucets, garbage disposals, water pumps, water heaters, water softeners and water pipes;
  - 4) Heating systems and their components such as furnaces, ductwork, vents, stokers, boilers, heating pipes and radiators;
  - 5) Electrical systems and their components such as wiring, outlets and light fixtures that are physically incorporated into the redevelopment project area of the intermodal terminal facility;
  - 6) Central air-conditioning systems, ventilation systems and their components that are physically incorporated into the redevelopment project area of the intermodal terminal facility;
  - 7) Built-in cabinets and other woodwork that is physically incorporated into the building located in the redevelopment project area of the intermodal terminal facility;
  - 8) Built-in appliances such as refrigerators, stoves, ovens and trash compactors that are physically incorporated into the building located in the redevelopment project area of the intermodal terminal facility;
  - 9) Floor coverings such as tile, linoleum and carpeting that are glued or otherwise permanently affixed to the building in the redevelopment project area location by use of tacks, staples, or wood stripping filled with nails that protrude upward (sometimes referred to as "tacking strips" or "tack-down strips");
  - 10) Landscape products such as trees, shrubs, topsoil and sod that are physically incorporated (i.e., permanently transplanted) into the redevelopment project area within the intermodal terminal facility area.
- d) Non-Qualifying Building Materials  
Items that are not physically incorporated into an industrial or commercial project within the redevelopment project area within an intermodal terminal facility as certified by the corporate authorities of the municipality in which the redevelopment project area is located cannot qualify for the deduction. For example, gross receipts from sales of the following do not qualify for the deduction:

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- 1) Tools, machinery, equipment, fuel, forms and other items that may be used by a construction contractor at a redevelopment project area location, but are not physically incorporated into the redevelopment project area;
  - 2) Free standing appliances such as stoves, ovens, refrigerators, washing machines, portable ventilation units, window air conditioning units, lamps, clothes washers, clothes dryers, trash compactors and dishwashers that may be connected to and operate from a building's electrical or plumbing system, but do not become a component of those systems;
  - 3) Floor coverings that are area rugs or that are attached to the structure using only two-sided tape;
  - 4) Mobile equipment, trucks or cranes not physically incorporated into the redevelopment project area of the intermodal terminal facility area.
- e) Records – Required to Document Exemption  
To document the exemption allowed under this Section, the retailer must obtain from the purchaser a purchaser's statement and a copy of the Certificate of Eligibility for Sales Tax Exemption issued by the corporate authorities of the municipality in which the real estate into which the building materials will be incorporated is located.
- 1) Purchaser's Statement – Retailers must obtain a purchaser's statement from the purchaser that contains all of the following:
    - A) A statement that the building materials are being purchased for incorporation into real estate located in a redevelopment project area of an intermodal terminal facility area certified in accordance with Section 11-74.4-3.1 of the Illinois Municipal Code;
    - B) The location or address of the real estate into which the building materials will be incorporated;
    - C) The name of the intermodal terminal facility area in which that real estate is located;
    - D) A description of the building materials being purchased; and
    - E) The purchaser's signature and date of purchase.

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- 2) Certificate of Eligibility for Sales Tax Exemption – Retailers must keep among their books and records a copy of a Certificate of Eligibility for Sales Tax Exemption issued by the municipality that must include all of the following:
- A) A statement that the commercial or industrial project identified in the Certificate meets all the requirements of the jurisdiction in which the project is located;
  - B) The location or address of the building project; and
  - C) The signature of the chief executive officer of the municipality in which the building project is located, or the chief executive officer's delegate.

(Source: Added at 30 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Notary Public Records
- 2) Code Citation: 14 Ill. Adm. Code 176
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
176.10	Amendment
176.11	Amendment
- 4) Statutory Authority: Implemented and authorized by Section 1.104 of the Illinois Notary Public Act 5 ILCS 312/1-104
- 5) Complete Description of the Subjects and Issues Involved: These amendments will clarify the procedures for the sale and purchase of information on notaries public as commissioned by the Secretary of State in compliance with 5 ILCS 312/1, as well as delete obsolete text describing the kind of tape formerly used for data maintenance.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemakings currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking may affect units of local government such as county clerks who choose to purchase the notary public database of current commissions within their counties.
- 12) Time, Place and Manner in Which Interested Persons May Comment on this Proposed Rulemaking: Written comments may be submitted within 45 days to:

Jacqueline Price  
Department of Index  
111 E. Monroe Street  
Springfield, Illinois 62756

217-782-7017 (office)

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217-524-0930 (fax)  
jprice@ilsos.net (email)

The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

These proposed amendments may have an impact on small businesses, small municipalities, and not-for-profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: Notary associations, bonding companies and other for-profits that use information to correspond with their own customers for mailings and data correction when issuing notary public commissions. This rulemaking clarifies current procedures pricing. It does not impose new fees on these entities.
  - B) Reporting, bookkeeping or other procedures required for compliance: Requestor must have documentation of business entity license from Illinois Department of Insurance; purpose of request; certification of good standing if incorporated; and current certificate from Illinois Division of Insurance.
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the most recent regulatory agendas because: the Department did not anticipate this rulemaking at the time the agendas were filed.

The full text of the Proposed Amendments begins on the next page:

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## NOTICE OF PROPOSED AMENDMENTS

TITLE 14: COMMERCE  
SUBTITLE A: REGULATION OF BUSINESS  
CHAPTER I: SECRETARY OF STATEPART 176  
NOTARY PUBLIC RECORDS

## Section

176.10

Definitions

176.11

Record Contents, Request Procedures, and Fees

AUTHORITY: Implemented and authorized by Section 1-104 of the Illinois Notary Public Act [5 ILCS 312/1-104].

SOURCE: Adopted at 11 Ill. Reg. 19705, effective December 1, 1987; amended at 13 Ill. Reg. 5197, effective April 1, 1989; amended at 30 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 176.10 Definitions**

For purposes of this Section, the following definitions shall apply:

"Department" – The Illinois Secretary of State Index Department.

"Notary" – ~~A~~ person who is authorized to perform notarial acts such as taking an acknowledgement, administering an oath or affirmation, taking a verification upon oath or affirmation, and witnessing or attesting a signature as provided in Section 6-101 of the Illinois Notary Public Act [5 ILCS 312/6-101]. ~~(Ill. Rev. Stat. 1987, ch. 102, par. 206-101).~~

"Secretary" – The Secretary of State of Illinois.

"Tape" – a nine-track magnetic tape with the following characteristics:

Density: 1600 or 6250 Bytes per inch (BPI)

Labels: None

Blocked: 10

Format: Extended Binary Coded Decimal Interchange Code (EBCDIC)

Sequence: Random.

(Source: Amended at 30 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SECRETARY OF STATE

## NOTICE OF PROPOSED AMENDMENTS

**Section 176.11 Record Contents, Request Procedures, and Fees**

- a) The Secretary maintains Illinois Notary Public appointment records on computer databasetapes. The computer database containstapes contain the notary's name, address, city, state, zip code, county and, commission number; and the date the commission took effect; and the name of the surety bonding company that issued the notary's bond.
- b) Copies of individually identified Notary Public appointment records are available in paper form. Bulk copies of Notary Public appointment records are available in CD-ROM. All requests for copiesa-tape of this information shall be in writing, signed by the person requesting the information. The request shall include the person's address, the purpose of the request, the specific information requested, the name and address of any organization represented by the requestor, and the position of the requestor in the organization.
- c) All requests shall be accompanied by a blank nine-track magnetic tape (or two blank tapes if density of 1600 BPI is requested) and the appropriate fee and sent to the following address: Office of the Secretary of State, Index Department, 111 E. Monroe Street, Springfield, Illinois 62756.
- d) Fees for Notary Public appointment records. Fees for Notary Public appointment records are established as follows:
- 1) Paper copies of individual records: \$0.50 per page.
  - 2) CD-ROM of all current notaries in a particular county: \$3,600 annually.
  - 3) CD-ROM weekly update of all new notary appointments: \$1,000 annually.
  - 4) CD-ROM of all notary appointments made during a specific calendar year: \$900 annually.
  - 5) CD-ROM of all notary appointments made during a specific month: \$75 monthly. ~~d) — A tape of all current notaries or all notaries in a particular county will be furnished for a fee of \$3,600. Weekly update computer tapes will be furnished for \$1,000 per year paid in advance. The fee for a tape of notaries commissioned during a specific calendar year is \$900 and the fee for a tape of notaries commissioned during a specific month of a~~

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~~specific year is \$75.~~

- ~~6e)~~ State, federal, and local law enforcement agencies shall receive information at no charge if ~~the agency supplies the required tape, if~~ the information is needed for an official investigation. All other governmental agencies, including county clerks, shall receive a CD-ROM ~~tape~~ of all current notaries for a fee of \$500, if requested for governmental purposes, and weekly update CD-ROMs ~~tapes~~ will be furnished for \$1,000 per year ~~paid in advance~~. A CD-ROM ~~computer tape~~ of all notaries in one particular county will be furnished for a fee of \$200 and weekly update CD-ROMs ~~tapes~~ will be furnished for \$500 per year ~~paid in advance~~.
- ~~ef)~~ Any purchaser of Notary Public appointment records shall sign a contract setting forth the terms and conditions of the sale, including the fees. All the fees for records on CD-ROM shall be paid in advance by cashier's check, credit card, money order, certified check, or a check drawn on the account of the business or government agency making the request. Fees shall not be refundable once the order is accepted by the Department. Acceptance shall be evidenced by the Secretary of State's General Counsel, or his or her designee, signing the contract. When the information is transferred to the requestor's computer tape, then no refunds shall be made.
- ~~f)~~ New practices and technologies. The Secretary is authorized to adopt practices and procedures to accomplish receipt, processing, maintenance, retrieval and transmission of Notary Public appointment records by means of electronic, voice, optical and/or other technologies, and, without limiting the foregoing, to maintain and operate, in addition to or in lieu of a paper-based system, a non-paper-based filing system utilizing any such technologies.
- ~~g)~~ Record layouts, field definitions, and a printout of the first ten records on the tape shall be supplied by the Secretary when the requestor's tape is returned with the information.

(Source: Amended at 30 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: State of Illinois Medical Care Assistance Plan
- 2) Code Citation: 80 Ill. Adm. Code 2120
- 3) 

<u>Section Numbers</u> :	<u>Adopted Action</u> :
2120.30	Amendment
2120.110	Amendment
2120.210	Amendment
2120.220	Amendment
2120.230	Amendment
2120.310	Amendment
2120.320	Amendment
2120.330	Amendment
2120.410	Amendment
2120.430	Amendment
2120.440	Amendment
2120.510	Amendment
2120.520	Amendment
2120.525	New Section
2120.530	Amendment
2120.540	Amendment
2120.610	Amendment
2120.620	Amendment
2120.710	Amendment
2120.720	Amendment
2120.790	Amendment
2120.800	Amendment
- 4) Statutory Authority: Implementing Sections 105(h), 125, and 213(d) of the Internal Revenue Code (26 U.S.C. 105 (h), 125, and 213(d)), Section 405-110 of the Civil Administrative Code of Illinois [20 ILCS 405/405-110], Section 30c of the State Finance Act [30 ILCS 105/30c], and Sections 3 and 9 of the State Employees Group Insurance Act of 1971 [5 ILCS 375/3 and 9] and authorized by Section 5-625 of the Civil Administrative Code of Illinois [20 ILCS 5/5-625].
- 5) Effective Date of Amendments: September 6, 2006
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Date Notice of Proposal was Published in the Illinois Register: March 31, 2006; 30 Ill. Reg. 5741
- 10) Has JCAR issued a Statement of Objection to the Amendments? Yes.
  - A) Statement of Objection: June 30, 2006; 30 Ill. Reg. 11450
  - B) Agency Response: July 28, 2006; 30 Ill. Reg. 13033
  - C) Date Agency Response Submitted for Approval to JCAR: June 30, 2006
- 11) Differences between proposal and final version. Minor non-substantive technical and other non-substantive changes were made as recommended by JCAR, and the definition of "eligible employee" was expanded in Section 2120.30.
- 12) Have all of the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency amendments currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Amendments: Generally, the rulemaking outlines the eligibility and participation requirements for the State of Illinois Medical Care Assistance Plan (Plan). Specifically, the rulemaking defines terminology, clarifies the eligibility requirements for the Plan, more clearly defines the role of the Department and the Plan Administrator, extends the time frame in which eligible expenses may be submitted in Sections 2120.510 and 2120.520, and incorporates the use of the EZ Reimburse ® MasterCard ® program into the Plan by adding a new Section 2120.525. Also, technical changes have been made for clarity purposes, and additional modifications were made to the Authority under which the Plan is implemented to make the Plan consistent with numerical changes in Code Sections enacted by legislature.
- 16) Information and questions regarding these adopted amendments shall be directed to:

Gina Wilson

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield IL 62706

(217)785-1793

- 17) Does this amendment require the preview of the Procurement Policy Board as specified in Section 5-25 of the Illinois Procurement Code [30 ILCS 50/5-25]? No

The full text of the Adopted Amendments begins on the next page:

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TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES

SUBTITLE F: EMPLOYEE BENEFITS

CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 2120

STATE OF ILLINOIS MEDICAL CARE ASSISTANCE PLAN

SUBPART A: INTRODUCTION AND DEFINITIONS

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2120.10	Summary and Purpose of Plan
2120.20	Plan Number
2120.30	Definitions

SUBPART B: ADMINISTRATION

Section	
2120.110	Role of the Department/ <a href="#">Plan Administrator</a>
2120.120	Expenses of Administration

SUBPART C: PARTICIPATION

Section	
2120.210	Date of Participation
2120.220	Insufficient Salary
2120.230	Errors

SUBPART D: ELECTION TO RECEIVE MEDICAL CARE ASSISTANCE

Section	
2120.310	Election Procedure
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2120.330	Maximum Medical Care Assistance
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SUBPART E: MEDICAL CARE ASSISTANCE ACCOUNTS

Section	
2120.410	Establishment of Accounts
2120.420	Crediting of Accounts

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- 2120.430 Debiting of Accounts
- 2120.440 Forfeiture of Accounts

## SUBPART F: PAYMENT OF MEDICAL CARE ASSISTANCE ACCOUNTS

- Section
- 2120.510 Claims for Reimbursement
- 2120.520 Reimbursement of Participant
- 2120.525 EZ Reimburse<sup>®</sup> MasterCard<sup>®</sup>
- 2120.530 Exclusions
- 2120.540 Statements

## SUBPART G: TERMINATION OF PARTICIPATION

- Section
- 2120.610 Termination or Death of Participant
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## SUBPART H: MISCELLANEOUS

- Section
- 2120.710 Non-discrimination
- 2120.720 Illegality of a Particular Provision
- 2120.730 Applicable Law
- 2120.740 Effect on Pension
- 2120.750 Effect on Social Security
- 2120.760 Benefits Solely From General Assets
- 2120.770 Nonassignability of Rights
- 2120.780 Tax Consequences
- 2120.790 Indemnification of State by Participants
- 2120.800 Right to Amend and Terminate Reserved

AUTHORITY: Implementing Sections 105(h), 125, and 213(d) of the Internal Revenue Code (26 USC 105(h), 125, and 213(d)), Section 405-110 of the Civil Administrative Code of Illinois [20 ILCS 405/405-110], Section 30c of the State Finance Act [30 ILCS 105/30c], and Sections 3 and 9 of the State Employees Group Insurance Act of 1971 [5 ILCS 375/3 and 9] and authorized by Section 5-625 of the Civil Administrative Code of Illinois [20 ILCS 5/5-625].

SOURCE: Emergency rules adopted at 12 Ill. Reg. 11810, effective July 1, 1988, for a maximum of 150 days; adopted at 12 Ill. Reg. 17296, effective October 17, 1988; amended at 14

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Ill. Reg. 18998, effective November 14, 1990; amended at 16 Ill. Reg. 13811, effective August 28, 1992; amended at 19 Ill. Reg. 8595, effective June 14, 1995; amended at 21 Ill. Reg. 2955, effective February 21, 1997; amended at 30 Ill. Reg. 15119, effective September 6, 2006.

## SUBPART A: INTRODUCTION AND DEFINITIONS

**Section 2120.30 Definitions**

- a) Wherever used in the Plan, the following terms have the following meanings and when the defined meaning is intended, the term is capitalized:

"Anticipated Payroll" means those payrolls in which the Participant is issued a paycheck during the pay period that the deduction is taken.

"Card" means the EZ Reimburse<sup>®</sup> MasterCard<sup>®</sup> provided by the Plan Administrator.

"Change in Family Status" means marriage, divorce, death of ~~spouse~~Spouse or dependent, birth or adoption of child, commencement or termination of employment of ~~spouse~~Spouse, significant change in cost or benefits coverage of the Participant or ~~spouse~~Spouse due to the ~~spouse's~~Spouse's employment, switch from full-time to part-time status of ~~spouse~~Spouse, or from part-time to full-time, or unpaid leave of absence of Participant or ~~spouse~~Spouse, or any other events ~~that~~which the Department determines constitute a ~~change in family status~~Change in Family Status.

"Code" means the Internal Revenue Code of 1954 (26 ~~USC~~U.S.C. 1 et seq. ~~[1985]~~) and applicable regulations, or any successor statute.

"Compensation" for purposes of this Plan is defined under Code ~~section~~Section 414. It means wages, salaries and other ~~employee~~Employee Compensation received by a Participant as reported on the Participant's W-2 from this ~~employer~~Employer. For purposes of discrimination testing, it may include or exclude all amounts not currently includible in the Participant's gross income.

"Delayed Payroll" means those payrolls in which the Participant is issued a paycheck following the pay period that the deduction is taken.

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"Department" means the Illinois Department of Central Management Services.

"Dependent" means a Participant's spouse, qualifying child or qualifying relative unmarried child, or other person as defined in within the meaning of Internal Revenue Code sections Sections 152 and 213(d)(5).

"Discriminatory Excess" is the excess of any "Highly Compensated Participant" over the highest permitted benefit.

~~"Effective Date" means any paycheck issued after July 1 of the Plan Year.~~

"Eligible Employee" means any employee Employee working full time or not less than half-time who is eligible to participate in the Health Plan authorized by the State Employees Group Insurance Act of 1971 ~~as amended~~. It includes those employees Employees who have lost eligibility to participate in the Health Plan because of a reduction in hours worked but chosen continuation coverage through payroll deduction as authorized by the Consolidated Omnibus Budget Reconciliation Act (COBRA) (P.L. 99-272) as long as there is no break in coverage or payroll deductions. It also includes those employees who retire, terminate employment or go on an unpaid leave of absence, but choose to continue to make contributions to their MCAP for the balance of the Plan Year. An eligible employee Eligible Employee of the employer Employer excludes independent contractors, temporary employees, and retirees who return to work for not longer than 75 days per year after they retire.

"Employer" means the State of Illinois, which includes all officers, boards, commissions, and agencies created by the Illinois Constitution, whether in the executive, legislative or judicial branch, all officers, departments, boards, commissions, agencies, institutions, authorities, universities, bodies politic and corporate of the State; and administrative units or corporate outgrowths of the State government thatwhich are created by or pursuant to statute other than units of local government and their officers, school districts and boards of election commissioners, and all administrative units and corporate outgrowths of the above as may be created by executive order of the Governor.

"Enrollment Form" means the form provided by the Department for the purpose of filing an election and compensation Compensation reduction

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agreement and for making changes authorized by the Plan.

"Grace Period" means the period following the close of the Plan Year in which the Participant can incur a medical care expense eligible for reimbursement from his or her medical care assistance account from the just completed Plan Year. The grace period goes from July 1 until September 15 of each calendar year.

"Health Plan" means health, dental and vision coverage offered by the Department to eligible persons.

"Highly Compensated Participant" means any Participant who was in either of the following categories at any time during the current Plan Year:

an ~~employee~~Employee of the State or its administrative units or corporate outgrowths who has annual total compensation  
~~Compensation~~ greater than \$75,000 or any other amount established by the Internal Revenue Service; or

an employee of the State who receives compensation  
~~Compensation~~ in excess of \$50,000 or any other amount established by the Internal Revenue Service and is in the top 20% of all State ~~employee~~Employee salaries.

"Medical Care Expense" means any expense incurred by a Participant or dependent  
~~Dependent~~ of the Participant ~~that~~which was paid for as a medical service expense eligible under Internal Revenue Code section  
~~Section~~ 213(d). Expenses that result in a double deduction for tax purposes are not eligible. For example;

Premiums for health insurance coverage carried by the eligible  
employee, spouse or dependent; and

Premiums for other health coverage carried by the Participant.

"Participant" means each eligible employee  
~~Employee~~ who participates in the Plan in accordance with Section 2120.210 of this Part.

"Pay Period" means a regular accounting period established by the State of Illinois for measuring and paying compensation  
~~Compensation~~ earned by

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~~employees~~Employees. A ~~pay period~~Pay Period may be monthly, semi-monthly or biweekly.

"Plan" means the State of Illinois Medical Care Assistance Plan as set forth in ~~this Part~~these rules, and as may be amended from time to time in compliance with the Illinois Administrative Procedure Act [5 ILCS 100](Ill. Rev. Stat. 1991, ch. 127, pars. 1001-1 et seq.).

"Plan Administrator" means an organization, company or other entity designated by the Director to perform certain duties related to the administration of a specific plan in accordance with the terms of the contract between the organization and the Department.

"Plan Year" means the 12-consecutive-month period beginning July 1 comprising the State fiscal year.

"Qualifying Child" means an individual 18 years old or younger (22 years old or younger if a full-time student) who has a specified family-type relationship to the Participant, lives in the Participant's household for more than half of the taxable year and has not provided more than one-half of his or her own support during the taxable year (and receives more than one-half of his or her support from the Participant during the taxable year if a full-time student ages 19 through 22 at the end of the taxable year). There is no age requirement if the individual is physically and/or mentally incapable of self care.

"Qualifying Relative" means an individual who has a specified family-type relationship with the Participant, is not someone else's qualifying child and receives more than one-half of his or her support from the Participant during the taxable year or, if no specified family-type relationship to the Participant exists, is a member of and lives in the Participant's household (without violating local law) for the entire taxable year and receives more than one-half of his or her support from the Participant during the taxable year.

"Reimbursement" means to pay a Participant in this Plan for medical care expenses ~~Medical Care Expenses~~ from his or her medical care assistance account.

"Spouse" means the person to whom the Participant is married. Spouse

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does not include a person separated from the Participant under a decree of divorce ~~or separate maintenance~~.

~~"State Employees Group Health Plan" means the Health Plan administered by the Department as authorized in the State Employees Group Insurance Act of 1971 as amended.~~

"Termination" means the permanent severance of the Participant's employment relationship with the ~~employer~~ Employer as provided by the appropriate rules of the ~~employer~~ Employer.

"Unsubstantiated Expenses" are expenses for medical care paid for with the Card for which the Plan Administrator requires additional documentation to substantiate the expense.

- b) A pronoun or adjective in the masculine gender includes the feminine gender and the singular includes the plural, unless the context clearly indicates otherwise.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

## SUBPART B: ADMINISTRATION

**Section 2120.110 Role of the Department/Plan Administrator**

- a) The Plan shall be administered by the ~~Plan Administrator~~ Department of Central Management Services.
- b) The Department reserves the right to enter into agreements with other agencies to delegate various record keeping and other administrative functions to the employing agencies of Participants.
- c) It shall be a principal duty of the Department to see that the Plan is carried out for the exclusive benefit of persons entitled to participate in the Plan without discrimination among them.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

## SUBPART C: PARTICIPATION

**Section 2120.210 Date of Participation**

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- a) An ~~eligible employee~~ Eligible Employee will become a Participant upon an election under this Plan to receive medical care assistance.
- b) New ~~eligible employees~~ Eligible Employees may become Participants upon an election to receive medical care assistance ~~that~~ which is made within 60 days ~~after~~ of becoming an ~~employee~~ Employee.
- c) Employees who are eligible because they have chosen continuation coverage as authorized by COBRA must continue their medical assistance deductions. Otherwise, they will be considered revoked as described in Section 2120.220.
- d) Eligible employees who experience a ~~change in family status~~ Change in Family Status may elect to participate at any time within the Plan Year. ~~The~~ Such election must be made within 60 days ~~after~~ of the ~~change in family status~~ change.
- e) Elections from new ~~eligible employees~~ Employees or those who have had a ~~change in family status~~ Change in Family Status will be effective the first ~~pay period~~ Pay Period after the ~~signature date of the Participant on the enrollment form or the date of the change in family status, whichever is later~~ Enrollment Form is completed and processed by the Department.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

**Section 2120.220 Insufficient Salary**

- a) Participation can only be through payroll deduction except as specifically allowed in this ~~Part~~ Section.
- b) In the event the Comptroller fails to make a deposit in the Participant's account because there are inadequate funds to satisfy the Participant's elected deduction, the Participant's deduction will be revoked.
- c) The revoked Participant described in this Section can request ~~reimbursement~~ Reimbursement of ~~medical care expenses~~ Medical Care Expenses in accordance with Subpart F of this Part.
- d) The revoked Participant described in this Section can re-enroll the next election period in accordance with Section 2120.310 ~~of this Part~~.

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(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

**Section 2120.230 Errors**

- a) Participants are responsible for monitoring their accounts and notifying the employer ~~Employer~~ of any payroll or other errors.
- b) In the event a deduction is missed or an incorrect amount is taken because of payroll or other processing errors, the error must be corrected on a later payroll or direct billed to the Participant if he or she is off payroll.
- c) If the correction of the error causes an economic hardship for the Participant, the funds sufficient to correct the error will be deducted from the Participant's paycheck over the two months immediately following the discovery of the error ~~such circumstances shall be considered a Change in Family Status as described in Section 2120.320 of this Part and a new election can be made. The election will be effective the first Pay Period after the Enrollment Form is completed and processed by the Department.~~
- d) In the event of overpayment because of error, the ~~thea~~ Participant will be asked to refund to the Department the excess reimbursement.
- e) If the Participant refuses to reimburse the Department for the overpayment, the Department will request the Comptroller to withhold the required amount from the Participant's Employee's ~~Participant's~~ next available paycheck pursuant to 74 Ill. Adm. Code 285. If the Participant is off payroll, the overpayment will be added as income to the Participant's W-2.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

## SUBPART D: ELECTION TO RECEIVE MEDICAL CARE ASSISTANCE

**Section 2120.310 Election Procedure**

- a) An eligible employee ~~Employee~~ may elect to receive medical care assistance under this Plan by making an election and compensation ~~Compensation~~ reduction agreement on an enrollment form ~~Enrollment Form~~ provided by the Department.
- b) The enrollment period will be at a time to be determined by the Department prior to the beginning of the Plan Year. The enrollment period shall be sufficient to

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allow eligible employees to enroll in the Plan and shall in no case be less than 30 days prior to the beginning of the Plan Year.

- c) Eligible employees ~~Employees~~ must participate for a full 12-month period. Participants who terminate, retire or go on unpaid leave of absence or revoke may continue participation by making the elected monthly deduction via a personal check or money order. As ~~these~~ payments are not made through payroll deduction, no tax benefits are allowed. If continuation is not elected, eligible expenses will include only those expenses incurred through the date of the last pay period following the pay period in which ~~the last deduction was~~ deductions ~~were~~ made.
- d) The election must be for a specified annual dollar amount evenly divisible by the number of pay periods ~~Pay Periods~~ in the Plan Year.
- e) The Participant must re-enroll each year to continue participation.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

**Section 2120.320 Irrevocability of Election**

- a) An election to participate shall be irrevocable during the Plan Year unless a change in family status ~~Change in Family Status~~ has occurred.
- b) A change in family status ~~Change in Family Status~~ will permit a change or revocation of an election during a Plan Year under the Code. To the extent consistent with the Code, this provision shall be liberally construed by the Department to maximize the benefit to the Participant.
- c) Election changes must be consistent with changes in family status ~~changes~~.
- d) The form requesting the change in the election must be filed with the Department within 60 days ~~after of~~ the change in family status ~~Change in Family Status~~.
- e) The Department shall require documentation substantiating the change in family status ~~Change in Family Status~~ consisting of group insurance ~~Group Insurance~~ records maintained by the Department or personnel ~~Personnel~~ transaction records maintained by the employing agency or other documents substantiating the claimed change in family status ~~Change in Family Status~~.

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- f) Any new election under this Section shall be effective the first pay period ~~Pay Period~~ after the signature date of the Participant on the enrollment form or the date of the change in family status, whichever is later ~~election form is completed and processed by the Department~~.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

**Section 2120.330 Maximum Medical Care Assistance**

- a) The maximum amount ~~that for which~~ the Participant may be reimbursed under this Plan during the Plan Year ~~year~~ shall not exceed \$5,000.
- b) The pay period ~~Pay Period~~ maximum is the annual maximum divided by the number of pay periods in the Plan Year.
- c) The pay period ~~Pay Period~~ maximum cannot be exceeded if there is a change in family status ~~Change in Family Status~~, as provided in Section 2120.610 of this Part, or if there are circumstances requiring prepayment of the contributions for the balance of the year.
- d) If the Department determines during the Plan Year that highly compensated ~~Highly Compensated~~ Participants are benefiting from the Plan more than non-highly compensated Participants, the Department shall reduce the maximum deduction for the highly compensated ~~Highly Compensated~~ Participants the minimal amount necessary to bring the Plan into compliance with the non-discrimination requirements of the Code (26 USC U.S.C. 125).

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

## SUBPART E: MEDICAL CARE ASSISTANCE ACCOUNTS

**Section 2120.410 Establishment of Accounts**

The Plan Administrator ~~Department~~ will establish and maintain a medical care assistance account for each Plan Year for each Participant who has enrolled for the Plan Year.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

**Section 2120.430 Debiting of Accounts**

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A Participant's medical care assistance account for each Plan Year shall be debited as of the date the ~~reimbursement~~ Reimbursement is processed by the ~~Plan Administrator~~ Department under Section 2120.520 ~~of this Part~~.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

**Section 2120.440 Forfeiture of Accounts**

- a) The amount credited to a Participant's medical care assistance account for any Plan Year shall be used:
  - 1) only to reimburse the Participant for ~~medical care expenses~~ Medical Care Expenses incurred during ~~the applicable~~ such Plan Year ~~or during the grace period (until September 15) following the close of the Plan Year;~~ and
  - 2) only if the Participant applies for ~~reimbursement~~ Reimbursement on or before September 30 ~~following the close~~ of the ~~next~~ Plan Year.
- b) If any balance remains in the Participant's medical care assistance account for any Plan Year after all ~~reimbursements~~ Reimbursements ~~under the Plan hereunder, the~~ such balance shall not be carried over to reimburse the Participant for ~~medical care expenses~~ Medical Care Expenses incurred during a subsequent Plan Year, ~~with the exception of expenses incurred during the grace period,~~ and shall not be available to the Participant in any other form or manner.
- c) ~~Any remaining~~ Such balance shall be used to reimburse the ~~Medical Care Assistance~~ Plan for any reimbursements to Participants in excess of deposits that were not recovered as provided in Section 2120.610 ~~of this Part~~.
- d) Any remaining balance in the fund shall be distributed to the ~~202~~ Health Insurance Reserve Fund.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

## SUBPART F: PAYMENT OF MEDICAL CARE ASSISTANCE ACCOUNTS

**Section 2120.510 Claims for Reimbursement**

- a) A Participant who has enrolled for a Plan Year may apply to the ~~Plan Administrator~~ Department for ~~reimbursement~~ Reimbursement of medical care

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~~expenses~~ ~~Medical-Care Expenses~~ incurred by the Participant between July 1 ~~of the Plan Year~~ and ~~September 15 of the following Plan Year~~ ~~June 30~~. For purposes of this Part, expenses are treated as having been incurred when the Participant is provided with the medical care that gives rise to the expenses, and not when the Participant is formally billed, charged for, or pays for the medical care.

- b) New Participants ~~who enrolled during the open enrollment period~~ may apply for ~~reimbursement~~ ~~Reimbursement~~ of ~~medical care expenses~~ ~~Medical-Care Expenses~~ incurred between the first day of the ~~Plan Year~~ ~~Pay-Period deductions begin~~ (in accordance with Section 2120.210) ~~of this Part~~ and ~~September 15 of the following Plan Year~~ ~~June 30~~. ~~New Participants who enroll through a mid-year enrollment due to a change in family status may apply for reimbursement of medical care expenses incurred between the first day of the pay period following the signature date on the enrollment form, or the date of the change in family status, whichever is later, and September 15 of the following Plan Year.~~
- c) Participants who revoke participation in accordance with Sections 2120.220 and 2120.320 ~~of this Part~~ before the end of the Plan Year may apply for ~~reimbursement of medical care expenses~~ ~~Reimbursement of Medical-Care Expenses~~ incurred between July 1 and, ~~if on an anticipated payroll, the last day of the pay period that the last deduction was taken or, if on a delayed payroll, the last day of the pay period~~ ~~Pay-Period~~ ~~following the pay period when the last deduction was taken~~ ~~there was a deduction~~.
- d) Participants who terminate, ~~retire or go on unpaid leave of absence or revoke~~ and choose to pay ~~any~~ the contributions for the balance of the Plan Year, ~~in accordance with Section 2120.310(c)~~, will have coverage for the entire Plan Year and may apply for ~~reimbursement of medical care expenses~~ ~~Reimbursement of Medical-Care Expenses~~ incurred between July 1 ~~of the Plan Year~~ and ~~September 15 of the following Plan Year~~ ~~the following June 30~~.
- e) The Participant may apply ~~for reimbursement~~ by submitting an application in writing to the ~~Plan Administrator~~ ~~Department~~ on a claim form provided by the ~~Plan Administrator~~ ~~Department~~ setting forth:
- 1) the amount, beginning and ending service date and ~~type of service~~ ~~for nature of the expense with respect to~~ which ~~reimbursement~~ ~~a benefit~~ is requested;
  - 2) the name of the person, organization or entity to which the expense was

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paid;

- 3) third party verification of the expense, such as bills, invoices, receipts, ~~cancelled checks~~ or other statements showing the amounts of such expenses; and
- 4) a statement that the medical expense has not been reimbursed and is not reimbursable under any health plan coverage.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

**Section 2120.520 Reimbursement of Participant**

- a) The ~~Plan Administrator~~**Department** shall reimburse the Participant from the Participant's medical care assistance account for medical care expenses ~~Medical Care Expenses~~ incurred during the Plan Year through September 15 of the following Plan Year for which the Participant submits documentation in accordance with ~~Sections~~**Section** 2120.510 and 2120.525 ~~of this Part~~.
- b) The reimbursement ~~Reimbursement~~ schedule will be established by the ~~Plan Administrator~~**Department** in a manner that allows the Participant to receive reimbursement ~~Reimbursement~~ no less than once a month.
- c) The ~~Plan Administrator~~**Department** will reimburse Participants who have filed claims in the prescribed manner:
  - 1) at least once a month if the claim equals or exceeds \$20, and if there is eligibility for reimbursement remaining in the account; and
  - 2) at least once the twelfth month (or the final month of ~~an Employee's~~ participation) regardless of the amount.
- d) If a claim for reimbursement ~~Claim for Reimbursement~~ under this Section exceeds the balance of the Participant's medical care assistance account, the Participant will be paid the amount of the claim as long as the claim is no greater than the annual election amount less any reimbursements ~~Reimbursements~~ paid to date.
- e) Claims for expenses incurred between July 1 and September 15 will be paid, first, from any funds remaining from the previous Plan Year and, then, from funds

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available under the current Plan Year.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

**Section 2120.525 EZ Reimburse<sup>®</sup> MasterCard<sup>®</sup>**

- a) A Participant may elect to pay medical care expenses through the use of an EZ Reimburse<sup>®</sup> MasterCard<sup>®</sup> (Card) provided by the Plan Administrator. The Card deducts funds directly from the Participant's medical care assistance account and avoids any up-front, out-of-pocket expenses for the Participant.
- b) In order to be eligible for the Card, the Participant must agree to abide by the terms and conditions associated with the Card as established by the Plan Administrator and provided to the participant prior to enrollment, including the payment of a \$20 annual fee for the Card, limitations as to Card usage and the Plan Administrator's right to withhold and offset payment for unsubstantiated expenses. The Participant must further certify that the Card will be used only for eligible medical care expenses.
- c) Use of this Card is limited to payments to individuals who are health care providers.
- d) The maximum reimbursable amount under the Card is the full amount of the Participant's contribution to the medical care assistance account for the Plan Year, less any previously submitted reimbursements.
- e) The Participant must obtain a receipt or third party statement (i.e., explanation of benefits form or invoice) from the health care provider each time the Card is used. The receipt must be retained for 1 year following the end of the Plan Year in which the expense was incurred and must be available for presentation to the Plan Administrator upon request. At a minimum, the receipt must contain the following information:
  - 1) the type of service provided;
  - 2) the date the medical care was provided (i.e., when the expense was incurred);
  - 3) the amount of the expense;

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- 4) the provider's name; and
- 5) the patient's name.
- f) If the Participant fails to provide the requested documentation to the Plan Administrator within the requested time frame, the expenses will be deemed unsubstantiated and the Participant will be required to repay the unsubstantiated expenses. Repayments may be made by either:
  - 1) submitting payment to reimburse the Plan for the cost of the unsubstantiated expense. Payment must be in the form of a check payable to the State of Illinois, submitted to the Plan Administrator; or
  - 2) submitting other paper claims for the fiscal year with third-party receipts in amounts equal to, or greater than, the unsubstantiated expenses. These paper claims will automatically be substituted to offset the outstanding Card transactions.
- g) Failure to submit requested documentation or provide payment for unsubstantiated expenses will result in suspension of the Card and termination of future use of the Card. Outstanding transactions will be reported to the IRS as income and the Participant's W-2 form will be adjusted accordingly.
- h) Participants may elect the Card at any time during the Plan Year. Cards are automatically suspended upon termination or cancellation of participation in the Plan.

(Source: Added at 30 Ill. Reg. 15119, effective September 6, 2006)

**Section 2120.530 Exclusions**

A Participant shall not be reimbursed for any expense that would otherwise be a medical care expense ~~Medical Care Expense~~ if:

- a) thesueh expense was incurred at a time when the Participant was not a Participant in the Plan; or
- b) a claim for reimbursement ~~Reimbursement~~ of thesueh expense has not been filed in accordance with provisions of Section 2120.510; or

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- c) ~~the~~such expense was claimed as a credit or deduction on the Participant's federal or state income tax form; or
- d) ~~the~~such expense is reimbursable under any other benefit plan maintained by the ~~employer~~ Employer or purchased privately by the Participant.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

**Section 2120.540 Statements**

- a) On or before January 31 of each year, the Department shall furnish to each Participant who ~~was enrolled in the Plan~~ has received medical care assistance during the prior ~~calendar year~~ Plan Year a written statement showing the amount of ~~contributions into his or her accounts~~ such assistance paid during ~~that~~such year with respect to the Participant.
- b) The ~~Plan Administrator~~ Department shall also notify each Participant in writing ~~via a monthly statement~~ 60 days prior to the end of the Plan Year of the unused balance in his ~~or~~ her account. Any unsubstantiated expenses will be clearly delineated on the monthly statement.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

## SUBPART G: TERMINATION OF PARTICIPATION

**Section 2120.610 Termination or Death of Participant**

- a) In the event that a Participant terminates State service or dies, the Participant's participation shall terminate unless continuation of coverage as authorized by COBRA has been elected. If COBRA is not elected, eligible medical care expenses will include only those expenses incurred through the last day of the pay period when the last deduction was taken, if on an anticipated payroll, or on the last day of the pay period following the pay period when the last deduction was taken, if on a delayed payroll.
- b) If the Participant returns to State service the same Plan Year, the Participant can re-enroll in accordance with the provisions of Section 2110.210 ~~of this Part~~. If re-enrollment occurs within 30 days after termination or departure from State service, the contribution amount per pay period must be the same as the amount contributed prior to termination.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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- c) If the Participant's employment status has changed from full time or part time (equal to or greater than 50 percent of a normal work period)~~half-time~~ to a status that no longer allows participation in the State Employees Group Health Plan, the Participant will be considered revoked as described in Section 2120.220 unless the Participant has chosen continuation coverage as authorized by COBRA.
- d) If participation continues in this Plan because of COBRA-qualification, the Participant shall be considered terminated from State service at the end of the 18-month period of COBRA-coverage or whenever COBRA-qualification ceases. ~~The Department will pay the balance as described in Section 2120.610(b) above.~~

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

**Section 2120.620 Fraud**

In the event a Participant knowingly supplies the Department or Plan Administrator with false information or knowingly files a claim ~~that~~which is not qualified for reimbursement ~~Reimbursement~~ as adjudicated by the ~~Federal~~ Internal Revenue Service or a court of competent jurisdiction, the Department shall exclude the Participant from further participation in the Plan for all subsequent Plan Years.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

## SUBPART H: MISCELLANEOUS

**Section 2120.710 Non-discrimination**

- a) This Plan shall meet the requirements of Code sections ~~Sections~~ 125 and 414 ~~that~~which require that all benefits provided for Participants who are highly compensated are provided for all other Participants.
- b) If this Plan fails to meet these requirements, the discriminatory excess ~~Discriminatory Excess~~ will be included in the high compensated ~~Highly Compensated~~ Participants' taxable income for the Plan Year.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

**Section 2120.720 Illegality of a Particular Provision**

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The illegality of any provision of this Plan shall not affect the other provisions of the Plan and the Plan shall be construed in all respects as if ~~thesueh~~ invalid provision were omitted.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

**Section 2120.790 Indemnification of State by Participants**

If any Participant receives ~~reimbursements~~ ~~Reimbursements~~ under Section 2120.520 ~~or 2120.525~~ ~~of this Part~~ that are not for ~~medical care expenses~~ ~~Medical Care Expenses~~, ~~thesueh~~ Participant shall indemnify and reimburse the State for any liability the State may incur for failure to withhold federal or state income tax or Social Security tax from ~~the reimbursementssueh~~ ~~Reimbursements~~.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

**Section 2120.800 Right to Amend and Terminate Reserved**

- a) The Department has established the Plan with the bona fide intention and expectation that it will be continued indefinitely, but the Department will have no obligation ~~whatsoever~~ to maintain the Plan for any given length of time and may discontinue or terminate the Plan at any time without liability.
- b) Upon termination or discontinuance of the Plan, all elections and reductions in ~~compensation~~ ~~Compensation~~ relating to the Plan shall terminate, and the Department will pay any remaining balances to the Participants as additional taxable ~~compensation~~ ~~Compensation~~.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)

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- 1) Heading of the Part: Reimbursement for Nursing Costs for Geriatric Facilities
- 2) Code Citation: 89 Ill. Adm. Code 147
- 3) 

<u>Section Numbers</u> :	<u>Adopted Action</u> :
147.125	Amendment
147.150	Amendment
147.175	Amendment
147.200	New Section
147.TABLE A	Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Effective Date of Amendments: September 11, 2006
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: January 27, 2006; 30 Ill. Reg. 1255
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences Between Proposal and Final Version:

**Section 147.125**

Changed "is" to "are" in new text in subsection (b)(1).

**Section 147.150**

The sentence in subsection (c)(1) that begins with "When a service" and ends with "used to set rates" is stricken.

Subsection (c)(1)(E) and has been revised to read as follows:

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- E) "Pursuant to the effective date specified under Senate Bill 2487, facilities shall be paid a rate based upon the sum of the following:
- i) the facility MDS-based rate multiplied by the ratio the numerator of which is the quotient obtained by dividing the additional funds appropriated specifically to pay for rates based upon the MDS nursing component methodology above the December 31, 2006 funding by the total number of Medicaid patient days utilized by facilities covered by the MDS-based system and the denominator of which is the difference between the weighted mean rate obtained by the MDS-based methodology and the weighted mean rate in effect on December 31, 2006.
  - ii) the facility rate in effect on December 31, 2006, which is defined as the facility rate in effect on December 31, 2006 plus the Exceptional Care per diem computed in 89 Ill. Adm. Code 140.569(a)(1), multiplied by one minus the ratio computed in Section 147.150(c)(1)(E)(i). The Exceptional Care reimbursement per diem effective January 1, 2007 computed in 89 Ill. Adm. Code 140.569 shall be included in the nursing component of the June 30, 2006 rate unless the total variable nursing time for a rate quarter as calculated in (c)(1) of this Section is more than a five percent drop from the total variable nursing time calculated for the June 30, 2006 rate quarter. Then the facility will receive for the rate period zero percent of the Exceptional Care reimbursement per diem computed in 89 Ill. Adm. Code 140.569."

A new subsection (c)(1)(F) has been added as follows:

- "F) The amount of new funds allocated for MDS reimbursement methodology for Fiscal Year 2007, beginning January 1, 2007, is \$30 million."

New subsections (c)(1)(F), (G), (H) and (I) have been deleted in their entirety.

Subsection (e) has been revised by striking "June 30, 2006" and adding "December 31, 2006".

Subsection (e)(1)(B) has been revised by striking the text, retaining the period, and adding "January 1, 2007".

**Section 147.175**

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In subsection (d)(1)(A), "observation and interview," has been added after "174.200".

Subsection (d)(1)(B) has been revised by striking "and an extension beyond the established maximum length of time for a service or care area".

Subsection (d)(1)(C) has been revised by striking the word "current".

Subsection (e)(2)(C) has been revised by striking "(d)(1)(c)" and adding "(c)(2)".

**Section 147.200**

In subsection (a), after the period, the following new text was added: "Each nursing facility shall make accessible to the Department all provider, resident and other records necessary to determine that the needs of the resident are being met, and to determine the appropriateness of services. The Department shall provide for a program of delegated utilization review and quality assurance. The Department may contract with Medical Peer Review organizations to provide utilization review and quality assurance.".

A new subsection (m) has been added:

"m) Close and Constant Observation  
Coding of this item is intended only for interventions applied in response to the specific current need of an individual resident. This item should not be coded for observation conducted as standard facility policy for all residents, such as for all new admissions, or as part of routine facility procedures, such as for all returns from hospital or conduct of periodic resident "headcounts".".

Proposed subsections (m) through (q) are relabeled (n) through (r).

**Section 147.Table A**

In subsection (e)(4) Medical Services, "Bladder Retaining" has been changed to "Bladder Retraining".

In subsection (e)(5) Mental Health (MH) Services, "Subpart S" was deleted.

In subsection (e)(5) Mental Health (MH) Services, "Skills Training" and "Close or Constant Observation" have been moved so the terms are not indented and there is a space between each one.

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The title "**MDS ITEMS AND ASSOCIATED STAFF TIMES**" has been centered.

### 3) Restorative Programs

Under Passive Range of Motion, MDS items, "or" after "G4fB>0" has been stricken, and the colon after the following "AND" has been stricken.

Under Other Restorative, Level II, "of a short duration – discharge expected to be" has been added after "Stay projected to be". Also, "others" has been added after "Ability to understand".

Under Scheduled Toileting, Level I, the final MDS item has been changed to "GliA>1 and <8".

### 4) Medical Services

Under Continence Care, Level II, the MDS item for Bladder continence has been changed to "H1b > 1".

Under Pressure Ulcer Prevention, "I" has been added under "Level".

Under Injections, the first MDS item has been changed to "03 >2".

Under "End Stage Care", a new line has been added following the chart, to read: "If End Stage Care has been scored, Discharge Planning shall be set at zero.".

Under Infectious Disease, the items listed under Description have been alphabetized.

Under Discharge Planning, Level I, "of a short duration – discharge expected to be" has been added after "Stay projected to be". Also, a new MDS item has been added after "P1ar = 1", to read: "AND S1 = 0", and under Description, "does not meet IDPH Subpart S criteria".

Under Discharge Planning, new text has been added following the chart, to read:

"Discharge Planning shall not be scored if End Stage Care has been scored."

Under Hydration, Level I, "the following separate conditions" has been added after "Any two of:".

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**5) Mental Health Services**

"**Section S**" has been moved behind "**Psychiatric Services**" as a parenthetical.

The proposed table below **Psychiatric Services** has been removed, and the following added (all new):

Level	MDS items	Description	Unl	Lic	SW	Act
I	S1 = 1 AND  ADL Index = 4 AND One or more of the following are coded M1c or M1d > 0 or K5b = 1 or K5a = 1 or P1ab = 1 or J5c = 1 or P1aa = 1 or P1aj = 1 or P1al = 1 AND Psychiatric Services Level II, Level III, Level IV skills training, close and constant	Meets IDPH Subpart S Criteria  Activities of Daily Living Composite Score = 15-29  Stage 3 or stage 4 ulcers  Feeding tube  Parenteral/IV  Dialysis  End Stage Disease  Chemotherapy  Tracheostomy Care provided  Ventilator	6	1.5 RN 1.5 LPN	10	

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	observation, Dressing/grooming and other restorative, cognitive performance, dementia care unit and discharge planning reset to zero					
II	S1 = 1 AND	Meets IDPH Subpart S criteria	13	2.5 RN 2.5 LPN	20	
	S8 = 1 AND  Dressing/grooming and other restorative cognitive performance, and dementia care unit and discharge planning reset to zero	Ancillary provider services delivered by non-facility providers				
III	S1 = 1 AND  ADL Index=3 or 4 AND (AA3-A3a)/365.25 > 65 AND	Meets IDPH Subpart S criteria  ADL composite score between 12-29  Resident is 65 years of age or older at time of the assessment reference date	13	4.5 RN 4.5 LPN	20	
	Dressing/grooming and other restorative, cognitive					

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	performance, and dementia care unit and discharge planning reset to zero					
IV	S1 = 1 AND  S8 = 0 AND Dressing/grooming and other restorative, cognitive performance, and dementia care unit and discharge planning reset to zero	Meets IDPH Subpart S criteria  Ancillary provider services delivered by facility providers	16	5 RN 5 LPN	25	

Under Close or Constant Observation – Section S, the MDS item "S5 = 1" has been changed to "S 5a-e ≥ 1".

### 6) Dementia Services

A new column has been created, to the right of the Level column, and has been labeled "CPS items". The CPS text has been moved into the new column.

In Level II, the description has been changed from "Cognitive Performance Scale of  $\geq 3$ " to "Cognitive Performance Scale "is 3 or 4".

In level III, the description has been changed from "Cognitive Performance Scale of  $\geq 5$ " to "Cognitive Performance Scale "is 5 or 6".

### 7) Exceptional Care Services

Under Complex Wounds, MDS items "M1c or M1d ≥ 1" has been changed to "M1c or M1d > 0", "M2a ≥ 1" has been changed to "M2a > 0", "M2b > 1" has been changed to

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"M2b >0", "G1Aa = ¾" has been changed to "G1Aa = 3 or 4", "G1Ab = ¾" has been changed to "G1Ab = 3 or 4", a new ICD9 code, "263.2" has been added after "263.1", and "262.2" has been deleted.

Under Traumatic Brain Injury, "P1beA = 1" has been changed to "P1beA = 0".

**8) Special Patient Need Factors**

Under Activities in the Description column, both occurrences of "too" have been changed to "to", "Withdraws" has been stricken and "Withdrawal" has been added, "Reduces" has been deleted and "Reduced" reinstated, the 1<sup>st</sup> occurrence of "Resists care" has been deleted, and "in last 7 days" has been stricken following the 2<sup>nd</sup> occurrence of "Resists care".

Under Activities in the Count column, "E4a-e > 0" has been changed to "E4a-eA > 0", the 1<sup>st</sup> occurrence of "E4eA > 0 or" has been stricken, "N1d > 0" has been changed to "N1d = 1", and "or" has been stricken after "B1 = 0".

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will these amendments replace any emergency amendments currently in effect? No
- 14) Are there any other amendments pending on this Part? No
- 15) Summary and Purpose of Amendments: These amendments concerning reimbursement for nursing facilities provide a number of changes to the Minimum Data Set (MDS) based reimbursement system to more clearly identify the needs of nursing facility residents and related services. The amendments focus on improving the MDS clinical tool, found in the rules at Section 147. Table A, which is used to derive the nursing component of nursing facility rates.
- 16) Information and questions regarding these adopted amendments shall be directed to:

Tamara Tanzillo Hoffman  
Chief of Administration and Rules  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, 3<sup>rd</sup> Floor  
Springfield IL 62763-0002

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217/557-7157

The full text of the Adopted Amendments begins on the next page:

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## TITLE 89: SOCIAL SERVICES

## CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## SUBCHAPTER d: MEDICAL PROGRAMS

## PART 147

## REIMBURSEMENT FOR NURSING COSTS FOR GERIATRIC FACILITIES

## Section

- 147.5 Reimbursement For Nursing Costs For Geriatric Residents in Group Care Facilities (Repealed)
- 147.15 Comprehensive Resident Assessment (Repealed)
- 147.25 Functional Needs and Restorative Care (Repealed)
- 147.50 Service Needs (Repealed)
- 147.75 Definitions (Repealed)
- 147.100 Reconsiderations (Repealed)
- 147.105 Midnight Census Report
- 147.125 Nursing Facility Resident Assessment Instrument
- 147.150 Minimum Data Set (MDS) Based Reimbursement System
- 147.175 Minimum Data Set (MDS) Integrity
- 147.200 Minimum Data Set (MDS) on-Site Review Documentation~~Basic Rehabilitation Aide Training Program (Repealed)~~
- 147.205 Nursing Rates (Repealed)
- 147.250 Costs Associated with the Omnibus Budget Reconciliation Act of 1987 (P.L. 100-203) (Repealed)
- 147.300 Payment to Nursing Facilities Serving Persons with Mental Illness
- 147.301 Sanctions for Noncompliance
- 147.305 Psychiatric Rehabilitation Service Requirements for Individuals With Mental Illness in Residential Facilities (Repealed)
- 147.310 Inspection of Care (IOC) Review Criteria for the Evaluation of Psychiatric Rehabilitation Services in Residential Facilities for Individuals with Mental Illness (Repealed)
- 147.315 Comprehensive Functional Assessments and Reassessments (Repealed)
- 147.320 Interdisciplinary Team (IDT) (Repealed)
- 147.325 Comprehensive Program Plan (CPP) (Repealed)
- 147.330 Specialized Care – Administration of Psychopharmacologic Drugs (Repealed)
- 147.335 Specialized Care – Behavioral Emergencies (Repealed)
- 147.340 Discharge Planning (Repealed)
- 147.345 Reimbursement for Program Costs in Nursing Facilities Providing Psychiatric Rehabilitation Services for Individuals with Mental Illness (Repealed)
- 147.350 Reimbursement for Additional Program Costs Associated with Providing

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## Specialized Services for Individuals with Developmental Disabilities in Nursing Facilities

147.TABLE A	Staff Time (in Minutes) and Allocation by Need Level
147.TABLE B	Staff Time and Allocation for Restorative Programs (Repealed)
147.TABLE C	Comprehensive Resident Assessment (Repealed)
147.TABLE D	Functional Needs and Restorative Care (Repealed)
147.TABLE E	Service (Repealed)
147.TABLE F	Social Services (Repealed)
147.TABLE G	Therapy Services (Repealed)
147.TABLE H	Determinations (Repealed)
147.TABLE I	Activities (Repealed)
147.TABLE J	Signatures (Repealed)
147.TABLE K	Rehabilitation Services (Repealed)
147.TABLE L	Personal Information (Repealed)

AUTHORITY: Implementing and authorized by Articles III, IV, V, VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Recodified from 89 Ill. Adm. Code 140.900 thru 140.912 and 140.Table H and 140.Table I at 12 Ill. Reg. 6956; amended at 13 Ill. Reg. 559, effective January 1, 1989; amended at 13 Ill. Reg. 7043, effective April 24, 1989; emergency amendment at 13 Ill. Reg. 10999, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 16796, effective October 13, 1989; amended at 14 Ill. Reg. 210, effective December 21, 1989; emergency amendment at 14 Ill. Reg. 6915, effective April 19, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 9523, effective June 4, 1990, for a maximum of 150 days; emergency expired November 1, 1990; emergency amendment at 14 Ill. Reg. 14203, effective August 16, 1990, for a maximum of 150 days; emergency expired January 13, 1991; emergency amendment at 14 Ill. Reg. 15578, effective September 11, 1990, for a maximum of 150 days; emergency expired February 8, 1991; amended at 14 Ill. Reg. 16669, effective September 27, 1990; amended at 15 Ill. Reg. 2715, effective January 30, 1991; amended at 15 Ill. Reg. 3058, effective February 5, 1991; amended at 15 Ill. Reg. 6238, effective April 18, 1991; amended at 15 Ill. Reg. 7162, effective April 30, 1991; amended at 15 Ill. Reg. 9001, effective June 17, 1991; amended at 15 Ill. Reg. 13390, effective August 28, 1991; emergency amendment at 15 Ill. Reg. 16435, effective October 22, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 4035, effective March 4, 1992; amended at 16 Ill. Reg. 6479, effective March 20, 1992; emergency amendment at 16 Ill. Reg. 13361, effective August 14, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 14233, effective August 31, 1992; amended at 16 Ill. Reg. 17332, effective November 6, 1992; amended at 17 Ill. Reg. 1128, effective January 12, 1993; amended at 17 Ill. Reg. 8486, effective June 1, 1993; amended at 17 Ill. Reg. 13498, effective August 6, 1993; emergency amendment at 17 Ill. Reg. 15189, effective

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September 2, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 2405, effective January 25, 1994; amended at 18 Ill. Reg. 4271, effective March 4, 1994; amended at 19 Ill. Reg. 7944, effective June 5, 1995; amended at 20 Ill. Reg. 6953, effective May 6, 1996; amended at 21 Ill. Reg. 12203, effective August 22, 1997; amended at 26 Ill. Reg. 3093, effective February 15, 2002; emergency amendment at 27 Ill. Reg. 10863, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18680, effective November 26, 2003; expedited correction at 28 Ill. Reg. 4992, effective November 26, 2003; emergency amendment at 29 Ill. Reg. 10266, effective July 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 18913, effective November 4, 2005; amended at 30 Ill. Reg. 15141, effective September 11, 2006.

**Section 147.125 Nursing Facility Resident Assessment Instrument**

- a) Except as specified in subsection (b) of this Section, all Medicaid certified nursing facilities shall comply with the provisions of the current federal Long Term Care Resident Assessment Instrument User's Manual, version 2. (Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244 (December ~~2005~~2002), and the Resident Assessment Instrument Mental Health version 2 (July 2003), adopted from Minimum Data Set Mental Health version 2. This incorporation by reference includes no later amendments or editions.)
- b) Nursing facilities shall, in addition, comply with the following requirements:
  - 1) Complete a full Minimum Data Set (MDS) assessment, which includes required items A through R, in addition to any State required items, for each resident quarterly, regardless of the resident's payment source. Facilities are not required to complete and submit the MDS Quarterly Assessment Form. When completing the full MDS assessment for quarterly submittal to the Department, it is not necessary to also complete the Resident Assessment Protocols (RAPs) or ~~Section~~Sections T and U. RAPs and ~~Section~~Sections T and U are only required with the comprehensive assessment described in the current federal Long Term Care Resident Assessment Instrument User's Manual, which includes assessments shall only be completed at admission, annually, for a significant change or for a significant correction of a prior MDS.
  - 2) Transmit electronically to the State MDS database the MDS for all assessments within 31 days after the completion date of the assessment. Except for nursing facilities that are defined as Class I Institutions for Mental Diseases (IMDs) pursuant to 89 Ill. Adm. Code 145.30, the rate set

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will be based on the MDS received two quarters prior to the rate effective date and MDS not received within 31 days will be given a default rate.

- c) While a new rate system referenced in Section 147.150 is under development, Medicaid-certified Class I IMDs shall electronically submit both the MDS pursuant to subsections (a) and (b) of this Section and the Illinois Minimum Data Set-Mental Health (IL MDS-MH) as specified by the Department at the following frequencies:
- 1) Complete a full IL MDS-MH within 14 days after admission for each resident, regardless of the resident's payment source.
  - 2) Complete a full IL MDS-MH at 90 days after admission for each resident, regardless of the resident's payment source.
  - 3) Complete a full IL MDS-MH at six months after admission for each resident, regardless of the resident's payment source, and every six months thereafter.
  - 4) Transmit electronically to the Department's IL MDS-MH database, the IL MDS-MH for all required assessments within 31 days after the completion date of the assessment.

(Source: Amended at 30 Ill. Reg. 15141, effective September 11, 2006)

**Section 147.150 Minimum Data Set (MDS) Based Reimbursement System**

- a) Public Act 92-0848 requires the Department to implement, effective July 1, 2003, a payment methodology for the nursing component of the rate paid to nursing facilities. Except for nursing facilities that are defined as Class I Institutions for Mental Diseases (IMDs) pursuant to 89 Ill. Adm. Code 145.30, reimbursement for the nursing component shall be calculated using the Minimum Data Set (MDS). Increased reimbursement under this payment methodology shall be paid only if specific appropriation for this purpose is enacted by the General Assembly. For Class I IMDs, the nursing component shall be the rate in effect on June 30, 2005 until a payment methodology using the Illinois Minimum Data Set-Mental Health (IL MDS-MH), appropriate for the care needs of the IMD resident population, is implemented. The payment methodology using the IL MDS-MH shall be implemented no later than July 1, 2007.

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- b) The nursing component of the rate shall be calculated annually and may be adjusted quarterly. The determination of rates shall be based upon a composite of MDS data collected from each eligible resident in accordance with Section 147. Table A for those eligible residents who are recorded in the Department's Medicaid Management Information System as of 30 days prior to the rate period as present in the facility on the last day of the second quarter preceding the rate period. Residents for whom MDS resident identification information is missing or inaccurate, or for whom there is no current MDS record for that quarter, shall be placed in the lowest MDS acuity level for calculation purposes for that quarter. The nursing component of the rate may be adjusted on a quarterly basis if any of the following conditions are met:
- 1) Total variable nursing time for a rate quarter as calculated in subsection (c)(1) of this Section exceeds total variable nursing time calculated for the previous rate quarter by more than five percent.
  - 2) Total variable nursing time for a rate quarter as calculated in subsection (c)(1) of this Section exceeds:
    - A) total variable nursing time as calculated for the annual rate period by more than ten percent;
    - B) total variable nursing time as recalculated and adjusted for the annual period by more than five percent.
  - 3) Total variable nursing time for a rate quarter as calculated in subsection (c)(1) of this Section declines from the total variable nursing time as calculated for the annual period by more than five percent. No quarterly nursing component rate reduction shall exceed five percent from the previous rate quarter.
- c) Per diem reimbursement rates for nursing care in nursing facilities consist of three elements: variable time reimbursement; fringe benefit reimbursement; and reimbursement for supplies, consultants, medical directors and nursing directors.
- 1) Variable Time Reimbursement. Variable nursing time is that time necessary to meet the major service needs of residents that vary due to their physical or mental conditions. Each need level or specific nursing service measured by the Resident Assessment Instrument is associated with an amount of time and staff level (Section 147. Table A).

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Reimbursement is developed by multiplying the time for each service by the wage(s) of the type of staff performing the service except for occupational therapy, physical therapy and speech therapy. If more than one level of staff are involved in delivering a service, reimbursement for that service will be weighted by the wage and number of minutes allocated to each staff type. ~~When a service can be provided by either a registered nurse (RN) or licensed practical nurse (LPN), the wage used will be weighted by the average mix of RNs and LPNs in the sample of facilities used to set rates.~~ In calculating a facility's rate, the figures used by the Department for wages will be determined in the following manner:

- A) The mean wages for the applicable staff levels (RNs, LPNs, certified nursing assistants (CNAs), activity staff, social workers), as reported on the cost reports and determined by regional rate area, will be the mean wages.
- B) Fringe benefits will be the average percentage of benefits to actual salaries of all nursing facilities based upon cost reports filed pursuant to 89 Ill. Adm. Code 140.543. Fringe benefits will be added to the mean wage.
- C) The base wage, including fringe benefits, will then be updated for inflation from the time period for which the wage data are available to the midpoint of the rate year to recognize projected base wage changes.
- D) Special minimum wage factor. The process used in subsection (c)(1)(A) of this Section to determine regional mean wages for RNs, LPNs and CNAs will include a minimum wage factor. For those facilities below 90% of the Statewide average, the wage is replaced by 90% of the Statewide average.
- E) Beginning January 1, 2007, facilities shall be paid a rate based upon the sum of the following:
  - i) the facility MDS-based **rate** multiplied by the ratio the numerator of which is the quotient obtained by dividing the additional funds appropriated specifically to pay for rates based upon the MDS nursing component methodology above the December 31, 2006 funding by the total number

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of Medicaid patient days utilized by facilities covered by the MDS-based system and the denominator of which is the difference between the weighted mean rate obtained by the MDS-based methodology and the weighted mean rate in effect on December 31, 2006.

- ii) the facility rate in effect on December 31, 2006, which is defined as the facility rate in effect on December 31, 2006 plus the Exceptional Care per diem computed in 89 Ill. Adm. Code 140.569(a)(1), multiplied by one minus the ratio computed in Section 147.150(c)(1)(E)(i). The Exceptional Care reimbursement per diem effective January 1, 2007 computed in 89 Ill. Adm. Code 140.569 shall be included in the nursing component of the June 30, 2006 rate unless the total variable nursing time for a rate quarter as calculated in subsection (c)(1) of this Section is more than a five percent drop from the total variable nursing time calculated for the June 30, 2006 rate quarter. Then the facility will receive for the rate period zero percent of the Exceptional Care reimbursement per diem computed in 89 Ill. Adm. Code 140.569

F) The amount of new funds allocated for MDS reimbursement methodology for Fiscal Year 2007, beginning January 1, 2007, is \$30 million. On July 1 of each year beginning July 1, 2003, the base wage calculated in subsection (c)(1)(C) of this Section shall be multiplied by a ratio:

- i) The numerator of which is the quotient obtained by dividing the amounts estimated by the Department to be available in the rate period for the nursing component of the rate Statewide by the Department's estimate of the number of patient days Statewide for the rate period eligible for reimbursement from the Department.
- ii) The denominator of which shall be the mean Statewide base rate per patient day.

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- 2) Vacation, Sick Leave and Holiday Time. The time to be added for vacation, sick leave, and holidays will be determined by multiplying the total of Variable Time by 5%.
- 3) Special Supplies, Consultants and the Director of Nursing. Reimbursement will be made for health care and program supplies, consultants required by the Department of Public Health (including the Medical Director), and the Director of Nursing by applying a factor to variable time and vacation, sick leave and holiday time. (A list of consultants required by the Department of Public Health can be found in 77 Ill. Adm. Code 300.830).
  - A) Supplies will be updated for inflation using the General Services Inflator (see 89 Ill. Adm. Code 140.551). Health care and program salaries shall be updated for inflation using the Nursing and Program Inflator (see 89 Ill. Adm. Code 140.552). A factor for supplies will be the Statewide mean of the ratio of total facility health care and programs supply costs to total facility health care and programs salaries.
  - B) The Director of Nursing and the consultants will be updated for inflation using the Nursing and Program Inflator (see 89 Ill. Adm. Code 140.552). A factor for the Director of Nursing and consultant costs shall be the Statewide mean of the ratio of all facilities' Director of Nursing and consultant costs to total facility health care and programs salaries.
  - C) These costs shall be updated pursuant to cost reports as referenced in 89 Ill. Adm. Code 153.125(f).
- d) Determination of Facility Rates.

An amount for each resident will be calculated by multiplying the number of minutes from the assessment by the appropriate wages for each assessment item (see subsection (c)(1) of this Section ), adding the amounts for vacation, sick and holiday time (see subsection (c)(2) of this Section ), and supplies, consultants, and the Director of Nursing (see subsection (c)(3) of this Section). The average of the rates for eligible residents assessed will become the facility's per diem reimbursement rate for each eligible resident in the facility.

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- e) A transition period from the payment methodology in effect on June 30, 2003 to the payment methodology in effect July 1, 2003 shall be provided for a period not exceeding December 31, 2006~~June 30, 2006~~, as follows:
- 1) MDS-based rate adjustments under this Section shall not be effective until the attainment of a threshold. The threshold shall be attained at the earlier of either:
    - A) when all nursing facilities have established a rate (sum of all components) which is no less than the rate effective June 30, 2002, or
    - B) January 1, 2007~~July 1, 2006~~.
  - 2) For a facility that would receive a lower nursing component rate per resident day under the payment methodology effective July 1, 2003 than the facility received June 30, 2003, the nursing component rate per resident day for the facility shall be held at the level in effect on June 30, 2003 until a higher nursing component rate of reimbursement is achieved by that facility.
  - 3) For a facility that would receive a higher nursing component rate per resident day under the payment methodology in effect on July 1, 2003 than the facility received June 30, 2003, the nursing component rate per resident day for the facility shall be adjusted based on the payment methodology in effect July 1, 2003.
  - 4) Notwithstanding subsections (e)(2) and (3) of this Section, the nursing component rate per resident day for the facility shall be adjusted in accordance with subsection (c)(1)(E) of this Section.

(Source: Amended at 30 Ill. Reg. 15141, effective September 11, 2006)

**Section 147.175 Minimum Data Set (MDS) Data Integrity**

- a) The Department shall conduct reviews to determine the accuracy of resident assessment information transmitted in the Minimum Data Set (MDS) that are relevant to the determination of reimbursement rates. Such reviews may, at the discretion of the Department, be conducted electronically or in the facility.

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- b) The Department shall quarterly select, at random, a number of facilities in which to conduct on-site reviews. In addition, the Department may select facilities for on-site review based upon facility characteristics, past performance, or the Department's experience.
- c) Electronic review. The Department shall conduct quarterly an electronic review of MDS data for eligible individuals to identify facilities for on-site review.
- d) On-site review. The Department shall conduct an on-site review of MDS data for eligible individuals.
- 1) ~~On-site reviews may be conducted with respect to residents or facilities that are identified pursuant to subsection (b) or (c) of this Section. Such review may include, but shall not be limited to, the following:~~
- A) ~~Review of resident records and supporting documentation, as identified in Section 174.200, observation and interview, to determine the accuracy of data relevant to the determination of reimbursement rates.~~
- B) Review and collection of information necessary to assess the need for a specific service or care area ~~and an extension beyond the established maximum length of time for a service or care area.~~
- C) Review and collection of information from the facility that will establish the ~~current~~ direct care staffing level.
- 2) The number of residents in any selected facility for whom information is reviewed may, at the sole discretion of the Department, be limited or expanded.
- 3) ~~Upon the conclusion of any review, the Department shall conduct a meeting with facility management to discuss preliminary conclusions of the review. If facility management disagrees with those preliminary conclusions, facility management may, at that time, provide additional documentation to support their position.~~
- e) Corrective action. Upon the conclusion of the review and the consideration of any subsequent supporting documentation provided by the facility, the Department

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shall notify the facility of its final conclusions, both with respect to accuracy of data and recalculation of the facility's reimbursement rate.

1) ~~Data Accuracy.~~

A) ~~Final conclusions with respect to inaccurate data shall be referred to the Department of Public Health.~~

B) ~~The Department, in collaboration with the Department of Public Health, shall make available additional training in the completion of resident assessments and the coding and transmission of MDS records.~~

2) Recalculation of Reimbursement Rate. The Department shall determine if reported MDS data or facility staffing data that were subsequently determined to be unverifiable would cause the direct care component of the facility's rate to be calculated differently when using the accurate data. No change in reimbursement required as a result of a review shall take effect before July 1, 2004. A facility's rate shall only be recalculated on those residents who have been subject to a Department review. A facility's rate will be subject to change if the recalculation of the direct care component rate, as a result of using MDS data that are verifiable:

A) ~~The recalculation of the direct care component rate, as a result of using MDS data that are verifiable:~~

Ai) Increases the rate by more than one percent. The rate is to be changed, retroactive to the beginning of the rate period, to the recalculated rate.

Bii) Decreases the rate by more than one percent. The rate is to be changed, retroactive to the beginning of the rate period, to the recalculated rate.

Ciii) Decreases the rate by more than ten percent in addition to the rate change specified in this subsection (e)(2)(d)(1)(C) of this Section. The direct care component of the rate shall be reduced, retroactive to the beginning of the rate period, by \$1 for each whole percentage decrease in excess of two percent.

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- B) ~~The review determines that the mean direct care staff time per diem that the facility is currently maintaining is more than 25 percent below the mean direct care staff time per diem used to determine the facility's direct care component of the rate. The recalculation shall use the mean direct care staff time per diem determined pursuant to Section 147.150(c)(1), multiplied by the factor described in Section 147.150(c)(1)(D), less mean direct care staff time per diem determined by the review that is in excess of 25 percent.~~
- 3) Any evidence or suspicion of deliberate falsification or misrepresentation of MDS data shall be referred to the Department's Inspector General and the Department of Public Health.
- f) Appeals. Facilities disputing any rate change may request a hearing pursuant to 89 Ill. Adm. Code 140.830.

(Source: Amended at 30 Ill. Reg. 15141, effective September 11, 2006)

**Section 147.200 Minimum Data Set (MDS) On-Site Review Documentation-Basic  
~~Rehabilitation Aide Training Program (Repealed)~~**

- a) Pursuant to Section 147.175, Department staff shall conduct on-site reviews of Minimum Data Set (MDS) data to determine the accuracy of resident information that is relevant to the determination of reimbursement rates. Pursuant to Section 147.175, Department staff shall conduct on-site reviews of Minimum Data Set (MDS) data to determine the accuracy of resident information that is relevant to the determination of reimbursement rates. Each nursing facility shall make accessible to the Department all provider, resident and other records necessary to determine that the needs of the resident are being met, and to determine the appropriateness of services. The Department shall provide for a program of delegated utilization review and quality assurance. The Department may contract with Medical Peer Review organizations to provide utilization review and quality assurance.
- b) There shall be documentation in the resident's record to support an MDS coded response indicating that the condition or activity was present or occurred during the observation or look back period. Directions provided by the RAI User's Manual (as described in Section 147.125) are the basis for all coding of the MDS.

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Section S is reserved for additional State-defined items. All documentation requirements pertain to the MDS 2.0 and Section S items.

- c) Each nursing facility shall ensure that MDS data for each resident accurately and completely describes the resident's condition, as documented in the resident's clinical records, maintained by the nursing facility, and the clinical records shall be current, accurate and in sufficient detail to support the reported resident data.
- d) Documentation guidance has been compiled from the RAI Manual, instructions that are present on the MDS 2.0 form itself, RAI-MH, and Illinois additional documentation requirements. If later guidance is released by CMS that contradicts or augments guidance provided in this Section, the more current information from CMS becomes the acceptable standard. If additional ICD9 codes are published, they will be reviewed for appropriateness.
- e) Documentation from all disciplines and all portions of the resident's clinical record may be used to verify an MDS item response. All supporting documentation shall be found in the facility during an on-site visit.
- f) All conditions or treatments shall have been present or occurred within the designated observation period. Documentation in the clinical record shall consistently support the item response and reflect care related to the symptom/problem. Documentation shall apply to the appropriate observation period and reflect the resident's status on all shifts. In addition, the problems that are identified by the DS item responses that affect the resident's status shall be addressed on the care plan. Insufficient or inaccurate documentation may result in a determination that the DS item response submitted could not be validated.
- g) Disease Diagnoses
  - 1) Code only those diseases or infections **which** have a relationship to the resident's current ADL status, cognitive status, mood or behavior status, medical treatments, nursing monitoring or risk of death as directed in the RAI Manual.
  - 2) The disease conditions require a physician-documented diagnosis in the clinical record. It is good clinical practice to have the resident's physician provide supporting documentation for any diagnosis.

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- 3) Do not include conditions that have been resolved or no longer affect the resident's functioning or care plan. One of the important functions of the MDS assessment is to generate an updated, accurate picture of the resident's health status.
- h) Activities of Daily Living (ADL)  
Facilities shall maintain documentation that supports the coding of Section G, Physical Functioning, and Structural Problems on the MDS during the assessment reference period. The documentation shall show the MDS coded level of resident self-performance and support has been met.
- i) Restorative specific documentation shall include:
- 1) Documentation shall define the resident's needs and identify a restorative nursing plan of care to assist the resident in reaching and/or maintaining his or her highest level of functioning. Documentation shall contain objective and measurable information so that progress, maintenance or regression can be recognized.
  - 2) Goals shall be resident specific, realistic, and measurable. The resident's endurance and ability to participate in the programs shall be addressed.
  - 3) Written evidence of measurable objectives and interventions shall be in the resident's care plan, reviewed quarterly, and revised as necessary.
  - 4) Written evidence of quarterly evaluation by a licensed nurse shall be in the clinical record.
  - 5) There shall be written evidence that staff carrying out the programs have been trained in techniques that promote resident involvement in the activity.
  - 6) There shall be written evidence that techniques are carried out or supervised by members of the nursing staff.
  - 7) Sometimes under licensed nurse supervision, other staff and volunteers will be assigned to work with specific residents. If a volunteer is assigned to a specific resident, there shall be written evidence of specific training in techniques that promote that resident's involvement in the restorative program.

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- 8) Restorative programs shall be ongoing, unless there is written justification in the clinical record that supports the need to discontinue the program.
  - 9) The number of minutes per day spent in a restorative program shall be documented for each resident and for each restorative program during the look back period.
  - 10) The medical record shall also include documentation that restorative nursing services were administered as planned.
  - 11) An assessment designed by the Department shall be required quarterly to assess resident's endurance and ability to benefit from two or more restorative programs.
  - 12) A splint or brace is defined as an appliance for the fixation, union or protection of an injured part of the body.
  - 13) A check and change program will not be scored as a toileting program.
  - 14) All restorative programs provided per criteria of the RAI manual shall be coded on the MDS.
- j) Discharge Planning  
Social services shall document monthly on the resident's potential for discharge, specific steps being taken toward discharge, and the progress being made. Social Service documentation shall demonstrate realistic evaluation, planning, and follow-through. Discharge plans shall address the current functional status of the resident, medical nursing needs, and the availability of family and/or community resources to meet the needs of the resident.
- k) Psychosocial Adaptation Services  
Behavioral symptoms shall be assessed and tracked during the look back period. They shall be addressed in the care plan with individualized goals and interventions.
- l) Skills Training  
Skills training is specific methods for assisting residents who need and can benefit from this training to address identified deficits and reach personal and clinical

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goals. To qualify for reimbursement, the provision of skills training shall meet all of the following criteria:

- 1) Skills and capabilities shall be assessed with the use of a standardized skills assessment, a cognitive assessment and an assessment of motivational potential. The assessment of motivational potential will assist in determining the type and size of the group in which a resident is capable of learning.
- 2) Addresses identified skill deficits related to goals noted in the treatment plan.
- 3) Skills training shall be provided by facility staff, trained in leading skills groups, who are paid by the facility.
- 4) Training shall be provided in a private room with no other programs or activities going on at the same time. The environment shall be conducive to learning in terms of comfort, noise, and other distractions.
- 5) Training shall be provided in groups no larger than ten, with reduced group size for residents requiring special attention due to cognitive, motivational or clinical issues, as determined by the skills assessment, cognition and motivational potential. Individual sessions can be provided as appropriate and shall be identified in the care plan.
- 6) Training shall utilize a well-developed, structured curriculum and specific written content developed in advance to guide each of the sessions. (Published skills modules developed for the severe mentally ill (SMI) and Mental Illness/Substance Abuse (MISA) populations are available for use and as models).
- 7) The curriculum shall address discrete sets of skill competencies, breaking skills down into smaller components or steps in relation to residents' learning needs.
- 8) The specific written content shall provide the rationale for learning, connecting skill acquisition to resident goals.
- 9) Training shall employ skill demonstration/modeling, auditory and visual presentation methods, role-playing and skill practice, immediate positive

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and corrective feedback, frequent repetition of new material, practice assignments between training sessions (homework), and brief review of material from each previous session.

- 10) There shall be opportunities for cued skill practice and generalization outside session as identified in the care plan and at least weekly documentation relative to skill acquisition.
- 11) Each training session shall be provided and attended in increments of a minimum of 30 minutes each (not counting time to assemble and settle) at least three times per week. Occasional absences are allowable, with individual coverage of missed material as necessary.

m) Close and Constant Observations  
Coding of this item is intended only for interventions applied in response to the specific current significant need of an individual resident. This item should not be coded for observation conducted as standard facility policy for all residents, such as for all new admissions, or as part of routine facility procedures, such as for all returns from hospital or conducted as a part of periodic resident headcounts.

n) Ancillary Provider Services

- 1) Ancillary provider services are services that are provided by direct non-facility psychiatric service providers in order to meet 77 Ill. Adm. Code 300, Subpart S requirements.
- 2) Psychiatric rehabilitation services that are provided by non-facility providers or an outside entity shall meet the needs of the SMI resident as determined by the resident's individual treatment plan (ITP).
- 3) Facilities must ensure compliance with 77 Ill. Adm. Code, [Subpart S](#), 300.4050 when utilizing non-facility or outside ancillary providers.

o) Psychotropic Medication Monitoring  
Facilities are to follow documentation guidelines as directed by 42 CFR 483.25(1) (State Operations Manual tags F329, F330, F331).

p) Dementia Care Unit

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- 1) If the resident has a CPS score of five, care planning shall address the resident's participation in the unit's activities.
  - 2) If a particular resident does not participate in at least an average of four activities per day over a one-week period, the unit director shall evaluate the resident's participation and have the available activities modified and/or consult with the interdisciplinary team.
  - 3) Documentation shall support staff's efforts to involve the resident.
- q) Exceptional Care Services
- 1) Extensive Respiratory Services
    - A) A respiratory therapist shall evaluate the status of the resident at least monthly if the resident has a tracheostomy.
    - B) Documentation of respiratory therapy being provided 15 minutes a day shall be present in the clinical record for the look back period.
    - C) Respiratory therapy requires documentation in the record of the treatment and the times given by a qualified professional (respiratory therapist or trained nurse) as defined in the RAI manual.
  - 2) Documentation shall be in place to support weaning from the ventilator.
  - 3) Ventilator Care
    - A) If the facility has residents receiving ventilator care, the facility shall have a respiratory therapist available at the facility or on call 24 hours a day.
    - B) A respiratory therapist shall evaluate and document the status of the resident at least weekly.
  - 4) Morbid Obesity
    - A) A Dietician's evaluation shall be completed with evidence of on-going consultation.

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- B) On-going monitoring of weight shall be evident.
- C) The psychosocial needs related to weight issues shall be identified and addressed.
- 5) Wound Care Services  
Facilities are to follow documentation guidelines as directed by 42 CFR 483.25(c) (State Operations Manual tag F314).
- 6) Traumatic Brain Injury (TBI)
  - A) Documentation shall support that psychological therapy is being delivered by licensed mental health professional, as described in the RAI manual.
  - B) Documentation shall support a Special Symptom Evaluation program as an ongoing, comprehensive, interdisciplinary evaluation of behavioral symptoms as described in the RAI manual.
  - C) Documentation shall support evaluation by a licensed mental health specialist in the last 90 days. This shall include an assessment of a mood, behavior disorder, or other mental health problems by a qualified clinical professional as described in the RAI manual.
  - D) The care plan shall address the behaviors of the resident and the interventions used.
- r) Clarification and additional documentation requirements are as follows:
  - 1) Defined actions such as further assessment or documentation, described in the RAI Manual as "good clinical practice" are required by the Department as supporting documentation. Clinical documentation that contributes to identification and communication of a resident's problems, needs and strengths, that monitors his or her condition on an on-going basis, and that records treatments and response to treatment is a matter of good clinical practice and is an expectation of trained and licensed health care professionals (RAI page 1-23).

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- 2) The facility shall have in place policies and procedures to address specific care needs of the residents, written evidence of ongoing in-services for staff related to residents' specific care needs and all necessary durable medical equipment to sustain life and carry out the plan of care as designed by the physician. In the absence of the above, a referral will be made to the Illinois Department of Public Health.
- 3) No specific types of documentation or specific forms are mandated, but documentation shall be sufficient to support the codes recorded on the MDS. Treatments and services ordered and coded shall be documented as delivered in the clinical record.
- 4) When completing a significant change assessment, the guidelines provided in the RAI Manual shall be followed. This includes documenting "the initial identification of a significant change in terms of the resident's clinical status in the progress notes" as described in RAI page 2-7.

(Source: Old Section repealed at 27 Ill. Reg. 18680, effective November 26, 2003; new Section added at 30 Ill. Reg. 15141, effective September 11, 2006)

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**Section 147.TABLE A Staff Time (in Minutes) and Allocation by Need Level**

- a) Effective July 1, 2003, each Medicare and Medicaid certified nursing facility shall complete, and transmit quarterly to the Department, a full Minimum Data Set (MDS) for each resident who resides in a certified bed, regardless of payment source. A description of the MDS items referenced in the tables found following subsection (e) of this Table A are contained in the Long Term Care Resident Assessment Instrument User's Manual available from the Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244 (December 2002).
- b) Table A identifies 5137 MDS items that shall be used to calculate a profile on each Medicaid-eligible resident within each facility.
- c) The profile for each Medicaid-eligible resident shall then be blended to determine the nursing component of the nursing facility's Medicaid rate.
- d) Each MDS item in Table A includes a description of the item and the variable time referred to in Section 147.150(c)(1). The variable time assigned to each level represents the type of staff that should be delivering the service (unlicensed, licensed, social worker and activity) and the number of minutes allotted to that service item.
- e) Following is a listing of the 5137 reimbursable MDS items found in Table A.
- 1) Base Social Work and Activity
  - 2) Activities of Daily Living (ADL)
  - 3) Restorative Programs
- PROM
- AROM
- Splint/Brace
- Bed Mobility
- Mobility/Transfer

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Walking

Dressing/Grooming

Eating

Prosthetic Care

Communication

Other Restorative

Scheduled ToiletingContinence

4) Medical Services

Continence Care

Catheter Care

Bladder Retraining

Pressure Ulcer Prevention

Moderate Skin Care Services

Intensive Skin Care Services

Ostomy Care

IV Therapy

Injections

Oxygen Therapy

Chemotherapy

Dialysis

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Blood Glucose Monitoring

End Stage Care

Infectious Disease

Acute Medical Conditions

Pain Management

Discharge Planning

Nutrition

Hydration

~~End Stage Care~~

~~Pain Management~~

~~Infectious Disease~~

~~Acute Medical Conditions~~

~~Nutrition~~

~~Skin Care Programs~~

~~Decubitus Prevention~~

~~Moderate Skin Intensity or Ostomy Care Services~~

~~Intensive Skin Care Services~~

~~IV Therapy~~

~~Injections~~

~~Oxygen Therapy~~

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~~Extensive Respiratory Services~~

~~Hydration~~

## 5) Mental Health (MH) Services

~~Psychosocial Adaptation~~

~~Psychotropic Medication Monitoring  
Cognitive Impairment/Memory Assistance~~

~~Psychiatric Rehabilitation~~

~~Psychiatric Services (Section S)~~

~~Skills Training~~

~~Close or Constant Observation~~

6) Dementia Services

~~Cognitive Impairment/Memory Assistance~~

~~Dementia Care Unit~~

6) ~~Special Patient Need Factors:~~

~~Communication: add 1% of staff time accrued for ADLs through MH~~

~~Vision Problems: add 2% of staff time accrued for ADLs through MH~~

~~Accident/Fall Prevention: add 3% of staff time accrued for ADLs through MH~~

~~Restraint Free Care: add 2% of staff time accrued for ADLs through MH~~

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Activities: add 2% of staff time accrued for ADLs through MH

7) Exceptional Care Services

Extensive Respiratory Services

Ventilator Care

Total Weaning From Ventilator

Morbid Obesity

Complex Wound Care

Traumatic Brain Injury (TBI)

8) Special Patient Need Factors:

Communication: add 1% of staff time accrued for ADLs through Exceptional Care Services

Vision Problems: add 2% of staff time accrued for ADLs through Exceptional Care Services

Accident/Fall Prevention: add 3% of staff time accrued for ADLs through Exceptional Care Services

Restraint Free Care: add 2% of staff time accrued for ADLs through Exceptional Care Services

Activities: add 2% of staff time accrued for ADLs through Exceptional Care Services

**MDS ITEMS AND ASSOCIATED STAFF TIMES**

Throughout Table A, where multiple levels are identified, only the highest level shall be scored.

**1) Base Social Work and Activity**

Level		Unlicensed	Licensed	Social Worker	Activity
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I	All Clients	0	0	5	10
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**2) Activities of Daily Living**

Level	Composite Scores	Unlicensed	Licensed	Social Worker	Activity
I	Composite 7-8	50	<u>7.5 RN</u> <u>7.5 LPN<del>15</del></u>		
II	Composite 9-11	62	<u>9.5 RN</u> <u>9.5 LPN<del>19</del></u>		
III	Composite 12-14	69	<u>10.5 RN</u> <u>10.5 LPN<del>21</del></u>		
IV	Composite 15-29	85	<u>12.5 RN</u> <u>12.5 LPN<del>25</del></u>		

**ADL Scoring Chart for the above Composite Levels**

MDS values equal to "-" denote missing data.

ADL	MDS items	Description	Score
Bed Mobility	G1aA = - or G1aA = 0 or G1aA = 1.	Self-Performance = missing Self-Performance = independent Self-Performance = supervision	1
	G1aA = 2.	Self-Performance = limited assistance	3
	G1aA = 3 or G1aA = 4 or G1aA = 8 AND G1aB = - or G1aB = 0 or G1aB = 1 or G1aB = 2.	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur Support = missing Support = no set up or physical help Support = set up help only Support = 1 person assist	4
	G1aB = 3 or G1aB = 8.	Support = 2+ person physical assist Support = activity did not occur	5
Transfer	G1bA = - or G1bA = 0 or G1bA = 1.	Self-Performance = missing Self-Performance = independent Self-Performance = supervision	1

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	G1bA = 2.	Self-Performance = limited assistance	3
	G1bA = 3 or G1bA = 4 or G1bA = 8 AND G1bB = - or G1bB = 0 or G1bB = 1 or G1bB = 2.	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur Support = missing Support = no set up or physical help Support = set up help only Support = 1 person assist	4
	G1bB = 3 or G1bB = 8.	Support = 2+ person physical assist Support = activity did not occur	5
Locomotion	G1eA = - or G1eA = 0 or G1eA = 1.	Self-Performance = missing Self-Performance = independent Self-Performance = supervision	1
	G1eA = 2.	Self-Performance = limited assistance	3
	G1eA = 3 or G1eA = 4 or G1eA = 8 AND G1eB = - or G1eB = 0 or G1eB = 1 or G1eB = 2.	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur Support = missing Support = no set up or physical help Support = set up help only Support = 1 person assist	4
	G1eB = 3 or G1eB = 8.	Support = 2+ person physical assist Support = activity did not occur	5
Toilet	G1iA = - or G1iA = 0 or G1iA = 1.	Self-Performance = missing Self-Performance = independent Self-Performance = supervision	1
	G1iA = 2.	Self-Performance = limited assistance	3

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	G1iA = 3 or G1iA = 4 or G1iA = 8 AND G1iB = - or G1iB = 0 or G1iB = 1 or G1iB = 2.	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur Support = missing Support = no set up or physical help Support = set up help only Support = 1 person assist	4
	G1iB = 3 or G1iB = 8.	Support = 2+ person physical assist Support = activity did not occur	5
Dressing	G1gA = - or G1gA = 0 or G1gA = 1.	Self-Performance = missing Self-Performance = independent Self-Performance = supervision	1
	G1gA = 2.	Self-Performance = limited assistance	2
	G1gA = 3 or G1gA = 4 or G1gA = 8.	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur	3
Hygiene	G1jA = - or G1jA = 0 or G1jA = 1.	Self-Performance = missing Self-Performance = independent Self-Performance = supervision	1
	G1jA = 2.	Self-Performance = limited assistance	2
	G1jA = 3 or G1jA = 4 or G1jA = 8.	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur	3
Eating	G1hA = - or G1hA = 0 or G1hA = 1.	Self-Performance = missing Self-Performance = independent Self-Performance = supervision	1
	G1hA = 2.	Self-Performance = limited assistance	2

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G1hA = 3 or G1hA = 4 or G1hA = 8  Or K5a = 1 or K5b = 1 and Intake = 1	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur  Parenteral/IV in last 7 days Tube feeding in last 7 days See below	3
Where		
Intake = 1 if		
K6a = 3 or	Parenteral/enteral intake 51-75% of total calories	
K6a = 4	Parenteral/enteral intake 76-100% of total calories	
Or Intake = 1 if		
K6a = 2 and	Parenteral/enteral intake <del>26</del> 25-50% of total calories	
K6b = 2 or	Average fluid intake by IV or tube is 501-1000 cc/day	
K6b = 3 or	Average fluid intake by IV or tube is 1001-1500 cc/day	
K6b = 4 or	Average fluid intake by IV or tube is 1501-2000 cc/day	
K6b = 5.	Average fluid intake by IV or tube is <u>2001 or more cc/day</u> <del>over 2000 cc/day</del>	

**3) Restorative Programs**

With the exception of amputation/prosthesis care and splint or brace assistance restoratives, the total number of restorative programs eligible for reimbursement shall be limited to five, with no more than three being a Level II restorative. Scheduled toileting shall be included in this limit. Splint or brace assistance and amputation/prosthesis care shall be reimbursed independently. A resident coded in I1t (CVA/stroke) on the MDS and also coded as B4≤2 (cognitive skills for decision making) shall be limited to a total of six restoratives with no more than four being a Level II restorative. A Department

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designed assessment shall be required quarterly to assess the resident's endurance and the resident's ability to benefit from two or more restorative programs.

When the number of restoratives coded on the MDS exceeds the allowable limits for reimbursement, the following order shall be used.

- A) Eating Restorative
- B) Scheduled Toileting
- C) Walking Restorative
- D) Transfer Restorative
- E) PROM
- F) Bed Mobility Restorative
- G) Communication Restorative
- H) Dressing/Grooming Restorative
- I) Other Restorative
- J) AROM

**Passive Range of Motion**

Lev	MDS items	Description	Unl	Lic	SW	Act
	G4aA > 0 or	Any function limits in ROM of neck				
	G4bA > 0 or	Any function limits in ROM of arm				
	G4cA > 0 or	Any function limits in ROM of hand				
	G4dA > 0 or	Any function limits in ROM of leg				

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	G4eA > 0 or G4fA > 0 or G4aB > 0 or G4bB > 0 or G4cB > 0 or G4dB > 0 or G4eB > 0 or G4fB > 0 or	Any function limits in ROM of foot Any function limits in ROM of other limitation or loss Any function limits in voluntary movement of neck Any function limits in voluntary movement of arm Any function limits in voluntary movement of hand Any function limits in voluntary movement of leg Any function limits in voluntary movement of foot Any function limits in voluntary movement of other limitation or loss				
AND						
I	$3 \leq P3a \leq 5$	3 to 5 days of PROM rehab	10	$\frac{3}{RN}$ $\frac{3}{LPN}$ 6		
II	$6 \leq P3a \leq 7$	6 to 7 days of PROM rehab	15	$\frac{3}{RN}$ $\frac{3}{LPN}$ 6		

**Active Range of Motion**

Lev	MDS items	Description	Unl	Lic	SW	Act
	G4aA,B 0 or	Any function limits in voluntary ROM or movement of neck				

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	G4bA,B > 0 or	Any function limits in <del>voluntary</del> ROM <del>or movement</del> of arm				
	G4cA,B > 0 or	Any function limits in <del>voluntary</del> ROM <del>or movement</del> of hand				
	G4dA,B > 0 or	Any function limits in <del>voluntary</del> ROM <del>or movement</del> of leg				
	G4eA,B > 0 or	Any function limits in <del>voluntary</del> ROM <del>or movement</del> of foot				
	G4fA,B > 0 or	Any function limits in <del>voluntary</del> ROM <del>or movement</del> of other limitation or loss				
	<u>G4aB &gt; 0 or</u>	<u>Any function limits in voluntary movement of neck</u>				
	<u>G4bB &gt; 0 or</u>	<u>Any function limits in voluntary movement of arm</u>				
	<u>G4cB &gt; 0 or</u>	<u>Any function limits in voluntary movement of hand</u>				
	<u>G4dB &gt; 0 or</u>	<u>Any function limits in voluntary movement of leg</u>				
	<u>G4eB &gt; 0 or</u>	<u>Any function limits in voluntary movement of foot</u>				
	<u>G4fB &gt; 0</u>	<u>Any function limits in voluntary movement of other limitation or loss</u>				
	AND:					
I	3 ≤ P3b ≤ 5	3 to 5 days of AROM rehab	<del>8</del> 10	<u>2</u> RN <u>2</u> LPN <u>6</u>		
II	6 ≤ P3b ≤ 7	6 to 7 days of AROM rehab	<del>12</del> 15	<u>2</u> RN <u>2</u> LPN <u>6</u>		

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**Splint/Brace Assistance**

Lev	MDS items	Description	Unl	Lic	SW	Act
I	$3 \leq P3c \leq 5$	3 to 5 days of assistance	<del>8+0</del>	<u>2</u> RN <u>2</u> LPN <u>6</u>		
II	$6 \leq P3c \leq 7$	6 to 7 days of assistance	<del>12+5</del>	<u>2</u> RN <u>2</u> LPN <u>6</u>		

**Bed Mobility Restorative**

Lev	MDS items	Description	Unl	Lic	SW	Act
	$0 < G1aA < 8$ <u>AND</u> <del>And</del> $G7 = 1$	Need assistance in bed mobility  Some or all ADL tasks broken into subtasks				
	AND					
I	$3 \leq P3d \leq 5$	3 to 5 days of rehab or restorative techniques	10	<u>3</u> RN <u>3</u> LPN <u>6</u>		
II	$6 \leq P3d \leq 7$	6 to 7 days of rehab or restorative techniques	15	<u>3</u> RN <u>3</u> LPN <u>6</u>		

**Mobility (Transfer) Restorative**

Lev	MDS items	Description	Unl	Lic	SW	Act
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	0 < G1bA < 8 <u>AND</u> <del>And</del> G7 = 1	Need assistance in transfer  Some or all ADL tasks broken into subtasks				
	AND					
I	3 ≤ P3e ≤ 5	3 to 5 days of rehab or restorative techniques	10	<u>3</u> RN <u>3</u> LPN <u>6</u>		
II	6 ≤ P3e ≤ 7	6 to 7 days of rehab or restorative techniques	15	<u>3</u> RN <u>3</u> LPN <u>6</u>		

**Walking Restorative**

Lev	MDS items	Description	Unl	Lic	S W	Act
	0 < G1cA < 8 or 0 < G1dA < 8 or 0 < G1eA < 8 or 0 < G1fA < 8 or <u>AND</u> <del>And</del> G7 = 1	<del>Need assistance Any function limits in walking in room</del> <del>Need assistance Any function limits in walking in corridor</del> <del>Need assistance Any function limits in locomotion on unit</del> <del>Need assistance Any function limits in locomotion off unit</del> Some or all ADL tasks broken into subtasks				
	AND					
I	3 ≤ P3f ≤ 5	3 to 5 days of rehab or restorative techniques	10	<u>3</u> RN <u>3</u> LPN <u>6</u>		

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II	$6 \leq P3f \leq 7$	6 to 7 days of rehab or restorative techniques	15	$\frac{3}{RN}$ $\frac{3}{LPN}$ $\frac{6}{6}$		
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**Dressing or Grooming Restorative**

Lev	MDS items	Description	Unl	Lic	SW	Act
	$0 < G1gA < 8$ <u>or</u> $0 < G1jA < 8$ <u>AND</u> <u>And</u> G7 = 1 AND	Need assistance in dressing <u>Need assistance in personal hygiene</u> Some or all ADL tasks broken into subtasks				
	$B4 \leq 2$	<u>Cognitive skills for decision making</u>				
	<u>AND</u>					
	$S1 = 0$ <u>AND</u>	<u>Does not meet IDPH Subpart S Criteria</u>				
I	$3 \leq P3g \leq 5$	3 to 5 days of rehab or restorative techniques	10	$\frac{3}{RN}$ $\frac{3}{LPN}$ $\frac{6}{6}$		
II	$6 \leq P3g \leq 7$	6 to 7 days of rehab or restorative techniques	15	$\frac{3}{RN}$ $\frac{3}{LPN}$ $\frac{6}{6}$		

**Eating Restorative**

Lev	MDS items	Description	Unl	Lic	SW	Act
	$0 < G1hA < 8$ or	Need assistance in eating				

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	K1b = 1 <del>AND</del> G7 = 1	Has swallowing problem  Some or all ADL tasks broken into subtasks				
	AND					
I	$3 \leq P3h \leq 5$	3 to 5 days of rehab or restorative techniques	<del>1510</del>	$\frac{3}{RN}$ $\frac{3}{LPN}$ 6		
II	$6 \leq P3h \leq 7$	6 to 7 days of rehab or restorative techniques	<del>2015</del>	$\frac{3}{RN}$ $\frac{3}{LPN}$ 6		

Amputation/Prosthetic Care

Lev	MDS items	Description	Unl	Lic	SW	Act
I	$3 \leq P3i \leq 5$	3 to 5 days of assistance	10	$\frac{3}{RN}$ $\frac{3}{LPN}$ 6		
II	$6 \leq P3i \leq 7$	6 to 7 days of assistance	15	$\frac{3}{RN}$ $\frac{3}{LPN}$ 6		

**Communication Restorative**

Lev	MDS items	Description	Unl	Lic	SW	Act
	C4 > 0	Deficit in making self understood				
	AND					

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I	$3 \leq P3j \leq 5$	3 to 5 days of rehab or restorative techniques	10	$\frac{3}{RN}$ $\frac{3}{LPN}$ 6		
II	$6 \leq P3j \leq 7$	6 to 7 days of rehab or restorative techniques	15	$\frac{3}{RN}$ $\frac{3}{LPN}$ 6		

**Other Restorative**

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>P3k=3 or greater</u> <u>AND</u>  <u>Q2 &lt; 2</u> <u>AND</u>  <u>B2a = 0</u> <u>AND</u>  <u>B4 = 0 or 1</u> <u>AND</u>  <u>C6 = 0 or 1</u> <u>AND</u>  <u>S1 = 0</u>	<u>Other Restorative</u>   <u>Improved or no change in care needs</u>  <u>Short term memory okay</u>  <u>Cognitive skills for decision making</u>  <u>Ability to understand others</u>  <u>Does not meet IDPH Subpart S criteria</u>	<u>6</u>	<u>5</u> <u>RN</u> <u>5</u> <u>LPN</u>		
<u>II</u>	<u>P3k = 3 or greater</u> <u>AND</u>  <u>Q1c = 1 or 2</u> <u>AND</u>	<u>Other restorative</u>   <u>Stay projected to be of a short duration – discharge expected to be within 90 days</u>	<u>6</u>	<u>7.5</u> <u>RN</u> <u>7.5</u> <u>LPN</u>		

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<u>Q2 &lt; 2</u> <u>AND</u>	<u>Improved or no change in care needs</u>				
<u>P1ar = 1</u> <u>AND</u>	<u>Provide training to return to the community</u>				
<u>B2a = 0</u> <u>AND</u>	<u>Short-term memory</u>				
<u>B4 = 0 or 1</u> <u>AND</u>	<u>Cognitive skills for decision making</u>				
<u>C6 = 0 or 1</u> <u>AND</u>	<u>Ability to understand others</u>				
<u>S1 = 0</u>	<u>Does not meet IDPH Subpart S criteria</u>				

Other Restorative shall only be reimbursed for a total of two quarters regardless of the level.

Lev	MDS items	Description	Unl	Lie	SW	Act
	<u>Q1c=1 or 2</u>  <u>And Q2 &lt; 2</u>  <u>And P1ar = 1</u>	<u>Stay projected to be within 90 days</u>  <u>Improved or no change in care needs</u>  <u>Provide training to return to community</u>				
	<u>AND</u>					
I	<u>3 ≤ P3k ≤ 5</u>	<u>3 to 5 days of rehab or restorative techniques</u>	10	6		
H	<u>6 ≤ P3k ≤ 7</u>	<u>6 to 7 days of rehab or restorative techniques</u>	15	6		

Scheduled ToiletingContinence

Lev	MDS items	Description	Unl	Lic	SW	Act
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I	<p><u>H3a = 1</u> <u>AND</u></p> <p><u>H3b = 0</u> <u>AND</u></p> <p><u>H3d = 0</u> <u>AND</u> <del>And</del></p> <p><del>(H1b &gt; 1 or</del> <u>GliA &gt; 1 and</u> <u>&lt;8GliA &lt; 1)</u></p>	<p>Any scheduled toileting plan</p> <p>No <u>bladder retraining program</u></p> <p>No <u>indwelling catheter</u></p> <p>Incontinent at least 2 or more times a week</p> <p><u>Self-performance Self-Performance</u> = limited to total assistance</p>	22	<p><u>1.5</u> <u>RN</u> <u>1.5</u> <u>LPN</u> <u>3</u></p>		
H	<p>H3b = 1 and H1b &gt; 1</p> <p>OR</p> <p>H3b = 1 and (H1b ≤ 1 and H4 = 1)</p>	<p>Bladder retraining program</p> <p>Incontinent at least 2 or more times a week</p> <p>Bladder retraining program for one quarter</p> <p>Residents continence has improved in last 90 days</p>	22	8		
			22	8		

4) **Medical Services**

Contenance Care

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
I	<p><u>Catheter Care</u></p> <p><u>H3d = 1</u> <u>AND</u></p>	<p><u>Indwelling catheter present</u></p>	12	<p><u>.5</u> <u>RN</u> <u>.5</u> <u>LPN</u></p>		

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	<u>H3a = 0</u>	<u>No scheduled toileting plan</u>				
<u>II</u>	<u>Bladder Retraining</u>					
	<u>H3b = 1</u> <u>AND</u>	<u>Bladder retraining program</u>	<u>32</u>	<u>5</u> <u>RN</u> <u>5</u> <u>LPN</u>		
	<u>H3a = 0</u> <u>AND</u>	<u>No scheduled toileting plan</u>				
	<u>H1b &gt; 1</u> <u>AND</u>	<u>Incontinent at least 2 or more times a week</u>				
	<u>B4 = 0 or 1</u> <u>OR</u>	<u>Cognitive skills for decision making</u>				
	<u>H3b = 1</u> <u>AND</u>	<u>Bladder retraining program</u>				
	<u>H3a = 0</u> <u>AND</u>	<u>No scheduled toileting plan</u>				
	<u>H1b &lt; 1</u> <u>AND</u>	<u>Bladder continence</u>				
	<u>H4 = 1</u> <u>AND</u>	<u>Change in continence</u>				
	<u>B4 = 0 or 1</u>	<u>Cognitive skills in decision making</u>				

Bladder scanners cannot be the sole content of the program. Continenence Care – Level II (Bladder Retraining) shall only be reimbursed for two quarters.

Pressure Ulcer Prevention

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>M3 = 1 or</u>	<u>History of resolved ulcers in last 90 days</u>	<u>15</u>	<u>4</u> <u>RN</u> <u>4</u> <u>LPN</u>		

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<u>Any two of:</u>					
<u>M5a</u>	<u>Pressure relieving devices for chair</u>				
<u>M5b</u>	<u>Pressure relieving devices for bed</u>				
<u>M5c</u>	<u>Turning or repositioning program</u>				
<u>M5d</u>	<u>Nutrition or hydration intervention for skin</u>				
<u>M5i</u>	<u>Other prevention for skin (other than feet)</u>				

Moderate Skin Care/Intensive Skin Care

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>		<u>Moderate Skin Care Services</u>	<u>5</u>	<u>5</u>		
	<u>M1a &gt; 0 or</u>	<u>Stage 1 ulcers</u>		<u>5</u>		
				<u>LPN</u>		
	<u>M1b &gt; 0 or</u>	<u>Stage 2 ulcers</u>				
	<u>Any of:</u>	<u>Other Skin Problems (below):</u>				
	<u>M4a = 1</u>	<u>Abrasions, bruises</u>				
	<u>M4b = 1</u>	<u>Burns</u>				
	<u>M4c = 1</u>	<u>Open lesions other than ulcers</u>				
	<u>M4d = 1</u>	<u>Rashes</u>				
	<u>M4e = 1</u>	<u>Skin desensitized to pain or pressure</u>				
	<u>M4f = 1</u>	<u>Skin tears or cuts (other than surgery)</u>				
	<u>M4g = 1</u>	<u>Surgical wounds</u>				
	<u>AND</u>					

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	<p><u>4 of the following:</u></p> <p><u>M5a = 1</u></p> <p><u>M5b = 1</u></p> <p><u>M5c = 1</u></p> <p><u>M5d = 1</u></p> <p><u>M5e = 1</u></p> <p><u>M5f = 1</u></p> <p><u>M5g = 1</u></p> <p><u>M5h = 1</u></p> <p><u>M5i = 1</u></p> <p><u>OR</u></p> <p><u>(M6b = 1 or</u></p> <p><u>M6c = 1)</u></p> <p><u>AND</u></p> <p><u>M6f = 1</u></p>	<p><u>Skin Treatments (below):</u></p> <p><u>Pressure relieving devices for chair</u></p> <p><u>Pressure relieving devices for bed</u></p> <p><u>Turning or repositioning program</u></p> <p><u>Nutrition or hydration intervention for skin</u></p> <p><u>Ulcer care</u></p> <p><u>Surgical wound care</u></p> <p><u>Application of dressings (other than feet)</u></p> <p><u>Application of ointments (other than feet)</u></p> <p><u>Other prevention for skin (other than feet)</u></p> <p><u>Infection of the foot</u></p> <p><u>Open lesion of the foot</u></p> <p><u>And application of a dressing</u></p>				
<p><u>II</u></p>	<p><u>M1c &gt; 0 or</u></p> <p><u>M1d &gt; 0</u></p> <p><u>AND</u></p> <p><u>4 of the following:</u></p> <p><u>M5a = 1</u></p>	<p><u>Intensive Skin Care Services</u></p> <p><u>Stage 3 ulcers</u></p> <p><u>Stage 4 ulcers</u></p> <p><u>Skin Treatments (below):</u></p> <p><u>Pressure relieving devices for chair</u></p>	<p><u>5</u></p>	<p><u>15</u></p> <p><u>RN</u></p> <p><u>15</u></p> <p><u>LPN</u></p>		

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<u>M5b = 1</u>	<u>Pressure relieving devices for bed</u>				
<u>M5c = 1</u>	<u>Turning or repositioning program</u>				
<u>M5d = 1</u>	<u>Nutrition or hydration intervention for skin</u>				
<u>M5e = 1</u>	<u>Ulcer care</u>				
<u>M5f = 1</u>	<u>Surgical wound care</u>				
<u>M5g = 1</u>	<u>Application of dressings (other than feet)</u>				
<u>M5h = 1</u>	<u>Application of ointments (other than feet)</u>				
<u>M5i = 1</u>	<u>Other prevention for skin (other than feet)</u>				

Ostomy Services

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>P1af = 1</u>	<u>Ostomy care performed</u>	<u>5</u>	<u>2.5</u> <u>RN</u> <u>2.5</u> <u>LPN</u>		

IV Therapy

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>P1ac = 1</u> or  <u>K5a = 1</u> <u>AND</u> <u>P1ae = 1</u>	<u>IV medication</u>   <u>Parenteral/IV nutrition</u>  <u>Monitoring acute medical condition</u>	<u>1</u>	<u>15</u> <u>RN</u> <u>15</u> <u>LPN</u>		

Injections

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<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>O3 ≥ 2</u>	<u>Number of injections in last 7 days</u>		<u>3</u> <u>RN</u> <u>3</u> <u>LPN</u>		

**Oxygen Therapy**

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>P1ag = 1</u>	<u>Oxygen therapy administered in last 14 days</u>	<u>9</u>	<u>7.5</u> <u>RN</u> <u>7.5</u> <u>LPN</u>		

**Chemotherapy**

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>P1aa = 1</u>	<u>Chemotherapy given</u>	<u>1</u>	<u>5</u> <u>RN</u> <u>5</u> <u>LPN</u>		

**Dialysis**

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>P1ab = 1</u>	<u>Dialysis given</u>	<u>1</u>	<u>5</u> <u>RN</u> <u>5</u> <u>LPN</u>	<u>2</u>	

**Blood Glucose Monitoring**

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>I1a = 1</u> <u>AND</u>	<u>Diabetes mellitus</u>		<u>1</u> <u>RN</u> <u>1</u>		

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	<u>K5e = 1 or</u> <u>K5f = 1 or</u> <u>O3 = 7</u>	<u>Therapeutic diet</u> <u>Dietary supplement</u> <u>Injections daily</u>		<u>LPN</u>		
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End Stage Care

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
I	J5c = 1	End stage disease, 6 or fewer months to live  <u>Restoratives including scheduled toileting and bladder retraining sets to level '0' except AROM, PROM, splint/brace. Limit of 4 quarters</u>	10	6 RN 6 LPN	8	

If End Stage Care has been scored, Discharge Planning shall be set to zero.

Infectious Disease

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
I	<u>I2a = 1 or</u>  <u>I2b = 1 or</u> <u>I2e = 1 or</u> <u>I2g = 1 or</u> <u>I2i = 1 or</u> <u>I2j = 1 or</u> <u>I2k = 1 or</u>	<u>Antibiotic resistant infection</u>  <u>Clostridium Difficile</u> <u>Pneumonia</u> <u>Septicemia</u> <u>TB</u> <u>Urinary Tract infection present</u> <u>Viral hepatitis</u>	<u>18</u>	<u>8.5</u> <u>RN</u> <u>8.5</u> <u>LPN</u>	<u>1</u>	

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<u>12l = 1 or</u>	<u>Wound infection</u>				
<u>I3 = ICD9 code</u> <u>041.01,133.0</u>	<u>Streptococcus Group A, scabies</u>				

Acute Medical Conditions

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>J5b = 1</u> <u>AND</u>	<u>Acute episode or flare-up of</u> <u>chronic condition</u>	<u>1</u>	<u>11.5</u> <u>RN</u> <u>11.5</u> <u>LPN</u>	<u>1</u>	
	<u>P1ae = 1</u> <u>AND</u>	<u>Monitoring acute medical</u> <u>condition</u>				
	<u>P1ao = 0</u> <u>OR</u>	<u>Not hospice care</u>				
	<u>(J5a = 1</u> <u>AND</u>	<u>Condition makes resident's</u> <u>cognitive, ADL, mood or behavior</u> <u>patterns unstable</u>				
	<u>P1ao = 0</u> <u>AND</u>	<u>Not hospice care</u>				
	<u>P1ae = 1)</u> <u>OR</u>	<u>Monitoring acute medical</u> <u>condition</u>				
	<u>(B5a = 2 or</u>	<u>Easily distracted over last 7 days</u>				
	<u>B5b = 2 or</u>	<u>Periods of altered perceptions or</u> <u>awareness of surroundings over</u> <u>last 7 days</u>				
	<u>B5c = 2 or</u>	<u>Episodes of disorganized speech</u> <u>over last 7 days</u>				
	<u>B5d = 2 or</u>	<u>Periods of restlessness over last 7</u> <u>days</u>				
	<u>B5e = 2 or</u>	<u>Periods of lethargy over last 7</u> <u>days</u>				

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<u>B5f = 2)</u> <u>AND</u>	<u>Mental function varies over course of day in last 7 days</u>				
<u>P1ae = 1</u> <u>AND</u>	<u>Monitoring acute medical condition</u>				
<u>P1ao = 0</u>	<u>Not hospice care</u>				

Pain Management

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>J2a &gt; 0</u> <u>AND</u>	<u>Demonstrate or complain of pain</u>	<u>4</u>	<u>4</u> <u>RN</u> <u>4</u> <u>LPN</u>	<u>1</u>	<u>1</u>
	<u>J2b &gt; 0</u>	<u>Mild to excruciating intensity</u>				

**Discharge Planning**

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>Q1c = 1 or 2</u> <u>AND</u> <u>And</u>	<u>Stay projected to be of short duration – discharge expected to be within 90 days</u>		<u>8</u> <u>RN</u> <u>8</u> <u>LPN</u> <u>16</u>	<u>16</u>	
	<u>Q2 &lt; 2</u> <u>AND</u> <u>And</u>	<u>Improved or no change in care needs</u>				
	<u>P1ar = 1</u> <u>AND</u> <u>SI=0</u>	<u>Provide training to return to community</u> <u>Does not meet IDPH Subpart S criteria</u>				

Discharge ~~Planning~~ shall only be reimbursed for two quarters. Discharge Planning shall not be scored if End Stage Care has been scored.

**End Stage Care**

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Lev	MDS items	Description	Unl	Lie	SW	Act
I	J5e-1	End stage disease, 6 or fewer months to live  Restoratives set to level '0' except AROM, PROM, Splint/Brace: limit of 4 quarters	10	12	8	

**Pain Management**

Lev	MDS items	Description	Unl	Lie	SW	Act
I	J2a > 0 And J2b > 1	Demonstrate or complain of pain  Moderate to excruciating intensity	4	8	1	1

**Infectious Disease**

Lev	MDS items	Description	Unl	Lie	SW	Act
I	I2a = 1 or I2b = 1 or I2i = 1 or I2k = 1 or I2e = 1 or I2g = 1 or I2l = 1 or I3 = ICD9 code 041.01,133.0	Antibiotic resistant infection  Clostridium Difficile  TB  Viral Hepatitis  Pneumonia  Septicemia  Wound Infection  Streptococcus Group A, Scabies	18	17	1	

**Acute Medical Conditions**

Lev	MDS items	Description	Unl	Lie	SW	Act
I	J5b = 1 and  P1ae = 1 and	Acute episode or flare-up of chronic condition  Monitoring acute medical condition	1	23	1	

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<del>P1ao = 0 or (J5a = 1 and P1ao = 0 and P1ae = 1) and  (B5a = 2 or B5b = 2 or B5e = 2 or B5d = 2 or B5e = 2 or B5f = 2)</del>	<del>Not Hospice care  Condition makes resident's cognitive, ADL, mood or behavior patterns unstable  Not Hospice care  Monitoring acute medical condition  Easily distracted over last 7 days  Periods of altered perceptions or awareness of surroundings over last 7 days  Episodes of disorganized speech over last 7 days  Periods of restlessness over last 7 days  Periods of lethargy over last 7 days  Mental function varies over course of day in last 7 days</del>
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**Nutrition**

Lev	MDS items	Description	Unl	Lic	SW	Act
I	<del>K5h = 1 <u>OR</u>  K5f = 1</del>	<del>On a planned weight change program  <u>Dietary supplement given between meals</u></del>	<del>4</del>	<del><u>1.5</u> <u>RN</u> <u>1.5</u> <u>LPN</u><sup>3</sup></del>	<del>1</del>	
II	K5b = 1 and	Tube feeding in last 7 days	0	<u>11</u> <u>RN</u>	1	

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				$\frac{11}{LPN}$ $\frac{22}{22}$		
	Intake = 1	See below				
	Intake = 1 if					
	K6a = 3 or	Parenteral/ enteral intake 51-75% of total calories				
	K6a = 4	Parenteral/enteral intake 76-100% of total calories				
	Or Intake = 1 if					
	K6a = 2 and	Parenteral/enteral intake <del>26</del> 25-50% of total calories				
	K6b = 2 or	Average fluid intake by IV or tube is 501-1000 cc/day				
	K6b = 3 or	Average fluid intake by IV or tube is 1001-1500 cc/day				
	K6b = 4 or	Average fluid intake by IV or tube is 1501-2000 cc/day				
	K6b = 5	Average fluid intake by IV or tube is <del>200</del> 1 or more cc/day <del>over 2000</del> cc/day				

~~Skin Care Programs — only the highest qualifying level of the moderate skin intensity or intensive skin care applies~~

~~Decubitus Prevention~~

Lev	MDS items	Description	Unl	Lie	SW	Act
	<del>M3 = 1 or</del>	<del>History of resolved ulcers in last 90 days</del>	15	8		
	<del>Any two of:</del>					
	<del>M5a</del>	<del>Pressure relieving device(s) for chair</del>				

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M5b	Pressure relieving device(s) for bed
M5e	Turning or repositioning program
M5d	Nutrition or hydration intervention for skin
M5i	Other prevention for skin (other than feet)

~~Moderate Skin Intensity Services or Ostomy Care Services~~

Lev	MDS items	Description	Unl	Lie	SW	Act
I	M1a > 0 or M1b > 0 or Any of: M4a M4b M4e M4d M4e M4f M4g And any of: M5a M5b M5e M5d M5e	Stage 1 ulcers Stage 2 ulcers Other Skin Problems (below): Abrasions, bruises Burns Open lesions other than ulcers Rashes Skin desensitized to pain or pressure Skin tears or cuts (other than surgery) Surgical wounds Skin Treatments (below): Pressure relieving device(s) for chair Pressure relieving device(s) for bed Turning or repositioning program Nutrition or hydration intervention for skin Ulcer care	5	10		

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<del>M5f</del>	<del>Surgical wound care</del>
<del>M5g</del>	<del>Application of dressings (other than feet)</del>
<del>M5h</del>	<del>Application of ointments (other than feet)</del>
<del>M5i</del>	<del>Other prevention for skin (other than feet)</del>
<del>OR</del>	
<del>(M6b = 1 or</del>	<del>Infection of the foot</del>
<del>M6c = 1) and</del>	<del>Open lesion of the foot</del>
<del>M6f = 1 or</del>	<del>And application of a dressing</del>
<del>P1af = 1</del>	<del>Provide ostomy care in last 14 days</del>
	<del>Set Intensive Skin Care Services to zero</del>

~~Intensive Skin Care Services~~

Lev	MDS items	Description	Unl	Lie	SW	Aet
H	M1c > 0 or	Stage 3 ulcers	5	30		
	M1d > 0	Stage 4 ulcers				
	And any of:	Skin Treatments (below):				
	M5a	Pressure relieving device(s) for chair				
	M5b	Pressure relieving device(s) for bed				
	M5c	Turning or repositioning program				
	M5d	Nutrition or hydration intervention for skin				
	M5e	Ulcer care				
	M5f	Surgical wound care				

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M5g	Application of dressings (other than feet)
M5h	Application of ointments (other than feet)
M5i	Other prevention for skin (other than feet)
	Set Moderate Skin Intensity Services to zero

**IV Therapy**

Lev	MDS items	Description	Unl	Lie	SW	Act
I	P1ac = 1 or K5a = 1	IV medication in last 14 days Nutrition via parenteral/IV in last 7 days	9	30		

**Injections**

Lev	MDS items	Description	Unl	Lie	SW	Act
I	O3 > 0	Number of injections in last 7 days		6		

**Oxygen Therapy**

Lev	MDS items	Description	Unl	Lie	SW	Act
I	P1ag = 1	Oxygen therapy administered in last 14 days	9	15		

**Extensive Respiratory Services**

Lev	MDS items	Description	Unl	Lie	SW	Act
I	P1ai = 1 or	Performed suctioning in last 14 days	15	30		

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<u>P1aj = 1</u>	<del>Administered tracheostomy care in last 14 days</del>
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**Hydration**

Lev	MDS items	Description	Unl	Lic	SW	Act
I	H2b = 1 or  <u>ICD9 = 564.00 or 564.7 AND</u> <u>K5a = 0 AND</u> <u>K5b = 0 OR</u> Any two of the following conditions: <u>1 ≤ O4e ≤ 7 or</u> <u>J1o = 1 or</u> <u>I3 a,b,c,d,e = 276.5 or 276.50 or 276.51 or 276.52 or</u> <u>I2j = 1 or</u> <u>J1c = 1 or</u>	<del>Constipation</del>  <u>Constipation</u>  <u>No parenteral/IV</u>  <u>No feeding tube</u>  Received a diuretic medication in last 7 days  <u>Vomiting</u>  <del>Volume depletion, dehydration</del> <u>Volume depletion, unspecified</u> <u>Dehydration</u> <u>Hypovolemia</u>  Urinary <del>tract infection</del> <u>Tract Infection</u> in last 30 days  Dehydrated	15	<u>3.5</u> <u>RN</u> <u>3.5</u> <u>LPN</u> <u>7</u>		1

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J1d = 1 <u>or</u>	Did not consume most fluids provided (3 days)				
J1h = 1 <u>or</u>	Fever				
J1j = 1 <u>AND</u> <del>and</del>	Internal bleeding				
K5a <del>b</del> = 0 <u>AND</u>	Not have parenteral/IV <del>or</del> feeding tube				
<u>K5b = 0</u>	<u>No feeding tube</u>				

5) **Mental Health Services**—~~only the highest qualifying score of the three services applies~~

**Psychosocial Adaptation Services**

Lev	MDS items	Description	Unl	Lic	SW	Act
I	(P2a = 1 or  P2b = 1 or  P2c = 1 or  P2d = 1) <u>AND</u> <del>and</del>	Behavior symptom evaluation	12	<u>3 RN</u> <u>3</u> <u>LPN</u> <u>6</u>	8	2
	Any E1a-p > 0 or F1g = 1 or	Indicators of depression  No indicators of psychosocial well-being				
	Any F2a-g = 1 or	Any unsettled relationships				
	Any F3a-c = 1 or	Issues with past roles				
	E4aA > 0 or	Wandering in last 7 days				
	E4bA > 0 or	Verbally abusive in last 7 days				
	E4cA > 0 or	Physically abusive in last 7 days				

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E4dA > 0 or	Inappropriate or disruptive behavior in last 7 days				
E4eA > 0 or	Resisted care in last 7 days				
<u>J1e = 1</u> or	<u>Delusions</u>				
<u>J1i = 1</u>	<u>Hallucinations</u>				

Psychotropic Medication Monitoring

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>O4a = 7</u> or	<u>Antipsychotic meds</u>	<u>5</u>	<u>2.5</u> <u>RN</u> <u>2.5</u> <u>LPN</u>		
	<u>O4b = 7</u> or	<u>Antianxiety meds</u>				
	<u>O4c = 7</u> or	<u>Antidepressant meds</u>				
	<u>O4d = 7</u>	<u>Hypnotic meds</u>				

Psychiatric Services (Section S)

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>S1 = 1</u> <u>AND</u>	<u>Meets IDPH Subpart S criteria</u>	<u>6</u>	<u>1.5</u> <u>RN</u> <u>1.5</u> <u>LPN</u>	<u>10</u>	
	<u>ADL Index = 4</u> <u>AND</u>	<u>Activities of Daily Living</u> <u>Composite Score = 15-29</u>				
	<u>One or more of the following are coded M1c or M1d &gt;0</u> or	<u>Stage 3 or stage 4 ulcers</u>				
	<u>K5b = 1</u> <u>or</u>	<u>Feeding tube</u>				

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	<u>K5a = 1</u> <u>or</u> <u>Plab = 1</u> <u>or</u> <u>J5c = 1</u> <u>or</u> <u>Plaa = 1</u> <u>or</u> <u>Plaj = 1</u> <u>or</u> <u>Plal = 1</u> <u>AND</u> <u>Psychiatric</u> <u>Services Level II,</u> <u>Level III, Level IV</u> <u>skills training,</u> <u>close and constant</u> <u>observation,</u> <u>dressing/grooming</u> <u>and other</u> <u>restorative,</u> <u>cognitive</u> <u>performance,</u> <u>dementia care unit</u> <u>and discharge</u> <u>planning reset to</u> <u>zero</u>	<u>Parenteral/IV</u>  <u>Dialysis</u>  <u>End Stage Disease</u>  <u>Chemotherapy</u>  <u>Tracheostomy Care provided</u>  <u>Ventilator</u>				
II	<u>S1 = 1</u> <u>AND</u>	<u>Meets IDPH Subpart S criteria</u>	<u>13</u>	<u>2.5</u> <u>RN</u> <u>2.5</u> <u>LPN</u>	<u>20</u>	
	<u>S8 = 1</u> <u>AND</u>  <u>Dressing/grooming</u> <u>and other</u> <u>restorative,</u> <u>cognitive</u> <u>performance, and</u> <u>dementia care unit</u>	<u>Ancillary provider services</u> <u>delivered by non-facility</u> <u>providers</u>				

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	<u>and discharge planning reset to zero</u>					
<u>III</u>	<u>SI = 1</u> <u>AND</u>  <u>ADL Index=3 or 4</u> <u>AND</u> <u>(AA3-A3a)/365.25 &gt; 65</u> <u>AND</u>	<u>Meets IDPH Subpart S criteria</u>  <u>ADL composite score between 12-29</u> <u>Resident is 65 years of age or older at time of the assessment reference date</u>	<u>13</u>	<u>4.5 RN</u> <u>4.5 LPN</u>	<u>20</u>	
	<u>Dressing/grooming and other restorative, cognitive performance, and dementia care unit and discharge planning reset to zero</u>					
<u>IV</u>	<u>SI = 1</u> <u>AND</u>  <u>S8 = 0</u> <u>AND</u> <u>Dressing/grooming and other restorative, cognitive performance, and dementia care unit and discharge planning reset to zero</u>	<u>Meets IDPH Subpart S criteria</u>  <u>Ancillary provider services delivered by facility providers</u>	<u>16</u>	<u>5 RN</u> <u>5 LPN</u>	<u>25</u>	

**Skills Training – Section S**

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
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<u>I</u>	<u>S5 = 1</u> <u>AND</u>  <u>S1 = 1</u>	<u>Skills training provided</u>  <u>Meets IDPH Subpart S criteria</u>	<u>6</u>	<u>6 RN</u> <u>6</u> <u>LPN</u>	<u>8</u>	<u>6</u>
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Close or Constant Observation – Section S

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>S5 ≥ 1</u> <u>AND</u>  <u>S1 = 1</u>	<u>Close or constant observation</u>  <u>Meets IDPH Subpart S criteria</u>	<u>6</u>	<u>2 RN</u> <u>2</u> <u>LPN</u>	<u>5</u>	

6) Dementia Services**Cognitive Impairment/Memory Assistance Services**

<u>Lev</u>	<u>CPS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>CPS = 2</u> <u>AND</u>  <u>S1 = 0</u>	<u>Cognitive performance scale of 2</u>  <u>Does not meet IDPH Subpart S criteria</u>	<u>6</u>			<u>4</u>
<u>II</u>	<u>CPS = 3 or 4</u> <u>AND</u>  <u>S1 = 0</u>	<u>Cognitive performance scale is 3 or 4 of ≥ 3</u>  <u>Does not meet IDPH Subpart S criteria</u>	16	<u>3 RN</u> <u>3</u> <u>LPN</u> <u>6</u>	11	10
<u>III</u>	<u>CPS = 5 or 6</u> <u>AND</u>  <u>S1 = 0</u>	<u>Cognitive performance scale is 5 or 6 of ≥ 5</u>  <u>Does not meet IDPH Subpart S criteria</u>	21	<u>5.5 RN</u> <u>5.5</u> <u>LPN</u> <u>44</u>	16	15

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**Cognitive Performance Scale Codes**

Scale	Description
0	Intact
1	Borderline Intact
2	Mild Impairment
3	Moderate Impairment
4	Moderate Severe Impairment
5	Severe Impairment
6	Very Severe Impairment

**Impairment Count for the Cognitive Performance Scale**

I code	MDS items	Description
		Note: None of B2a, B4, or C4 can be missing
IC 1	B2a = 1	Memory problem
IC 2	B4 = 1 or 2	Some dependence in cognitive skills
IC 3	$1 \leq C4 \leq 3$	Usually understood Difficulty finding words to rarely or never understood

**Severe Impairment Count for the Cognitive Performance Scale**

I code	MDS items	Description
		Note: None of B2a, B4, or C4 can be missing
SIC 0	Below not met	
SIC 1	B4 = 2	Moderately impaired in cognitive skills
SIC 2	C4 = 2 or 3	Sometimes understood to rarely or never understood

**Cognitive Performance Scale**

Scale	MDS items	Description
Coma	N1a = 0 and	Awake all or most of the time in the morning
	N1b = 0 and	Awake all or most of the time in the afternoon

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6	N1c = 0 and B1 = 1 and G1aA = 4 or 8 And G1bA = 4 or 8 And G1hA = 4 or 8 And G1iA = 4 or 8 And Not (B4 = 0,1, 2)	Awake all or most of the time in the evening Is comatose Bed-Mobility Self-Performance = total dependence or did not occur Transfer Self-Performance = total dependence or did not occur Eating Self-Performance = total dependence or did not occur Toilet Use Self-Performance = total dependence or did not occur Not have cognitive skills independent to moderately impaired
6	B4 = 3 And G1hA = 4 or 8	Cognitive skills severely impaired Eating Self-Performance = total dependence or did not occur
5	B4 = 3 And G1hA = - or ≤ 3	Cognitive skills severely impaired Eating Self-Performance = missing to extensive assistance
4	If IC code = 2 or 3  And SIC code = 2	Some dependence in cognitive skills <del>Usually understood</del> Difficulty finding words to rarely or never understood Sometimes understood to rarely or never understood
3	If IC code = 2 or 3  And SIC code = 1 If IC code = 2 or 3	Some dependence in cognitive skills <del>Usually understood</del> Difficulty finding words to rarely or never understood Moderately impaired in cognitive skills Some dependence in cognitive skills <del>Usually understood</del> Difficulty finding words to rarely or never understood
2	And SIC code = 0	Better than moderate cognition skills and usually can be understood
1	If IC code = 1	Memory problem

**Dementia Care Unit**

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
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DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

<p><u>I</u></p>	<p><u>P1an = 1</u> <u>AND</u></p> <p><u>I1q = 1 or</u></p> <p><u>I1u = 1</u> <u>AND</u></p> <p><u>S1 = 0</u> <u>AND</u></p> <p><u>CPS 2,3,4,5</u> <u>AND</u></p> <p><u>Dementia care</u> <u>unit is IDPH</u> <u>certified</u></p>	<p><u>Alzheimer's/Dementia special</u> <u>care unit</u></p> <p><u>Alzheimer's Disease</u></p> <p><u>Dementia other than Alzheimer's</u></p> <p><u>Does not meet IDPH Subpart S</u> <u>criteria</u></p> <p><u>CPS score</u></p>	<p><u>15</u></p>	<p><u>4 RN</u> <u>4</u> <u>LPN</u></p>	<p><u>10</u></p>	<p><u>10</u></p>
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Psychiatric Rehabilitation Services

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lie</u>	<u>SW</u>	<u>Aet</u>
<p><u>IV</u></p>	<p><u>Hdd = 1 or</u></p> <p><u>Hff = 1 or</u></p> <p><u>Hgg = 1 or</u></p>	<p><u>Anxiety Disorder</u></p> <p><u>Manic-depression (bipolar)</u></p> <p><u>Schizophrenia</u></p>	<p><u>20</u></p>	<p><u>10</u></p>	<p><u>20</u></p>	
	<p><u>H1e = 1 or</u></p> <p><u>H1i = 1</u></p>	<p><u>Delusions in last 7 days</u></p> <p><u>Hallucinations in last 7 days</u></p>				
<p><u>V</u></p>	<p><u>If above And</u></p> <p><u>E4aA &gt; 1 or</u></p> <p><u>E4bA &gt; 1 or</u></p> <p><u>E4cA &gt; 1 or</u></p> <p><u>E4dA &gt; 1 or</u></p> <p><u>E4eA &gt; 1 or</u></p>	<p><u>Wandering in last 7 days</u></p> <p><u>Verbally abusive in last 7 days</u></p> <p><u>Physically abusive in last 7 days</u></p> <p><u>Inappropriate or disruptive</u> <u>behavior in last 7 days</u></p> <p><u>Resisted care in last 7 days</u></p>	<p><u>24</u></p>	<p><u>12</u></p>	<p><u>30</u></p>	<p><u>5</u></p>

7) Exceptional Care Services

Respiratory Services

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF ADOPTED AMENDMENTS

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>P1ai = 1 or</u>  <u>P1aj = 1 or</u> <u>P1bdA = 7</u>	<u>Perform suctioning</u>  <u>Administered trach care</u> <u>Respiratory therapy</u>	<u>5</u>	<u>15</u> <u>RN</u> <u>15</u> <u>LPN</u>		
<u>II</u>	<u>P1ai = 1</u> <u>AND</u>  <u>P1aj = 1</u> <u>AND</u> <u>P1bdA &gt; 0</u>	<u>Performed suctioning</u>  <u>Administered trach care</u>  <u>Respiratory therapy</u>	<u>5</u>	<u>22.5</u> <u>RN</u> <u>22.5</u> <u>LPN</u>		

A \$50.00 add-on cost will be applied to all residents receiving trach care.

**Ventilator Care**

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>P1a1 = 1</u>	<u>Receiving ventilator care</u>	<u>5</u>	<u>35</u> <u>RN</u> <u>35</u> <u>LPN</u>		

A \$150.00 add-on cost shall be applied to all residents receiving ventilator care. The trach add-on cost shall not be included.

**Weaning From Ventilator**

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>P1a1 = 0 on</u> <u>current MDS</u> <u>AND</u>	<u>Resident no longer on ventilator</u>	<u>5</u>	<u>15</u> <u>RN</u> <u>15</u> <u>LPN</u>		

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF ADOPTED AMENDMENTS

<u>P1a1 = 1 on previous MDS</u>	<u>Resident previously on ventilator</u>				
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Morbid Obesity

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
I	<u>I3 = 278.01</u> <u>AND</u>	<u>ICD9 for morbid obesity is marked</u>	<u>20</u>	<u>7.5</u> <u>RN</u> <u>7.5</u> <u>LPN</u>	<u>5</u>	
	<u>K5e = 1</u> <u>AND</u>	<u>On a therapeutic diet</u>				
	<u>K5h = 1</u> <u>AND</u>	<u>On planned weight change program</u>				
	<u>G1aA = 3</u> <u>and</u>	<u>Extensive assist</u>				
	<u>G1aB=3</u> <u>or</u>	<u>Requires 2+ assist with bed mobility</u>				
	<u>G1bA=3</u> <u>and</u>	<u>Extensive assist</u>				
	<u>G1bB=3</u> <u>or</u>	<u>Requires 2+ assist with transfers</u>				
	<u>G1cA=3</u> <u>and</u>	<u>Extensive assist</u>				
	<u>G1cB=3</u> <u>AND</u>	<u>Requires 2+ assist with walk in room</u>				
	<u>P3d=7</u> <u>or</u>	<u>On bed mobility restorative</u>				
	<u>P3e=7</u> <u>or</u>	<u>On transfer restorative</u>				
	<u>P3f = 7</u>	<u>On walking restorative</u>				

A \$40.00 add-on shall be applied to all residents meeting the Morbid Obesity category.

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF ADOPTED AMENDMENTS

Complex Wounds

There are no minutes assigned to this area. It is strictly a \$15.00 add-on applied to residents meeting the following criteria.

<u>MDS item</u>	<u>Description</u>
<u>M1c or M1d ≥ 0</u>	<u>Presence of stage 3 or 4 PU</u>
<u>AND</u>	
<u>M2a ≥ 0 or</u>	<u>Type of ulcer, pressure</u>
<u>M2b ≥ 0</u>	<u>Type of ulcer, stasis</u>
<u>AND</u>	
<u>B1 = 1 or</u>	<u>Comatose</u>
<u>G1Aa = 3 or 4 or</u>	<u>Bed mobility (extensive)</u>
<u>G1Ab = 3 or 4</u>	<u>Transfer (extensive)</u>
<u>AND any 3 of the follow:</u>	
<u>ICD 9 codes of (260, 261, 262, 263.0, 263.1, 263.2, 263.8, 263.9)</u>	<u>ICD 9-Malnutrition</u>
<u>ICD 9 585</u>	<u>ESRD</u>
<u>I1a = 1</u>	<u>Diabetes Mellitus</u>
<u>I1qq = 1</u>	<u>Renal Failure</u>
<u>I1j = 1</u>	<u>Peripheral vascular disease</u>
<u>I1x = 1</u>	<u>Paraplegia</u>
<u>I1z = 1</u>	<u>Quadriplegia</u>
<u>I1w = 1</u>	<u>Multiple Sclerosis</u>
<u>J5c = 1</u>	<u>End stage disease</u>
<u>H1a = 4</u>	<u>Incontinence of bowel</u>
<u>H1b = 4</u>	<u>Incontinence of bladder</u>
<u>J1c = 1</u>	<u>Dehydration</u>
<u>G6a = 1</u>	<u>Bedfast</u>
<u>J2a = 2</u>	<u>Pain daily</u>
<u>M3 = 1</u>	<u>History of resolved ulcers</u>
<u>AND all of the following:</u>	

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF ADOPTED AMENDMENTS

<u>M5a = 1 and/or</u>	<u>Pressure relieving device/chair</u>
<u>M5b = 1</u>	<u>Pressure relieving device/bed</u>
<u>AND</u>	
<u>M5c = 1</u>	<u>Turn and position</u>
<u>AND</u>	
<u>M5d = 1</u>	<u>Nutrition or hydration</u>
<u>AND</u>	
<u>M5e = 1</u>	<u>Ulcer care</u>

**Traumatic Brain Injury**

There are no minutes assigned to this area. It is strictly a \$50.00 add-on applied to residents meeting the following criteria.

<u>MDS item</u>	<u>Description</u>
<u>I1cc = 1</u>	<u>Traumatic brain injury</u>
<u>AND</u>	
<u>B1 = 0</u>	<u>Not comatose</u>
<u>AND</u>	
<u>S1 = 0</u>	<u>Does not meet Subpart S criteria</u>
<u>AND</u>	
<u>E4aA = 3 and E4 a B = 1</u>	<u>Wandering daily and alterability</u>
<u>or</u>	
<u>E4bA = 3 and E4bB = 1</u>	<u>Verbally abusive behavioral symptoms daily and alterability</u>
<u>or</u>	
<u>E4cA = 3 and E4cB = 1</u>	<u>Physically abusive behavioral symptoms daily and alterability</u>
<u>or</u>	
<u>E4dA = 3 and E4dB = 1</u>	<u>Socially inappropriate/disruptive behavioral symptoms daily and alterability</u>
<u>or</u>	
<u>E4eA = 3 and 34eB = 1</u>	<u>Resists care daily and alterability</u>
<u>AND</u>	
<u>P1beA = 0</u>	<u>Psychological therapy</u>
<u>AND</u>	
<u>P2a = 1</u>	<u>Special behavior symptom evaluation</u>
<u>AND</u>	

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF ADOPTED AMENDMENTS

[P2b = 1](#)[Evaluation by a mental health specialist in last 90 days](#)**86) Special Patient Need Factors****Communication**

Count	MDS items	Description	Staff Minutes
I	C4 > 0 or  C6 > 0	Deficit in making self understood  Deficit in understanding others	1% of all staff time accrued in all categories from ADLs through <u>Exceptional CareMental Health</u>

**Vision Problems**

Count	MDS items	Description	Staff Minutes
I	D1 > 0 or  D2a = 1 or  D2b = 1	Vision impaired to Severely impaired  Decreased peripheral vision  Experience halos around lights, light flashes	2% of all staff time accrued in all categories from ADLs through <u>Exceptional CareMental Health</u>

**Accident/Fall Prevention**

Count	MDS items	Description	Staff Minutes
I	<a href="#">I1aa = 1 or</a> <a href="#">O4a-d = 7 or</a> <a href="#">H1b &gt; 0 or</a> <a href="#">J1f = 1 or</a>	<a href="#">Seizure disorder</a> <a href="#">Medications</a> <a href="#">Incontinent urine</a> <a href="#">Dizziness</a>	3% of all staff time accrued in all categories from ADLs through <u>Exceptional CareMental Health</u>

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF ADOPTED AMENDMENTS

<del>G3a &gt; 0</del> or	Unable to maintain position as required for balance test while standing
<del>G3b &gt; 0</del> or	Unable to maintain position as required for balance test while sitting
J4a = 1 or	Fell in past 30 days
J4b = 1 or	Fell in past 31-180 days
J1n = 1 or	Has unsteady gait
E4aA > 0	Wandered in last 7 days

**Restraint Free**

Count	MDS items	Description	Staff Minutes
I	P4c > 1 or	In last assessment: Used trunk restraint daily in last 7 days	2% of all staff time accrued in all categories from ADLs through <u>Exceptional Care</u> <del>Mental Health</del>
	P4d > 1 or	Used limb restraint daily in last 7 days	
	P4e > 1	Used chair that prevents rising daily in last 7 days	
	And	And in current assessment:	
	P4c = 0 and	Not used trunk restraint in last 7 days	
	P4d = 0 and	Not used limb restraint in last 7 days	

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

	P4e = 0	Not used chair that prevents rising in last 7 days	
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**Activities**

Count	MDS items	Description	Staff Minutes
I	<p>N2 = 0 or 1  <del>AND</del>and  <u>Any of the following checked:</u>  <del>(G6a = 1 or</del>                      C4 &gt; 1 or                      C6 &gt; 1 or                      E1o &gt; 0 or  <del>(AA3-a3a) / 365.25</del>                      ≤ 50 or                      E1p &gt; 0 or  <del>E4a-eA &gt; 0 or E4aA</del>                      &gt; 0 or                      E4bA &gt; 0 or</p>	<p><u>Average time involved in activities</u><del>Involved in activities more than 1/2 of time</del>                      Bedfast all or most of the time                      Sometimes <del>too</del>or rarely <del>or never</del> understood                      Sometimes <del>too</del>or rarely <del>or never</del> understands others  <del>Withdrawal</del>Withdraws from <u>activity</u>activities of interest more than 5 days a week  <del>Age is 50 or younger at</del>Resident is 50 years of age or younger at the time of the assessment reference date                      Reduced social <u>interactions</u>interaction  <del>Any behavioral symptoms</del>Wandering in last 7 days  <del>Verbally abusive in last 7 days</del></p>	<p>2% of all staff time accrued in all categories from ADLs through <u>Exceptional Care</u>Mental Health</p>

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF ADOPTED AMENDMENTS

<del>E4cA &gt; 0 or</del>	<del>Physically abusive in last 7 days</del>	
<del>E4dA &gt; 0 or</del>	<del>Inappropriate or disruptive behavior in last 7 days</del>	
<del>E4eA &gt; 0 or</del>	<del>Resisted care in last 7 days</del>	
<del>G4bB &gt; 0 or</del>	<del>Limited ROM voluntary movement of arm</del>	
<del>G4cB &gt; 0 or</del>	<del>Limited ROM voluntary movement of hand</del>	
<del>G4b-dB &gt; 0 )orOR</del>	<del>Any limited ROM Limited ROM voluntary movement of leg</del>	
<del>N2 = 0 or 1 AND</del>	<del>Average time involved in activities</del>	
<del>E2 &gt; 0 ANDand</del>	<del>Mood persistence Indicators of being depressed</del>	
<del>(E1a &gt; 0 or</del>	<del>Negative Made negative statements</del>	
<del>E1n &gt; 0 or</del>	<del>Makes Repetitive repetitive physical movements</del>	
<del>E4eA &gt; 0 or</del>	<del>Resists Resisted care in last 7 days</del>	
<del>E1o &gt; 0 or</del>	<del>Withdraws from activityactivities of interest more than 5 days a week</del>	
<del>E1p &gt; 0 or</del>	<del>Reduced social interaction</del>	

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF ADOPTED AMENDMENTS

<del>E1j &gt; 0 or</del>	<del>Unpleasant mood in morning more than 5 days a week</del>	
<del>N1d = 1 N1d &gt; 0 or</del>	<del>Not awake all or most of the time</del>	
<del>E1g &gt; 0 or</del>	<del>Statements that something terrible will happen</del>	
<del>K3a = 1 or</del>	<del>Weight loss</del>	
<del>(N1a,b,c ≤ 1 AND and</del>	<del>Not awake all or most of the time</del>	
<del>B1 = 0) or</del>	<del>Not comatose</del>	
<del>E1g &gt; 0 or</del>	<del>Repeated statements that something terrible will happen</del>	
<del>K3a = 1</del>	<del>Weight loss (5% in 30 days or 10% in 180 days)</del>	

(Source: Amended at 30 Ill. Reg. 15141, effective September 11, 2006)

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF PUBLIC INFORMATION ON PROPOSED AMENDMENT

- 1) Heading of the Part: Recipient's Property
- 2) Code Citation: 59 Ill. Reg. 110
- 3) Register Citation to Notice of Proposed Amendments: 30 Ill. Reg. 13255; August 11, 2006
- 4) Date, Time and Location of Public Hearing:  
Tuesday, October 17, 2006  
10:00 a.m. – 12:00 p.m.  
McFarland Mental Health Center  
Auditorium  
901 Southwind Rd.  
Springfield Illinois
- 5) Other Pertinent Information: The hearing will be held for the sole purpose of gathering public comments on the proposed amendments. Person interested in presenting testimony at this hearing are advised that the Illinois Department of Human Services will adhere to the following procedures in the conduct of the hearing:
  - a) No oral testimony shall exceed an aggregate of ten (10) minutes.
  - b) Each person presenting oral testimony shall provide to the hearing officer a written (preferably typed) copy of such testimony at the time the oral testimony is presented. No oral testimony will be accepted without a written copy of the testimony being provided.
  - c) No person will be recognized to speak for a second time until all persons wishing to testify have done so.
  - d) In order to provide for a balanced presentation of views and to facilitate the orderly conduct of the hearing, the hearing officer may impose such other rules of procedures, including the order of call of witnesses, as she/he deems necessary.
  - e) Persons requiring reasonable accommodation due to disability must contact the Bureau of Administrative Rules and Procedures by October 10, 2006.
  - f) Name and Address of Agency Contact Person: Questions regarding the public hearing shall be directed to:

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PUBLIC INFORMATION ON PROPOSED AMENDMENT

Ms Tracie Drew, Bureau Chief  
Bureau of Administrative Rules and Procedures  
Department of Human Services  
100 South Grand Avenue East  
3<sup>rd</sup> Floor, Harris Building  
Springfield, IL 62762

217/785-9772

## STATE BOARD OF EDUCATION

NOTICE OF REFUSAL TO MEET THE OBJECTION OF THE JOINT COMMITTEE ON  
ADMINISTRATIVE RULES

- 1) Heading of the Part: Early Childhood Block Grant
- 2) Code Citation: 23 Ill. Adm. Code 235
- 3) 

<u>Section Numbers:</u>	<u>Action:</u>
235.10	Amendment
235.60	Amendment
235.70	Amendment
235.100	New Section
235.200	New Section
235.300	New Section
235.400	New Section
235.500	New Section
- 4) Date Notice of Emergency Rules was Published in the Register: July 7, 2006; 30 Ill. Reg. 11793
- 5) Date JCAR Statement of Objection was Published in the Register: August 25, 2006; 30 Ill. Reg. 14160
- 6) Summary of Action Taken by the Agency: The Request for Proposal (RFP) was released after SB 1497 passed both Houses on May 4, 2006. The legislation was strongly supported by the Governor, who was expected to sign the bill. Given the that the Preschool for All Children program is only a two-year program, that certified teachers would be difficult to find after the start of the school year, and that the best educational benefits would be gained by having the program begin at the start of the 2006-07 school year, the RFP was released, with the caveat that no grants would be awarded should the Governor fail to sign the legislation.

Had the agency waited to promulgate emergency rules until SB 1497 was signed into law, then the earliest that grants could be awarded would be in late fall.

The State Board of Education recognizes that rules should not be promulgated without statutory authority, and in the future, it will not issue emergency rules before legislation is enacted.

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

No second notices were received by the Joint Committee on Administrative Rules during the period of September 5, 2006 through September 11, 2006. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706. The Committee's next monthly meeting is scheduled for October 10, 2006 in Chicago.

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF REVOCATION IMPOSED UNDER

## THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 (the "Act") [205 ILCS 635/4-5(h)], notice is hereby given that the Department of Financial and Professional Regulation, Division of Banking, of the State of Illinois has revoked the license of Mutual Trust Funding Corporation, License No. MB.0005897 of Chicago, Illinois, a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective August 2, 2006. For further reference link to: [www.idfpr.com](http://www.idfpr.com)

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF REVOCATION MPOSED UNDER

## THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 (the "Act") [205 ILCS 635/4-5(h)], notice is hereby given that the Department of Financial and Professional Regulation, Division of Banking, of the State of Illinois has issued a fine of \$3,000 against Home Quest Mortgage Corporation, License No. MB.0005095 of Lombard, Illinois, a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective September 5, 2006. For further reference link to: [www.idfpr.com](http://www.idfpr.com)

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF FINE IMPOSED UNDER

## THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 (the "Act") [205 ILCS 635/4-5(h)], notice is hereby given that the Department of Financial and Professional Regulation, Division of Banking, of the State of Illinois has issued a fine of \$3,500 against Raven Mortgage Corporation, License No. MB.0006241 of Homewood, Illinois, a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective September 5, 2006. For further reference link to: [www.idfpr.com](http://www.idfpr.com)

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF FINE IMPOSED UNDER

## THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 (the "Act") [205 ILCS 635/4-5(h)], notice is hereby given that the Department of Financial and Professional Regulation, Division of Banking, of the State of Illinois has issued a fine of \$3,000 against Pavilion Mortgage, Inc., License No. MB.0006718 of Streamwood, Illinois, a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective September 5, 2006. For further reference link to: [www.idfpr.com](http://www.idfpr.com)

2006-09

**EXECUTIVE ORDER RELATING TO PEER-TO-PEER FILE-SHARING SOFTWARE**

**WHEREAS**, all State agencies have a responsibility to prevent and eliminate fraud, piracy, and theft, and every State employee has an affirmative responsibility to report incidents of fraud, piracy, and theft; and

**WHEREAS**, the State of Illinois is entrusted with the proper and ethical operation and maintenance of its information management systems to prevent fraud, piracy, and theft; and

**WHEREAS**, the use of certain peer-to-peer file-sharing on State computers creates a potential security risk by allowing individuals outside of State government to access the State's information management systems; and

**WHEREAS**, without adequate protections and procedures in place, the use of peer-to-peer file-sharing software can result in the presence of viruses and malicious programs on State information management system computers and networks and consume network resources resulting in inefficient performance of those systems;

**NOW THEREFORE, I, ROD BLAGOJEVICH**, Governor of the State of Illinois, by virtue of the power and authority vested in me by the Constitution and the laws of the State of Illinois, do hereby order:

1. The Department of Central Management Services shall develop a statewide policy for use by each State agency, department, board, and commission which prohibits unauthorized or illegal use of peer-to-peer software programs. While most software has inherent risks, it is unauthorized or illegal use that poses the greatest risk to the security and integrity of the State's information management systems. The policy shall also define authorized use of legitimate file-sharing between, among, or within federal, State, or local government entities for official business, or law enforcement purposes, the use of which should not pose security risks to the government's computer systems.
2. The Department of Central Management Services shall assess the availability and cost effectiveness of technologies that may be used to prevent fraud, piracy, and theft by prohibited peer-to-peer file-sharing activities on State government computers, networks, and other information management systems.
3. The chair or executive director of each State agency, department, board, or commission shall be responsible for ensuring compliance with the statewide policy. CMS shall use its best efforts to develop a policy that minimizes any negative fiscal impact on State agencies.

**2006-09****EXECUTIVE ORDER RELATING TO PEER-TO-PEER FILE-SHARING SOFTWARE**

4. For purposes of this executive order, “peer-to-peer file-sharing software” means computer software, other than computer and network operating systems, that has as its primary function the capability of allowing the computer on which the software is used to designate files available for transmission to another computer using the software, to transmit files directly to another computer using the software, and to request transmission of files from another computer using the software.

This Executive Order shall become effective upon filing with the Secretary of State.

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ROD R. BLAGOJEVICH  
Governor

Issued by Governor: September 11, 2006  
Filed with Secretary of State: September 11, 2006

## PROCLAMATIONS

**2006-301****YELLOW RIBBON SUICIDE AWARENESS AND PREVENTION WEEK**

- WHEREAS, suicide is a devastating problem among American youths, families, and communities today; and
- WHEREAS, more than 30,000 Americans commit suicide every year, and suicide is now the fastest growing killer of youth. Among youth between the ages of 15 and 24 in the United States, suicide is the third leading cause of death; and
- WHEREAS, research shows that almost all youth suicides are preventable, and there are a number of resources available to help those contemplating suicide; and
- WHEREAS, for these reasons, one of the main goals of the Yellow Ribbon Suicide Prevention Program is to combat the stigma that prevents people from seeking the help they need; and
- WHEREAS, the Yellow Ribbon Suicide Prevention Program has been working for years with the endorsement of many counties, mental health organizations, education departments, and Safe and Drug Free School Programs; and many schools, churches, and youth groups are using the program to help save lives:
- THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim September 17-23, 2006 as **YELLOW RIBBON SUICIDE AWARENESS AND PREVENTION WEEK** in Illinois to raise awareness about suicide, and to encourage citizens of the State to support the worthy efforts of the Yellow Ribbon Suicide Prevention Program.

Issued by the Governor on September 6, 2006.  
Filed by the Secretary of State September 6, 2006.

**2006-302****NATIONAL ASSISTED LIVING WEEK**

- WHEREAS, the number of elderly and disabled Americans is dramatically increasing; and
- WHEREAS, assisted living is a long-term care service that fosters choice, dignity, independence, and autonomy in our elderly nationwide; and
- WHEREAS, the National Center for Assisted Living proudly created National Assisted Living Week and the Illinois Health Care Association proudly serves its assisted living facility members; and

## PROCLAMATIONS

WHEREAS, the theme of National Assisted Living Week 2006, "Hearts in Harmony," provides us the opportunity to promote the special bond between our beloved seniors and the staff who care for them. That bond is the most special of bonds and one of great love, trust, and friendship; and

WHEREAS, the weeklong national celebration begins on Grandparents Day, September 10-16, 2006, to promote and recognize the special role assisted living and residential care facilities play in caring for more than one million seniors and people with disabilities:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim September 10-16, 2006 as **NATIONAL ASSISTED LIVING WEEK** in Illinois, and encourage all citizens to visit friends and loved ones who reside at these facilities throughout Illinois and also to learn more about assisted living services and how they benefit our communities.

Issued by the Governor on September 6, 2006.

Filed by the Secretary of State September 6, 2006.

**2006-303****NATIONAL POW/MIA RECOGNITION DAY**

WHEREAS, throughout American history, thousands of American soldiers have been captured and gone missing during war. To this day, hundreds are still imprisoned or unaccounted for; and

WHEREAS, despite that, many families still hold out hope that their loved ones will be found or recovered; and

WHEREAS, the National League of Families of American Prisoners and Missing in Southeast Asia has been representing the families of those veterans not yet returned since 1970; and

WHEREAS, because of their efforts, and the efforts of countless others, the United States government has taken active measures to find the answers to the many questions families of prisoners of war and missing in action have; and

WHEREAS, today, the United States government is cooperating with the governments of Cambodia, the People's Republic of China, Laos, North Korea, Russia, Vietnam, and other countries to expedite the process of finding our soldiers; and

WHEREAS, in honor of those still imprisoned and missing and their families, the President of the United States, the United States Secretary of Defense, and the National

## PROCLAMATIONS

League of Families of American Prisoners and Missing in Southeast Asia will observe September 15 as National POW/MIA Recognition Day:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim September 15, 2006 as **NATIONAL POW/MIA RECOGNITION DAY** in Illinois, and encourage all citizens of our state to remember those who have selflessly fought and served for our country.

Issued by the Governor on September 6, 2006.

Filed by the Secretary of State September 6, 2006.

**2006-304****PRINCIPALS WEEK AND PRINCIPALS DAY**

WHEREAS, principals play an important role in the education of our children in elementary, middle, and secondary schools all across the State of Illinois; and

WHEREAS, principals are responsible for promoting education and working with parents and teachers to ensure that each child receives services that meet their needs to excel in the classroom; and

WHEREAS, the Illinois Principals Association, which represents 4,200 principals statewide, believes that learning is a lifelong process and that the education of our children is the highest priority; and

WHEREAS, for that reason, the Illinois Principals Association is dedicated to the improvement of elementary and secondary education in Illinois:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim the week of October 15-21, 2006 as **PRINCIPALS WEEK** and October 20, 2006 as **PRINCIPALS DAY** in Illinois to recognize principals and the Illinois Principals Association for all that they do to help our children learn and succeed.

Issued by the Governor on September 6, 2006.

Filed by the Secretary of State September 6, 2006.

**2006-305****CONSTITUTION WEEK**

WHEREAS, the Second Continental Congress declared independence of the United States from Great Britain in 1776, and asserted their inalienable rights, including life, liberty, and the pursuit of happiness; and

## PROCLAMATIONS

WHEREAS, in 1787, a convention of delegates from 12 of the original 13 states met in Philadelphia and framed the United States Constitution, which was ratified in 1788 and replaced the Articles of Confederation the following year as the supreme law of the land; and

WHEREAS, two years later, 10 amendments, commonly referred to as the Bill of Rights, were adopted to establish and protect certain individual rights, such as freedom of speech and exercise of religion; and

WHEREAS, since that time, more than 10,000 amendments to the Constitution have been proposed, yet only 27 have been adopted; and today, the Constitution is the oldest living government covenant in the world; and

WHEREAS, in accord with Public Law 915, the President of the United States issues a proclamation designating September 17-23 as Constitution Week every year; and

WHEREAS, this year, we celebrate the 219<sup>th</sup> birthday of the Constitution of the United States, under which Illinois became the 21<sup>st</sup> state in 1818:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim September 17-23, 2006 as **CONSTITUTION WEEK** in Illinois in tribute to the enduring greatness of the United States Constitution.

Issued by the Governor on September 6, 2006.

Filed by the Secretary of State September 6, 2006.

**2006-306****NATIONAL SURGICAL TECHNOLOGIST WEEK**

WHEREAS, surgical technologists in Illinois play a vital role in the care and health of surgical patients; and

WHEREAS, surgical technologists, also called scrubs and surgical or operating room technicians, are members of operating room teams, which most commonly include surgeons, anesthesiologists, and circulating nurses; and under the supervision of surgeons, registered nurses, or other surgical personnel, surgical technicians assist medical operations in a number of capacities; and

WHEREAS, today, all major hospitals in Illinois employ surgical technologists to work with surgeons in the operating room to provide quality patient care; and

## PROCLAMATIONS

WHEREAS, as the baby boomer generation, which accounts for a large percentage of the general population, approaches retirement age, and technological advances, such as fiber optics and laser technology, permit new surgical procedures that surgical technologists often operate, employment of surgical technicians is expected to grow faster than the average for all occupations; and

WHEREAS, encouragingly, the Illinois community college system currently has 16 programs that graduate top quality students each year; and

WHEREAS, the Association of Surgical Technologists annually designates a week in September as National Surgical Technologist Week to celebrate and promote the profession:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim September 17-23, 2006 as **NATIONAL SURGICAL TECHNOLOGIST WEEK** in Illinois in honor of the outstanding service surgical technologists perform for surgical patients, and in support of the Association of Surgical Technologist's efforts to raise public awareness about the profession.

Issued by the Governor on September 6, 2006.

Filed by the Secretary of State September 6, 2006.

**2006-307****NATIONAL ADULT DAY SERVICES WEEK**

WHEREAS, adult day service centers in Illinois provide professional and compassionate services for functionally and cognitively impaired adults; and

WHEREAS, adult day service centers offer an array of services, including restorative and functional maintenance rehabilitation, skilled and preventative care, individual and group activities; and

WHEREAS, adult day service centers also offer participants an opportunity for educational, therapeutic, and social enrichment outside the home; and

WHEREAS, thanks to their services, adult day service centers have helped thousands of adults receive needed care and services in a community setting. Furthermore, these centers have provided much needed assistance and counseling for caregivers and loved ones; and

WHEREAS, in recognition of adult day service centers, the National Adult Day Services Association has designated September 17 to 23 as Adult Day Services Week:

## PROCLAMATIONS

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim September 17 - 23, 2006 as **NATIONAL ADULT DAY SERVICES WEEK** in Illinois to join the National Adult Day Services Association in recognizing adult day service centers, which help so many men and women in our state.

Issued by the Governor on September 6, 2006.

Filed by the Secretary of State September 6, 2006.

**2006-308****GOVERNORIAL PROCLAMATION**

Severe storms moved through Winnebago County and the City of Rockford, Illinois on Monday, September 4, 2006. These storms resulted in Flash flooding forcing many residents from their homes, causing damage to homes, businesses and infrastructures.

In the interest of aiding the citizens of Illinois and the local governments responsible for ensuring public health and safety, I hereby proclaim that a disaster exists within the State of Illinois, and specifically, declare Winnebago County including the City of Rockford as a disaster area, pursuant to the provisions of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7.

This gubernatorial proclamation of disaster will facilitate the Illinois Emergency Management Agency in providing financial assistance from the disaster relief fund for extraordinary costs incurred by local units of government in responding to and recovery from the damage and debris. This proclamation will facilitate coordination of state assets in responding to local government requests for assistance in the areas most severely impacted by the disaster.

Rod R. Blagojevich  
Governor

Issued by the Governor September 7, 2006

Filed with the Secretary of State September 7, 2006

**2006-309****DAY OF REMEMBRANCE FOR SEPTEMBER 11**

WHEREAS, on September 11, 2001, a great tragedy befell American soil when four commercial airliners were hijacked by terrorists and sent on a mission that would result in mass destruction and the loss of thousands of innocent lives; and

## PROCLAMATIONS

WHEREAS, at 8:46 a.m. (EST) on that fateful day, American Airlines Flight 11 crashed into the north tower of the World Trade Center in New York City, tearing a gaping hole into the building and setting it on fire. Less than 20 minutes later, United Airlines Flight 175 crashed into the south tower, causing similar destruction. To the horror of onlookers and viewers across the world, both towers collapsed to the ground within two hours initial impact; and

WHEREAS, at 9:43 a.m., American Airlines Flight 77 struck the Pentagon in Arlington, Virginia, sending up a large cloud of smoke and prompting the immediate evacuation of the building; and

WHEREAS, the fourth and final plane, United Airlines Flight 93, crashed into a field in Pennsylvania at 11:26 a.m. It was because of the heroics of passengers onboard this flight that the plane was diverted from striking its intended target. No passenger or crew member on any of the four flights survived; and

WHEREAS, in all, the death toll on September 11, 2001 reached in the thousands and in the wake of these attacks, our country was in a state of sadness and turmoil, searching for answers and finding comfort in one another. But the overwhelming acts of heroism and patriotism were inspiring, giving us the will to push forward and make our nation even stronger than before; and

WHEREAS, the United States will never fully recover from the events of September 11, which equaled perhaps the greatest tragedy our country has ever seen. But by commemorating this dark day in our history, we are reminded to always remain vigilant in our efforts to stop terrorism and make this world a more safe and peaceful place; and

WHEREAS, this year, as we recognize the fifth anniversary of the September 11 attacks and mourn the innocent lives that were lost on that day, we also take time to reflect on our freedom and thank the brave men and women who work hard everyday to defend that freedom for future generations of Americans:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim September 11, 2006 as a **DAY OF REMEMBRANCE FOR SEPTEMBER 11** in Illinois, and order the flag of the United States of America to fly at half-staff at all State facilities from sunrise until sunset on this day in recognition of the fifth anniversary. Additionally, I call upon all the people of this state to join in observing a moment of silence at 7:46 a.m. on this day as a solemn gesture of tribute to the victims of the September 11 terrorist attacks and their families.

Issued by the Governor on September 7, 2006.

Filed by the Secretary of State September 7, 2006.

## PROCLAMATIONS

**2006-310****NATIONAL CREDIT EDUCATION WEEK**

WHEREAS, the use of credit has become increasingly important to the American consumer and to the nation's economy, evidenced by the fact that consumer installment purchases have more than doubled in the past decade; and

WHEREAS, along with this new trend also comes the need for the American consumer to be more financially responsible. While most consumers are aware of mistakes that should be avoided when dealing with personal finances, they are less likely to actually follow these rules; and

WHEREAS, the Association of Credit and Collection Professionals International, in conjunction with the Illinois Student Assistance Commission, will sponsor **National Credit Education Week**; and

WHEREAS, **National Credit Education Week** is a public service campaign intended to help consumers develop good money management habits, including using credit with caution and paying bills promptly:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim September 18 – 23, 2006 as **NATIONAL CREDIT EDUCATION WEEK** in Illinois and urge all Illinoisans to educate themselves on ways to become better informed consumers.

Issued by the Governor on September 8, 2006.

Filed by the Secretary of State September 8, 2006.

**2006-311****CONSTITUTION DAY**

WHEREAS, the Second Continental Congress declared independence of the United States from Great Britain in 1776, and asserted their inalienable rights, including life, liberty, and the pursuit of happiness; and

WHEREAS, in 1787, a convention of delegates from 12 of the original 13 states met in Philadelphia and framed the United States Constitution, which was ratified in 1788 and replaced the Articles of Confederation the following year as the supreme law of the land; and

## PROCLAMATIONS

WHEREAS, two years later, 10 amendments, commonly referred to as the Bill of Rights, were adopted to establish and protect certain individual rights, such as freedom of speech and exercise of religion; and

WHEREAS, since that time, more than 10,000 amendments to the Constitution have been proposed, yet only 27 have been adopted; and today, the Constitution is the oldest living government covenant in the world; and

WHEREAS, in accord with Public Law 108-447, the President of the United States issues a proclamation designating September 17 as Constitution Day every year; and

WHEREAS, this year, we celebrate the 219<sup>th</sup> birthday of the Constitution of the United States, under which Illinois became the 21<sup>st</sup> state in 1818:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim September 17, 2006 as **CONSTITUTION DAY** in Illinois in tribute to the enduring greatness of the United States Constitution.

Issued by the Governor on September 8, 2006.

Filed by the Secretary of State September 8, 2006.

# ILLINOIS ADMINISTRATIVE CODE

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