

2010

ILLINOIS

REGISTER

RULES
OF GOVERNMENTAL
AGENCIES



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INTRODUCTION

The Illinois Register is the official state document for publishing public notice of rulemaking activity initiated by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. Rulemaking activity consists of proposed or adopted new rules; amendments to or repealers of existing rules; and rules promulgated by emergency or preemptory action. Executive Orders and Proclamations issued by the Governor; notices of public information required by State Statute; and activities (meeting agendas; Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State Agencies; is also published in the Register. The Register is a weekly update of the Illinois Administrative Code (a compilation of the rules adopted by State agencies). The most recent edition of the Code, along with the Register, comprise the most current accounting of State agencies' rulemakings. The Illinois Register is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act [5 ILCS 100/1-1, et seq.].

ILLINOIS REGISTER PUBLICATION SCHEDULE FOR 2010

<u>Issue #</u>	<u>Rules Due Date</u>	<u>Date of Issue</u>
1	December 21, 2009	January 4, 2010
2	December 28, 2009	January 8, 2010
3	January 4, 2010	January 15, 2010
4	January 11, 2010	January 22, 2010
5	January 19, 2010	January 29, 2010
6	January 25, 2010	February 5, 2010
7	February 1, 2010	February 16, 2010
8	February 8, 2010	February 19, 2010
9	February 16, 2010	February 26, 2010
10	February 22, 2010	March 5, 2010
11	March 1, 2010	March 12, 2010
12	March 8, 2010	March 19, 2010
13	March 15, 2010	March 26, 2010
14	March 22, 2010	April 2, 2010
15	March 29, 2010	April 9, 2010
16	April 5, 2010	April 16, 2010
17	April 12, 2010	April 23, 2010
18	April 19, 2010	April 30, 2010
19	April 26, 2010	May 7, 2010
20	May 3, 2010	May 14, 2010
21	May 10, 2010	May 21, 2010
22	May 17, 2010	May 28, 2010
23	May 24, 2010	June 4, 2010
24	June 1, 2010	June 11, 2010

<u>Issue #</u>	<u>Rules Due Date</u>	<u>Date of Issue</u>
25	June 7, 2010	June 18, 2010
26	June 14, 2010	June 25, 2010
27	June 21, 2010	July 2, 2010
28	June 28, 2010	July 9, 2010
29	July 6, 2010	July 16, 2010
30	July 12, 2010	July 23, 2010
31	July 19, 2010	July 30, 2010
32	July 26, 2010	August 6, 2010
33	August 2, 2010	August 13, 2010
34	August 9, 2010	August 20, 2010
35	August 16, 2010	August 27, 2010
36	August 23, 2010	September 3, 2010
37	August 30, 2010	September 10, 2010
38	September 7, 2010	September 17, 2010
39	September 13, 2010	September 24, 2010
40	September 20, 2010	October 1, 2010
41	September 27, 2010	October 8, 2010
42	October 4, 2010	October 15, 2010
43	October 12, 2010	October 22, 2010
44	October 18, 2010	October 29, 2010
45	October 25, 2010	November 5, 2010
46	November 1, 2010	November 12, 2010
47	November 8, 2010	November 19, 2010
48	November 15, 2010	November 29, 2010
49	November 22, 2010	December 3, 2010
50	November 29, 2010	December 10, 2010
51	December 6, 2010	December 17, 2010
52	December 13, 2010	December 27, 2010
53	December 20, 2010	January 3, 2011

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Acupuncture Practice Act
- 2) Code Citation: 68 Ill. Adm. Code 1140
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
1140.20	Amendment
1140.30	Amendment
1140.35	Amendment
1140.50	Amendment
- 4) Statutory Authority: Implementing the Acupuncture Practice Act [225 ILCS 2/20.1] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)]
- 5) A Complete Description of the Subjects and Issues Involved: Public Act 95-450 and Public Act 96-255 amended the Acupuncture Practice Act to streamline the utilization of acupuncture guest instructors in Illinois; this proposed rulemaking implements those provisions. Previously, anyone coming into Illinois as a guest instructor was required to apply for a permit, including payment of an application fee. These individuals will now be able to engage in professional education through clinics, lectures, or demonstrations as an invited guest of a professional acupuncture training program, or continuing education provider, provided that the guest is licensed in another state or country, and their license is active with no disciplinary actions. They also need to be certified in good standing with the National Certification Commission for Acupuncture and Oriental Medicine. Obsolete language is also being removed.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: No
- 7) Will this rulemaking replace any emergency rulemaking 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 governments.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

- 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: Craig Cellini
320 West Washington, 3rd Floor
Springfield, IL 62786

217/785-0813
FAX: 217/557-4451

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: Those providing acupuncture services
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: Acupuncture skills are required for licensure.
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2010

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS

CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1140

ACUPUNCTURE PRACTICE ACT

Section

1140.10	Definitions
1140.20	Fees
1140.30	Application for Licensure
1140.35	Application for Guest Instructor Permit
1140.40	Acupuncture Curriculum
1140.50	Endorsement
1140.60	Renewals
1140.70	Inactive Status
1140.80	Restoration
1140.90	Continuing Education
1140.100	Unprofessional Conduct
1140.110	Granting Variances

AUTHORITY: Implementing the Acupuncture Practice Act [225 ILCS 2] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Adopted at 23 Ill. Reg. 5705, effective April 30, 1999; amended at 25 Ill. Reg. 10893, effective August 13, 2001; amended at 26 Ill. Reg. 11938, effective July 18, 2002; amended at 27 Ill. Reg. 10103, effective June 20, 2003; amended at 30 Ill. Reg. 2512, effective February 8, 2006; amended at 34 Ill. Reg. _____, effective _____.

Section 1140.20 Fees

The following fees shall be paid to the Division and are not refundable:

- a) Application Fees:
 - 1) The fee for application for a license as an acupuncturist is \$500.
 - 2) ~~The fee for application for a guest instructor permit is \$150.~~ The fee for application as a continuing education sponsor is \$250.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

b) ~~Renewal Fees:~~

- 1) The fee for the renewal of an acupuncturist license shall be calculated at the rate of \$250 per year.
- 2) The fee for the renewal of continuing education sponsor approval is \$250 for a 2 year license.

c) ~~General Fees:~~

- 1) The fee for the restoration of a license other than from inactive status is \$20 plus payment of all lapsed renewal fees, not to exceed \$1,000.
- 2) The fee for the issuance of a duplicate license, for the issuance of a replacement license, for a license that has been lost or destroyed or for the issuance of a license with a change of name or address other than during the renewal period is \$20. No fee is required for name and address changes on Division records when no duplicate license is issued.
- 3) The fee for the certification of a license for any purpose is \$20.
- 4) The fee for a wall certificate showing licensure shall be the actual cost of producing such certificate.
- 5) The fee for a roster of persons licensed as acupuncturists in this State shall be the actual cost of producing such a roster.

(Source: Amended at 34 Ill. Reg. _____, effective _____)

Section 1140.30 Application for Licensure

- a) The Division shall issue a license to an applicant who submits with the application proof of the following:
 - 1) Education
 - A) Graduation from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or

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NOTICE OF PROPOSED AMENDMENTS

a similar accrediting body approved by the Division; or

- B) Completion of a comprehensive educational program approved in accordance with Section 1140.40 by the Division; and
- 2) Passing the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) acupuncture examination or a substantially equivalent examination approved by the Division; [and](#)
 - 3) Proof of successful completion of the Clean Needle Technique (CNT) course offered by the Council of Colleges of Acupuncture and Oriental Medicine; [and](#)
 - 4) ~~A complete work history since completion of acupuncture education;~~
~~and~~ 5) The required fee specified in Section 1140.20.
- b) All documents shall be submitted to the Division in English.
- c) If the applicant has ever been licensed in another jurisdiction, he/she shall also submit a certification, on forms provided by the Division, from the jurisdiction in which the applicant was originally licensed and in which the applicant is currently licensed, stating:
- 1) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
 - 2) A description of the examination in that jurisdiction; and
 - 3) Whether the file on the applicant contains any record of disciplinary actions taken or pending.
- d) When the accuracy of any submitted documentation or experience is questioned by the Division or the Board because of lack of information, discrepancies or conflicts in information given or a need for clarification, the applicant seeking licensure shall be requested to:
- 1) Provide such information as may be necessary; and/or
 - 2) Appear for an interview before the Board to explain such relevance or

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NOTICE OF PROPOSED AMENDMENTS

sufficiency, clarify information, or clear up any discrepancies or conflicts in information.

(Source: Amended at 34 Ill. Reg. _____, effective _____)

Section 1140.35 ~~Application for Guest Instructor Permit~~

- a) Any person not licensed in this State to practice acupuncture who is an invited guest of a professional acupuncture association, scientific acupuncture foundation, ~~an~~ acupuncture training program or a Division approved continuing education provider ~~may provide who will be providing~~ professional education through lectures, clinics or demonstrations ~~as set forth in must be the holder of a Guest Instructor Permit issued by the Division pursuant to the provisions of~~ Section 20.1 of the Act.
- b) ~~Any individuals providing services pursuant to this Section shall, upon written request of the Division, provide the following~~ An application for a Guest Instructor Permit shall be made on forms provided by the Division. The application shall include:
- 1) One of the following ~~Either:~~
 - A) Current certification in good standing as an acupuncturist from the National Certification Commission for Acupuncture and Oriental Medicine; or
 - B) Current certification of licensure in another jurisdiction; or
 - C) Equivalent education and training set forth in this Part;
 - 2) Certification from ~~an~~ the acupuncture association, scientific acupuncture foundation, ~~an~~ acupuncture training program or ~~an~~ approved continuing education sponsor indicating:
 - A) That the person has received an invitation or appointment to teach acupuncture technique in conjunction with lecture, clinics or demonstrations;
 - B) The nature of the educational services to be provided by the

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applicant; and

C) The term of the invitation or contract;

3) A copy of the applicant's current curriculum vitae;~~;~~ and

4) ~~The fee set forth in Section 1140.20.~~

c) ~~A Guest Instructor Permit shall be valid for 12 months.~~d) A guest instructor may engage in the application of acupuncture techniques in conjunction with the lecture, clinics; or demonstration, but may not open an office, appoint a place to meet private patients, consult with private patients, or otherwise engage in the practice of acupuncture beyond what is required in conjunction with these lectures, clinics or demonstrations.

e) ~~When the holder of a Guest Instructor Permit has been discharged or terminated from an appointment, any permit issued in the name of the person shall be null and void as of the date of the discharge or termination.~~

d)f) If ~~an individual providing services under the provisions of this Section,~~ at the conclusion of the term of the appointment for which the permit was issued, the holder of the permit desires to remain in the State and practice or teach his/her profession, he/she must apply for and receive a license to practice acupuncture.

e)g) Nothing shall prohibit individuals providing services pursuant to this Sectionthe holder of a Guest Instructor Permit from applying for and receiving a license to practice acupuncture in this State while providing services as allowed by this Sectionduring the term of the appointment. ~~In the event the holder of a permit is issued a license to practice in this State, upon receipt of the license, the permit shall become null and void and shall be returned to the Division.~~

(Source: Amended at 34 Ill. Reg. _____, effective _____)

Section 1140.50 Endorsement

a) An applicant who is licensed/registered under the laws of another state or territory of the United States who wishes to be licensed in Illinois as an acupuncturist shall file an application with the Division, on forms provided by the Division, that includes:

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

- 1) One of the following:
 - A) Proof of passage of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examination or another examination that has been approved by the Division for individuals licensed in another jurisdiction prior to January 1, 2002; or
 - B) Current certification from the National Certification Commission for Acupuncture and Oriental Medicine for individuals licensed in another jurisdiction prior to January 1, 2002; or
 - C) Verification of meeting examination, education, apprenticeship or experience requirements as set forth in Section 1140.30 [of this Part](#) for individuals licensed in another jurisdiction prior to January 1, 2000; or
 - D) For applicants licensed after January 1, 2002, proof of:
 - i) Graduation from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or a similar accrediting body approved by the Division; or
 - ii) Completion of a comprehensive educational program approved in accordance with Section 1140.40 by the Division and proof of passage of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examination or another examination that has been approved by the Division;
- 2) Proof of successful completion of the Clean Needle Technique (CNT) Course offered by the Council of Colleges of Acupuncture and Oriental Medicine;
- 3) Certification from the jurisdiction of original licensure and the jurisdiction in which the applicant is currently licensed and practicing, if other than original, stating the time during which the applicant was licensed in that

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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state, whether the file on the applicant contains any disciplinary actions taken or pending, and the applicant's license number; and

- 4) ~~Complete work history since completion of training and/or education;~~
~~and 5) The required fee specified in Section 1140.20 of this Part.~~

- b) The Division shall examine each endorsement application to determine whether the requirements and examination in the jurisdiction at the date of licensing were substantially equivalent to the requirements and examination of the Act or whether the applicant possesses individual qualifications that were substantially equivalent to the requirements of the Act.
- c) The Division shall either issue a license by endorsement to the applicant or notify the applicant in writing of the reasons for the denial of the application.

(Source: Amended at 34 Ill. Reg. _____, effective _____)

DEPARTMENT OF AGRICULTURE

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of Part: Insect Pest and Plant Disease Act
- 2) Code Citation: 8 Ill. Adm. Code 240
- 3) Section Number: 240.140 Adopted Action:
Amendment
- 4) Statutory Authority: The Insect Pest and Plant Disease Act [505 ILCS 90]
- 5) Effective Date of Rulemaking: March 15, 2010
- 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 amendment, 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 Published in Illinois Register: November 20, 2009; 33 Ill. Reg. 15926
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No agreements were necessary.
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: The Department is amending the fee for an original phytosanitary certificate from the current rate of \$50 per certificate to \$75 per certificate to more closely mirror the recent change to the fee associated with federal issuance of such certificates. Beginning October 1, 2009, the fee for a federally-issued phytosanitary certificate became \$77 per certificate.
- 16) Information and questions regarding this adopted amendment shall be directed to:

DEPARTMENT OF AGRICULTURE

NOTICE OF ADOPTED AMENDMENT

Warren D. Goetsch, P.E.
Illinois Department of Agriculture
P. O. Box 19281, State Fairgrounds
Springfield, Illinois 62794-9281

Telephone: 217/785-2427
Facsimile: 217/524-4882

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

DEPARTMENT OF AGRICULTURE

NOTICE OF ADOPTED AMENDMENT

TITLE 8: AGRICULTURE AND ANIMALS
 CHAPTER I: DEPARTMENT OF AGRICULTURE
 SUBCHAPTER h: PESTS AND PLANT DISEASES

PART 240
 INSECT PEST AND PLANT DISEASE ACT

SUBPART A: NURSERY AND NURSERY STOCK;
 INSPECTION; CERTIFICATES

Section	
240.10	Storage and Display of Nursery Stock
240.20	Inspection of Shipments of Nursery Stock in Transit
240.30	Infested or Infected Shipments of Nursery Stock; Disposal or Treatment
240.40	Listing of Other States' Certified Nurseries
240.50	Revocation of Certificates
240.60	Special Certification: Sales, Trades, and Auctions by Garden Clubs and Social Organizations
240.70	Special Certification: Plants and Nursery Stock Shipped by Individual Residents
240.80	Inspection of Private Premises, Public Grounds and Forest Preserves
240.90	Inspection of Native Trees for Resale
240.100	Refusal to Inspect Nursery
240.110	Sale of Nursery Stock Which is Infected Prohibited
240.120	Nursery Certificates Withheld or Qualified Certificates Issued
240.125	Firewood Importer Certificates
240.130	Inspection of Shipments for Foreign Countries
240.140	Fee Schedule
240.150	Use of the Department of Agriculture for Advertising (Repealed)
240.160	Administrative Rules (Formal Administrative Hearings; Contested Cases; Petitions; Administrative Procedures)

SUBPART B: QUARANTINE

Section	
240.250	Scope
240.260	Definitions
240.270	Restrictions and Regulated Articles
240.280	Movement of Regulated Articles
240.290	Issuance and Cancellation of Permits, Certificates of Inspection or Compliance

DEPARTMENT OF AGRICULTURE

NOTICE OF ADOPTED AMENDMENT

	Agreements
240.300	Attachment of Certificates, Permits or Agreements
240.310	Inspection and Disposal of Regulated Articles
240.320	Duration of Quarantine

AUTHORITY: Implementing and authorized by the Insect Pest and Plant Disease Act [505 ILCS 90].

SOURCE: Rules and Regulations Relating to the Insect Pest and Plant Disease Act, filed October 25, 1974, effective November 2, 1974; codified at 5 Ill. Reg. 10523; amended at 6 Ill. Reg. 3041, effective March 5, 1982; amended at 7 Ill. Reg. 1764, effective January 28, 1983; amended at 12 Ill. Reg. 8299, effective May 2, 1988; amended at 26 Ill. Reg. 14661, effective September 23, 2002; amended at 30 Ill. Reg. 133, effective January 1, 2006; amended at 33 Ill. Reg. 203, effective January 1, 2009; amended at 34 Ill. Reg. 3743, effective March 15, 2010.

SUBPART A: NURSERY AND NURSERY STOCK; INSPECTION; CERTIFICATES

Section 240.140 Fee Schedule

The Department shall charge and collect fees for inspection and issuance of certificates according to the following schedule:

- a) Nursery Inspection
Nursery inspection fees shall be as follows:

1 acre or less	\$25.00
over 1 acre but less than or equal to 5 acres	\$30.00
over 5 acres but less than or equal to 10 acres	\$40.00
over 10 acres but less than or equal to 50 acres	\$50.00
over 50 acres but less than or equal to 100 acres	\$75.00
over 100 acres but less than or equal to 250 acres	\$150.00
over 250 acres but less than or equal to 500 acres	\$180.00
over 500 acres (per acre)	\$0.50
- b) Greenhouse Inspection
Greenhouses that request inspection shall be charged the special inspection and certificate fees in subsection (d).
- c) Nursery Dealer Certificates

DEPARTMENT OF AGRICULTURE

NOTICE OF ADOPTED AMENDMENT

- 1) Effective January 1, 2003 through December 31, 2005, the rate for a nursery dealer certificate shall be \$25.
 - 2) Effective January 1, 2006, the rate for a nursery dealer certificate shall be \$50.
- d) **Special (Requested) Inspections**
Effective January 1, 2003, the inspection rate charged for special inspections shall be \$25 per hour and the rate charged for individual certificates for special inspections shall be \$25 per certificate.
- e) **Original certificates are required to accompany nursery stock and/or plants and plant products for shipment or sale verifying they are free of insect pests and plant diseases.**
- 1) Effective January 1, 2003 through December 31, 2005, the rate for original certificates shall be \$25 each.
 - 2) Effective January 1, 2006 through June 30, 2010, the rate for original certificates shall be \$50 each.
 - 3) Effective July 1, 2010, the rate for original certificates shall be \$75 each.
- f) **Firewood Importer Certificates**
Effective January 1, 2009, the rate for a firewood importer certificate shall be \$25.

(Source: Amended at 34 Ill. Reg. 3743, effective March 15, 2010)

ILLINOIS GAMING BOARD

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Riverboat Gambling
- 2) Code Citation: 86 Ill. Adm. Code 3000
- 3) Section Number: 3000.660 Adopted Action:
Amendment
- 4) Statutory Authority: Authorized by the Riverboat Gambling Act [230 ILCS 10], specifically Sections 5 (c) (2), (3), and (7) of this Act [230 ILCS 10/5 (c) (2), (3), and (7)]
- 5) Effective Date of Amendment: March 11, 2010
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain an incorporation by reference? No
- 8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the principal office and is available for public inspection.
- 9) Notice of proposal published in Illinois Register: August 14, 2009; 33 Ill. Reg. 11759
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: None
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? No changes were made.
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this part? Yes

<u>Section Numbers:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
3000.221	Amendment	33 Ill. Reg. 12635; September 18, 2009
3000.600	Amendment	33 Ill. Reg. 13222; September 25, 2009
3000.665	Amendment	33 Ill. Reg. 13222; September 25, 2009
3000.666	Amendment	33 Ill. Reg. 13222; September 25, 2009

- 15) Summary and purpose of amendment: The purpose of the rulemaking is to amend Section 3000.660 (Minimum Standards for Gaming Devices), which currently provides that an Electronic Gaming Device (EGD) is acceptable for use in a tournament if a tournament-only EPROM has been installed. The rulemaking makes two changes to this Section. First, it allows the installation of another, non-alterable storage medium in

ILLINOIS GAMING BOARD

NOTICE OF ADOPTED AMENDMENT

lieu of an EPROM. Second, it requires the EPROM to be set in tournament mode. Current technology allows for the tournament mode of EPROMs and other non-alterable storage media to be switched on and off after installation.

- 16) Information and questions regarding this adopted amendment may be addressed to:

Michael Fries
General Counsel
Illinois Gaming Board
160 North LaSalle Street
Chicago, Illinois 60601

Fax No. 312/814-4143
mfries@revenue.state.il.us

The full text of the Adopted Amendment begins on the next page.

ILLINOIS GAMING BOARD

NOTICE OF ADOPTED AMENDMENT

TITLE 86: REVENUE
CHAPTER IV: ILLINOIS GAMING BOARDPART 3000
RIVERBOAT GAMBLING

SUBPART A: GENERAL PROVISIONS

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3000.100	Definitions
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3000.103	Organization of the Illinois Gaming Board
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3000.115	Records Retention
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3000.130	No Opinion or Approval of the Board
3000.140	Duty to Disclose Changes in Information
3000.141	Applicant/Licensee Disclosure of Agents
3000.150	Owner's and Supplier's Duty to Investigate
3000.155	Investigatory Proceedings
3000.160	Duty to Report Misconduct
3000.161	Communication with Other Agencies
3000.165	Participation in Games by Owners, Directors, Officers, Key Persons or Gaming Employees
3000.170	Fair Market Value of Contracts
3000.180	Weapons on Riverboat

SUBPART B: LICENSES

Section	
3000.200	Classification of Licenses
3000.210	Fees and Bonds
3000.220	Applications
3000.221	Other Required Forms
3000.222	Identification and Requirements of Key Persons
3000.223	Disclosure of Ownership and Control

ILLINOIS GAMING BOARD

NOTICE OF ADOPTED AMENDMENT

3000.224	Economic Disassociation
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3000.230	Owner's Licenses
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3000.232	Undue Economic Concentration
3000.234	Acquisition of Ownership Interest By Institutional Investors
3000.235	Transferability of Ownership Interest
3000.236	Owner's License Renewal
3000.237	Renewed Owner's Licenses, Term and Restrictions
3000.238	Appointment of Receiver for an Owner's License
3000.240	Supplier's Licenses
3000.241	Renewal of Supplier's License
3000.242	Amendment to Supplier's Product List
3000.243	Bankruptcy or Change in Ownership of Supplier
3000.244	Surrender of Supplier's License
3000.245	Occupational Licenses
3000.250	Transferability of Licenses
3000.260	Waiver of Requirements
3000.270	Certification and Registration of Electronic Gaming Devices
3000.271	Analysis of Questioned Electronic Gaming Devices
3000.272	Certification of Voucher Systems
3000.280	Registration of All Gaming Devices
3000.281	Transfer of Registration (Repealed)
3000.282	Seizure of Gaming Devices (Repealed)
3000.283	Analysis of Questioned Electronic Gaming Devices (Repealed)
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3000.350	Modifications (Repealed)

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3000.405	Requests for Hearings
3000.410	Appearances
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3000.420	Motions for Summary Judgment
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3000.430	Evidence
3000.431	Prohibition on Ex Parte Communication
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3000.605	Authorized Games
3000.606	Gaming Positions
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3000.660	Minimum Standards for Electronic Gaming Devices
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3000.665	Integrity of Electronic Gaming Devices
3000.666	Bill Validator Requirements
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3000.1145	Evidence
3000.1146	Prohibition of Ex Parte Communication
3000.1150	Sanctions and Penalties
3000.1155	Transmittal of Record and Recommendation to the Board

AUTHORITY: Implementing and authorized by the Riverboat Gambling Act [230 ILCS 10].

SOURCE: Emergency rule adopted at 15 Ill. Reg. 11252, effective August 5, 1991, for a maximum of 150 days; adopted at 15 Ill. Reg. 18263, effective December 10, 1991; amended at 16 Ill. Reg. 13310, effective August 17, 1992; amended at 17 Ill. Reg. 11510, effective July 9, 1993; amended at 20 Ill. Reg. 5814, effective April 9, 1996; amended at 20 Ill. Reg. 6280, effective April 22, 1996; emergency amendment at 20 Ill. Reg. 8051, effective June 3, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 14765, effective October 31, 1996; amended at 21 Ill. Reg. 4642, effective April 1, 1997; emergency amendment at 21 Ill. Reg. 14566, effective October 22, 1997, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 978, effective December 29, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 4390, effective February 20, 1998; amended at 22 Ill. Reg. 10449, effective May 27, 1998; amended at 22 Ill. Reg. 17324, effective September 21, 1998; amended at 22 Ill. Reg. 19541, effective October 23, 1998; emergency amendment at 23 Ill. Reg. 8191, effective July 2, 1999 for a maximum of 150 days; emergency expired November 28, 1999; amended at 23 Ill. Reg. 8996, effective August 2, 1999; amended at 24 Ill. Reg. 1037, effective January 10, 2000; amended at 25 Ill. Reg. 94, effective January 8, 2001; amended at 25 Ill. Reg. 13292, effective October 5, 2001; proposed amended at 26 Ill. Reg. 9307, effective June 14, 2002; emergency amendment adopted at 26 Ill. Reg. 10984, effective July 1, 2002, for a maximum of 150 days; adopted at 26 Ill. Reg. 15296, effective October 11, 2002; amended at 26 Ill. Reg. 17408, effective November 22, 2002; emergency amendment at 27 Ill. Reg. 10503, effective June 30, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 15793, effective September 25, 2003; amended at 27 Ill. Reg. 18595, effective November 25, 2003; amended at 28 Ill. Reg. 12824, effective August 31, 2004; amended at 31 Ill. Reg. 8098, effective June 14, 2007; amended at 32 Ill. Reg. 2967,

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effective February 15, 2008; amended at 32 Ill. Reg. 3275, effective February 19, 2008; amended at 32 Ill. Reg. 7357, effective April 28, 2008; amended at 32 Ill. Reg. 8592, effective May 29, 2008; amended at 32 Ill. Reg. 8931, effective June 4, 2008; amended at 32 Ill. Reg. 13200, effective July 22, 2008; amended at 32 Ill. Reg. 17418, effective October 23, 2008; amended at 32 Ill. Reg. 17759, effective October 28, 2008; amended at 32 Ill. Reg. 17946, effective November 5, 2008; amended at 34 Ill. Reg. 3285, effective February 26, 2010; amended at 34 Ill. Reg. 3748, effective March 11, 2010.

SUBPART F: CONDUCT OF GAMING

Section 3000.660 Minimum Standards for Electronic Gaming Devices

- a) Electronic Gaming Devices shall pay out a mathematically demonstrable percentage of all amounts Wagered, which must not be less than 80% nor more than 100% unless otherwise approved by the Administrator. Electronic Gaming Devices that may be affected by player skill must meet this standard when using a method of play that will provide the greatest return to the player over a period of continuous play.
- b) Electronic Gaming Devices shall, at a minimum:
 - 1) Be controlled by a microprocessor or the equivalent;
 - 2) Be compatible to on-line data monitoring;
 - 3) Contain an EPROM or ~~other non-alterable storage media~~Non-Alterable Storage Media that has been approved by the Administrator subsequent to a review of the EPROM or ~~other non-alterable storage media~~Non-Alterable Storage Media by an independent laboratory designated by the Administrator;
 - 4) Have a separate locked internal enclosure within the device for the circuit board containing the EPROM and for all ~~other non-alterable storage media~~Non-Alterable Storage Media, provide a security device or protocol approved by the Administrator to guarantee program inaccessibility by other than by an approved method and personnel and only in the presence of a Gaming Board agent;

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- 5) Be able to continue a Game with no data loss after a power failure;
 - 6) Have previous and current Game data recall;
 - 7) Have a random selection process that must not produce detectable patterns of Game elements or detectable dependency upon any previous Game outcome, the amount Wagered, or upon the style or method of play;
 - 8) Clearly display applicable rules of play and the payout schedule;
 - 9) Display an accurate representation of each Game outcome. After selection of the Game outcome, the Electronic Gaming Device must not make a variable secondary decision which affects the result shown to the player;
 - 10) Have a complete set of nonvolatile meters including amounts wagered, amounts awarded, amounts redeemed, total Vouchers issued, total quantity of Vouchers issued and United States currency, Vouchers, and Tokens dropped;
 - 11) Make available for random selection at the initiation of each play each possible permutation or combination of Game elements which produce winning or losing Game outcomes;
 - 12) Not automatically alter pay-tables or any function of the Electronic Gaming Device based on internal computation of the hold percentage; and
 - 13) If interfaced with a Voucher System, meet the minimum requirements for a Voucher System as set forth in this Part.
- c) When an Electronic Gaming Device is unable to drop sufficient Tokens or issue a Voucher in a sufficient amount for payment of jackpots requiring the payment to be made by the Riverboat, jackpot payout tickets must be prepared containing the following information:
- 1) The location of the Electronic Gaming Device;
 - 2) The date;
 - 3) The time of day;

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- 4) The Electronic Gaming Device number;
 - 5) The amount of the jackpot payout in numeric form if the ticket is machine generated, or in written and numeric form if the ticket is prepared manually;
 - 6) The signature of the holder of an Owner's license or Riverboat Gaming Operation employee making the payment; and
 - 7) A signature of at least one other Riverboat Gaming Operation employee attesting to the accuracy of the form.
- d) Electronic Gaming Devices linked to any Progressive Jackpot system shall meet the following specifications:
- 1) The value of a Progressive Jackpot shall be clearly displayed above the interlinked Electronic Gaming Devices, and metered incrementally by a Progressive Controller. Any Electronic Gaming Device that offers a Progressive Jackpot, or that is linked to a Progressive Jackpot, must prominently display a manufacturer-supplied glass indicating either that a Progressive Jackpot is to be paid or indicating the current amount of the jackpot. All Electronic Gaming Devices linked and contributing to a common Progressive Jackpot shall have the same probability of hitting the combination that will award the Progressive Jackpot;
 - 2) A Progressive Jackpot may be transferred to another progressive Electronic Gaming Device at the same location in the event of a device malfunction or replacement, with approval of the Administrator;
 - 3) A holder of an Owner's license may impose a limit on the Progressive Jackpot of Electronic Gaming Devices which are linked to any Progressive Controller;
 - 4) No Progressive Jackpot indicator shall be cancelled or turned back to a lesser amount unless one of the following circumstances occurs:
 - A) The amount shown on the progressive meter is paid to a player as a jackpot;

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- B) It becomes necessary to adjust the progressive meter to prevent the jackpot indicator from displaying an amount greater than the limit imposed by the Riverboat Gaming Operation pursuant to subsection (d)(3) of this Section; and
- C) It becomes necessary to change the jackpot indicator because of an Electronic Gaming Device malfunction, in which case such malfunction and adjustment must be recorded by appropriate Electronic Gaming Device monitoring on-line data system;
- 5) A holder of an Owner's license who is liable for payment of a Progressive Jackpot must secure the amount of same by a cash deposit, a performance bond, or a security instrument nationally recognized in the Gaming industry. The Administrator must approve all deposits, bonds, or other instruments, and the security instrument must be secured in a method approved by the Administrator.
- e) The Administrator may approve, for use in a Tournament involving Electronic Gaming Devices, a Tournament EPROM or other non-alterable storage media subject to the following requirements:
- 1) The Tournament EPROM or other non-alterable storage media has been tested and approved for use as may be required by the Administrator.
 - 2) The installation, use and secure storage of the Tournament EPROM or other non-alterable storage media is provided for in the Internal Control System of the Riverboat Gaming Operation.
 - 3) The Tournament EPROM or other non-alterable storage media is installed and removed from an Electronic Gaming Device only in the presence of a Board agent.
 - 4) An Electronic Gaming Device is rendered unavailable for wagering or play, except in the conduct of a Tournament, when a Tournament EPROM or other non-alterable storage media is installed in the Electronic Gaming Device and is set in tournament mode.
 - 5) As applicable, the Administrator has waived or modified the data

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reporting and monitoring requirements of Section 3000.670 so as to prevent inapplicable Tournament payout information from being used in the calculation of Adjusted Gross Receipts.

- 6) Patrons engaging in a Tournament have been given proper information as to the effect that play with a Tournament EPROM or other non-alterable storage media has on the rules of play and the payout information that is posted on Electronic Gaming Devices used in the Tournament.
- f) The use of remote access is prohibited unless the Administrator has approved internal controls that specifically address remote access procedures.

(Source: Amended at 34 Ill. Reg. 3748, effective March 11, 2010)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Medical Payment
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
140.526	Repeal
140.530	Amendment
140.860	New Section
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Effective Date of Amendments: March 14, 2010
- 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 material 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: October 16, 2009; 33 Ill. Reg. 14269
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences Between Proposal and Final Version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No agreements were necessary.
- 13) Will this rulemaking replace any emergency amendments currently in effect? No. The companion emergency rule expired on February 27, 2010.
- 14) Are there any other amendments pending on this Part? Yes

<u>Sections Numbers:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
140.400	Amendment	March 27, 2009; 33 Ill. Reg. 4468
140.2	Amendment	February 19, 2010; 34 Ill. Reg. 2646
140.10	Amendment	February 19, 2010; 34 Ill. Reg. 2646

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

- 15) Summary and Purpose of Amendments: In compliance with the federal Centers for Medicare and Medicaid Services' rule to limit government providers to no more than cost, this adopted rulemaking provides new methodology to reimburse county-owned or -operated nursing facilities at cost. The cost will be certified as a county expenditure by submission of the facility's cost report, and the facility will receive an interim payment from the Department in the amount that it would receive by applying Minimum Data Set (MDS)-based rates. Federal financial participation (FFP) will be claimed on the higher certified cost, and the Department will then pass through a portion of the FFP to the county.
- 16) Information and questions regarding these adopted amendments shall be directed to:

Jeanette Badrov
General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield IL 62763-0002

217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER d: MEDICAL PROGRAMS

PART 140

MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section

- 140.1 Incorporation By Reference
- 140.2 Medical Assistance Programs
- 140.3 Covered Services Under Medical Assistance Programs
- 140.4 Covered Medical Services Under AFDC-MANG for non-pregnant persons who are 18 years of age or older (Repealed)
- 140.5 Covered Medical Services Under General Assistance
- 140.6 Medical Services Not Covered
- 140.7 Medical Assistance Provided to Individuals Under the Age of Eighteen Who Do Not Qualify for AFDC and Children Under Age Eight
- 140.8 Medical Assistance For Qualified Severely Impaired Individuals
- 140.9 Medical Assistance for a Pregnant Woman Who Would Not Be Categorically Eligible for AFDC/AFDC-MANG if the Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
- 140.10 Medical Assistance Provided to Incarcerated Persons

SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section

- 140.11 Enrollment Conditions for Medical Providers
- 140.12 Participation Requirements for Medical Providers
- 140.13 Definitions
- 140.14 Denial of Application to Participate in the Medical Assistance Program
- 140.15 Recovery of Money
- 140.16 Termination or Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program
- 140.17 Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program
- 140.18 Effect of Termination or Revocation on Persons Associated with Vendor
- 140.19 Application to Participate or for Reinstatement Subsequent to Termination,

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	Suspension or Barring
140.20	Submittal of Claims
140.21	Reimbursement for QMB Eligible Medical Assistance Recipients and QMB Eligible Only Recipients and Individuals Who Are Entitled to Medicare Part A or Part B and Are Eligible for Some Form of Medicaid Benefits
140.22	Magnetic Tape Billings (Repealed)
140.23	Payment of Claims
140.24	Payment Procedures
140.25	Overpayment or Underpayment of Claims
140.26	Payment to Factors Prohibited
140.27	Assignment of Vendor Payments
140.28	Record Requirements for Medical Providers
140.30	Audits
140.31	Emergency Services Audits
140.32	Prohibition on Participation, and Special Permission for Participation
140.33	Publication of List of Sanctioned Entities
140.35	False Reporting and Other Fraudulent Activities
140.40	Prior Approval for Medical Services or Items
140.41	Prior Approval in Cases of Emergency
140.42	Limitation on Prior Approval
140.43	Post Approval for Items or Services When Prior Approval Cannot Be Obtained
140.44	Withholding of Payments Due to Fraud or Misrepresentation
140.55	Recipient Eligibility Verification (REV) System
140.71	Reimbursement for Medical Services Through the Use of a C-13 Invoice Voucher Advance Payment and Expedited Payments
140.72	Drug Manual (Recodified)
140.73	Drug Manual Updates (Recodified)

SUBPART C: PROVIDER ASSESSMENTS

Section	
140.80	Hospital Provider Fund
140.82	Developmentally Disabled Care Provider Fund
140.84	Long Term Care Provider Fund
140.94	Medicaid Developmentally Disabled Provider Participation Fee Trust Fund/Medicaid Long Term Care Provider Participation Fee Trust Fund
140.95	Hospital Services Trust Fund
140.96	General Requirements (Recodified)
140.97	Special Requirements (Recodified)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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- 140.98 Covered Hospital Services (Recodified)
- 140.99 Hospital Services Not Covered (Recodified)
- 140.100 Limitation On Hospital Services (Recodified)
- 140.101 Transplants (Recodified)
- 140.102 Heart Transplants (Recodified)
- 140.103 Liver Transplants (Recodified)
- 140.104 Bone Marrow Transplants (Recodified)
- 140.110 Disproportionate Share Hospital Adjustments (Recodified)
- 140.116 Payment for Inpatient Services for GA (Recodified)
- 140.117 Hospital Outpatient and Clinic Services (Recodified)
- 140.200 Payment for Hospital Services During Fiscal Year 1982 (Recodified)
- 140.201 Payment for Hospital Services After June 30, 1982 (Repealed)
- 140.202 Payment for Hospital Services During Fiscal Year 1983 (Recodified)
- 140.203 Limits on Length of Stay by Diagnosis (Recodified)
- 140.300 Payment for Pre-operative Days and Services Which Can Be Performed in an Outpatient Setting (Recodified)
- 140.350 Copayments (Recodified)
- 140.360 Payment Methodology (Recodified)
- 140.361 Non-Participating Hospitals (Recodified)
- 140.362 Pre July 1, 1989 Services (Recodified)
- 140.363 Post June 30, 1989 Services (Recodified)
- 140.364 Prepayment Review (Recodified)
- 140.365 Base Year Costs (Recodified)
- 140.366 Restructuring Adjustment (Recodified)
- 140.367 Inflation Adjustment (Recodified)
- 140.368 Volume Adjustment (Repealed)
- 140.369 Groupings (Recodified)
- 140.370 Rate Calculation (Recodified)
- 140.371 Payment (Recodified)
- 140.372 Review Procedure (Recodified)
- 140.373 Utilization (Repealed)
- 140.374 Alternatives (Recodified)
- 140.375 Exemptions (Recodified)
- 140.376 Utilization, Case-Mix and Discretionary Funds (Repealed)
- 140.390 Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.391 Definitions (Recodified)
- 140.392 Types of Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.394 Payment for Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.396 Rate Appeals for Subacute Alcoholism and Substance Abuse Services

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(Recodified)
140.398 Hearings (Recodified)

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section

140.400 Payment to Practitioners
140.402 Copayments for Noninstitutional Medical Services
140.403 Telehealth Services
140.405 SeniorCare Pharmaceutical Benefit (Repealed)
140.410 Physicians' Services
140.411 Covered Services By Physicians
140.412 Services Not Covered By Physicians
140.413 Limitation on Physician Services
140.414 Requirements for Prescriptions and Dispensing of Pharmacy Items – Prescribers
140.416 Optometric Services and Materials
140.417 Limitations on Optometric Services
140.418 Department of Corrections Laboratory
140.420 Dental Services
140.421 Limitations on Dental Services
140.422 Requirements for Prescriptions and Dispensing Items of Pharmacy Items –
Dentists (Repealed)
140.425 Podiatry Services
140.426 Limitations on Podiatry Services
140.427 Requirement for Prescriptions and Dispensing of Pharmacy Items – Podiatry
(Repealed)
140.428 Chiropractic Services
140.429 Limitations on Chiropractic Services (Repealed)
140.430 Independent Clinical Laboratory Services
140.431 Services Not Covered by Independent Clinical Laboratories
140.432 Limitations on Independent Clinical Laboratory Services
140.433 Payment for Clinical Laboratory Services
140.434 Record Requirements for Independent Clinical Laboratories
140.435 Advanced Practice Nurse Services
140.436 Limitations on Advanced Practice Nurse Services
140.438 Imaging Centers
140.440 Pharmacy Services
140.441 Pharmacy Services Not Covered
140.442 Prior Approval of Prescriptions

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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- 140.443 Filling of Prescriptions
- 140.444 Compounded Prescriptions
- 140.445 Legend Prescription Items (Not Compounded)
- 140.446 Over-the-Counter Items
- 140.447 Reimbursement
- 140.448 Returned Pharmacy Items
- 140.449 Payment of Pharmacy Items
- 140.450 Record Requirements for Pharmacies
- 140.451 Prospective Drug Review and Patient Counseling
- 140.452 Mental Health Services
- 140.453 Definitions
- 140.454 Types of Mental Health Services
- 140.455 Payment for Mental Health Services
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- 140.457 Therapy Services
- 140.458 Prior Approval for Therapy Services
- 140.459 Payment for Therapy Services
- 140.460 Clinic Services
- 140.461 Clinic Participation, Data and Certification Requirements
- 140.462 Covered Services in Clinics
- 140.463 Clinic Service Payment
- 140.464 Hospital-Based and Encounter Rate Clinic Payments
- 140.465 Speech and Hearing Clinics (Repealed)
- 140.466 Rural Health Clinics (Repealed)
- 140.467 Independent Clinics
- 140.469 Hospice
- 140.470 Eligible Home Health Providers
- 140.471 Description of Home Health Services
- 140.472 Types of Home Health Services
- 140.473 Prior Approval for Home Health Services
- 140.474 Payment for Home Health Services
- 140.475 Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices
- 140.476 Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices for Which Payment Will Not Be Made
- 140.477 Limitations on Equipment, Prosthetic Devices and Orthotic Devices
- 140.478 Prior Approval for Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices
- 140.479 Limitations, Medical Supplies
- 140.480 Equipment Rental Limitations

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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140.481	Payment for Medical Equipment, Supplies, Prosthetic Devices and Hearing Aids
140.482	Family Planning Services
140.483	Limitations on Family Planning Services
140.484	Payment for Family Planning Services
140.485	Healthy Kids Program
140.486	Illinois Healthy Women
140.487	Healthy Kids Program Timeliness Standards
140.488	Periodicity Schedules, Immunizations and Diagnostic Laboratory Procedures
140.490	Medical Transportation
140.491	Limitations on Medical Transportation
140.492	Payment for Medical Transportation
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SUBPART E: GROUP CARE

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140.503	Cessation of Payment for Improper Level of Care
140.504	Cessation of Payment Because of Termination of Facility
140.505	Informal Hearing Process for Denial of Payment for New ICF/MR
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140.507	Continuation of Provider Agreement
140.510	Determination of Need for Group Care
140.511	Long Term Care Services Covered By Department Payment
140.512	Utilization Control
140.513	Notification of Change in Resident Status
140.514	Certifications and Recertifications of Care (Repealed)
140.515	Management of Recipient Funds – Personal Allowance Funds
140.516	Recipient Management of Funds
140.517	Correspondent Management of Funds
140.518	Facility Management of Funds
140.519	Use or Accumulation of Funds
140.520	Management of Recipient Funds – Local Office Responsibility

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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140.521	Room and Board Accounts
140.522	Reconciliation of Recipient Funds
140.523	Bed Reserves
140.524	Cessation of Payment Due to Loss of License
140.525	Quality Incentive Program (QUIP) Payment Levels
140.526	County Contribution to Medicaid Reimbursement (Repealed)
140.527	Quality Incentive Survey (Repealed)
140.528	Payment of Quality Incentive (Repealed)
140.529	Reviews (Repealed)
140.530	Basis of Payment for Long Term Care Services
140.531	General Service Costs
140.532	Health Care Costs
140.533	General Administration Costs
140.534	Ownership Costs
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- 140.568 Duration of Incentive Payments (Repealed)
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- 140.580 Mandated Capital Improvements (Repealed)
- 140.581 Qualifying as Mandated Capital Improvement (Repealed)
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- 140.584 Illinois Municipal Retirement Fund (IMRF)
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- 140.642 Screening Assessment for Nursing Facility and Alternative Residential Settings and Services
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140.908	Times and Staff Levels (Recodified)
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140.911	Basic Rehabilitation Aide Training Program (Recodified)
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140.944 Notification of Negotiations (Recodified)
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140.950 Factors Considered in Awarding ICARE Contracts (Recodified)
140.952 Closing an ICARE Area (Recodified)
140.954 Administrative Review (Recodified)
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140.958 Admitting and Clinical Privileges (Recodified)
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140.962 Payment to Hospitals for Inpatient Services or Care not Provided under the ICARE Program (Recodified)
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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: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg.

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8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; preemptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; preemptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; preemptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; preemptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg.

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11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections

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140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; Notice of Corrections to Adopted Amendment at 15 Ill. Reg. 1174; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg.

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17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment suspended at 17 Ill. Reg. 18902, effective October 12, 1993; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended at 18 Ill. Reg. 17286, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455,

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effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. Reg. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days; emergency expired April 29, 1999; amended at 23 Ill. Reg. 5796, effective April 30, 1999; amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9874, effective August 3, 1999; amended at 23 Ill. Reg. 12697, effective October 1, 1999; amended at 23 Ill. Reg. 13646, effective November 1, 1999; amended at 23 Ill. Reg. 14567, effective December 1, 1999; amended at 24 Ill. Reg. 661, effective January 3, 2000; amended at 24 Ill. Reg. 10277, effective July 1, 2000; emergency amendment at 24 Ill. Reg. 10436, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15086, effective October 1, 2000; amended at 24 Ill. Reg. 18320, effective December 1, 2000; emergency amendment at 24 Ill. Reg. 19344, effective December 15, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 3897, effective March 1, 2001; amended at 25 Ill. Reg. 6665, effective May 11, 2001; amended at 25 Ill. Reg. 8793, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 8850, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 11880, effective September 1, 2001; amended at 25 Ill. Reg. 12820, effective October 8, 2001; amended at 25 Ill. Reg. 14957,

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effective November 1, 2001; emergency amendment at 25 Ill. Reg. 16127, effective November 28, 2001, for a maximum of 150 days; emergency amendment at 25 Ill. Reg. 16292, effective December 3, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 514, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 663, effective January 7, 2002; amended at 26 Ill. Reg. 4781, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 5984, effective April 15, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 7285, effective April 29, 2002; emergency amendment at 26 Ill. Reg. 8594, effective June 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11259, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 12461, effective July 29, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16593, effective October 22, 2002; emergency amendment at 26 Ill. Reg. 12772, effective August 12, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13641, effective September 3, 2002; amended at 26 Ill. Reg. 14789, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 15076, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16303, effective October 25, 2002; amended at 26 Ill. Reg. 17751, effective November 27, 2002; amended at 27 Ill. Reg. 768, effective January 3, 2003; amended at 27 Ill. Reg. 3041, effective February 10, 2003; amended at 27 Ill. Reg. 4364, effective February 24, 2003; amended at 27 Ill. Reg. 7823, effective May 1, 2003; amended at 27 Ill. Reg. 9157, effective June 2, 2003; emergency amendment at 27 Ill. Reg. 10813, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 13784, effective August 1, 2003; amended at 27 Ill. Reg. 14799, effective September 5, 2003; emergency amendment at 27 Ill. Reg. 15584, effective September 20, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16161, effective October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18629, effective November 26, 2003; amended at 28 Ill. Reg. 2744, effective February 1, 2004; amended at 28 Ill. Reg. 4958, effective March 3, 2004; emergency amendment at 28 Ill. Reg. 6622, effective April 19, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7081, effective May 3, 2004; emergency amendment at 28 Ill. Reg. 8108, effective June 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 9640, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10135, effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 11161, effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12198, effective August 11, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13775, effective October 1, 2004; amended at 28 Ill. Reg. 14804, effective October 27, 2004; amended at 28 Ill. Reg. 15513, effective November 24, 2004; amended at 29 Ill. Reg. 831, effective January 1, 2005; amended at 29 Ill. Reg. 6945, effective May 1, 2005; emergency amendment at 29 Ill. Reg. 8509, effective June 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12534, effective August 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 14957, effective September 30, 2005; emergency amendment at 29 Ill. Reg. 15064, effective October 1, 2005, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 29 Ill. Reg. 15985, effective October 5, 2005, for the remainder of the maximum 150 days; emergency

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amendment at 29 Ill. Reg. 15610, effective October 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 16515, effective October 5, 2005, for a maximum of 150 days; amended at 30 Ill. Reg. 349, effective December 28, 2005; emergency amendment at 30 Ill. Reg. 573, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 796, effective January 1, 2006; amended at 30 Ill. Reg. 2802, effective February 24, 2006; amended at 30 Ill. Reg. 10370, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 12376, effective July 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 13909, effective August 2, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 14280, effective August 18, 2006; expedited correction at 31 Ill. Reg. 1745, effective August 18, 2006; emergency amendment at 30 Ill. Reg. 17970, effective November 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18648, effective November 27, 2006; emergency amendment at 30 Ill. Reg. 19400, effective December 1, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 388, effective December 29, 2006; emergency amendment at 31 Ill. Reg. 1580, effective January 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 2413, effective January 19, 2007; amended at 31 Ill. Reg. 5561, effective March 30, 2007; amended at 31 Ill. Reg. 6930, effective April 29, 2007; amended at 31 Ill. Reg. 8485, effective May 30, 2007; emergency amendment at 31 Ill. Reg. 10115, effective June 30, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 14749, effective October 22, 2007; emergency amendment at 32 Ill. Reg. 383, effective January 1, 2008, for a maximum of 150 days; peremptory amendment at 32 Ill. Reg. 6743, effective April 1, 2008; peremptory amendment suspended at 32 Ill. Reg. 8449, effective May 21, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at 32 Ill. Reg. 18323, effective November 12, 2008; peremptory amendment repealed by emergency rulemaking at 32 Ill. Reg. 18422, effective November 12, 2008, for a maximum of 150 days; emergency expired April 10, 2009; peremptory amendment repealed at 33 Ill. Reg. 6667, effective April 29, 2009; amended at 32 Ill. Reg. 7727, effective May 5, 2008; emergency amendment at 32 Ill. Reg. 10480, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27, 2008; amended at 32 Ill. Reg. 17133, effective October 15, 2008; amended at 33 Ill. Reg. 209, effective December 29, 2008; amended at 33 Ill. Reg. 9048, effective June 15, 2009; emergency amendment at 33 Ill. Reg. 10800, effective June 30, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 11287, effective July 14, 2009; amended at 33 Ill. Reg. 11938, effective August 17, 2009; amended at 33 Ill. Reg. 12227, effective October 1, 2009; emergency amendment at 33 Ill. Reg. 14324, effective October 1, 2009, for a maximum of 150 days; emergency expired February 27, 2010; amended at 33 Ill. Reg. 16573, effective November 16, 2009; amended at 34 Ill. Reg. 516, effective January 1, 2010; amended at 34 Ill. Reg. 903, effective January 29, 2010; amended at 34 Ill. Reg. 3761, effective March 14, 2010.

SUBPART E: GROUP CARE

| **Section 140.526 County Contribution to Medicaid Reimbursement** **(Repealed)**

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- a) ~~Pursuant to the Public Aid Code [305 ILCS 5/5-5.4b], this Section shall provide for county contributions to the funding of Medicaid nursing facility services.~~
- b) ~~Beginning November 1, 2006, a county that owns or operates a Medicaid-certified nursing facility shall contribute to the funding of Medicaid services an amount, determined by the methodology described in subsections (h) and (i) of this Section, which shall be deposited into the Long Term Care Provider Fund.~~
- e) ~~The county contribution shall be due the fourth Tuesday of each month via electronic funds transfer.~~
- d) ~~Beginning January 1, 2007, the Department shall notify each applicable county of the amount due for the quarter, the amounts due for each month, and dates that the contributions are due. The notification shall be sent during the first week of a quarter for contributions due in the next quarter.~~
- e) ~~For contribution amounts applicable for services delivered on and after April 1, 2007, a county may request a review of the contribution amount (also known as the transfer amount) by writing to the Department's Division of Medical Programs, Chief of the Bureau of Long Term Care. A letter requesting a review must be received by the Bureau of Long Term Care at least 60 days before the beginning of the quarter. The Bureau shall review the calculations and extenuating circumstances documented by the county and verified by the Bureau. The Bureau shall respond in writing no less than 30 days before the beginning of the applicable quarter.~~
- f) ~~The contribution amount will be determined by estimating the Medicaid liability of each county owned/operated nursing facility for the period. Beginning September 1, 2007, the contribution shall include a reconciliation component as described in subsection (j) of this Section. The Department shall compute the estimated liability using the calculation described in subsections (h) and (i) of this Section when the Department is liable in whole or in part, except for when Medicare is the primary payer.~~
- g) ~~Counties will be responsible for a percentage of the total liability at one of three rates: 38 percent, 39 percent or 40 percent. The rate for a given county will be determined by comparing the county's median family income to the statewide median family income, as published by the U. S. Department of Commerce~~

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~~(Small Area Income and Poverty Estimates, 2003). The standard deviation of the median family income for the applicable counties will be computed. If the county's median family income is below the statewide median family income minus one standard deviation, the county's contribution rate will be 38 percent; if it is above the statewide median family income plus one standard deviation, the county's contribution rate will be 40 percent. Counties with a median family income within one standard deviation of the statewide median family income shall contribute 39 percent.~~

- h) ~~For the period from October 1, 2006 through December 31, 2006 (fourth quarter), the Department shall calculate the contribution amount by:~~
- ~~1) calculating the average of the total number of Medicaid paid days for fourth quarter 2003, fourth quarter 2004, fourth quarter 2005 (weighted twice) to get the estimated total paid days;~~
 - ~~2) multiplying the estimated average by the Medicaid per diem rate;~~
 - ~~3) multiplying the outcome by the county contribution rate (38 percent, 39 percent or 40 percent as described in subsection (e)) to get the estimated fourth quarter payment; and~~
 - ~~4) dividing this amount by three to get the monthly county contribution to the State.~~
- i) ~~Beginning January 1, 2007, the Department shall calculate the contribution amount each quarter by:~~
- ~~1) averaging the total number of Medicaid paid days for the similar quarter during the past four years to get the estimated total paid days (for example, first quarter of 2003, 2004, 2005 and 2006 will be used to calculate the first quarter 2007 total);~~
 - ~~2) multiplying the estimated average by the Medicaid per diem rate;~~
 - ~~3) multiplying the outcome by the county contribution rate (38 percent, 39 percent or 40 percent as described in subsection (e)) to get the estimated quarterly payment; and~~

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- 4) ~~dividing this amount by three to get the monthly county contribution to the State.~~
- j) ~~The Department shall reconcile from the estimated county contribution to an amount based on actual reimbursement to the facility. This reconciliation shall be computed quarterly and shall be applied to the contribution calculated under subsections (h) and (i).~~
- k) ~~For the period between November 1, 2006 and March 31, 2007, the Department shall notify each applicable county of the monthly contributions at least 30 days before the payment is due.~~
- l) ~~For the period between November 1, 2006 and March 31, 2007, a county may request a review of the calculation of the contribution amount by writing to the Chief of the Bureau of Long Term Care. A letter requesting a review must be received by the Bureau of Long Term Care within seven calendar days after the Department's notification. The Bureau shall review the calculations and extenuating circumstances documented by the county and verified by the Bureau. The Bureau shall respond in writing within seven calendar days.~~
- m) ~~The Department shall send vouchers for county nursing facilities' claims to the Comptroller within seven calendar days after the date that county contributions are due.~~
- n) ~~The county nursing facility shall retain the payment from the Department.~~
- o) ~~Notwithstanding the provisions set forth in Section 140.569, effective November 1, 2006, county owned/operated nursing facilities shall no longer be reimbursed an exceptional care rate for those residents approved under the Exceptional Care Program. Additionally, no further assessments for exceptional care shall be completed for residents admitted on or after November 1, 2006.~~

(Source: Repealed at 34 Ill. Reg. 3761, effective March 14, 2010)

Section 140.530 Basis of Payment for Long Term-Care Services

- a) The amount approved for payment for long term care services is based on the type and amount of services required by and actually being furnished to a resident and is determined in accordance with the Department's rate schedule.

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- b) Costs not related to patient care, as well as costs in excess of those required for the efficient and economical delivery of care, will not be reimbursed.
- c) Rates and payments
 - 1) Rates for long term care services shall be the sum of the reimbursable costs of capital, support, and nursing, as defined in this Part and 89 Ill. Adm. Code 147.
 - 2) Additionally, for county-owned or operated nursing facilities, rates shall include allowable costs incurred in excess of the reimbursable costs defined in this Part and 89 Ill. Adm. Code 147. Costs in excess of reimbursable costs shall be certified from the signed annual cost report submitted by the county to the Department.
 - 3) Payment for long term care services is on a per diem basis. In determining the number of days for which payment can be made, the day of admission to the facility is counted. The day of discharge from the facility is not counted, unless it is the day of death and death occurs in the facility or a reserved bed has been authorized for that day.
 - 4) Payments by the Department for long term care services shall not exceed reimbursable costs as defined in this Part and 89 Ill. Adm. Code 147 less what is contributed by third party liability.
- d) Definitions
 - 1) "Allowable costs" are those which are appropriate patient care expenditures as defined in this Part and 89 Ill. Adm. Code 147.
 - 2) "Reimbursable costs" are determined by the application of statistical standardizations of allowable costs for all providers within various defined groups to the costs of individual providers within such groups.
 - 3) "County-owned nursing facility" is a nursing facility owned and operated by an Illinois county.
- e) ~~Reimbursement methodology for county-owned/operated nursing facilities~~

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- 1) ~~Except for nursing facility services for which Medicare is the primary payer, the per diem rate for qualifying nursing facilities shall be 94 percent of the average rate that is determined by applying a modified Medicare reimbursement methodology to the facility's Medicaid residents. The modification to the Medicare methodology shall consist of the use of the 34-class Resource Utilization Groups (RUGs) grouper, in lieu of the grouper used by Medicare.~~
- 2) ~~For purposes of the calculation, each resident will be assigned a case mix weighting factor that is the arithmetic mean of the weighting factors derived from the nursing facility Minimum Data Set (MDS) data transmitted to the State for Medicaid residents who resided in the facility on the 15th day of February preceding the beginning of the State fiscal year during which the service was provided. The resulting rates for all Medicaid-eligible residents within a facility will be averaged at the facility level. Payment rates shall be adjusted effective with any adjustments made to the Medicare Prospective Payment System (PPS) rates by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS).~~

(Source: Amended at 34 Ill. Reg. 3761, effective March 14, 2010)

SUBPART F: FEDERAL CLAIMING FOR STATE AND
LOCAL GOVERNMENTAL ENTITIES**Section 140.860 County Owned or Operated Nursing Facilities ~~(Repealed)~~**

- a) Subject to federal approval, the Department shall draw the eligible amounts of federal monies for the covered expenditures in accordance with Section 140.530(c)(2), intergovernmental agreements between the county and State, and applicable federal regulations.
- b) Subject to federal approval, the Department shall authorize payment to the county within 45 days after receipt of the federal monies drawn for the certified expenditures unless the county has not provided complete, accurate and valid expenditure reports with appropriate documentation.

(Source: Amended at 34 Ill. Reg. 3761, effective March 14, 2010)

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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>
147.150	Amendment
147.200	Amendment
147.205	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: March 14, 2010
- 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: October 16, 2009; 33 Ill. Reg. 14272
- 10) Has JCAR issued a Statement of Objection to these amendments? No
- 11) Differences Between Proposal and Final Version: In Section 147.205(a), the word "not" was added to the last sentence of the paragraph to read: "It does not include Continuous Positive Airway Pressure (CPAP) or Bi-level Positive Airway Pressure (BIPAP) devices."
- 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. The companion emergency rule expired February 27, 2010.
- 14) Are there any other amendments pending on this Part? No

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- 15) Summary and Purpose of Amendments: This rulemaking, which implements P.A. 96-0743, requires the Department to begin paying nursing facilities for ventilator-dependent residents through a system separate from the Minimum Data Set- (MDS-) based reimbursement methodology.

Payment shall be made for each individual resident receiving ventilator services through the Medicaid Management Information System (MMIS). A rate for ventilator services shall be set based on geographic area for all facilities within that area, and shall consist of the \$150.00 add-on previously used in the MDS methodology plus the average of the ventilator-dependent minutes for each geographic area. The rates were previously adjusted annually for all facilities and quarterly for those facilities that exceed a specified percentage of total variable nursing time for a rate quarter as identified in the existing MDS rules.

This rulemaking also requires the Department to calculate and adjust the nursing component of the nursing facility rate under the Minimum Data Set (MDS) methodology quarterly for all nursing facilities, effective October 1, 2009. The rates, too, were previously adjusted annually for all facilities and quarterly for those facilities that exceed a specified percentage of total variable nursing time for a rate quarter as identified in the existing MDS rules.

- 16) Information and questions regarding these adopted amendments shall be directed to:

Jeanette Badrov
General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield IL 62763-0002

217/782-1233

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 Minimum Data Set-Mental Health (MDS-MH) Based Reimbursement System
- 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
- 147.205 ~~Reimbursement for Ventilator Dependent Residents 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 Specialized Services for Individuals with Developmental Disabilities in Nursing

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Facilities

147.TABLE A	Staff Time (in Minutes) and Allocation by Need Level
147.TABLE B	MDS-MH Staff Time (in Minutes and Allocation by Need Level)
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; expedited correction at 31 Ill. Reg. 7409, effective September 11, 2006; amended at 31 Ill. Reg. 8654, effective June 11, 2007; emergency amendment at 32 Ill. Reg. 415, effective January 1, 2008, for a maximum of 150 days; emergency amendment suspended at 32 Ill. Reg. 3114, effective February 13, 2008; emergency suspension withdrawn in part at 32 Ill. Reg. 4399, effective February 26, 2008 and 32 Ill. Reg. 4402, effective March 11, 2008 and 32 Ill. Reg. 9765, effective June 17, 2008; amended at 32 Ill. Reg. 8614, effective May 29, 2008; amended at 33 Ill. Reg. 9337, effective July 1, 2009; emergency amendment at 33 Ill. Reg. 14350, effective October 1, 2009, for a maximum of 150 days; emergency amendment modified in response to the objection of the Joint Committee on Administrative Rules at 34 Ill. Reg. 1421, effective January 5, 2010, for the remainder of the 150 days; emergency expired February 27, 2010; amended at 34 Ill. Reg. 3786, effective March 14, 2010.

Section 147.150 Minimum Data Set (MDS) Based Reimbursement System

- a) Public Act 94-0964 requires the Department to implement, effective January 1, 2007, 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.
- b) Except as referenced in subsection (c)(1)(E)(iv) of this Section, the~~The~~ nursing component of the rate shall be calculated ~~and 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.

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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 total variable nursing time as calculated for the annual rate period by more than ten 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). Reimbursement is developed by multiplying the time for each service by the wages 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. 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,

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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 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 reimbursement per diem computed in 89 Ill. Adm. Code 140.569(a)(1), multiplied by one minus the ratio computed in Section

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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.

iii) Until October 1, 2009, for~~For~~ facilities in which the number of ventilator care residents in any quarter has increased over the number used to compute the exceptional care per diem as specified in 89 Ill. Adm. Code 140.569(a)(1), the rate computed in subsections (c)(1)(E)(i) and (c)(1)(E)(ii) shall add the sum of total variable time reimbursement for the ventilator care add-on, vacation time, the average facility special patient need factors, and supply, consultant, and Director of Nursing factors for each resident receiving ventilator care in excess of the number used to compute the exceptional care per diem as specified in 89 Ill. Adm. Code 140.569(a)(1) divided by the total number of residents used to compute the MDS portion of the paid rate for that quarter. The resulting ventilator add-on shall be multiplied by one minus the ratio computed in Section 147.150(c)(1)(E)(i). This addition to the rate shall apply for each quarter regardless of the facility's eligibility for use of that quarter's MDS rate for computation of the paid facility rate as defined in subsection (b) of this Section.

iv) The calculations referenced in subsections (c)(1)(E)(i) and (ii) of this Section shall only change annually.

F) The annual amount of new funds allocated for MDS reimbursement methodology beginning January 1, 2007 is \$60 million. The annual amount of new funds allocated for MDS

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reimbursement methodology beginning January 1, 2008 is \$50 million. The annual amount of new funds for MDS reimbursement methodology beginning January 1, 2009 is \$84 million.

- 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

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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.

- 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, 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.
 - 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 34 Ill. Reg. 3786, effective March 14, 2010)

Section 147.200 Minimum Data Set (MDS) On-Site Review Documentation

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- 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.
- 1) Department staff shall request in writing the current charts of individual residents needed to begin the review process. Current charts and completed MDSs for the previous 15 months shall be provided to the review team within an hour after this request. Additional documentation regarding reimbursement areas for the identified Assessment Reference Date (ARD) timeframe shall be provided to the review team within four hours after the initial request.
 - 2) When further documentation is needed by the review team to validate an area, the team will identify the area of reimbursement requiring additional documentation and provide the facility with the opportunity to produce that information. The facility shall provide the team with the additional documentation within 24 hours after the initial request. All documentation that is to be considered for validation must be provided to the team prior to exit.
 - 3) Pursuant to 89 Ill. Adm. Code 140.12(f), the facility shall provide Department staff with access to residents, professional and non-licensed direct care staff, facility assessors, clinical records and completed resident assessment instruments, as well as other documentation regarding residents' care needs and treatments.
 - 4) Failure to provide timely access to records may result in suspension or termination of a facility's provider agreement in accordance with 89 Ill. Adm. Code 140.16(a)(4).
 - 5) Some states may have regulations that require supportive documentation elsewhere in the record to substantiate the resident's status on particular MDS items used to calculate payment under the State's Medicaid system (RAI Manual, page 1-24). These additional documentation requirements shall be met for reimbursement.
 - 6) The Department shall provide for a program of delegated utilization review and quality assurance. The Department may contract with medical

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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. 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 ICD-9 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 MDS 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 MDS item response submitted could not be validated.
- g) Disease Diagnoses. Throughout Table A, when a diagnosis is required, the following must be met:

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- 1) Code only those diseases or infections that have a relationship to the resident's current ADL (Activities of Daily Living) 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.
 - 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).
- 1) Facilities shall maintain documentation that supports the coding of Section G, Physical Functioning, and Structural Problems on the MDS during the look-back period. The documentation shall show the MDS coded level of resident self-performance and support has been met.
 - 2) Documentation shall be dated within the look-back period and must contain information from all three shifts that clearly supports the level of self-performance and support needed.
 - 3) When there is a widespread lack of supporting documentation as described in subsections (h)(1) and (2), the ADL scores for the residents lacking documentation will be reset to zero.
 - 4) When there is an occasional absence of documentation for residents in the sample, ADL scores will be based on the observation and/or interview of the resident and facility staff at the time of the review. If the resident has been discharged and there is no documentation to support the ADL coding, ADL scores will be reset to one.
- i) Restorative services are programs under the direction and supervision of a licensed nurse and are provided by nursing staff. The programs are designed to promote the resident's ability to adapt and adjust to living as independently and safely as possible. The focus is on achieving and/or maintaining optimal physical,

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mental, and psychosocial functioning. A program is defined as a specific approach that is organized, planned, documented, monitored, and evaluated. Although therapists may participate in designing the initial program, members of nursing staff are still responsible for the overall coordination and supervision of restorative nursing programs. Staff completing the programs shall be communicating progress, maintenance, regression and other issues/concerns to the licensed nurse overseeing the programs. To qualify for reimbursement, the provision of restorative programs shall meet the following criteria for each program identified for reimbursement:

- 1) When programs are designed using verbal cueing as the only intervention, documentation and/or observation must support the following:
 - A) Without such cueing the resident would be unable to complete the required ADL task.
 - B) The verbal interventions are aimed at providing the resident with instructions for completing the task in such a way that promotes the resident's safety and awareness.
 - C) Verbal interventions that are simply reminders to complete the task may not be the sole content of the program.
- 2) Documentation shall clearly define the resident's need for the program and the defined program shall correspond to the identified need of the resident. Observation and/or interview shall also support the need for the program.
- 3) The clinical record shall identify a restorative nursing plan of care to assist the resident in reaching and/or maintaining his or her highest level of functioning. Staff completing the programs shall be aware of the program and the resident's need for the program.
- 4) Documentation must support that the program was reevaluated and goals and interventions were revised as necessary to assist the resident in reaching and/or maintaining his or her highest level of functioning.
- 5) Documentation shall contain objective and measurable information so that progress, maintenance or regression can be recognized from one report to the next.

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- 6) Goals shall be resident specific, realistic, and measurable. Goals shall be revised as necessary. Revisions shall be made based on the resident's response to the program.
- 7) The resident's ability to participate in the program shall be addressed.
- 8) Written evidence of measurable objectives and interventions shall be in the restorative plan of care and be individualized to the resident's problems and needs. There shall be evidence the objectives and interventions were reviewed quarterly and revised as necessary.
- 9) There shall be evidence of quarterly evaluation written by a licensed nurse in the clinical record. The evaluation must assess the resident's progress and participation in the program since the last evaluation. It shall contain specific information that includes the resident's response to the program (i.e., amount of assistance required, devices used, the distance, the progress made, how well the resident tolerated the program). An evaluation shall be documented on each restorative program the resident is receiving.
- 10) There shall be written evidence that staff carrying out the programs have been trained in techniques that promote resident involvement in the activity.
- 11) If volunteers or other staff were assigned to work with specific residents, there shall be written evidence of specific training in restorative techniques that promote the resident's involvement in the restorative program.
- 12) There shall be documentation to support that the programs are ongoing and administered as planned outside the look-back period, unless there is written justification in the clinical record that supports the need to discontinue the program. Observation and/or interviews must also support that the programs are ongoing and administered as planned.
- 13) If a restorative program is in place when a care plan is being revised, it is appropriate to reassess progress, goals, duration and frequency as part of

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the care planning process. The results of this reassessment shall be documented in the record.

- 14) The actual 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.
 - 15) The Department designated endurance assessment must be completed quarterly on each resident receiving two or more restorative programs. A licensed nurse must complete this assessment.
 - 16) A resident coded as totally dependent in an ADL function will only be reimbursed for one quarter for the following corresponding restorative programs: bed mobility, transfer, walking, dressing/grooming, and/or eating/swallowing.
 - 17) A resident scoring and/or receiving hospice services shall not be eligible for the following restorative programs: bed mobility, transfer, walking, dressing/grooming, eating and/or other restoratives.
 - 18) When multiple restoratives are coded in a facility, the staff levels must support the ability to deliver these programs based on the number and frequency of programs coded.
 - 19) All restorative programs shall meet the specifications of the RAI Manual for the individual restoratives.
- j) Passive Range of Motion (PROM).
- 1) The restorative program shall meet the definition of PROM as identified in the RAI Manual.
 - 2) The PROM program shall address the functional limitations identified in section G4 of the MDS.
 - 3) There shall be evidence that the program is planned and scheduled. PROM that is incidental to dressing, bathing, etc., does not count as part of a formal restorative program.

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- k) Active Range of Motion (AROM).
 - 1) The restorative program meets the definition of AROM as identified in the RAI Manual.
 - 2) The AROM programs shall address the functional limitations identified in section G4 of the MDS.
 - 3) There shall be evidence that the program is planned and scheduled. AROM that is incidental to dressing, bathing, etc., does not count as part of a formal restorative program.
 - 4) AROM does not include exercise groups with more than four residents assigned per supervising helper or caregiver.
- l) Splint/Brace Assistance. A splint or brace is defined as an appliance for the fixation, union, or protection of an injured part of the body.
- m) Dressing or Grooming Restorative. Grooming programs, including programs to help the resident learn to apply make-up, may be considered restorative nursing programs when conducted by a member of the activity staff. These programs shall have goals, objectives, and documentation of progress and be related to the identified deficit.
- n) Scheduled Toileting.
 - 1) The program shall have documentation to support that all the requirements identified in the RAI Manual are met.
 - 2) The description of the plan shall be documented, including: frequency, reason, and response to the program.
 - 3) The plan shall be periodically evaluated and revised, as necessary, including documentation of the resident's response to the plan.
 - 4) This does not include a "check and change" program or routine changing of the resident's incontinent briefs, pads or linens when wet, when there is no participation in the plan by the resident.

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- 5) There shall be documentation to support the deficit in toileting and/or the episodes of incontinence.
 - 6) A resident scoring S1 = 1 (meets Subpart S criteria) shall have a corresponding diagnosis of cerebral vascular accident (CVA) or multiple sclerosis to qualify for reimbursement in scheduled toileting.
- o) Continence Care.
- 1) Documentation shall support that catheter care was administered during the look-back period.
 - 2) The type and frequency of the care shall be documented.
 - 3) Documentation shall support that the RAI requirements for a bladder retraining program were administered during the look-back period.
 - 4) The resident's level of incontinence shall be documented during the look-back period to support the bladder retraining program.
 - 5) Bladder scanners cannot be the sole content of the bladder retraining program.
- p) Pressure Ulcer Prevention.
- 1) Documentation shall support the history of resolved ulcer in the identified timeframe and/or the use of the coded interventions during the identified timeframe.
 - 2) Interventions and treatments shall meet the RAI definitions for coding.
 - 3) Documentation shall support a specific approach that is organized, planned, monitored and evaluated for coding a turning and positioning program.
 - 4) There shall be documentation that the resident was assessed related to his or her risk for developing ulcers. A resident assessed to be at high risk shall have interventions identified in the plan of care.

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- q) Moderate Skin Care/Intensive Skin Care.
- 1) Interventions and treatments shall meet the RAI definitions for coding.
 - 2) Documentation of ulcers shall include staging as the ulcers appear during the look-back period.
 - 3) Documentation of ulcers shall include a detailed description that includes, but is not limited to, the stage of the ulcer, the size, the location, any interventions and treatments used during the look-back period.
 - 4) Documentation of burns shall include, but is not limited to, the location, degree, extent, interventions and treatments during the look-back period.
 - 5) Documentation of open lesions shall include, but is not limited to, location, size, depth, any drainage, interventions and treatments during the look-back period.
 - 6) Documentation of surgical wounds shall include, but is not limited to, type, location, size, depth, interventions and treatment during the look-back period.
 - 7) All treatments involving M5e, M5f, M5g, and M5h shall have a physician's order with the intervention and frequency.
 - 8) Documentation to support that the intervention was delivered during the look-back period shall be included.
 - 9) Documentation of infection of the foot shall contain a description of the area and the location.
 - 10) Documentation shall support a specific approach that is organized, planned, monitored and evaluated for coding a turning and positioning program.
 - 11) Documentation for items coded in M4 shall include documentation of an intervention, treatment, and/or monitoring of the problem or condition identified.

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- r) IV Therapy.
 - 1) Documentation shall include the date delivered, type of medication and method of administration.
 - 2) Documentation shall support monitoring of an acute medical condition (physical or psychiatric illness) by a licensed nurse as required in subsection (y) of this Section.
- s) Injections. Documentation shall include the drug, route given and dates given.
- t) Oxygen Therapy. Documentation shall include a physician's order and the method of administration and date given.
- u) Chemotherapy. Documentation shall support the resident was monitored for response to the chemotherapy.
- v) Dialysis. Documentation shall support the resident was monitored for response to the dialysis.
- w) Blood Glucose Monitoring.
 - 1) Documentation shall support that RAI criteria for coding a diagnosis was met, including a physician documented diagnosis.
 - 2) Documentation shall support coding of a therapeutic diet being ordered and given to the resident.
 - 3) Documentation shall support coding of a dietary supplement being ordered and given to the resident during the look-back period. There shall be evidence to support it was not part of a unit's daily routine for all residents.
 - 4) Documentation shall support the coding that injections were given the entire seven days of the look-back period.
- x) Infectious Disease.
 - 1) Documentation shall support that the criteria defined in the RAI Manual for coding this subsection were met.

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- 2) Documentation shall support the active diagnosis by the physician and shall include signs and symptoms of the illness.
 - 3) Interventions and treatments shall be documented.
 - 4) Documentation shall support that all RAI requirements for coding a Urinary Tract Infection (UTI) are met.
 - 5) Administration of maintenance medication to prevent further acute episodes of UTI is not sufficient to code I2j.
- y) Acute Medical Conditions.
- 1) Documentation shall support that the RAI requirements for coding these areas are met.
 - 2) Documentation shall support monitoring of an acute medical condition (physical or psychiatric illness) by a licensed nurse.
 - 3) There shall be evidence that the physician has evaluated and identified the medically unstable or acute condition for which clinical monitoring is needed.
 - 4) There shall be evidence of significant increase in licensed nursing monitoring.
 - 5) There shall be evidence that the episode meets the definition of acute, which is usually of sudden onset and time-limited course.
- z) Pain Management.
- 1) There shall be documentation to support the resident's pain experience during the look-back period and that interventions for pain were offered and/or given.
 - 2) Residents shall be assessed in a consistent, uniform and standardized process to measure and assess pain.

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- aa) Discharge Planning.
- 1) Social services shall document monthly the resident's potential for discharge, specific steps being taken toward discharge, and the progress being made.
 - 2) Social service documentation shall demonstrate realistic evaluation, planning, and follow-through.
 - 3) 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.
- bb) Nutrition.
- 1) Documentation shall support coding of tube feeding during the look-back period.
 - 2) Intake and output records and caloric count shall be documented to support the coding of K6.
 - 3) Documentation of a planned weight change shall include a diet order and a documented purpose or goal that is to facilitate weight gain or loss.
 - 4) Documentation of a dietary supplement shall include evidence that resident received the supplement and that it was ordered and given between meals.
- cc) Hydration.
- 1) Documentation shall support that the resident passes two or fewer bowel movements per week, or strains more than one of four times when having a bowel movement during the look-back period to support the coding of H2b.
 - 2) Documentation shall support that the resident received a diuretic medication during the look-back period to support the coding of O4e.

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- 3) Documentation shall include frequency of episodes and accompanying symptoms to support the coding of vomiting.
 - 4) Documentation shall include signs and symptoms, interventions and treatments used to support the coding of volume depletion, dehydration or hypovolemia.
 - 5) There shall be documentation of temperature to support the coding of fever.
 - 6) There shall be documentation to support the coding of internal bleeding that shall include the source, characteristics and description of the bleeding.
 - 7) There shall be documentation that interventions were implemented related to the problem identified.
- dd) Psychosocial Adaptation. Psychosocial adaptation is intended for residents who require a behavior symptom evaluation program or group therapy to assist them in dealing with a variety of mood or behavioral issues. The criteria for reimbursement in this area requires both an intervention program and the identification of mood or behavioral issues. Residents shall be assessed for mood and behavioral issues and interventions shall be implemented to assist the resident in dealing with the identified issues. To qualify for reimbursement in this area, the facility must meet the following criteria:
- 1) Criteria for a special behavior symptom evaluation program.
 - A) There must be documentation to support that the program is an ongoing and comprehensive evaluation of behavior symptoms.
 - B) Documentation must support the resident's need for the program.
 - C) The documentation must show that the purpose of the program is to attempt to understand the "meaning" behind the resident's identified mood or behavioral issues.
 - D) Interventions related to the identified issues must be documented in the care plan.

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- E) The care plan shall have interventions aimed at reducing the distressing symptoms.
- 2) Criteria for group therapy.
- A) There is documentation the resident regularly attends sessions at least weekly.
 - B) Documentation supports that the therapy is aimed at helping reduce loneliness, isolation, and the sense that one's problems are unique and difficult to solve.
 - C) This area does not include group recreational or leisure activities.
 - D) The therapy and interventions are addressed in the care plan.
 - E) This must be a separate session and cannot be conducted as part of skills training.
- 3) Criteria for indicators of depression.
- A) There must be documentation to support that identified indicators occurred during the look-back period.
 - B) The documentation shall support the frequency of the indicators as coded during the look-back period.
 - C) There shall be documentation to support that interventions were implemented to assist the resident in dealing with these issues.
- 4) Criteria for sense of initiative/involvement.
- A) There is documentation to support the resident was not involved or did not appear at ease with others or activities during the look-back period.
 - B) There shall be evidence that interventions were implemented to assist the resident in dealing with these issues.

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- 5) Criteria for unsettled relationships/past roles.
 - A) There is documentation to support the issues coded in this area during the look-back period.
 - B) There shall be evidence that interventions were implemented to assist the resident in dealing with the issues identified.
- 6) Criteria for behavioral symptoms.
 - A) There is documentation to support that the behaviors occurred during the look-back period and the interventions used.
 - B) Documentation should reflect the resident's status and response to interventions.
 - C) Documentation should include a description of the behavior exhibited and the dates it occurred, as well as staff response to the behaviors.
 - D) Documentation supporting that the behaviors coded meet the RAI definitions for the identified behavior.
 - E) The care plan identifies the behaviors and the interventions to the behaviors.
- 7) Criteria for delusions/hallucinations.
 - A) There is documentation to support that the delusions or hallucinations occurred during the look-back period.
 - B) Documentation contains a description of the delusion or hallucinations the resident was experiencing.
 - C) There is documentation to support the interventions used.
- ee) Psychotropic Medication Monitoring.

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Documentation shall support the facility followed the documentation guidelines as directed by 42 CFR 483.25(l), Unnecessary drugs (State Operations Manual F-tag F329).

- ff) Psychiatric Services (Section S).
- 1) There shall be evidence the resident met IDPH Subpart S criteria during the look-back period.
 - 2) There shall be evidence a pre-admission screening completed by a Department of Human Services-Division of Mental Health screening entity was completed on the resident that identifies the resident as having a serious mental illness (SMI).
 - 3) 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.
 - 4) 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).
 - 5) Facilities must ensure compliance with 77 Ill. Adm. Code 300.4050 when utilizing non-facility or outside ancillary providers.
 - 6) Adjustments in the rate for utilization of ancillary providers shall be calculated based upon Department claims data for ancillary provider billing.
- gg) 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 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.

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- 2) Addresses identified skill deficits related to goals noted in the treatment plan.
- 3) Skills training shall be provided by staff that are paid by the facility and have been trained in leading skills groups by a Department approved trainer.
- 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 and corrective feedback, frequent repetition of new material, practice assignments between training sessions (homework), and brief review of material from each previous session.

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- 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. However, on-going 1:1 training shall not qualify under this area.
- hh) Close or Constant Observations.
- 1) Coding of this item is intended only for interventions applied in response to the specific current significant need of an individual resident. This item shall 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 as a part of periodic resident headcounts.
 - 2) There shall be documentation for the reason for use, confirmation that the procedure was performed as coded with staff initials at appropriate intervals, brief explanation of the resident's condition and reason for terminating the observation.
- ii) Cognitive Impairment/Memory Assistance Services.
- 1) Documentation shall include a description of the resident's short-term memory problems.
 - 2) A method of assessing and determining the short-term memory problem shall be documented.
 - 3) Documentation shall include a description of the resident's ability to make everyday decisions about tasks or activities of daily living.
 - 4) Documentation shall include a description of the resident's ability to make himself or herself understood.
- jj) Dementia Care Unit.

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- 1) Unit was Illinois Department of Public Health certified during look-back period.
 - 2) Resident resided in the unit during the look-back period.
 - 3) Activity programming is planned and provided seven days a week for an average of eight hours per day.
 - 4) Required assessments were completed on the resident.
 - 5) If the resident has a Cognitive Performance Scale (CPS) score of five, care planning shall address the resident's participation in the unit's activities.
 - 6) 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.
 - 7) Documentation shall support staff's efforts to involve the resident.
- kk) Exceptional Care Services.
- 1) 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) Documentation of a physician's ~~orders~~order for the treatments.
 - D) 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.

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- E) Documentation of suctioning includes type, frequency and results of suctioning.
- F) Documentation of trach care includes type, frequency and description of the care provided.

~~2) 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.~~

23) Weaning From Ventilator.
Documentation shall be in place to support weaning from the ventilator.

34) Morbid Obesity.

- A) A dietician's evaluation shall be completed with evidence of on-going consultation.
- B) On-going monitoring of weight shall be evident.
- C) The psychosocial needs related to weight issues shall be identified and addressed.

45) Complex Wounds.
Facilities are to follow documentation guidelines as directed by 42 CFR 483.25(c) (State Operations Manual F-tag F314). All documentation requirements listed in F314 shall be met.

56) Traumatic Brain Injury (TBI).

- A) Documentation shall support that psychological therapy is being delivered by licensed mental health professionals, as described in the RAI Manual.

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- 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, behavioral 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.
- ll) Accident/Fall Prevention.
- 1) Documentation shall support that the resident has the risk factor identified on the MDS.
 - 2) Documentation shall support that the resident has been assessed for fall risks.
 - 3) If the resident is identified as high risk for falls, documentation shall support that interventions have been identified and implemented.
- mm) Restraint Free.
- 1) There shall be documentation to support the previous use of a restraint and the resident response to the restraint.
 - 2) There shall be evidence that the restraint was discontinued.
- nn) 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

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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).

- 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 these items, 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.
- 5) Documentation used to support coding must be signed or initialed and dated. Changes to documentation shall be done in accordance with professional standards of practice, which includes lining through the error, initialing and dating the changes made.

(Source: Amended at 34 Ill. Reg. 3786, effective March 14, 2010)

Section 147.205 Reimbursement for Ventilator Dependent Residents Nursing Rates
(Repealed)

- a) Pursuant to Public Act 96-473, effective October 1, 2009, Department of Healthcare and Family Services (HFS) shall begin paying nursing facilities for ventilator dependent residents through a system separate from the Minimum Data Set (MDS) based reimbursement methodology. For purposes of this Section, ventilators are defined as any type of electrical or pneumatically powered closed mechanical system for residents who are, or who may become, unable to support their own respiration. It does not include Continuous Positive Airway Pressure (CPAP) or Bi-level Positive Airway Pressure (BIPAP) devices.

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- b) Payment shall be made for each individual resident receiving ventilator services through the Medicaid Management Information System (MMIS). The rate shall include the facility specific support, capital and nursing components plus the geographic area average ventilator minutes from the MDS and \$150 supply cost.
- c) Other services coded by a facility on the MDS for a ventilator dependent resident shall continue to be applied toward the nursing component of the nursing facility rate.
- d) Staffing
- 1) A minimum of one RN on duty on the day shift, seven days per week (as required by the Department of Public Health (DPH) in 77 Ill. Adm. Code 300.1240 or 250.910(e) and 250.910(f)(1), as appropriate). Additional RN staff may be determined necessary by HFS, based on HFS' review of the ventilator services.
 - 2) A minimum of the required number of LPN staff (as required by DPH in 77 Ill. Adm. Code 300.1230, 300.1240 or 250.910(e) and 250.910(f)(1), as appropriate), on duty, with an RN on call, if not on duty on the evening and night shifts, seven days per week.
 - 3) A certified respiratory therapy technician or registered respiratory therapist shall be available at the facility or on call 24 hours a day.
 - 4) A certified respiratory therapist shall evaluate and document the respiratory status of the ventilator resident on a weekly basis.
 - 5) At least one of the full-time licensed nursing staff members must have successfully completed a course in the care of ventilator dependent individuals and the use of ventilators, conducted and documented by a certified respiratory therapy technician or registered respiratory therapist or a qualified registered nurse who has at least one year experience in the care of ventilator dependent persons.
 - 6) All staff caring for ventilator dependent residents must have documented in-service training in ventilator care prior to providing that care. In-service training must be conducted at least annually by a certified

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respiratory therapy technician or registered respiratory therapist or a qualified registered nurse who has at least one-year experience in the care of ventilator dependent persons. In-service training documentation shall include name and qualification of the in-service director, duration of presentation, content of presentation and signature and position description of all participants.

e) Physical Plant

The Provider shall have and maintain physical plant adaptations to accommodate the necessary equipment, such as, an emergency electrical backup system.

f) Notification to HFS

A provider shall notify HFS, in writing, when a ventilator dependent resident is admitted and discharged from the facility. Notification in either instance shall occur within five days **after** the admission or discharge. Discharge is defined as the resident leaving the facility with no intention of returning. It does not mean an admission to a hospital.

g) Accessibility

The provider must make accessible to HFS and/or DPH all provider, resident and other records necessary to determine that the needs of the resident are being met and to determine the appropriateness of ventilator services.

(Source: Added by emergency rulemaking at 33 Ill. Reg. 14350, effective October 1, 2009, for a maximum of 150 days; Section modified in response to the objection of the Joint Committee on Administrative Rules at 34 Ill. Reg. 1421, effective January 5, 2010, for the remainder of the 150 days; emergency expired February 27, 2010; added at 34 Ill. Reg. 3786, effective March 14, 2010)

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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 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 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 Toileting

4) Medical Services

Continance 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

5) Mental Health (MH) Services

Psychosocial Adaptation

Psychotropic Medication Monitoring

Psychiatric Services (Section S)

Skills Training

Close or Constant Observation

6) Dementia Services

Cognitive Impairment/Memory Assistance

Dementia Care Unit

7) Exceptional Care Services

Extensive Respiratory Services

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~~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
I	All Clients	0	0	5	10

2) Activities of Daily Living

Documentation shall support the following for scoring Activities of Daily Living.

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- 1) Coding of Section G, Physical Functioning, and Structural Problems on the MDS during the look-back period.
- 2) MDS coded level of resident self-performance and support has been met.
- 3) When there is a widespread lack of supporting documentation as described in subsections (1) and (2) of this item (2), the ADL scores for the residents lacking documentation will be reset to zero.
- 4) When there is an occasional absence of documentation for residents in the sample, ADL scores will be based on the observation and/or interview of the resident and facility staff at the time of the review. If the resident has been discharged and there is no documentation to support the ADL coding, ADL scores will be reset to one.

Level	Composite Scores	Unlicensed	Licensed	Social Worker	Activity
I	Composite 7-8	50	7.5 RN 7.5 LPN		
II	Composite 9-11	62	9.5 RN 9.5 LPN		
III	Composite 12-14	69	10.5 RN 10.5 LPN		
IV	Composite 15-29	85	12.5 RN 12.5 LPN		

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

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	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
	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

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	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
	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
	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

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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
	G1hA = 3 or G1hA = 4 or G1hA = 8	Self-Performance = extensive assistance Self-Performance = total dependence Self-Performance = activity did not occur	3
	Or K5a = 1 or K5b = 1 and Intake = 1	Parenteral/IV in last 7 days Tube feeding in last 7 days See below	
	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 K6b = 2 or	Parenteral/enteral intake 26-50% of total calories Average fluid intake by IV or tube is 501-1000 cc/day	

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	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 2001 or more cc/day	

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 four, 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), I1v (hemiplegia/hemiparesis), I1w (Multiple Sclerosis), I1x (paraplegia) or I1cc (Traumatic Brain Injury) 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 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.

For the following restorative programs: bed mobility, mobility/transfer, walking, dressing/grooming, and eating, when the corresponding ADL is coded a "1" under self-performance on the current MDS, the previous MDS must have a code of greater than "1" to qualify for reimbursement.

If PROM is scored, AROM is reset to zero unless the resident has a diagnosis of CVA, hemiplegia/hemiparesis, multiple sclerosis, paraplegia or traumatic brain injury.

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

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- E) PROM/AROM
- F) Bed Mobility Restorative
- G) Communication Restorative
- H) Dressing/Grooming Restorative
- I) Other Restorative

Restorative Services are programs under the direction and supervision of a licensed nurse and are provided by nursing staff. The programs are designed to promote the resident's ability to adapt and adjust to living as independently and safely as possible. The focus is on achieving and/or maintaining optimal physical, mental, and psychosocial functioning. A program is defined as a specific approach that is organized, planned, documented, monitored, and evaluated. Although therapists may participate in designing the initial program, members of nursing staff are still responsible for the overall coordination and supervision of restorative nursing programs. Staff completing the programs should be communicating progress, maintenance, regression and other issues/concerns to the licensed nurse overseeing the programs. To qualify for reimbursement, the provision of restorative programs shall meet the following criteria for each program identified for reimbursement:

- 1) When programs are designed using verbal cueing as the only intervention, documentation and/or observation must support the following:
 - A) Without such cueing, the resident would be unable to complete the required ADL task.
 - B) The verbal interventions are aimed at providing the resident with instructions for completing the task in such a way that promotes the resident's safety and awareness.
 - C) Verbal interventions that are simply reminders to complete the task may not be the sole content of the program.

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- 2) Documentation shall clearly define the resident's need for the program and the program defined shall correspond to the identified need of the resident. Observation and/or interview shall also support the need for the program.
- 3) The clinical record shall identify a restorative nursing plan of care to assist the resident in reaching and/or maintaining his or her highest level of functioning. Staff completing the programs shall be aware of the program and the resident's need for the program.
- 4) Documentation must support that the program was reevaluated and goals and interventions were revised as necessary to assist the resident in reaching and/or maintaining his or her highest level of functioning.
- 5) Documentation shall contain objective and measurable information so that progress, maintenance or regression can be recognized from one report to the next.
- 6) Goals shall be resident specific, realistic, and measurable. Goals shall be revised as necessary. Revisions shall be made based on the resident's response to the program.
- 7) The resident's ability to participate in the program shall be addressed.
- 8) Written evidence of measurable objectives and interventions shall be in the restorative plan of care and be individualized to the resident's problems and needs. There shall be evidence the objectives and interventions were reviewed quarterly and revised as necessary.
- 9) There shall be evidence of quarterly evaluation written by a licensed nurse in the clinical record. The evaluation must assess the resident's progress and participation in the program since the last evaluation. It shall contain specific information that includes the resident's response to the program (i.e., amount of assistance required, devices used, the distance, the progress made, how well the resident tolerated the program). An evaluation shall be documented on each restorative program the resident is receiving.

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- 10) There shall be written evidence that staff carrying out the programs have been trained in techniques that promote resident involvement in the activity.
- 11) If volunteers or other staff were assigned to work with specific residents, there shall be written evidence of specific training in restorative techniques that promote the resident's involvement in the restorative program.
- 12) There shall be documentation to support that the programs are ongoing and administered as planned outside the look-back period, unless there is written justification in the clinical record that supports the need to discontinue the program. Observation and/or interviews must also support that the programs are ongoing and administered as planned.
- 13) If a restorative program is in place when a care plan is being revised, it is appropriate to reassess progress, goals, duration and frequency as part of the care planning process. The results of this reassessment shall be documented in the record.
- 14) The actual 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.
- 15) The Department designated endurance assessment must be completed quarterly on each resident receiving two or more restorative programs. A licensed nurse must complete this assessment.
- 16) A resident coded as totally dependent in an ADL function will only be reimbursed for one quarter for the following corresponding restorative programs: bed mobility, transfer, walking, dressing/grooming, and/or eating/swallowing.
- 17) A resident scoring and/or receiving hospice services shall not be eligible for the following restorative programs: bed mobility, transfer, walking, dressing/grooming, eating and/or other restoratives.

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- 18) When multiple restoratives are coded in a facility, the staff levels must support the ability to deliver these programs based on the number and frequency of programs coded.
- 19) All restorative programs shall meet the specifications in the RAI Manual for the individual restoratives.

Passive Range of Motion (PROM)

The following documentation shall support the following for scoring PROM.

- 1) The restorative program shall meet the definition of PROM as identified in the RAI Manual.
- 2) The PROM program shall address the functional limitations identified in section G4 of the MDS.
- 3) There shall be evidence that the program is planned and scheduled. PROM that is incidental to dressing, bathing, etc., does not count as part of a formal restorative program.

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				
	G4eA > 0 or	Any function limits in ROM of foot				
	G4fA > 0 or	Any function limits in ROM of other limitation or loss				
	G4aB > 0 or	Any function limits in voluntary movement of neck				

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	G4bB > 0 or G4cB > 0 or G4dB > 0 or G4eB > 0 or G4fB > 0	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	3 RN 3 LPN		
II	$6 \leq P3a \leq 7$	6 to 7 days of PROM rehab	15	3 RN 3 LPN		

Active Range of Motion (AROM)

The following documentation shall support the following for scoring AROM.

- 1) The restorative program meets the definition of AROM as identified in the RAI Manual.
- 2) The AROM programs shall address the functional limitations identified in section G4 of the MDS.
- 3) There shall be evidence that the program is planned and scheduled. AROM that is incidental to dressing, bathing, etc., does not count as part of a formal restorative program.
- 4) AROM does not include exercise groups with more than four residents assigned per supervising helper or caregiver.

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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				
	G4eA > 0 or	Any function limits in ROM of foot				
	G4fA > 0 or	Any function limits in ROM of other limitation or loss				
	G4aB > 0 or	Any function limits in voluntary movement of neck				
	G4bB > 0 or	Any function limits in voluntary movement of arm				
	G4cB > 0 or	Any function limits in voluntary movement of hand				
	G4dB > 0 or	Any function limits in voluntary movement of leg				
	G4eB > 0 or	Any function limits in voluntary movement of foot				
	G4fB > 0	Any function limits in voluntary movement of other limitation or loss				
	AND					
I	$3 \leq P3b \leq 5$	3 to 5 days of AROM rehab	8	2 RN 2 LPN		

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II	$6 \leq P3b \leq 7$	6 to 7 days of AROM rehab	12	2 RN 2 LPN		
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Splint/Brace Assistance

The program shall meet the specifications of this restorative as defined in the RAI Manual.

A splint or brace is defined as an appliance for the fixation, union, or protection of an injured part of the body.

Lev	MDS items	Description	Unl	Lic	SW	Act
I	$3 \leq P3c \leq 5$	3 to 5 days of assistance	8	2 RN 2 LPN		
II	$6 \leq P3c \leq 7$	6 to 7 days of assistance	12	2 RN 2 LPN		

Bed Mobility Restorative

The program shall meet the specifications of this restorative as defined in the RAI Manual.

Lev	MDS items	Description	Unl	Lic	SW	Act
	$0 < G1aA < 8$ AND $G7 = 1$	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	3 RN 3		

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				LPN		
II	$6 \leq P3d \leq 7$	6 to 7 days of rehab or restorative techniques	15	3 RN 3 LPN		

Mobility (Transfer) Restorative

The program shall meet the specifications of this restorative as defined in the RAI Manual.

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

Walking Restorative

The program shall meet the specifications of this restorative as defined in the RAI Manual.

Lev	MDS items	Description	Unl	Lic	S W	Act
	$0 < G1cA < 8$ or	Need assistance in walking in room				

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	0 < G1dA < 8 or 0 < G1eA < 8 or 0 < G1fA < 8 AND G7 = 1	Need assistance in walking in corridor Need assistance in locomotion on unit Need assistance in locomotion off unit Some or all ADL tasks broken into subtasks				
	AND					
I	3 ≤ P3f ≤ 5	3 to 5 days of rehab or restorative techniques	10	3 RN 3 LPN		
II	6 ≤ P3f ≤ 7	6 to 7 days of rehab or restorative techniques	15	3 RN 3 LPN		

Dressing or Grooming Restorative

The program shall meet the specifications of this restorative as defined in the RAI Manual.

Grooming programs, including programs to help the resident learn to apply make-up, may be considered restorative nursing programs when conducted by a member of the activity staff.

These programs shall have goals, objectives, and documentation of progress and be related to the identified deficit.

Lev	MDS items	Description	Unl	Lic	SW	Act
	0 < G1gA < 8 or 0 < G1jA < 8 AND	Need assistance in dressing Need assistance in personal hygiene				

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	G7 = 1 AND	Some or all ADL tasks broken into subtasks				
	B4 ≤ 2	Cognitive skills for decision making				
	AND					
	S1 = 0 AND	Does not meet Illinois Department of Public Health (IDPH) Subpart S Criteria				
I	3 ≤ P3g ≤ 5	3 to 5 days of rehab or restorative techniques	10	3 RN 3 LPN		
II	6 ≤ P3g ≤ 7	6 to 7 days of rehab or restorative techniques	15	3 RN 3 LPN		

Eating Restorative

The program shall meet the specifications of this restorative as defined in the RAI Manual.

Lev	MDS items	Description	Unl	Lic	SW	Act
	0 < G1hA < 8 or K1b = 1 AND G7 = 1	Need assistance in eating Has swallowing problem Some or all ADL tasks broken into subtasks				
	AND					
I	3 ≤ P3h ≤ 5	3 to 5 days of rehab or restorative techniques	15	3 RN 3 LPN		

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NOTICE OF ADOPTED AMENDMENTS

II	$6 \leq P3h \leq 7$	6 to 7 days of rehab or restorative techniques	20	3 RN 3 LPN		
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Amputation/Prosthetic Care

The program shall meet the specifications of this restorative as defined in the RAI Manual.

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

Communication Restorative

The program shall meet the specifications of this restorative as defined in the RAI Manual.

Lev	MDS items	Description	Unl	Lic	SW	Act
	C4 > 0	Deficit in making self understood				
	AND					
I	$3 \leq P3j \leq 5$	3 to 5 days of rehab or restorative techniques	10	3 RN 3 LPN		

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II	$6 \leq P3j \leq 7$	6 to 7 days of rehab or restorative techniques	15	3 RN 3 LPN		
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Other Restorative

The program shall meet the specifications of this restorative as defined in the RAI Manual.

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

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

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

Documentation shall support the following for scoring scheduled toileting.

- 1) The program shall have documentation to support that all the requirements identified in the RAI Manual are met.
- 2) The description of the plan, including: frequency, reason, and response to the program.
- 3) The plan shall be periodically evaluated and revised, as necessary, including documentation of the resident's response to the plan.
- 4) This does not include a "check and change" program or routine changing of the resident's incontinent briefs, pads or linens when wet, where there is no participation in the plan by the resident.
- 5) There shall be documentation to support the deficit in toileting and/or the episodes of incontinence.
- 6) A resident scoring S1 = 1 (meets Subpart S criteria) shall have corresponding diagnosis of CVA or multiple sclerosis to qualify for reimbursement in scheduled toileting.

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Lev	MDS items	Description	Unl	Lic	SW	Act
I	H3a = 1 AND S1= 0	Any scheduled toileting plan Does not meet criteria for Subpart S	22	1.5 RN 1.5 LPN		
	H3b = 0 AND	No bladder retraining program				
	H3d = 0 AND	No indwelling catheter				
	H1b > 1 or	Incontinent at least 2 or more times a week				
	GliA > 1 and < 8	Self-performance = limited to total assistance				

4) Medical Services**Continence Care**

Documentation shall support the following for scoring continence care.

- 1) That catheter care was administered during the look-back period.
- 2) The type and frequency of the care.
- 3) RAI requirements for bladder retraining program were administered during the look-back period.
- 4) The resident's level of incontinence shall be documented during the look-back period to support the bladder retraining program.
- 5) Bladder scanners cannot be the sole content of the bladder retraining program.

Continence Care – Level II (Bladder Retraining) shall only be reimbursed for two quarters.

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Lev	MDS items	Description	Unl	Lic	SW	Act
I	Catheter Care H3d = 1 AND H3a = 0	Indwelling catheter present No scheduled toileting plan	12	.5 RN .5 LPN		
II	Bladder Retraining H3b = 1 AND H3a = 0 AND H1b > 1 AND B4 = 0 or 1 OR H3b = 1 AND H3a = 0 AND H1b ≤ 1 AND H4 = 1 AND B4 = 0 or 1	Bladder retraining program No scheduled toileting plan Incontinent at least 2 or more times a week Cognitive skills for decision making Bladder retraining program No scheduled toileting plan Bladder continence Change in continence Cognitive skills in decision making	32	5 RN 5 LPN		

Pressure Ulcer Prevention

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Documentation shall support the following for scoring pressure ulcer prevention.

- 1) History of resolved ulcer in the identified timeframe and/or the use of the identified interventions during the identified timeframe.
- 2) Interventions and treatments shall meet the RAI definitions for coding.
- 3) A specific approach that is organized, planned, monitored and evaluated for coding a turning and positioning program.
- 4) Resident was assessed related to his or her risk for developing ulcers. A resident assessed to be at high risk shall have interventions identified in the plan of care.

Lev	MDS items	Description	Unl	Lic	SW	Act
I	M3 = 1 or Any two of: M5a M5b M5c M5d M5i	History of resolved ulcers in last 90 days Pressure relieving devices for chair Pressure relieving devices for bed Turning or repositioning program Nutrition or hydration intervention for skin Other prevention for skin (other than feet)	15	4 RN 4 LPN		

Moderate Skin Care/Intensive Skin Care

Documentation shall support the following for scoring moderate skin care/intensive skin care.

- 1) Interventions and treatments shall meet the RAI definitions for coding.

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- 2) Documentation of ulcers shall include staging as the ulcers appear during the look-back period.
- 3) Documentation of ulcers shall include a detailed description that includes, but is not limited to, the stage of the ulcer, the size, the location, any interventions and treatments used during the look-back period.
- 4) Documentation of burns shall include, but is not limited to, the location, degree, extent, interventions and treatments during the look-back period.
- 5) Documentation of open lesions shall include, but is not limited to, location, size, depth, any drainage, interventions and treatments during the look-back period.
- 6) Documentation of surgical wounds shall include, but is not limited to, type, location, size, depth, interventions and treatment during the look-back period.
- 7) All treatments involving M5e, M5f, M5g and M5h shall have a physician's order, with the intervention and frequency.
- 8) Documentation to support that the intervention was delivered during the look-back period shall be included.
- 9) Documentation of infection of the foot shall contain a description of the area and the location.
- 10) Documentation shall support a specific approach that is organized, planned, monitored and evaluated for coding a turning and positioning program.
- 11) Documentation for items coded in M4 shall include documentation of an intervention, treatment and/or monitoring of the problem or condition identified.

Lev	MDS items	Description	Unl	Lic	SW	Act
I		Moderate Skin Care Services	5	5 RN		

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M1a > 0 or	Stage 1 ulcers		5 LPN	
M1b > 0 or	Stage 2 ulcers			
Any of:	Other Skin Problems (below):			
M4b = 1	Burns			
M4c = 1	Open lesions other than ulcers			
M4d = 1	Rashes			
M4e = 1	Skin desensitized to pain or pressure			
M4f = 1	Skin tears or cuts (other than surgery)			
M4g = 1	Surgical wounds			
AND				
4 of the following:	Skin Treatments (below):			
M5a = 1	Pressure relieving devices for chair			
M5b = 1	Pressure relieving devices for bed			
M5c = 1	Turning or repositioning program			
M5d = 1	Nutrition or hydration intervention for skin			
M5e = 1	Ulcer care			
M5f = 1	Surgical wound care			
M5g = 1	Application of dressings (other than feet)			
M5h = 1	Application of ointments (other than feet)			

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

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Ostomy Services

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

IV Therapy

Documentation shall support the following for scoring IV Therapy.

- 1) Date delivered, type of medication and method of administration.
- 2) Monitoring of an acute medical condition (physical or psychiatric illness) by a licensed nurse as required under acute medical conditions.

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

Injections

Documentation shall include the drug, route given and dates given.

Lev	MDS items	Description	Unl	Lic	SW	Act
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I	O3 = 7	Number of injections in last 7 days		3 RN 3 LPN		
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Oxygen Therapy

Documentation shall include a physician's order and the method of administration and date given.

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

Chemotherapy

Documentation shall support that the resident was monitored for response to the chemotherapy.

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

Dialysis

Documentation shall support that the resident was monitored for response to the dialysis.

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

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Blood Glucose Monitoring

Documentation shall support the following for scoring blood glucose monitoring.

- 1) RAI criteria for coding that a diagnosis was met, including a physician documented diagnosis.
- 2) Coding of a therapeutic diet being ordered and given to the resident.
- 3) Coding of a dietary supplement being ordered and given to the resident during the look-back period. There shall be evidence to support it was not part of a unit's daily routine for all residents.
- 4) Coding that injections were given the entire seven days of the look-back period.

Lev	MDS items	Description	Unl	Lic	SW	Act
I	I1a = 1 AND K5e = 1 or K5f = 1 or O3 = 7	Diabetes mellitus Therapeutic diet Dietary supplement Injections daily		1 RN 1 LPN		

End Stage Care

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

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

Infectious Disease

Documentation shall support the following for scoring infectious disease.

- 1) Criteria defined in the RAI Manual for coding this section was met.
- 2) Active diagnosis by the physician, including signs and symptoms of the illness.
- 3) Interventions and treatments shall be documented.
- 4) All RAI requirements for coding a urinary tract infection (UTI) are met.
- 5) Administration of maintenance medication to prevent further acute episodes of UTI is not sufficient to code I2j.

Lev	MDS items	Description	Unl	Lic	SW	Act
I	I2a = 1 or	Antibiotic resistant infection	18	8.5 RN 8.5 LPN	1	
	I2b = 1 or	Clostridium Difficile				
	12e = 1 or	Pneumonia				
	12g = 1 or	Septicemia				
	I2i = 1 or	TB				
	12 j = 1 or	Urinary Tract infection present				
	I2k = 1 or	Viral hepatitis				
	12l = 1 or	Wound infection				
	I3 = ICD9 code 041.01,133.0	Streptococcus Group A, scabies				

Acute Medical Conditions

Documentation shall support the following for scoring acute medical conditions.

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- 1) RAI requirements for coding these areas are met.
- 2) Monitoring of an acute medical condition (physical or psychiatric illness) by a licensed nurse.
- 3) Evidence that the physician has evaluated and identified the medically unstable or acute condition for which clinical monitoring is needed.
- 4) Evidence of significant increase in licensed nursing monitoring.
- 5) Evidence that the episode meets the definition of acute, which is usually of sudden onset and time-limited course.

Lev	MDS items	Description	Unl	Lic	SW	Act
I	J5b = 1 AND P1ae = 1 AND P1ao = 0 OR (J5a = 1 AND P1ao = 0 AND P1ae = 1) OR (B5a = 2 or B5b = 2 or	Acute episode or flare-up of chronic condition Monitoring acute medical condition 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	1	11.5 RN 11.5 LPN	1	

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B5c = 2 or	Episodes of disorganized speech over last 7 days				
B5d = 2 or	Periods of restlessness over last 7 days				
B5e = 2 or	Periods of lethargy over last 7 days				
B5f = 2) AND	Mental function varies over course of day in last 7 days				
P1ae = 1 AND	Monitoring acute medical condition				
P1ao = 0	Not hospice care				

Pain Management

There shall be documentation to support the resident's pain experience during the look-back period and that interventions for pain were offered and/or given.

Residents shall be assessed in a consistent, uniform and standardized process to measure and assess pain.

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

Discharge Planning

Discharge planning shall only be reimbursed for two quarters.

If end stage care has been scored, discharge planning shall be set to zero.

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Documentation shall support the following for scoring discharge planning.

- 1) Social services shall document monthly the resident's potential for discharge, specific steps being taken toward discharge, and the progress being made.
- 2) Social service documentation shall demonstrate realistic evaluation, planning, and follow-through.
- 3) 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.

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

Nutrition

Documentation shall support the following for scoring nutrition.

- 1) Coding of tube feeding during the look-back period.
- 2) Intake and output records and caloric count shall be documented to support the coding of K6.
- 3) Planned weight change, including a diet order and a documented purpose or goal, that is to facilitate weight gain or loss.

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- 4) Dietary supplement, including evidence the resident received the supplement and that it was ordered and given between meals.

Lev	MDS items	Description	Unl	Lic	SW	Act
I	K5h = 1 OR K5f = 1	On a planned weight change program Dietary supplement given between meals	2	.5 RN .5 LPN		
II	K5b = 1 and Intake = 1 Intake = 1 if K6a = 3 or K6a = 4 Or Intake = 1 if K6a = 2 and K6b = 2 or K6b = 3 or K6b = 4 or K6b = 5	Tube feeding in last 7 days See below Parenteral/ enteral intake 51-75% of total calories Parenteral/enteral intake 76-100% of total calories Parenteral/enteral intake 26-50% of total calories Average fluid intake by IV or tube is 501-1000 cc/day Average fluid intake by IV or tube is 1001-1500 cc/day Average fluid intake by IV or tube is 1501-2000 cc/day Average fluid intake by IV or tube is 2001 or more cc/day	2	12 RN 12 LPN	2	

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Hydration

Documentation shall support the following for scoring hydration.

- 1) The resident passes two or fewer bowel movements per week, or strains more than one of four times when having a bowel movement during the look-back period to support the coding of H2b.
- 2) Resident received a diuretic medication during the look-back period to support the coding of O4e.
- 3) Frequency of episodes and accompanying symptoms to support the coding of vomiting.
- 4) Signs and symptoms, interventions and treatments used to support the coding of volume depletion, dehydration or hypovolemia.
- 5) Documentation of temperature shall be present to support the coding of fever.
- 6) Coding of internal bleeding shall include the source, characteristics and description of the bleeding.
- 7) Interventions were implemented related to the problem identified.

Lev	MDS items	Description	Unl	Lic	SW	Act
I	H2b = 1 AND K5a = 0 AND K5b = 0 OR	Constipation No parenteral/IV No feeding tube	10	2 RN 2 LPN		1

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Any two of the following separate conditions: 1 ≤ O4e ≤ 7 or J1o = 1 or I3 a,b,c,d,e = 276.5 or 276.52 or J1c = 1 or J1d = 1 or J1h = 1 or J1j = 1 AND K5a = 0 AND K5b = 0	Received a diuretic medication in last 7 days Vomiting Volume depletion Hypovolemia Dehydrated Did not consume most fluids provided (3 days) Fever Internal bleeding Not have parenteral/IV No feeding tube				
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5) Mental Health Services

Psychosocial Adaptation

Psychosocial adaptation is intended for residents who require a behavioral symptom evaluation program or group therapy to assist them in dealing with a variety of mood or behavioral issues. The criteria for reimbursement in this area require both an intervention program and the identification of mood or behavioral issues. Residents shall be assessed for mood and behavioral issues and interventions shall be implemented to assist the

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resident in dealing with the identified issues. To qualify for reimbursement in this area, the facility must meet the following criteria:

- 1) Criteria for special behavioral symptom evaluation program.
 - A) There must be documentation to support that the program is an ongoing and comprehensive evaluation of behavioral symptoms.
 - B) Documentation must support the resident's need for the program.
 - C) The documentation must show that the purpose of the program is to attempt to understand the "meaning" behind the resident's identified mood or behavioral issues.
 - D) Interventions related to the identified issues must be documented in the care plan.
 - E) The care plan shall have interventions aimed at reducing the distressing symptoms.
- 2) Criteria for group therapy.
 - A) There is documentation that the resident regularly attends sessions at least weekly.
 - B) Documentation supports that the therapy is aimed at helping reduce loneliness, isolation, and the sense that one's problems are unique and difficult to solve.
 - C) This area does not include group recreational or leisure activities.
 - D) The therapy and interventions are addressed in the care plan.
 - E) This must be a separate session and can not be conducted as part of skills training.
- 3) Criteria for indicators of depression.

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- A) There must be documentation to support identified indicators occurred during the look-back period.
 - B) The documentation shall support the frequency of the indicators as coded during the look-back period.
 - C) There shall be documentation to support that interventions were implemented to assist the resident in dealing with these issues.
- 4) Criteria for sense of initiative/involvement.
- A) There is documentation to support that the resident was not involved or did not appear at ease with others or activities during the look-back period.
 - B) There shall be evidence that interventions were implemented to assist the resident in dealing with these issues.
- 5) Criteria for unsettled relationships/past roles.
- A) There is documentation to support the issues coded in this area during the look-back period.
 - B) There shall be evidence that interventions were implemented to assist the resident in dealing with the issues identified.
- 6) Criteria for behavioral symptoms.
- A) There is documentation to support that the behaviors occurred during the look-back period and the interventions used.
 - B) Documentation should reflect the resident's status and response to interventions.
 - C) Documentation should include a description of the behavior exhibited and the dates it occurred, as well as staff response to the behaviors.
 - D) Documentation supports that the behaviors coded meet the RAI definitions for the identified behavior.

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- E) The care plan identifies the behaviors and the interventions to the behaviors.
- 7) Criteria for delusions/hallucinations.
- A) There is documentation to support that the delusions or hallucinations occurred during the look back period.
- B) Documentation contains a description of the delusions or hallucinations the resident was experiencing.
- C) There is documentation to support the interventions used.

Lev	MDS items	Description	Unl	Lic	SW	Act
I	(P2a = 1 or	Behavior symptom evaluation	12	3 RN 3 LPN	8	2
	P2c = 1) AND	Group therapy				
	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				
	E4dA > 0 or	Inappropriate or disruptive behavior in last 7 days				
	E4eA > 0 or	Resisted care in last 7 days				

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J1e= 1 or	Delusions				
J1i = 1	Hallucinations				

Psychotropic Medication Monitoring

Documentation shall support that the facility followed the documentation guidelines as directed by 42 CFR 483.25(l), Unnecessary drugs (State Operations Manual F-tag F329).

Lev	MDS items	Description	Unl	Lic	SW	Act
I	O4a = 7 or	Antipsychotic meds	5	2.5 RN 2.5 LPN		
	O4b = 7 or	Antianxiety meds				
	O4c = 7 or	Antidepressant meds				

Psychiatric Services (Section S)

Documentation shall support the following for scoring psychiatric services (Section S).

- 1) There shall be evidence the resident met IDPH Subpart S criteria during the look-back period.
- 2) There shall be evidence a pre-admission screening completed by a Department of Human Services-Division of Mental Health screening entity was completed on the resident that identifies the resident as having a serious mental illness (SMI).

The following shall be used in coding 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.

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- 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.
- 3) Facilities shall ensure compliance with 77 Ill. Adm. Code 300.4050 when utilizing non-facility or outside ancillary providers.
- 4) Adjustments in the rate for utilization of ancillary providers shall be calculated based upon Department claims data for ancillary provider billing.

Lev	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 Plab = 1 or J5c = 1 or Plaa = 1 or Plaj = 1 or Plal = 1 AND	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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	Psychiatric Services Level II, Level III, Level IV skills training, close and constant 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	Meets IDPH Subpart S criteria ADL composite score between 12-29 Resident is 65 years of age or older at time of the assessment	13	4.5 RN 4.5 LPN	20	

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	AND	reference date				
	Dressing/grooming and other restorative, cognitive 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	

Skills Training – Section S

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 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.

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- 3) Skills training shall be provided by staff who are paid by the facility and have been trained in leading skills group by a Department approved trainer.
- 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 a resident 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 SMI and Mental Illness/Substance Abuse (MISA) populations are available for use and as models.)
- 7) The curriculum shall address discrete sets of skills 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 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. However, on-going 1:1 training shall not qualify under this area.

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Lev	MDS items	Description	Unl	Lic	SW	Act
I	S7 = 1 AND S1 = 1	Skills training provided Meets IDPH Subpart S criteria	6	6 RN 6 LPN	8	6

Close or Constant Observation – Section S

The following criteria shall be met for coding close or constant observation.

- 1) Coding of this item is intended only for interventions applied in response to the specific current significant need of an individual resident. This item shall 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 the hospital, or as a part of periodic resident headcounts.
- 2) There shall be documentation for the reason for use, confirmation that the procedure was performed as coded, with staff initials at appropriate intervals, brief explanation of the resident's condition and reason for terminating the observation.

Lev	MDS items	Description	Unl	Lic	SW	Act
I	S5a-e \geq 1 AND S1 = 1	Close or constant observation Meets IDPH Subpart S criteria	6	2 RN 2 LPN	5	

If close or constant observation is scored, acute medical conditions is reset to zero.

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

Documentation shall support the following for scoring cognitive impairment/memory assistance services.

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- 1) Description of the resident's short-term memory problems.
- 2) Method of assessing and determining the short-term memory problem shall be documented.
- 3) Description of the resident's ability to make everyday decisions about tasks or activities of daily living.
- 4) Description of the resident's ability to make himself or herself understood.

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

Cognitive Performance Scale Codes

Scale	Description
0	Intact
1	Borderline Intact
2	Mild Impairment
3	Moderate Impairment

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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 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
	N1c = 0 and	Awake all or most of the time in the evening
	B1 = 1 and	Is comatose
	G1aA = 4 or 8 And	Bed-Mobility Self-Performance = total dependence or did not occur
	G1bA = 4 or 8 And	Transfer Self-Performance = total dependence or did not occur
	G1hA = 4 or 8 And	Eating Self-Performance = total dependence or did not occur

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6	G1iA = 4 or 8 And Not (B4 = 0,1, 2)	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 \leq 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 Usually understood 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 Usually understood to rarely or never understood Moderately impaired in cognitive skills Some dependence in cognitive skills Usually understood 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

Documentation shall support the following for scoring dementia care unit.

- 1) Unit was IDPH certified during the look-back period.
- 2) Resident resided in the unit during the look-back period.
- 3) Activity programming is planned and provided seven days a week for an average of eight hours per day.
- 4) If the resident has a CPS score of five, care planning shall address the resident's participation in the unit's activities.

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- 5) If a particular resident does not participate in a 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.
- 6) Staff's efforts to involve the resident.
- 7) Required assessments were completed on the resident.

Lev	MDS items	Description	Unl	Lic	SW	Act
I	P1an = 1 AND I1q = 1 or I1u = 1 AND S1 = 0 AND CPS 2,3,4,5 AND Dementia care unit is IDPH certified	Alzheimer's/Dementia special care unit Alzheimer's Disease Dementia other than Alzheimer's Does not meet IDPH Subpart S criteria CPS score	15	4 RN 4 LPN	10	10

7) Exceptional Care Services

Respiratory Services

Documentation shall support the following for scoring respiratory services.

- 1) A respiratory therapist shall evaluate the status of the resident at least monthly if the resident has a tracheostomy.
- 2) Respiratory therapy being provided 15 minutes a day shall be present in the clinical record for the look-back period.

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- 3) Physician's order for the treatments.
- 4) Respiratory therapy 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.
- 5) Suctioning, including type, frequency and results of suctioning.
- 6) Trach care, including type, frequency and description of the care provided.

Lev	MDS items	Description	Unl	Lic	SW	Act
I	P1ai = 1 or	Perform suctioning	5	15 RN 15 LPN		
	P1aj = 1 or P1bdA = 7	Administered trach care Respiratory therapy				
II	P1ai = 1 AND	Performed suctioning	10	24 RN 24 LPN		
	P1aj = 1 AND	Administered trach care				
	P1bdA > 0	Respiratory therapy				

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

Ventilator Care

~~Documentation shall support the following for scoring ventilator care.~~

- ~~1) 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.~~
- ~~2) A respiratory therapist shall evaluate and document the status of the resident at least weekly.~~

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	MDS items	Description	Unl	Lic	SW	Act
I	P1a1 = 1	Receiving ventilator care	15	37.5 RN 37.5 LPN		

~~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

Documentation shall be in place to support weaning from ventilator.

Lev	MDS items	Description	Unl	Lic	SW	Act
I	P1a1 = 0 on current MDS AND P1a1 = 1 on previous MDS	Resident no longer on ventilator Resident previously on ventilator	5	15 RN 15 LPN		

Morbid Obesity

Documentation shall support the following for scoring morbid obesity.

- 1) A dietician's evaluation was completed with evidence of on-going consultation.
- 2) On-going monitoring of weight shall be evident.
- 3) The psychosocial needs related to weight issues shall be identified and addressed.

Lev	MDS items	Description	Unl	Lic	SW	Act
I	I3 = 278.01 AND	ICD9 for morbid obesity is marked	10	5 RN 5 LPN	5	

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K5e = 1 AND	On a therapeutic diet				
K5h = 1 AND	On planned weight change program				
G1aA = 3 and	Extensive assist				
G1aB=3 or	Requires 2+ assist with bed mobility				
G1bA=3 and	Extensive assist				
G1bB=3 or	Requires 2+ assist with transfers				
G1cA=3 and	Extensive assist				
G1cB=3 AND	Requires 2+ assist with walk in room				
P3d=7 or	On bed mobility restorative				
P3e=7 or	On transfer restorative				
P3f = 7	On walking restorative				

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

Complex Wounds

Facilities shall follow documentation guidelines as directed by 42 CFR 483.25(c) (State Operations Manual F-tag F314). All documentation requirements listed in F314 shall be met.

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

MDS item	Description
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M1c or M1d > 0 AND	Presence of stage 3 or 4 PU
M2a > 0 or	Type of ulcer, pressure
M2b > 0 AND	Type of ulcer, stasis
B1 = 1 or	Comatose
G1Aa = 3 or 4 or	Bed mobility (extensive)
G1Ab = 3 or 4	Transfer (extensive)
AND any 3 of the follow:	
ICD 9 codes of (260, 261, 262, 263.0, 263.1, 263.2, 263.8, 263.9)	ICD 9-Malnutrition
ICD 9 585	ESRD
I1a = 1	Diabetes Mellitus
I1qq = 1	Renal Failure
I1j = 1	Peripheral vascular disease
I1x = 1	Paraplegia
I1z = 1	Quadriplegia
I1w = 1	Multiple Sclerosis
J5c = 1	End stage disease
H1a = 4	Incontinence of bowel
H1b = 4	Incontinence of bladder
J1c = 1	Dehydration
G6a = 1	Bedfast
J2a = 2	Pain daily
M3 = 1	History of resolved ulcers
AND all of the following:	
M5a = 1 and/or	Pressure relieving device/chair
M5b = 1 AND	Pressure relieving device/bed
M5c = 1 AND	Turn and position

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M5d = 1 AND M5e = 1	Nutrition or hydration Ulcer care
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Traumatic Brain Injury

Documentation shall support the following for scoring traumatic brain injury.

- 1) Psychological therapy shall be delivered by licensed mental health professionals as described in the RAI Manual.
- 2) A special symptom evaluation program shall be an on-going, comprehensive, interdisciplinary evaluation of behavioral symptoms as described in the RAI Manual.
- 3) Evaluation by a licensed mental health specialist in the last 90 days. This shall include an assessment of a mood, behavioral disorder or other mental health problems by a qualified clinical professional as described in the RAI Manual.
- 4) Care plan shall address the behaviors of the resident and the interventions used.

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

MDS item	Description
I1cc = 1 AND B1 = 0 AND S1 = 0 AND E4aA = 3 and E4 a B = 1 or E4bA = 3 and E4bB = 1 or	Traumatic brain injury Not comatose Does not meet Subpart S criteria Wandering daily and alterability Verbally abusive behavioral symptoms daily and alterability

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<p>E4cA = 3 and E4cB = 1 or E4dA = 3 and E4dB = 1 or E4eA = 3 and E4eB = 1 AND P1beA ≥ 1 AND P2a = 1 AND P2b = 1</p>	<p>Physically abusive behavioral symptoms daily and alterability Socially inappropriate/disruptive behavioral symptoms daily and alterability Resists care daily and alterability Psychological therapy Special behavior symptom evaluation Evaluation by a mental health specialist in last 90 days</p>
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8) Special Patient Need Factors

There shall be documentation to support the deficits identified on the MDS in communication and vision problems.

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 Exceptional Care

Vision Problems

Count	MDS items	Description	Staff Minutes
I	D1 > 0 or	Vision impaired to Severely impaired	2% of all staff time accrued in all categories from ADLs through Exceptional Care

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	D2a = 1 or	Decreased peripheral vision	
	D2b = 1	Experience halos around lights, light flashes	

Accident/Fall Prevention

Documentation shall support the following for scoring accident/fall prevention.

- 1) The resident has the risk factor identified on the MDS.
- 2) The resident has been assessed for fall risks.
- 3) If the resident is identified as high risk for falls, interventions have been identified and implemented.

Count	MDS items	Description	Staff Minutes
I	I1aa = 1 or O4a-d = 7 or H1b > 0 or J1f = 1 or J4a = 1 or J4b = 1 or J1n = 1 or E4aA > 0	Seizure disorder Medications Incontinent urine Dizziness Fell in past 30 days Fell in past 31-180 days Has unsteady gait Wandered in last 7 days	3% of all staff time accrued in all categories from ADLs through Exceptional Care

Restraint Free

There shall be documentation to support the previous use of a restraint and the resident response to the restraint. There shall be evidence that the restraint was discontinued.

Count	MDS items	Description	Staff Minutes
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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 Exceptional Care
	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	
P4e = 0	Not used chair that prevents rising in last 7 days		

Activities

There shall be documentation to support the average time involved in activities.

Count	MDS items	Description	Staff Minutes
I	N2 = 0 or 1 AND Any of the following checked:	Average time involved in activities	2% of all staff time accrued in all categories from ADLs through Exceptional Care
	G6a = 1 or	Bedfast all or most of the time	
	C4 > 1 or	Sometimes too rarely understood	

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C6 > 1 or	Sometimes too rarely understands others
E1o > 0 or	Withdrawal from activity
AA3 ≤ 50 or	Age is 50 or younger at assessment reference date
E1p > 0 or	Reduced social interactions
E4a-eA > 0 or	Any behavioral symptoms
G4b-dB > 0 OR	Any limited ROM
N2 = 0 or 1 AND	Average time involved in activities
E2 > 0 AND	Mood persistence
E1a > 0 or	Negative statements
E1n > 0 or	Repetitive physical movements
E4eA > 0 or	Resists care

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E1o > 0 or	Withdraws from activity
E1p > 0 or	Reduced social interaction
E1j > 0 or	Unpleasant mood in morning
N1d = 1 or	Not awake all or most of the time
E1g > 0 or	Statements that something terrible will happen
K3a = 1 or	Weight loss
(N1a,b,c ≤ 1 AND	Not awake all or most of the time
B1 = 0)	Not comatose

(Source: Amended at 34 Ill. Reg. 3786, effective March 14, 2010)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Recovery of Misspent Funds
- 2) Code Citation: 89 Ill. Adm. Code 527
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
527.10	Amendment
527.100	Amendment
- 4) Statutory Authority: Implementing Section 3(k) of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3]
- 5) Effective date of amendments: March 11, 2010
- 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 material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notices of proposal published in the Illinois Register: 33 Ill. Reg. 12056; August 28, 2009
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version:

In Section 527.100 (a), struck "such" and added "those".

In Section 527.100 (e), struck "DHS", deleted "hearings" and added "DHS' Administrative Hearings".

In Section 527.100 (e)(2), after "and", added "the".
- 12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No

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- 14) Are there any amendments pending on this Part? No
- 15) Summary and purpose of rulemaking: This rulemaking updates language to state that an agreement shall be sent to the investigator at the Office of the Comptroller instead of the Bureau of Collections. The rule also adds a form number (IL 488-2043) to the Agreement for Repayment of Funds and other small changes.
- 16) Information and questions regarding these adopted amendments shall be directed to:
- Tracie Drew, Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
Harris Building, 3rd Floor
Springfield, Illinois 62762
- 217/785-9772
- 17) Does this rulemaking require the preview of the Procurement Policy Board as specified in Section 5-25 of the Illinois Procurement Code? No

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER a: GENERAL PROGRAM PROVISIONSPART 527
RECOVERY OF MISSPENT FUNDS

Section

527.10	General Statement of Purpose and Applicability
527.100	Initial Collection Activity
527.200	Informal Hearing (Repealed)
527.300	Formal Hearing (Repealed)

AUTHORITY: Authorized by Section 3(k) of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3].

SOURCE: Adopted at 10 Ill. Reg. 3840, effective February 7, 1986; amended at 14 Ill. Reg. 18844, effective November 7, 1990; recodified from the Department of Rehabilitation Services to the Department of Human Services at 21 Ill. Reg. 9325; emergency amendment at 23 Ill. Reg. 4531, effective April 2, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 10830, effective August 23, 1999; amended at 26 Ill. Reg. 919, effective January 15, 2002; amended at 34 Ill. Reg. 3881, effective March 11, 2010.

Section 527.10 General Statement of Purpose and Applicability

Funds ~~that~~^{which} are granted or authorized by the Department of Human Services ~~Division~~^{Office} of Rehabilitation Services (DHS-~~DRSORS~~) to individuals or organizations for specific purposes and later found to have been spent for other purposes require DHS to collect those funds.

(Source: Amended at 34 Ill. Reg. 3881, effective March 11, 2010)

Section 527.100 Initial Collection Activity

- a) The DHS-~~DRSORS~~ employee who is responsible for authorizing payments to the recipient of funds must monitor all ~~those~~^{such} payments for proper expenditure. Upon discovering that ~~these~~^{such} funds are being used for purposes other than those specified by the grant or contract entered into by the recipient, this employee must notify the DHS/~~DRSORS~~ Central Office. The investigator in Central Office shall make a determination as to whether funds have been misspent or fraud has

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occurred based on the data provided by the employee.

- 1) If it is determined that funds were not misspent, the employee shall be instructed ~~not~~ to take ~~no~~ further actions.
 - 2) If it is determined fraud may have occurred, depending on the monetary amount involved, the matter shall be referred to the Illinois Department of State Police for disposition. The matter may also be referred to the Illinois State Treasurer's Office to assist in recouping funds, if forgery is involved.
 - 3) If it is determined that funds were misspent, the recipient of the funds shall be requested to sign an Agreement for Repayment of Funds ([IL 488-2043 N-8-04 Agreement](#)).
- b) If the recipient of the funds agrees to pay back the misspent monies, DHS-~~DRSORS~~ will agree to allow the ~~recipient~~ recipient to pay back the funds in allotments, over a reasonable period of time. The time period shall be based on the amount of money to be paid back and the ability of the recipient to repay. The Agreement to repay shall include the amount of money to be paid back, the schedule of payments and the date payments shall begin and end. ~~The investigator in the Comptroller's office completes the agreements~~ ~~A copy of this Agreement shall be sent to the investigator in Springfield.~~ The investigator shall work with the Bureau of Collections, Revenue Management to assure an account is established and that the Agreement is followed. Monthly statements shall show each payment received and the remaining balance due. If payments are not received in a timely manner as outlined in the Agreement, the account shall be considered in default and the matter shall be referred to the ~~Office of the Comptroller and a collection agency~~ ~~Bureau of Collections for all collection activity~~. As an alternative to direct repayment of funds, DHS-~~DRSORS~~ will agree to allow the amount of repayment to be offset against existing or future grants, upon ~~agreement between the recipient and the investigator in the Comptroller's office~~ ~~the request of the recipient~~.
- c) If no agreement is reached between the employee and the recipient to pay back the misspent funds, the employee must prepare a memorandum to his/her supervisor (or other DHS-~~DRSORS~~ staff with supervisory responsibility for a particular grant or contract) providing information on what attempts have been made to date to collect the funds.

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- d) The employee's supervisor shall prepare a letter to the recipient to notify him/her that actions to collect the funds will proceed and contain information regarding the recipient's right to appeal under 89 Ill. Adm. Code 508.
- e) The letter from the employee's supervisor to the recipient shall be sent by certified mail with return receipt requested and will include a copy of ~~DHS~~ DHS' Administrative Hearings rules, (89 Ill. Adm. Code 508), as well as:
- 1) a summary of the information contained in the original report provided per subsection (a) of this Section (including the identification of the allegedly misspent money, the amount of money ~~which was~~ allegedly misspent, the basis on which this amount was determined, and the basis on which it was determined that the money was allegedly misspent);
 - 2) a statement that the supervisor has reviewed the facts in question and the Central Office has determined that the collection of these funds is appropriate;
 - 3) notice that DHS will initiate collection procedures for the allegedly misspent money after 35 days unless the recipient requests a hearing in writing under 89 Ill. Adm. Code 508, or signs an Agreement;
 - 4) recipients that are not customers must call the investigator to arrange other methods of repayment;
 - 54) a statement that this request for a hearing must be made to the individual's supervisor (including that person's name and address).
- f) If the recipient does not request the hearing within 35 days, the supervisor will notify the investigator in the Central Office who shall attempt to contact the recipient and after two attempts shall set up a receivable account with the Bureau of Collections for all collection activity.

(Source: Amended at 34 Ill. Reg. 3881, effective March 11, 2010)

DEPARTMENT OF REVENUE

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Income Tax
- 2) Code Citation: 86 Ill. Adm. Code 100
- 3) Section Number: 100.9900 Adopted Action:
Amendment
- 4) Statutory Authority: 35 ILCS 20/35-5
- 5) Effective Date of Amendment: March 12, 2010
- 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 amendment, including any material incorporated by reference, is on file in the Department of Revenue's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: 33 Ill. Reg. 17289; December 28, 2009
- 10) Has JCAR issued a Statement of Objection to this Rulemaking? No
- 11) Differences between proposal and final version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No changes were made.
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This rulemaking amends the regulation implementing the Tax Shelter Voluntary Compliance Law to reflect current Departmental practices in administering that Law. The original regulation required taxpayers participating in the voluntary compliance program to compute and pay during the voluntary compliance period the full amount additional tax due with respect to participation in tax shelter transactions plus interest. Many taxpayers were unable to comply with that requirement, and the Department has determined that a taxpayer who

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promptly pays any additional tax and interest due after determination by the Department should still be allowed the benefits of participation in the program.

- 16) Information and questions regarding this adopted rulemaking shall be directed to:

Paul Caselton
Deputy General Counsel – Income Tax
Legal Services Office
Illinois Department of Revenue
101 West Jefferson
Springfield, Illinois 62794

217/782-7055

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

DEPARTMENT OF REVENUE

NOTICE OF ADOPTED AMENDMENT

TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUEPART 100
INCOME TAX

SUBPART A: TAX IMPOSED

Section

- 100.2000 Introduction
100.2050 Net Income (IITA Section 202)

SUBPART B: CREDITS

Section

- 100.2100 Replacement Tax Investment Credit Prior to January 1, 1994 (IITA 201(e))
100.2101 Replacement Tax Investment Credit (IITA 201(e))
100.2110 Investment Credit; Enterprise Zone and River Edge Redevelopment Zone (IITA 201(f))
100.2120 Jobs Tax Credit; Enterprise Zone and Foreign Trade Zone or Sub-Zone (IITA 201(g))
100.2130 Investment Credit; High Impact Business (IITA 201(h))
100.2140 Credit Against Income Tax for Replacement Tax (IITA 201(i))
100.2150 Training Expense Credit (IITA 201(j))
100.2160 Research and Development Credit (IITA 201(k))
100.2163 Environmental Remediation Credit (IITA 201(l))
100.2165 Education Expense Credit (IITA 201(m))
100.2170 Tax Credits for Coal Research and Coal Utilization Equipment (IITA 206)
100.2180 Credit for Residential Real Property Taxes (IITA 208)
100.2185 Film Production Services Credit (IITA 213)
100.2190 Tax Credit for Affordable Housing Donations (IITA Section 214)
100.2195 Dependent Care Assistance Program Tax Credit (IITA 210)
100.2196 Employee Child Care Assistance Program Tax Credit (IITA Section 210.5)
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- 100.7360 Definitions and Special Provisions Relating to Reporting and Payment of Income Tax Withheld (IITA Sections 704 and 704A)
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100.APPENDIX A Business Income Of Persons Other Than Residents

100.TABLE A Example of Unitary Business Apportionment

100.TABLE B Example of Unitary Business Apportionment for Groups Which Include Members Using Three-Factor and Single-Factor Formulas

AUTHORITY: Implementing the Illinois Income Tax Act [35 ILCS 5] and authorized by Section 1401 of the Illinois Income Tax Act [35 ILCS 5/1401].

SOURCE: Filed July 14, 1971, effective July 24, 1971; amended at 2 Ill. Reg. 49, p. 84, effective November 29, 1978; amended at 5 Ill. Reg. 813, effective January 7, 1981; amended at 5 Ill. Reg. 4617, effective April 14, 1981; amended at 5 Ill. Reg. 4624, effective April 14, 1981; amended at 5 Ill. Reg. 5537, effective May 7, 1981; amended at 5 Ill. Reg. 5705, effective May 20, 1981; amended at 5 Ill. Reg. 5883, effective May 20, 1981; amended at 5 Ill. Reg. 6843, effective June 16, 1981; amended at 5 Ill. Reg. 13244, effective November 13, 1981; amended at 5 Ill. Reg. 13724, effective November 30, 1981; amended at 6 Ill. Reg. 579, effective December 29, 1981; amended at 6 Ill. Reg. 9701, effective July 26, 1982; amended at 7 Ill. Reg. 399, effective December 28, 1982; amended at 8 Ill. Reg. 6184, effective April 24, 1984; codified at 8 Ill. Reg. 19574; amended at 9 Ill. Reg. 16986, effective October 21, 1985; amended at 9 Ill. Reg.

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685, effective December 31, 1985; amended at 10 Ill. Reg. 7913, effective April 28, 1986; amended at 10 Ill. Reg. 19512, effective November 3, 1986; amended at 10 Ill. Reg. 21941, effective December 15, 1986; amended at 11 Ill. Reg. 831, effective December 24, 1986; amended at 11 Ill. Reg. 2450, effective January 20, 1987; amended at 11 Ill. Reg. 12410, effective July 8, 1987; amended at 11 Ill. Reg. 17782, effective October 16, 1987; amended at 12 Ill. Reg. 4865, effective February 25, 1988; amended at 12 Ill. Reg. 6748, effective March 25, 1988; amended at 12 Ill. Reg. 11766, effective July 1, 1988; amended at 12 Ill. Reg. 14307, effective August 29, 1988; amended at 13 Ill. Reg. 8917, effective May 30, 1989; amended at 13 Ill. Reg. 10952, effective June 26, 1989; amended at 14 Ill. Reg. 4558, effective March 8, 1990; amended at 14 Ill. Reg. 6810, effective April 19, 1990; amended at 14 Ill. Reg. 10082, effective June 7, 1990; amended at 14 Ill. Reg. 16012, effective September 17, 1990; emergency amendment at 17 Ill. Reg. 473, effective December 22, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 8869, effective June 2, 1993; amended at 17 Ill. Reg. 13776, effective August 9, 1993; recodified at 17 Ill. Reg. 14189; amended at 17 Ill. Reg. 19632, effective November 1, 1993; amended at 17 Ill. Reg. 19966, effective November 9, 1993; amended at 18 Ill. Reg. 1510, effective January 13, 1994; amended at 18 Ill. Reg. 2494, effective January 28, 1994; amended at 18 Ill. Reg. 7768, effective May 4, 1994; amended at 19 Ill. Reg. 1839, effective February 6, 1995; amended at 19 Ill. Reg. 5824, effective March 31, 1995; emergency amendment at 20 Ill. Reg. 1616, effective January 9, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 6981, effective May 7, 1996; amended at 20 Ill. Reg. 10706, effective July 29, 1996; amended at 20 Ill. Reg. 13365, effective September 27, 1996; amended at 20 Ill. Reg. 14617, effective October 29, 1996; amended at 21 Ill. Reg. 958, effective January 6, 1997; emergency amendment at 21 Ill. Reg. 2969, effective February 24, 1997, for a maximum of 150 days; emergency expired July 24, 1997; amended at 22 Ill. Reg. 2234, effective January 9, 1998; amended at 22 Ill. Reg. 19033, effective October 1, 1998; amended at 22 Ill. Reg. 21623, effective December 15, 1998; amended at 23 Ill. Reg. 3808, effective March 11, 1999; amended at 24 Ill. Reg. 10593, effective July 7, 2000; amended at 24 Ill. Reg. 12068, effective July 26, 2000; emergency amendment at 24 Ill. Reg. 17585, effective November 17, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 18731, effective December 11, 2000; amended at 25 Ill. Reg. 4640, effective March 15, 2001; amended at 25 Ill. Reg. 4929, effective March 23, 2001; amended at 25 Ill. Reg. 5374, effective April 2, 2001; amended at 25 Ill. Reg. 6687, effective May 9, 2001; amended at 25 Ill. Reg. 7250, effective May 25, 2001; amended at 25 Ill. Reg. 8333, effective June 22, 2001; amended at 26 Ill. Reg. 192, effective December 20, 2001; amended at 26 Ill. Reg. 1274, effective January 15, 2002; amended at 26 Ill. Reg. 9854, effective June 20, 2002; amended at 26 Ill. Reg. 13237, effective August 23, 2002; amended at 26 Ill. Reg. 15304, effective October 9, 2002; amended at 26 Ill. Reg. 17250, effective November 18, 2002; amended at 27 Ill. Reg. 13536, effective July 28, 2003; amended at 27 Ill. Reg. 18225, effective November 17, 2003; emergency amendment at 27 Ill. Reg. 18464, effective November 20, 2003, for a maximum of 150 days; emergency expired April 17, 2004; amended at 28 Ill. Reg. 1378,

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effective January 12, 2004; amended at 28 Ill. Reg. 5694, effective March 17, 2004; amended at 28 Ill. Reg. 7125, effective April 29, 2004; amended at 28 Ill. Reg. 8881, effective June 11, 2004; emergency amendment at 28 Ill. Reg. 14271, effective October 18, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 14868, effective October 26, 2004; emergency amendment at 28 Ill. Reg. 15858, effective November 29, 2004, for a maximum of 150 days; amended at 29 Ill. Reg. 2420, effective January 28, 2005; amended at 29 Ill. Reg. 6986, effective April 26, 2005; amended at 29 Ill. Reg. 13211, effective August 15, 2005; amended at 29 Ill. Reg. 20516, effective December 2, 2005; amended at 30 Ill. Reg. 6389, effective March 30, 2006; amended at 30 Ill. Reg. 10473, effective May 23, 2006; amended by 30 Ill. Reg. 13890, effective August 1, 2006; amended at 30 Ill. Reg. 18739, effective November 20, 2006; amended at 31 Ill. Reg. 16240, effective November 26, 2007; amended at 32 Ill. Reg. 872, effective January 7, 2008; amended at 32 Ill. Reg. 1407, effective January 17, 2008; amended at 32 Ill. Reg. 3400, effective February 25, 2008; amended at 32 Ill. Reg. 6055, effective March 25, 2008; amended at 32 Ill. Reg. 10170, effective June 30, 2008; amended at 32 Ill. Reg. 13223, effective July 24, 2008; amended at 32 Ill. Reg. 17492, effective October 24, 2008; amended at 33 Ill. Reg. 1195, effective December 31, 2008; amended at 33 Ill. Reg. 2306, effective January 23, 2009; amended at 33 Ill. Reg. 14168, effective September 28, 2009; amended at 33 Ill. Reg. 15044, effective October 26, 2009; amended at 34 Ill. Reg. 550, effective December 22, 2009; amended at 34 Ill. Reg. 3886, effective March 12, 2010.

SUBPART DD: MISCELLANEOUS

Section 100.9900 Tax Shelter Voluntary Compliance Program

- a) Section 35-5(a) of the Tax Shelter Voluntary Compliance Law [35 ILCS 20/35-5(a)] provides that the Department *shall establish and administer a tax shelter Voluntary Compliance Program as provided in this Section for eligible taxpayers subject to tax under the Illinois Income Tax Act. The tax shelter voluntary compliance program shall be conducted from October 15, 2004 to January 31, 2005 and shall apply to tax liabilities under Section 201 of the Illinois Income Tax Act attributable to the use of tax avoidance transactions for taxable years beginning before January 1, 2004.* The Voluntary Compliance Program provides for abatement of penalties that would otherwise be imposed on underpayment or underreporting of Illinois income tax liabilities attributable to participation in tax shelters. The Tax Shelter Voluntary Compliance Law directs the Department to *adopt rules, issue forms and instructions, and take such other actions as it deems necessary to implement the provisions of the Voluntary Compliance Program.*
- b) Definitions. For purposes of this Section:

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- 1) Tax Avoidance Transaction. Section 35-10 of the Tax Shelter Voluntary Compliance Law [35 ILCS 20/35-10] provides that "tax avoidance transaction" means any *plan or arrangement devised for the principal purpose of avoiding federal income tax. Tax avoidance transactions include, but are not limited to, "listed transactions" as defined in Treasury Regulations Section 1.6011-4(b)(2).*
- 2) Eligible Liability
 - A) "Eligible Liability" means the excess, if any, of:
 - i) the Illinois income tax liability for a taxable year properly computed without allowing the net tax benefits of any tax avoidance transaction, ~~over~~ ~~of~~
 - ii) the Illinois income tax liability for that taxable year properly computed allowing the tax benefits of any tax avoidance transactions in which the taxpayer participated.
 - B) The Illinois income tax liabilities under subsection (b)(2)(A)(i) shall be computed without allowing the net tax benefits of any tax avoidance transaction for the taxable year at issue, whether or not such benefits are ultimately determined to be allowable and without allowing any benefits in the taxable year at issue that result from tax avoidance transactions in which the taxpayer participated in other tax years, such as, for example, by increasing any Illinois net loss or credit available to carry over into the taxable year at issue.
- 3) Voluntary Compliance Program Period. The "Voluntary Compliance Program Period" is October 15, 2004 through January 31, 2005, inclusive.
- c) Participation in the Voluntary Compliance Program. Participation in the Voluntary Compliance Program is made separately for each taxable year. In order to participate in the Voluntary Compliance Program for a taxable year, a taxpayer must, during the Voluntary Compliance Program Period:

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- 1) File Form VCP-1, Voluntary Compliance Participation Agreement, with an amended return reporting Illinois net income and tax for the taxable year, computed without regard to any tax avoidance transactions affecting Illinois net income for that taxable year.
 - A) Any taxpayer who, as a result of participating in a tax avoidance transaction, determined that it had no Illinois income tax liability for a taxable year therefore chose not to file a return for that taxable year may participate in the Voluntary Compliance Program by filing an original return for that taxable year and reporting its Illinois net income and tax for the taxable year, computed without regard to any tax avoidance transactions affecting Illinois net income or tax for that taxable year.
 - B) A trust, estate, exempt organization, partnership or Subchapter S corporation shall file a Form IL-843, Amended Return or Notice of Change in Income, with a revised return in the proper form.
 - C) A partnership or Subchapter S corporation may file a composite return for that taxable year on behalf of any partners or shareholders eligible to be included in a composite return.
 - D) No return filed outside the Voluntary Compliance Program Period will qualify for relief under this Section. An unprocessable return filed during the Voluntary Compliance Program Period will qualify for relief under this Section only if a processable return is filed within 30 days after the Department has issued a notice to that taxpayer that the return filed was unprocessable.
 - E) Failure to correct an underreporting of tax that is not the result of participation in a tax avoidance transaction shall not preclude relief under this Section.
- 2) Pay the full amount of the Eligible Liability, plus interest on the Eligible Liability.
 - A) Failure to pay any penalty or to pay any liability (or interest on such liability) other than the Eligible Liability shall not preclude relief under this Section.

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- B) If the Eligible Liability was eligible for amnesty under the Tax Delinquency Amnesty Act, interest that must be paid under this subsection (c)(2) shall be computed at 200% of the rate that would otherwise have been imposed under UPIA Section 3-2, as provided in UPIA Section 3-2(d).
- C) In the case of a taxpayer who makes a good faith attempt to compute the correct amount of ~~interest due on~~ the Eligible Liability, ~~attaches to its amended return a schedule showing its computation of interest due on the Eligible Liability,~~ and pays ~~that~~ the amount ~~so shown~~ during the Voluntary Compliance Program Period, failure to pay the full amount of ~~the Eligible Liability~~ ~~interest due~~ shall not preclude relief under this Section if the full amount of ~~the Eligible Liability (including any related penalty and~~ interest) determined by the Department to be due ~~on the Eligible Liability~~ is paid within 30 days after the Department has issued a Notice and Demand for the unpaid amount.
- D) No payment made under protest under Section 2a.1 of the State Officers and Employees Money Disposition Act [30 ILCS 230/2a.1] shall be considered a payment made during the Voluntary Compliance Program Period under this subsection (c)(2).
- 3) Make the election to participate under Voluntary Compliance without Appeal or Voluntary Compliance with Appeal.
- A) The election shall be made by checking the appropriate box on the Form VCP-1, Voluntary Compliance Participation Agreement.
- B) Once made, the election may not be revoked.
- C) A separate election shall be made for each taxable year for which the taxpayer chooses to participate in the Voluntary Compliance program.

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- D) No relief shall be allowed to any taxpayer for any taxable year for which the taxpayer fails to properly make the election in accordance with this subsection (c)(3).
- d) Effect of Electing Voluntary Compliance without Appeal. If a taxpayer properly elects Voluntary Compliance without Appeal:
- 1) No claim for refund or credit shall be allowed with respect to the Eligible Liability. The taxpayer's rights to claim a refund or credit for other amounts paid that are not attributable to the tax avoidance transaction shall not be affected by this election.
 - 2) The following penalties that are otherwise applicable to the Eligible Liability for such taxable year shall be abated:
 - A) The negligence penalty imposed under IITA Section 1002(a), including any doubling of the penalty under UPIA Section 3-5(d).
 - B) The fraud penalty imposed under IITA Section 1002(b), including any doubling of the penalty under UPIA Section 3-6(c).
 - C) The penalty for underpayment of tax imposed under IITA Section 1005(a), including any doubling of that penalty under UPIA Section 3-3(i).
 - D) The reportable transaction penalty imposed under IITA Section 1005(b).
 - E) The 100% interest penalty imposed under IITA Section 1005(c).
 - F) The underreporting penalty imposed under UPIA Section 3-3(b-15)(2).
 - G) In the case of an Eligible Liability reported on an original return filed during the Voluntary Compliance Program Period, the penalty for failure to pay estimated tax imposed by IITA Section 804(a), including any doubling of that penalty under UPIA Section 3-3(i).

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- H) Because the Voluntary Compliance Program Period will expire before the date the first disclosure of participation in a reportable transaction could be due under IITA Section 501(b), filing of an amended return during the Voluntary Compliance Program Period reversing the tax benefits of a reportable transaction will avoid penalty under IITA Section 1001(b) for failure to disclose a reportable transaction.
- 3) None of the penalties listed in this subsection (d)(2) shall be abated under the Voluntary Compliance Program to the extent imposed with respect to a liability assessed prior to October 15, 2004. No other penalties (including, but not limited to, any penalties for late payment of tax or underpayment of tax resulting from any underpayment other than the Eligible Liability) are abated or avoided merely by participation in the Voluntary Compliance Program. However, participation in the Voluntary Compliance Program will not affect any right the taxpayer would otherwise have to abatement of penalties or to contest the imposition of penalties.
- 4) The Department shall not seek civil or criminal prosecution against the taxpayer for such taxable year with respect to tax avoidance transactions, except as otherwise provided in Tax Shelter Voluntary Compliance Law.
- 5) A claim for a refund of the Eligible Liability by a taxpayer who has elected Voluntary Compliance without Appeal shall be denied, but filing such claim will not disqualify the taxpayer from participation in the Voluntary Compliance Program.
- e) Effect of Electing Voluntary Compliance with Appeal. If a taxpayer properly elects Voluntary Compliance with Appeal:
- 1) Any otherwise-allowable claim for refund or credit shall be allowed with respect to the Eligible Liability, provided that, notwithstanding IITA Section 909(e), the taxpayer may not file a written protest until after either of the following:
- A) the date the Department issues a notice of denial; or
- B) the earlier of:

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- i) the date which is 180 days after the date of a final determination by the Internal Revenue Service with respect to the transactions at issue;
 - ii) the date that is three years after the date the claim for refund was filed; or
 - iii) the date that is one year after full payment of all tax, including penalty and interest.
- 2) Participation in the Voluntary Compliance Program with Appeal shall not affect any right the taxpayer otherwise has to claim a refund or credit or protest the denial of such claim for any amount paid other than the Eligible Liability.
- 3) Penalties
 - A) The following penalties for the taxable year that are otherwise applicable to the Eligible Liability for such taxable year shall be abated:
 - i) The reportable transaction penalty imposed under IITA Section 1005(b).
 - ii) The 100% interest penalty imposed under IITA Section 1005(c).
 - B) Because the Voluntary Compliance Program Period will expire before the date the first disclosure of participation in a reportable transaction could be due under IITA Section 501(b), filing of an amended return during the Voluntary Compliance Program Period reversing the tax benefits of a reportable transaction will avoid penalty under IITA Section 1001(b) for failure to disclose a reportable transaction.
 - C) Neither of the penalties listed in this subsection (e)(3)(A)(i) and (ii) shall be abated under the Voluntary Compliance Program to the extent imposed with respect to a liability assessed prior to October 15, 2004. No other penalties are abated or avoided merely by

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participation in the Voluntary Compliance Program. However, participation in the Voluntary Compliance Program will not affect any right the taxpayer would otherwise have to abatement of penalties or to contest the imposition of penalties.

- 4) The Department shall not seek civil or criminal prosecution against the taxpayer for such taxable year with respect to tax avoidance transactions, except as otherwise provided in the Tax Shelter Voluntary Compliance Law.
- f) Failure to Comply with All Requirements for Participation in the Voluntary Compliance Program. If the Department determines that a taxpayer who has been granted relief under this Section has failed to comply with all requirements of this Section, any penalties that had been abated shall be deemed assessed as of January 31, 2005, and shall be immediately due and collectible, provided that nothing in this subsection shall preclude abatement of a penalty for reasonable cause, if otherwise applicable, or deprive the taxpayer of any process otherwise available for seeking abatement of an assessed penalty.
- g) Participation in the Voluntary Compliance Program shall not be considered evidence that the taxpayer in fact engaged in a tax avoidance transaction.

(Source: Amended at 34 Ill. Reg. 3886, effective March 12, 2010)

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION TO
EMERGENCY RULEMAKING

DEPARTMENT OF EMPLOYMENT SECURITY

Heading of the Part: Recovery of Benefits

Code Citation: 56 Ill. Adm. Code 2835

Section Number: 2835.100

Date Originally Published in the Illinois Register: 2/5/10
34 Ill. Reg. 2330

At its meeting on March 9, 2010, the Joint Committee on Administrative Rules objected to the Department of Employment Security not adopting amendments to its rule titled Recovery of Benefits (56 Ill. Adm. Code 2835; 34 Ill. Reg. 2330) within the 90-day period imposed by PA 96-30.

Failure of the agency to respond within 90 days after receipt of the Statement of Objection shall be deemed a refusal. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION TO
EMERGENCY RULEMAKING

DEPARTMENT OF EMPLOYMENT SECURITY

Heading of the Part: Claimant's Reason for Separation from Work

Code Citation: 56 Ill. Adm. Code 2840

Section Number: 2840.101

Date Originally Published in the Illinois Register: 2/5/10
34 Ill. Reg. 2335

At its meeting on March 9, 2010, the Joint Committee on Administrative Rules objected to the Department of Employment Security not adopting amendments to its rule titled Claimant's Reason for Separation from Work (56 Ill. Adm. Code 2840; 34 Ill. Reg. 2335) within the 90-day period imposed by PA 96-30.

Failure of the agency to respond within 90 days after receipt of the Statement of Objection shall be deemed a refusal. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTIONS
TO PROPOSED RULEMAKING

DEPARTMENT OF VETERANS' AFFAIRS

Heading of the Part: Veterans' Scratch-Off Lottery Program

Code Citation: 95 Ill. Adm. Code 125

Section Numbers: 125.10 125.50
125.15 125.60
125.20 125.70
125.30 125.80
125.40 125.APPENDIX A

Date Originally Published in the Illinois Register: 11/6/09
33 Ill. Reg. 14933

At its meeting on 3/9/10, the Joint Committee on Administrative Rules objected to the Department of Veterans' Affairs implementing the program embodied in its rulemaking titled Veterans' Scratch-Off Lottery Program (95 Ill. Adm. Code 125; 33 Ill. Reg. 14933) since 2006 without prior adoption of rules.

Failure of the agency to respond within 90 days after receipt of the Statement of Objection shall constitute withdrawal of this proposed rulemaking. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of March 9, 2010 through March 15, 2010 and have been scheduled for review by the Committee at its April 13, 2010 meeting. Other items not contained in this published list may also be considered. 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.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start Of First Notice</u>	<u>JCAR Meeting</u>
4/23/10	<u>Department of State Police</u> , Child Murderer and Violent Offender Against Youth Registration Act (20 Ill. Adm. Code 1283)	1/22/10 34 Ill. Reg. 1321	4/13/10
4/24/10	<u>Department of Human Services</u> , Authorizations (89 Ill. Adm. Code 520)	11/20/09 33 Ill. Reg. 15981	4/13/10
4/24/10	<u>Illinois Commerce Commission</u> , Personal Property Warehouses (92 Ill. Adm. Code 1458)	12/18/09 33 Ill. Reg. 17006	4/13/10
4/24/10	<u>Department of Agriculture</u> , Motor Fuel and Petroleum Standards Act (8 Ill. Adm. Code 850)	1/4/10 34 Ill. Reg. 1	4/13/10
4/25/10	<u>Department of Human Services</u> , Child Care (89 Ill. Adm. Code 50)	11/20/09 33 Ill. Reg. 15979	4/13/10
4/28/10	<u>Department of Financial and Professional Regulation</u> , Home Inspector License Act (68 Ill. Adm. Code 1410)	8/7/09 33 Ill. Reg. 11366	4/13/10

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**JOINT COMMITTEE ON
ADMINISTRATIVE RULES**

STATEMENTS OF OBJECTION

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