

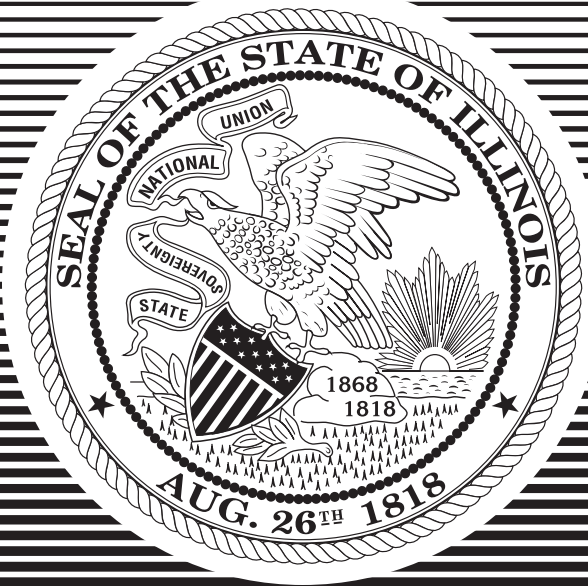
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# ILLINOIS

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## REGISTER

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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 peremptory 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 2018

<b>Issue#</b>	<b>Rules Due Date</b>	<b>Date of Issue</b>
1	December 26, 2017	January 5, 2018
2	January 2, 2018	January 12, 2018
3	January 8, 2018	January 19, 2018
4	January 16, 2018	January 26, 2018
5	January 22, 2018	February 2, 2018
6	January 29, 2018	February 9, 2018
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9	February 20, 2018	March 2, 2018
10	February 26, 2018	March 9, 2018
11	March 5, 2018	March 16, 2018
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51	December 10, 2018	December 21, 2018
52	December 17, 2018	December 28, 2018

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Medical Payment
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Numbers:                      Proposed Actions:  
     140.452                                      Amendment  
     140.453                                      Amendment  
     140.455                                      Amendment  
     140.460                                      Amendment  
     140.TABLE N                                Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking proposes changes to the medical assistance program's community-based mental health services, including: implementing the Integrated Assessment and Treatment Planning (IATP) tool; revising Crisis Intervention services; implementing Mobile Crisis Response and Crisis Stabilization services; clarifying that Behavioral Health Clinics may not receive reimbursement for Assertive Community Treatment and Psychosocial Rehabilitation services; establishing Assertive Community Treatment program requirements for Community Mental Health Centers.
- 6) Any published studies or reports, and sources of underlying data, used to compose this rulemaking? None
- 7) Will this rulemaking replace any emergency rule 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 rulemakings pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Actions:</u>	<u>Illinois Register Citations:</u>
140.94	Repealed	41 Ill. Reg. 12709; October 13, 2017
140.95	Repealed	41 Ill. Reg. 12709; October 13, 2017
140.44	Amendment	41 Ill. Reg. 13532; November 13, 2017
140.417	Amendment	42 Ill. Reg. 27; January 5, 2018
140.3	Amendment	42 Ill. Reg. 7285; April 20, 2018

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

140.6	Amendment	42 Ill. Reg. 7285; April 20, 2018
140.413	Amendment	42 Ill. Reg. 7285; April 20, 2018
140.421	Amendment	42 Ill. Reg. 8119; May 18, 2018
140.513	Amendment	42 Ill. Reg. 9052; June 8, 2018
140.80	Amendment	42 Ill. Reg. 13688; July 13, 2018

- 11) Statement of Statewide Policy Objective: This rulemaking does not affect units of local government.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

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

217/782-1233  
HFS.Rules@illinois.gov

The Department requests the submission of written comments within 45 days after the publication of this Notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

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

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DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES

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SUBCHAPTER d: MEDICAL PROGRAMS

PART 140

MEDICAL PAYMENT

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- 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 Persons Confined or Detained by the Criminal Justice System

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- 140.12 Participation Requirements for Medical Providers
- 140.13 Definitions
- 140.14 Denial of Application to Participate in the Medical Assistance Program
- 140.15 Suspension and Denial of Payment, Recovery of Money and Penalties
- 140.16 Termination, Suspension or Exclusion 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, Suspension, Exclusion or Revocation on Persons



## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

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- 140.19 Application to Participate or for Reinstatement Subsequent to Termination, Suspension, Exclusion 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
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- 140.33 Publication of List of Sanctioned Entities
- 140.35 False Reporting and Other Fraudulent Activities
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- 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
- 140.45 Withholding of Payments Upon Provider Audit, Quality of Care Review, Credible Allegation of Fraud or Failure to Cooperate
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- 140.73 Drug Manual Updates (Recodified)
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- 140.82 Developmentally Disabled Care Provider Fund
- 140.84 Long Term Care Provider Fund

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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140.TABLE J	Rate Regions
140.TABLE K	Services Qualifying for 10% Add-On (Repealed)
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140.TABLE M	Enhanced Rates for Maternal and Child Health Provider Services (Repealed)
140.TABLE N	Program Approval for Specified Behavioral Health Services
140.TABLE O	Criteria for Participation as a Behavioral Health Clinic

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

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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; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory 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. 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.

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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 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

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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. 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.

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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, 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;

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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, 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.



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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 150 days; emergency 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,

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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; amended at 34 Ill. Reg. 5215, effective March 25, 2010; amended at 34 Ill. Reg. 19517, effective December 6, 2010; amended at 35 Ill. Reg. 394, effective December 27, 2010; amended at 35 Ill. Reg. 7648, effective May 1, 2011; amended at 35 Ill. Reg. 7962, effective May 1, 2011; amended at 35 Ill. Reg. 10000, effective June 15, 2011; amended at 35 Ill. Reg. 12909, effective July 25, 2011; amended at 36 Ill. Reg. 2271, effective February 1, 2012; amended at 36 Ill. Reg. 7010, effective April 27, 2012; amended at 36 Ill. Reg. 7545, effective May 7, 2012; amended at 36 Ill. Reg. 9113, effective June 11, 2012; emergency amendment at 36 Ill. Reg. 11329, effective July 1, 2012 through June 30, 2013; emergency amendment to Section 140.442(e)(4) suspended at 36 Ill. Reg. 13736, effective August 15, 2012; suspension withdrawn from Section 140.442(e)(4) at 36 Ill. Reg. 14529, September 11, 2012; emergency amendment in response to Joint Committee on Administrative Rules action on Section 140.442(e)(4) at 36 Ill. Reg. 14820, effective September 21, 2012 through June 30, 2013; emergency amendment to Section 140.491 suspended at 36 Ill. Reg. 13738, effective August 15, 2012; suspension withdrawn by the Joint Committee on Administrative Rules from Section 140.491 at 37 Ill. Reg. 890, January 8, 2013; emergency amendment in response to Joint Committee on Administrative Rules action on Section 140.491 at 37 Ill. Reg. 1330, effective January 15, 2013 through June 30, 2013; amended at 36 Ill. Reg. 15361, effective October 15, 2012; emergency amendment at 37 Ill. Reg. 253, effective January 1, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 846,

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effective January 9, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 1774, effective January 28, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 2348, effective February 1, 2013 through June 30, 2013; amended at 37 Ill. Reg. 3831, effective March 13, 2013; emergency amendment at 37 Ill. Reg. 5058, effective April 1, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 5170, effective April 8, 2013 through June 30, 2013; amended at 37 Ill. Reg. 6196, effective April 29, 2013; amended at 37 Ill. Reg. 7985, effective May 29, 2013; amended at 37 Ill. Reg. 10282, effective June 27, 2013; amended at 37 Ill. Reg. 12855, effective July 24, 2013; emergency amendment at 37 Ill. Reg. 14196, effective August 20, 2013, for a maximum of 150 days; amended at 37 Ill. Reg. 17584, effective October 23, 2013; amended at 37 Ill. Reg. 18275, effective November 4, 2013; amended at 37 Ill. Reg. 20339, effective December 9, 2013; amended at 38 Ill. Reg. 859, effective December 23, 2013; emergency amendment at 38 Ill. Reg. 1174, effective January 1, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 4330, effective January 29, 2014; amended at 38 Ill. Reg. 7156, effective March 13, 2014; amended at 38 Ill. Reg. 12141, effective May 30, 2014; amended at 38 Ill. Reg. 15081, effective July 2, 2014; emergency amendment at 38 Ill. Reg. 15673, effective July 7, 2014, for a maximum of 150 days; emergency amendment at 38 Ill. Reg. 18216, effective August 18, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 18462, effective August 19, 2014; amended at 38 Ill. Reg. 23623, effective December 2, 2014; amended at 39 Ill. Reg. 4394, effective March 11, 2015; emergency amendment at 39 Ill. Reg. 6903, effective May 1, 2015 through June 30, 2015; emergency amendment at 39 Ill. Reg. 8137, effective May 20, 2015, for a maximum of 150 days; emergency amendment at 39 Ill. Reg. 10427, effective July 10, 2015, for a maximum of 150 days; emergency expired December 6, 2015; amended at 39 Ill. Reg. 12825, effective September 4, 2015; amended at 39 Ill. Reg. 13380, effective September 25, 2015; amended at 39 Ill. Reg. 14138, effective October 14, 2015; emergency amendment at 40 Ill. Reg. 13677, effective September 16, 2016, for a maximum of 150 days; emergency expired February 12, 2017; amended at 41 Ill. Reg. 999, effective January 19, 2017; amended at 41 Ill. Reg. 3296, effective March 8, 2017; amended at 41 Ill. Reg. 7526, effective June 15, 2017; amended at 41 Ill. Reg. 10950, effective August 9, 2017; amended at 42 Ill. Reg. 4829, effective March 1, 2018; amended at 42 Ill. Reg. 12986, effective June 25, 2018; emergency amendment at 42 Ill. Reg. 13688, effective July 2, 2018, for a maximum of 150 days; amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

**Section 140.452 Community-based Mental Health Providers Qualified for Payment**

- a) Payment will be made for community-based mental health services provided by providers enrolled in the Illinois Medical Assistance Program as:

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- 1) A Community Mental Health Center. Community Mental Health Center shall mean an entity certified by the Department, or its agent, pursuant to 59 Ill. Adm. Code 132; or
  - 2) A Behavioral Health Clinic, pursuant to Section 140.499; or
  - 3) An Independent Practitioner defined as:
    - A) A Licensed Clinical Psychologist, pursuant to 89 Ill. Adm. Code 140.423(a);
    - B) A Licensed Clinical Social Worker, pursuant to 89 Ill. Code 140.424(a); or
    - C) A psychiatrist, defined as a physician licensed under the Medical Practice Act of 1987 who has successfully completed a training program in psychiatry approved by the Accreditation Council for Graduate Medical Education (ACGME) or other training program identified as equivalent by the Department.
- b) To receive payment for community-based mental health services, providers must be enrolled for participation in the Medical Assistance Program, pursuant to Sections 140.11 and 140.12.
- c) Community Mental Health Centers may receive reimbursement for all services described in Section 140.454.
- d) Behavioral Health Clinics may receive reimbursement for all services described in Section 140.454, except Behavioral Health Clinics may not receive reimbursement for the services described in the following subsections of Section 140.453: Assertive Community Treatment (Section 140.453(d)(4)(A)) and Psychosocial Rehabilitation (Section 140.453(d)(2)(F)).
- e) Independent Practitioners may receive reimbursement only for the following services: Integrated Assessment and Treatment Planning (Section 140.453(d)(1)); Therapy/Counseling (Section 140.453(d)(2)(G)); and MRO Crisis Services (Section 140.453(d)(3)).

(Source: Amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 140.453 Community-based Mental Health Service Definitions and Professional Qualifications**

- a) Inter-Departmental Collaboration and Administration. The Department of Human Services-Division of Mental Health (DHS-DMH) and the Department of Children and Family Services (DCFS), pursuant to an executed interagency agreement, shall ensure the administration and coordination of mental health services.
- b) Community-based Mental Health Professional Qualifications. All individuals qualified under this Section to provide services shall only provide the services listed in this Section within their scope of practice, as defined or by federal or state law, regulation or policy.
  - 1) All professional definitions provided in this subsection (b) are only applicable to services detailed in this Section.
  - 2) Independent Practitioner (IP). An IP, as defined by Section 140.452(a)(3), may receive direct reimbursement for services pursuant to Section 140.452(e). All other credentialed staff detailed in this Section must be employees of a Community Mental Health Center or Behavioral Health Clinic that may qualify for reimbursement for the services provided.
  - 3) Licensed Practitioner of the Healing Arts (LPHA). An LPHA is defined as:
    - A) A physician who holds a valid license in the state of practice and is legally authorized under state law or rule to practice medicine in all its branches, so long as that practice is not in conflict with the Medical Practice Act of 1987;
    - B) An advanced practice nurse with psychiatric specialty that holds a valid license in the state of practice and is legally authorized under state law or rule to practice as an advanced practice nurse, so long as that practice is not in conflict with the Illinois Nurse Practice Act or the Medical Practice Act of 1987;
    - C) A clinical psychologist who holds a valid license in the state of practice and is legally authorized under state law or rule to practice

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as a clinical psychologist, so long as that practice is not in conflict with the Clinical Psychologist Licensing Act;

- D) A licensed clinical professional counselor possessing a master's degree who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as a licensed clinical professional counselor, so long as that practice is not in conflict with the Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107];
  - E) A marriage and family therapist who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as a marriage and family therapist, so long as that practice is not in conflict with the Marriage and Family Therapist Licensing Act [225 ILCS 55];
  - F) A clinical social worker possessing a master's or doctoral degree who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as a social worker, so long as that practice is not in conflict with the Clinical Social Work and Social Work Practice Act.
- 4) Qualified Mental Health Professional (QMHP). A QMHP is defined as one of the following:
- A) Any individual identified as an LPHA in subsection (b)(3);
  - B) A registered nurse who holds a valid license in the state of practice, is legally authorized under state law or rule to practice as a registered nurse, so long as that practice is not in conflict with the Illinois Nurse Practice Act, and has training in mental health services or one year of clinical experience, under supervision, in treating problems related to mental illness, or specialized training in the treatment of children and adolescents.
  - C) An occupational therapist who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as an occupational therapist, so long as that practice is not in conflict with the Illinois Occupational Therapy Practice Act [225

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ILCS 75] with at least one year of clinical experience in a mental health setting. In the event the state of practice does not provide a legal authority for licensure, the individual must meet the requirements of 42 CFR 484.4 for an occupational therapist.

- D) An individual possessing a master's or doctoral degree in counseling and guidance, rehabilitation counseling, social work, psychology, pastoral counseling, family therapy, or a related field and has:
- i) Successfully completed 1,000 hours of practicum and/or internship under clinical and educational supervision; or
  - ii) One year of documented clinical experience under the supervision of a QMHP.
- 5) Mental Health Professional (MHP)
- A) An MHP is defined as one of the following:
- i) Any individual identified as a QMHP in subsection (b)(4);  
or
  - ii) An individual meeting the following qualifications, delivering services under the supervision of a QMHP:
    - An individual possessing a bachelor's degree in counseling and guidance, rehabilitation counseling, social work, education, vocational counseling, psychology, pastoral counseling, family therapy, or related human service field;
    - An individual possessing a bachelor's degree in any field, other than those identified in subsection (b)(4)(D), with two years of documented clinical experience in a mental health setting under the supervision of a QMHP;

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- A practical nurse who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as a practical nurse, so long as that practice is not in conflict with the Illinois Nurse Practice Act;
- An individual possessing a certificate of psychiatric rehabilitation from a DHS-approved program, plus a high school diploma or GED, plus two years' documented experience in providing mental health services;
- A recovery support specialist with a current certification from the Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc.;
- A family partnership professional with current certification from the Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc.;
- An occupational therapy assistant with at least one year of experience in a mental health setting that holds a valid license in the state of practice and is legally authorized under state law or rule to practice as an occupational therapist assistant, so long as that practice is not in conflict with the Illinois Occupational Therapy Practice Act. In the event the state of practice does not provide a legal authority for licensure, the individual must meet the requirements of 42 CFR 484.4 for an occupational therapist; or
- An individual with a high school diploma or GED and a minimum of five years documented clinical experience in mental health or human services.



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- B) Any individual designated as an MHP prior to July 1, 2011 shall retain that designation throughout the continual course of his/her employment. In the event that the individual leaves the current employer, the designation is no longer valid.
- 6) Rehabilitative Services Associate (RSA). An RSA is defined as one of the following:
- A) Any individual identified as a QMHP in subsection (b)(4); or
- B) An individual meeting the following qualifications, delivering services under the supervision of a QMHP:
- i) Any individual identified as an MHP in subsection (b)(5);  
or
- ii) Any individual who is 21 years of age and demonstrates all of the following:
- Skill in the delivery of rehabilitative services to adults or children;
  - The ability to work within a provider agency's structure and accept supervision; and
  - The ability to work constructively with individuals receiving services, other providers of service, and the community.
- c) Service Reimbursements. The services detailed in subsections (d) and (e) may be eligible for reimbursement pursuant to the Department's published fee schedule when the services are:
- 1) Recommended by an LPHA or IP, operating within his/her scope of practice. Unless otherwise noted in this Section, the term services "recommended by an LPHA or IP" shall mean:

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- A) The services of Integrated Assessment and Treatment Planning performed by an LPHA or IP to determine an individual's potential clinical need for services; or
  - B) Those services identified by the LPHA or IP following the completion of an Integrated Assessment and Treatment Plan;
- 2) Provided to an individual for the maximum reduction of mental disability and restoration to the best possible functional level in accordance with 42 CFR 440.130. A mental disability, for the purposes of receiving services under this Section is established as follows:
- A) The identification of a diagnosis and a functional impairment in accordance with subsection (d)(1)(A)(i) (Assessment) and treatment recommendations by the LPHA or IP following the completion of the Integrated Assessment and Treatment Plan; or
  - B) For children under age 21 who do not meet the criteria listed in subsection (c)(2)(A), the identification of more than one documented criterion for a mental disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a documented impact on the child's functioning in more than one life domain, and treatment recommendations by the LPHA or IP following the completion of the Integrated Assessment and Treatment Plan;
- 3) Provided consistent with any service limitations, utilization controls, and prior authorizations established by the Department. All prior authorizations for the services detailed in this Section shall be completed by the Department or its approved agent; and
- 4) Provided for the direct benefit of the child, which may include support provided to immediate caregivers of the eligible child.
- d) Medicaid Rehabilitation Option (MRO). The following services are established as qualified mental health services under section 1905(a)(13)(C) of the Social Security Act (42 USC 1396d(19)).

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- 1) Integrated Assessment and Treatment Planning (IATP). IATP is the formal process of information gathering and review that utilizes a standardized assessment and service planning tool in order to: identify a client's integrated healthcare needs and strengths across all domains; recommend services needed to ameliorate a client's condition and improve well-being; and develop, review, and update an individualized treatment plan.
  - A) The IATP shall:
    - i) Be completed once every 180 days;
    - ii) Only be reimbursed upon utilization of a Department approved assessment and service planning instrument as published on the Department's website;
    - iii) Be reviewed, approved and signed by an LPHA;
    - iv) Be provided to the client, or the client's parent or guardian, upon completion or revision.
  - B) The IATP service is also inclusive of the following functions:
    - i) Clinical assessment activities, performed by, or under the supervision of, an LPHA using a nationally standardized assessment instrument resulting in a written report or documented outcome that includes the identification of a clinical issue or tentative diagnosis to assist in the completion of IATP;
    - ii) Diagnostic assessment activities, only when provided consistent with the Clinical Psychologist Licensing Act [225 ILCS 15] and using a nationally standardized psychological assessment instrument, resulting in a written report that includes the identification of issues, tentative diagnosis, and recommendations for treatment or services; and

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- iii) The completion of the Level of Care Utilization System (LOCUS) screen, or its successor instrument.
- C) IATP may be provided:
- i) By Community Mental Health Centers, Behavioral Health Clinics, or Independent Practitioners;
  - ii) At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
  - iii) On an individual basis;
  - iv) By an MHP, QMHP, LPHA; and
  - v) By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.
- A) ~~Assessment. Assessment means a formal process of gathering information regarding an individual's mental and physical status and presenting problems through direct contact with the individual and collaterals, resulting in the identification of the individual's mental health service needs. The service of Assessment includes establishing a diagnosis, treatment recommendations, and level of care determinations for service delivery and shall result in an initial or updated Assessment Report.~~
- i) ~~Assessment services may provide or determine a definitive or provisional diagnosis pursuant to DSM-5 or the International Classification of Diseases, 10<sup>th</sup> Revision—Clinical Modification (ICD-10). In the event that a rule-out diagnosis is utilized, the Assessment Report must contain documentation as to what additional diagnostic assessment activities will occur in order to provide a definitive diagnosis. A definitive diagnosis shall be determined within 90 days after the completion of the Assessment Report.~~

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- ii) ~~The Assessment Report shall be reviewed, approved and signed by the LPHA or IP.~~
- iii) ~~At a minimum, the Assessment Report is updated at least every 12 months.~~
- iv) ~~The Assessment may also include:~~
  - ~~Clinical assessment activities, performed by, or under the supervision of, an LPHA or IP using a nationally standardized assessment instrument resulting in a written report or documented outcome that includes the identification of a clinical issue or tentative diagnosis to assist in the completion of the initial or updated Assessment Report;~~
  - ~~Psychological testing activities, provided in accordance with the Clinical Psychologist Licensing Act and using a nationally standardized psychological assessment instrument, resulting in a written report that includes the identification of issues, tentative diagnosis and recommendations for treatment or services; and~~
  - ~~The completion of the Level of Care Utilization System (LOCUS) activities.~~
- v) ~~Assessment services may be provided:~~
  - ~~By a Community Mental Health Center, Behavioral Health Clinic, or Independent Practitioner;~~
  - ~~At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;~~
  - ~~On an individual basis;~~
  - ~~By an MHP, QMHP, LPHA; and~~

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- ~~• By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.~~
  
- B) ~~Treatment Plan Development. A process, based upon the Assessment Report and any additional evaluations, that results in a written Treatment Plan developed with the participation of the individual and the individual's parent or guardian, if applicable. The Treatment Plan is client focused; it defines the specific services to be provided, the individual's goals for those services, and the staff responsible for delivering the services; and it may include updating and modifications.~~
  - i) ~~The individual's written Treatment Plan will include a diagnosis, pursuant to subsection (d)(1)(A)(i).~~
  - ii) ~~The individual's Treatment Plan shall be reviewed, approved, and signed by the LPHA or IP.~~
  - iii) ~~At a minimum, the individual's Treatment Plan shall be updated at least every six months.~~
  - iv) ~~The individual and, if applicable, the individual's parent or guardian, will sign the written Treatment Plan to document their participation in development with the plan.~~
  - v) ~~The individual and the individual's parent or guardian, if applicable, will be offered a complete copy of their Treatment Plan upon completion or revision.~~
  - vi) ~~Treatment Plan services may be provided:~~
    - ~~• By a Community Mental Health Center, Behavioral Health Clinic, or Independent Practitioner;~~
    - ~~• At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;~~

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- ~~On an individual basis;~~
- ~~By an MHP, QMHP, LPHA; and~~
- ~~By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.~~

## 2) General MRO Services

A) Community Support Services. Community Support Services shall consist of therapeutic interventions that facilitate illness self-management, identification and use of natural supports, and skill building.

i) Community Support Services includes: engaging the individual to have input into his/her service delivery and recovery process; development of relapse prevention strategies and plans; assistance in development of functional, interpersonal and community coping skills (including adaptation to home, school, family and work environments); and skill-building related to symptom self-monitoring. Community Support Services may include an evidence-informed approach to skills training.

ii) Community Support Services may only be provided:

- By a Community Mental Health Center or Behavioral Health Clinic;
- At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
- In an individual or group modality;
- By an RSA, MHP, QMHP, LPHA; and

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- By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.
- B) Intensive Outpatient (IO) Services. Intensive Outpatient Services are scheduled group therapeutic sessions made available for at least four hours per day, five days per week, for individuals at risk of, or with a history of, psychiatric hospitalization.
- i) IO Services may only be provided:
- By a Community Mental Health Center or Behavioral Health Clinic;
  - Through programs approved pursuant to Table N;
  - At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
  - By a QMHP;
  - In a group modality; and
  - On a face-to-face basis.
- ii) IO services may be subject to prior authorization, pursuant to Section 140.40.
- C) Medication Administration. Medication Administration consists of preparing the individual and the medication for administration and observing the individual for possible adverse reactions. Medication Administration services may only be provided:
- i) By a Community Mental Health Center or Behavioral Health Clinic;



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- ii) At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
  - iii) On an individual basis;
  - iv) By face-to-face contact; and
  - v) By staff that hold a valid license in the state of practice and are legally authorized under state law or rule to administer medication, so long as that practice is not in conflict with the Illinois Nurse Practice Act or the Medical Practice Act of 1987 (e.g., a physician, a psychiatrist, advanced practice nurse, registered nurse or a practical nurse).
- D) Medication Monitoring. Medication Monitoring includes observation, evaluation and discussion of target symptoms responses, adverse effects, laboratory results, tardive dyskinesia screens, and new target symptoms or medications. Medication Monitoring services may only be provided:
- i) By a Community Mental Health Center or Behavioral Health Clinic;
  - ii) At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
  - iii) On an individual basis;
  - iv) By an RSA, MHP, QMHP or LPHA, as designated in writing to provide the service by staff that hold a valid license in the state of practice and are legally authorized under state law to prescribe medication pursuant to the Illinois Nurse Practice Act or the Medical Practice Act of 1987; and
  - v) By video or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections

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140.6(n) and 140.403. Phone consultation is allowed only when a client is experiencing adverse symptoms and phone consultation with another professional is necessary.

- E) Medication Training. Medication Training includes training individuals on self-administration and safeguarding of medication and communication with other professionals, family or caregivers on medication issues. Medication Training services may only be provided:
- i) By a Community Mental Health Center or Behavioral Health Clinic;
  - ii) At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
  - iii) In an individual or group modality;
  - iv) By video or face-to-face contact; and
  - v) By an RSA, MHP, QMHP or LPHA, as designated in writing to provide the service by staff that hold a valid license in the state of practice and are legally authorized under state law to prescribe medication pursuant to the Illinois Nurse Practice Act or the Medical Practice Act of 1987.
- F) Psychosocial Rehabilitation (PSR). PSR shall be rehabilitative therapy for individuals designed to increase abilities and resources necessary for community living, socialization, work and recovery. Core activities include cognitive-behavioral interventions, problem solving, interventions to reduce or ameliorate symptoms of a co-occurring disorder and other rehabilitative interventions. PSR is provided in an organized program through individual and group interventions. The focus of treatment interventions includes capacity building to facilitate independent living and adaptation, problem solving and coping skills development.

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- i) PSR services may only be provided:
    - On-site at a Community Mental Health Center;
    - Through a program that is approved pursuant to Table N;
    - In an individual or group modality. The staffing ratio for groups shall not exceed one full-time equivalent staff to 15 individuals;
    - By an RSA, MHP, QMHP and LPHA; and
    - By face-to-face contact.
  - ii) PSR may be subject to prior authorization, pursuant to Section 140.40.
- G) Therapy/Counseling. Therapy/Counseling is a treatment modality that uses interventions based on psychotherapy theory and techniques to promote emotional, cognitive, behavioral or psychological changes. Therapy/Counseling Services may be provided:
- i) By a Community Mental Health Center, Behavioral Health Clinic, or Independent Practitioner;
  - ii) At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
  - iii) In an individual, group or family modality;
  - iv) By an MHP, QMHP and LPHA; and
  - v) By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.

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3) MRO Mental Health Crisis Services

A) Crisis Services. Crisis Services are short-term, time-limited interventions that may be provided prior to, or without, an established IATP.

i) Crisis Intervention. Crisis Intervention is short-term intervention for clients who, in the course of treatment or intervention, appear to need immediate intensive intervention to achieve crisis symptom reduction and stabilization. Crisis Intervention shall be provided:

- On a face-to-face basis; and
- By a QMHP, LPHA or MHP with immediate access to a QMHP.

ii) Mobile Crisis Response (MCR). MCR is a mobile, responding to the location of the client, intervention seeking to achieve crisis symptom reduction, stabilization, and restoration of the client to a previous level of functioning, establishing support for the client's caregivers when applicable, mitigating the crisis event. MCR activities are tailored to the needs of the client, require face-to-face crisis screening, and may include: short-term intervention; crisis safety planning; brief counseling; consultation with other qualified providers to assist with the client's specific crisis; referral and linkage to community services; and, in the event that the client cannot be stabilized in the community, facilitation of a safe transition to a higher level of care. MCR shall be provided:

- By a provider certified by the Department to provide MRO Crisis Services pursuant to Table N;
- On a face-to-face basis;
- By a crisis team trained in crisis de-escalation techniques, led by a QMHP, LPHA or MHP with

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immediate access to a QMHP and at least one other individual meeting any of the qualifications detailed in subsection (b); and

- Utilizing a Department approved crisis screening instrument available on the Department's website.

iii) Crisis Stabilization. Crisis Stabilization services are available immediately following an MCR event and are designed to prevent additional behavioral health crises from occurring by providing strengths-based, individualized, direct supports on a one-on-one basis to clients in the home or community setting. Crisis Stabilization services shall be provided:

- By a provider certified by the Department to provide MRO Crisis Services pursuant to Table N;
- Upon demonstrated need for stabilizing supports as documented in the client's Crisis Safety Plan following the review, approval, and signature by an LPHA;
- On a face-to-face basis; and
- By an MHP, with immediate access to a QMHP, trained in crisis intervention techniques.

MRO Crisis Services

- A) Crisis Intervention. Crisis Intervention includes: crisis assessment, brief intervention, consultation, referral and linkage to other services.
- i) Crisis intervention services include pre-hospitalization screening of individuals age 0 through 20, to assess their ability to be stabilized in the community as an alternative to inpatient psychiatric hospitalization, pursuant to Section 5 of the Children's Mental Health Act of 2003 [405 ILCS 49].

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- ii) ~~Crisis intervention services may be provided:~~
- ~~Prior to Assessment and Treatment Planning;~~
  - ~~By a Community Mental Health Center, Behavioral Health Clinic, or Independent Practitioner;~~
  - ~~At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;~~
  - ~~On an individual basis;~~
  - ~~By a QMHP, LPHA or MHP with immediate access to a QMHP; and~~
  - ~~By video, phone or face to face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.~~

## 4) Team-based MRO Services

- A) Assertive Community Treatment (ACT) Services. ACT Services consist of integrated crisis, treatment and rehabilitative supports provided by an interdisciplinary team to individuals with serious and persistent mental illness or co-occurring mental health and substance use disorders. ACT Services are intended to promote symptom stability, management of co-morbid health conditions, and appropriate use of psychotropic medications, as well as to restore personal care, community living, work and social skills. ACT Services encompass counseling and therapy, medication management and monitoring, skill building, and crisis stabilization services. ACT Services focus on the restoration of functional skills (e.g., psychosocial, adaptive, self-care) to promote and maintain community living.

- i) ACT Services shall be:

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- Provided only by Community Mental Health Centers;
  - Delivered by a team led by a full-time LPHA;
  - At least one member of the team who is either a Certified Recovery Support Specialist (CRSS) or Certified Family Partnership Professional (CFPP), based upon the age of the clients served by the team. A person with lived experience may be included on a team that does not have a CRSS or CFPP if he/she obtains certification within 18 months after his/her date of hire; and
  - Available 24 hours per day, seven days a week, each week of the year.
- ii) ACT Services may only be provided:
- To eligible individuals age 18 or older;
  - At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
  - In an individual or group modality; and
  - By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.
- iii) ACT Services may be subject to prior authorization, pursuant to Section 140.40.
- B) Community Support Team (CST). CST consists of mental health rehabilitation services and supports to decrease hospitalization and crisis episodes and to increase community functioning in order for the individual to achieve rehabilitative, resiliency and recovery goals. CST facilitates illness self-management, skill building,

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identification and use of adaptive and compensatory skills, identification and use of natural supports, and use of community resources.

## i) CST Services shall be:

- Provided only by programs approved pursuant to Table N;
- Delivered by a team led by a full-time QMHP; and
- Available 24 hours per day, seven days a week, each week of the year.

## ii) CST Services may only be provided:

- By a Community Mental Health Center or Behavioral Health Clinic;
- At all service locations and setting deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
- On an individual basis;
- By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.

## iii) CST Services may be subject to prior authorization, pursuant to Section 140.40.

e) Targeted Case Management (TCM). The following services are established pursuant to section 1905(a)(19) of the Social Security Act (42 USC 1396d(a)(19)).

## 1) Types of TCM Services



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- A) Client-centered Consultation Case Management. Client-centered Consultation Case Management consists of client-specific professional communications among provider staff or between provider staff and staff of other providers who are involved with service provision to the individual. Professional communications include offering or obtaining a professional opinion regarding the individual's current functioning level or improving the individual's functioning level, discussing the individual's progress in treatment, adjusting the individual's current treatment, or addressing the individual's need for additional or alternative mental health services. Client-centered Consultation Case Management services may only be provided:
- i) To eligible individuals receiving one or more services detailed in Section 140.453(d)(2) (General MRO Services);
  - ii) By a Community Mental Health Center or Behavioral Health Clinic;
  - iii) At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
  - iv) On an individual basis;
  - v) By an RSA, MHP, QMHP and LPHA; and
  - vi) By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.
- B) Mental Health Case Management Services. Mental Health Case Management Services consist of: assessment, planning, coordination and advocacy services for individuals who need multiple services and require assistance in gaining access to and in using behavioral health, physical health, social, vocational, educational, housing, public income entitlements and other community services to assist the individual in the community. Mental Health Case Management Services may also include

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identifying and investigating available resources, explaining options to the individual, and linking the individual with necessary resources. Mental Health Case Management Services may be provided:

- i) Prior to [Integrated](#) Assessment and Treatment Planning;
  - ii) By a Community Mental Health Center or Behavioral Health Clinic;
  - iii) At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
  - iv) On an individual basis;
  - v) By an RSA, MHP, QMHP and LPHA; and
  - vi) By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.
- C) Transition Linkage and Aftercare Case Management Services shall be provided to assist in an effective transition in living arrangements, consistent with the individual's welfare and development. This includes discharge from institutional settings, transition to adult services, and assisting the individual or the individual's family or caretaker with the transition.
- i) Transition, Linkage and Aftercare Limitation. The Department will not fund more than 40 hours of this service per State fiscal year for an eligible individual.
  - ii) Transition, Linkage and Aftercare may only be provided:
    - By a Community Mental Health Center or Behavioral Health Clinic;

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- At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
  - On an individual basis;
  - By an MHP, QMHP and LPHA; and
  - By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.
- iii) Transition Linkage and Aftercare Case Management Services may be subject to prior authorization, pursuant to Section 140.40.
- 2) Limitation on Targeted Case Management Services. The Department shall not fund more than 240 total hours of targeted case management services per State fiscal year per individual (not per provider).

(Source: Amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 140.455 Payment for Mental Health Services**

- a) The amount approved for payment for mental health services described in Section 140.454 shall be based on the type and amount of service required by and actually delivered, and provided consistent with any service limitations, utilization controls, or prior approval processes established or authorized by the Department.
- b) The payment amount for a service described in Section 140.454(a) through (d) is determined in accordance with the rate methodologies outlined in the Department's published fee schedule, available at <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/CMHP.aspx>.
- c) The payment amount for a service described in Section 140.454(e) shall be at the rate of reimbursement paid to a physician for the same service.
- d) [Payment for services described in Section 140.453\(d\)\(1\) and \(3\) is effective for dates of service on or after August 1, 2018.](#)

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(Source: Amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 140.460 Clinic Services**

- a) The following types of clinics are eligible to receive payment for clinic services:
- 1) Hospital-based organized clinics;
  - 2) Encounter rate clinics;
  - 3) Federally Qualified Health Centers (FQHC):
  - 4) Rural health clinics; and
  - 5) Maternal and Child Health Clinics.
- b) Behavioral Health Clinics are eligible to receive payment for community-based mental health services as defined in Section 140.454, except Behavioral Health Clinics may not receive reimbursement for the services described in Section 140.453(d)(4)(A) (Assertive Community Treatment) and (d)(2)(F) (Psychosocial Rehabilitation). Behavioral Health Clinics are eligible to receive payment for Community-based Mental Health Services as defined in Section 140.453, as detailed in Section 140.453 and the Department's published fee schedule.
- c) Clinics enrolled for participation in the Medical Assistance Program pursuant to Sections 140.11 and 140.12 to receive reimbursement on an encounter rate basis are prohibited from receiving reimbursement from the Department for the provision of services in Section 140.453 in any form other than their established behavioral health encounter rate.

(Source: Amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 140.TABLE N Program Approval for Specified Behavioral Health Services**

- a) Purpose. Services requiring program approval, as required in Section 140.453, shall be approved based upon the criteria outlined in this Section. For the purposes of this Section, Department shall mean the Department of Healthcare and Family Services (HFS) or its agent.
- b) Process
  - 1) Initial Program Approval
    - A) Enrolled providers, and providers seeking enrollment with HFS pursuant to Section 140.452, to provide one or more of the services detailed in Section 140.453 that require program approval, must identify their intention to provide those services with the HFS Provider Participation Unit through the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) portal.
    - B) The Department shall process the provider's enrollment application, or updated materials, pursuant to Subpart B.
    - C) Following the provider's enrollment, or updated enrollment status, the Department will perform program approval of the provider's service program within 90 days.
    - D) The program approval process shall include:
      - i) The annual submission of an attestation detailing the provider's adherence with Section 140.453 and this Table N, for each service for which the provider is seeking program approval.
      - ii) The review of provider program plans, policies, procedures, staffing materials, and other documents required by the Department to determine compliance with Section 140.453 and this Table N, for each service for which the provider is seeking program approval.

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- iii) Program approval of PSR and IO service programs shall require an on-site visit prior to approval.
  - iv) The Department may, at its sole discretion, elect to perform on-site program approval activities for any and all services detailed in this Table N.
- E) The Department will notify the provider of the date and format of its program approval activities in writing. For program approval activities that are subject to on-site review, the Department will notify the provider at least 10 days prior to the scheduled review. The Provider must:
- i) Make the physical plant and site locations available to the Department during clinical review;
  - ii) Make all administrative and clinical staff, required program plans, procedures manuals, and other necessary documentation required to complete the program approval review available to the Department during the review.
- F) The Department shall utilize the program approval criteria detailed in subsection (c) of this Table N for each of the qualifying service program types to be reviewed.
- G) Following the on-site review, the Department shall notify the provider in writing, within 10 business days, of its program approval findings.
- i) Providers determined to be approved shall be enrolled for a period of 12 months for the service program specialty in IMPACT.
  - ii) Providers determined not to be approved:
    - May request programmatic technical assistance from the Department. Throughout the period of receiving technical assistance, and at the sole discretion of the Department, the Department may

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work jointly with the provider to remedy outstanding issues and approve the provider's program.

- Providers determined not to be approved shall be notified of their rights to appeal pursuant to subsection (e), following the receipt of technical assistance from the Department.
- 2) Program Approval/Annual Re-Approval. Following successful completion of initial program approval, providers shall have their service programs reviewed and re-approved annually pursuant to subsection (b)(1)(D) through (G).
- A) Providers determined to be re-approved shall continue to be enrolled for the service program specialty in IMPACT for an additional period of 12 months.
  - B) Providers failing to continue to meet the approval standards shall be issued a Notice of Deficiencies. The Notice of Deficiencies shall inform the provider that it is granted 30 a day period to remedy all identified deficiencies and that technical assistance is available from the Department.
    - i) Providers that remedy identified deficiencies shall be re-approved pursuant to subsection (b)(2)(A).
    - ii) Providers that fail to remedy identified deficiencies shall be provided Final Notice from the Department upon the close of the 30 day period established by the Notice of Deficiencies. Upon the date of issuance of Final Notice, the provider shall be informed of its right to appeal and the availability of technical assistance (see subsection (b)(1)(G)(ii)).
- c) Services
- 1) Community Support Team (CST) Program Approval. The provider must attest annually to CST Services meeting the standards detailed in this

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subsection (c)(1). Additionally, the provider shall demonstrate compliance with the following requirements through policy, procedures, aggregated service detail and/or client record documentation.

- A) **Programming.** The provider shall ensure CST Services are delivered consistently with the following:
- i) **Services.** Individuals served in the CST program shall have access to the interventions detailed in Section 140.453(d)(2)(A) and (G).
  - ii) **Service Delivery**
    - CST Services are to be provided in the individual's natural setting, with teams delivering no fewer than 60 percent of services in the home or community setting.
    - CST Services shall be provided during times and at locations that reasonably accommodate individual's service and treatment needs.
  - iii) **Staffing Ratio.** CST Services are delivered with staffing ratios that ensure that no more than 18 individuals per each full time equivalent staff are attributed to CST.
- B) **Staffing Requirements.** The provider shall ensure that the CST team is established consistently with the following:
- i) A team lead (see Section 140.453(d)(4)(B)(i));
  - ii) A team member who is either a Certified Recovery Support Specialist (CRSS) or Certified Family Partnership Professional (CFPP), based upon the age of the individuals served by the team. A person with lived experience may be included on a team that does not have a CRSS or CFPP if he/she obtains certification within 18 month after his/her date of hire; and



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- iii) One other staff member meeting the credentials to provide one or more of the services detailed in in Section 140.453(d)(2)(A) and (G).
- C) Targeted Population Profile. The provider shall ensure the predominant population of individuals receiving CST Services from their CST program will exhibit 3 or more of the following conditions:
- i) At risk of institutionalization;
  - ii) Repeated utilization of crisis services or emergency services for an underlying behavioral health condition;
  - iii) Current, or history within the last three months of (including threats of):
    - Suicidal ideation or gestures; or
    - Harm to self or others;
  - iv) History of failed treatment compliance with elements of the individual's Treatment Plan, Crisis Safety Plan or prescribed medications impacting his/her behavioral health condition;
  - v) Frequent utilization of detoxification services;
  - vi) Behavioral health issues that have not shown improvement through participation in traditional outpatient behavioral health services; or
  - vii) Compounding treatment factors, such as:
    - Medical complexity, including cognitive impairment, additional medical conditions, and/or medication resistance;

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- Issues with social determinants, including chronic homelessness, repeat arrest, and/or incarceration; or
  - Behavioral complexity, including inappropriate public behavior (e.g., public intoxication, indecency, disturbing the peace) or other behavioral problems.
- D) Provider-based Utilization Management. The provider shall establish a CST Service review process that adheres to the following:
- i) The team shall meet weekly to review all individuals participating in the CST program and their progress in services.
  - ii) The CST team lead shall review, with the referring LPHA, the [Integrated](#) Assessment and Treatment Plan and CST Services on a monthly basis to ensure ongoing necessity for service delivery.
  - iii) The LPHA shall:
    - Review each individual's progress in service; and
    - Identify any necessary changes in CST Services, including transition to less intensive services, consistent with the participating individual's [Integrated](#) Assessment and Treatment Plan.
- 2) IO Program Approval. The provider must attest annually to IO Services meeting the standards detailed in this subsection (c)(2). Additionally, the provider shall demonstrate compliance with the following requirements through policy, procedures, aggregated service detail, and/or client record documentation.
- A) Programming. The provider shall ensure IO Services are delivered consistently with the following:

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- i) Active Treatment. The provider shall program IO Services to ensure participants are provided with active treatment, meaning that activities and therapies are not primarily recreational or diversionary. IO Services are provided in response to the participating individual's condition with a reasonable expectation to:
    - Improve or maintain the individual's condition;
    - Improve functional level; and
    - Prevent institutionalization.
  - ii) IO programming provides a series of time-limited, structured, group interventions specific to the needs of the participating individuals, including psychoeducational, skills-development, crisis de-escalation, and other therapeutic interventions. IO programming shall be evidence-informed and delivered through the use of a standardized curriculum model, when available.
- B) Staffing Requirements. The provider shall ensure that IO Service programs are established and include staffing ratios. IO Service staffing ratios for groups shall not exceed one full-time equivalent staff to 8 individuals for adults and one full-time equivalent staff to 4 individuals for youth.
- C) Targeted Population Profile. The provider shall ensure the predominant population of individuals receiving IO Services from their IO program meet the criteria in this subsection (c)(2)(C):
- i) Recognize their condition and seek to manage that condition through lower intensity community services;
  - ii) Are at risk of institutionalization; and
  - iii) Have sufficient cognitive ability to benefit from IO Services.

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- D) **Provider-based Utilization Management.** The provider shall establish an IO Service review process that adheres to the following:
- i) The IO staff shall review, with the referring LPHA, the [Integrated](#) Assessment and Treatment Plan and IO Services on a weekly basis.
  - ii) The LPHA shall review each individual's diagnosis and identify targeted IO Service topics and goals to be addressed through the provider's IO Service program.
- 3) **PSR Program Approval.** The Provider must attest annually to PSR Services meeting the standards detailed in this subsection (c)(3). Additionally, the provider shall demonstrate compliance with the following requirements through policy, procedures, aggregated service detail, and/or client record documentation.
- A) **Programming.** The provider shall ensure PSR Services are delivered consistently with the following:
- i) **Active Treatment.** The provider shall develop PSR Services to ensure participants are provided with active treatment, meaning activities and therapies are not primarily recreational or diversionary. PSR Services are provided in response to the individual's condition, with a reasonable expectation to:
    - Improve or maintain the individual's condition;
    - Improve functional level; and
    - Prevent institutionalization.
  - ii) **Co-occurring Treatment.** PSR programs shall have the ability to provide services and interventions to individuals with co-occurring psychiatric and substance use disorder conditions.

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- B) Staffing. The provider shall ensure that PSR Service programs are established consistently with the following:
- i) PSR Program Director. The PSR program shall have a full-time Program Director that meets the requirements of a QMHP (see Section 140.453(b)(2)). The Program Director shall be consistently scheduled onsite, spending at least half of his/her time in the provision of PSR Services.
  - ii) All PSR program staff shall have direct access to the PSR Program Director, or other delegated QMHP, at all times during PSR Service delivery.
- C) Targeted Population Profile. The provider will ensure the predominant population of individuals receiving PSR Services from their PSR program will meet the criteria in this subsection (c)(3)(C):
- i) Require a minimum of 20 hours per week of therapeutic services as evidenced in the plan of care;
  - ii) Benefit from a coordinated program of services and require more than individual sessions of outpatient treatment;
  - iii) Are not eligible to receive similar services under a facility payment rate;
  - iv) Have an adequate support system while not actively engaged in the program;
  - v) Have a mental health diagnosis;
  - vi) Are determined not to be dangerous to self or others; and
  - vii) Have the cognitive and emotional ability to participate in the active treatment process and can tolerate the intensity of PSR Services.

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- D) Provider-based Utilization Management. The provider shall establish a PSR Service review process that adheres to the following:
- i) The PSR staff shall review, with the referring LPHA, the [Integrated Assessment and Treatment Plan](#) and PSR Services minimally on the following schedule:
    - Within 14 days after admission to the PSR program; and
    - Once every 30 days, following the initial 14 day period.
  - ii) The LPHA shall:
    - Validate the individual's diagnosis, establish the PSR Service goals with the individual, and direct the type, amount, duration and frequency of intervention to be delivered during the individual's participation at the PSR program.
    - Certify that the individual cannot otherwise be stabilized in the community without participating in PSR Services, placing the individual at risk of institutionalization.
- 4) [Medicaid Rehabilitation Option \(MRO\) Crisis Services Approval](#). The provider must attest annually to meeting the standards detailed in this subsection (c)(4). Additionally, the provider shall demonstrate compliance with the following requirements through policy, procedures, employee records, and aggregated service detail and/or client record documentation.
- A) [Programming](#). The provider shall ensure crisis services are delivered consistently with the following:
- i) [Crisis Screening Instrument Certification](#).

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- Each provider of MRO Crisis Services shall establish and maintain a staff member who is a certified Trainer of the Department's Crisis Screening Instrument; and
  - All staff providing MRO Crisis Services shall maintain active certification in the usage of the Department's crisis screening instrument.
- ii) Providers that maintain a service area designation in the HFS IMPACT system shall accept all individuals referred by the HFS Crisis and Referral Entry Service (CARES) Line, on a no decline basis, 24 hours a day, 365 days a year and respond to the location of crisis within 90 minutes.
- iii) Training Requirements. All staff providing MRO Crisis Services shall receive annual training on the follow topics:
- Crisis Safety Planning, as directed by the Department; and
  - Crisis de-escalation
- iv) Service Availability. Certified providers of MRO Crisis Services must be available to provide crisis services 24 hours a day, 365 days a year.
- v) Service Delivery
- Providers of MCR shall provide all services in a face-to-face capacity, ensuring that the family is provided with a crisis safety plan and access to follow up services.
  - Providers of Crisis Stabilization services shall ensure staff is trained to identify crisis and understand how to access the crisis response network when consumers are de-escalating.

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- B) Staffing Requirements. An LPHA is required to approve the implementation of crisis stabilization supports following an MCR event via the review and authorization of the individual's crisis safety plan.
- C) Targeted Population Profile. The provider shall ensure the predominant population of individuals receiving MRO Crisis Services from their MRO Crisis Services program will meet the criteria in this subsection (c)(4)(C):
- i) Adult's experiencing a psychiatric crisis in danger of harming themselves, others, or property;
- ii) Children experiencing a behavioral health crisis, inclusive of psychiatric crisis (harm to self, others, property), mental health crisis, and other destabilizing factors that impact the youth in one life domain or more.
- D) Provider-based Utilization Management. The provider shall establish an MRO Crisis Services review process that adheres to the following:
- i) Providers of Crisis Stabilization services shall meet weekly with the LPHA authorizing services via the crisis safety plan to review ongoing necessity for service delivery.
- ii) The LPHA shall:
- Review each individual's progress in service; and
  - Identify any necessary changes in Crisis Stabilization services, including change in intensity of services.
- d) Transferability. Program approval is assignable or transferable consistent with the policies and procedures established by the HFS Provider Participation Unit related to the assignment and transferability of a provider's enrollment status with HFS.



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- e) Service Requirements for CMHCs Providing Assertive Community Treatment (ACT). The Department deems CMHCs certified to provide ACT services consistent with the requirements detailed in this subsection (e), though it reserves the right to review ACT Programs pursuant to the process explained in Table N(b)(2), as required.
- 1) Assertive Community Treatment (ACT) Program Requirements
- A) Services. ACT services are comprised of the interventions detailed in Section 140.453(d)(1), (d)(2), (d)(3) and (f)(1), excluding Section 140.453(e)(2)(B) and (e)(2)(F).
- B) Service Delivery
- i) ACT services are to be available 24 hours a day, each day of the year, and shall minimally adhere to crisis response protocols and timeframes when delivering crisis response services as part of the ACT intervention.
- ii) ACT services are to be provided in the individual's natural setting, with teams delivering no fewer than 75 percent of services in the home or community setting.
- iii) Individuals receiving ACT services shall receive a minimum of 4 face-to-face contacts per month, with an understanding that most individuals participating in ACT will require multiple contacts on a weekly basis.
- iv) Service Ratio. Service ratios of no more than 10 individuals served per each full time equivalent staff attributed to ACT are allowable.
- C) Staffing Requirements
- i) Administrative Support. ACT services shall have dedicated administrative support with teams of fewer than 12 maintaining the ratio of .25 FTE per every 3 ACT team members (e.g., teams of 4 would require .25 FTE, teams of

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6 would require .5 FTE, teams of 9 would require .75 FTE, etc.).

ii) Psychiatric Resource. ACT services are directly supported by a treating psychiatrist and/or Advance Practice Nurse at a ratio of 10 hours per week for each 60 participating individuals. An ACT team must have access to at least 5 hours of dedicated treatment and consultation time from the participating psychiatrist on a weekly basis.

iii) Core Team. ACT Teams shall be comprised of more than three staff members meeting the following requirements:

- A team lead (see Section 140.453(d)(4)(A)(i));
- A full-time registered nurse who provides services and monitors the clinical status and response to treatment for all individuals participating in ACT;
- A team member who is either a Certified Recovery Support Specialist (CRSS) or Certified Family Partnership Professional (CFPP), based upon the age of the individuals served by the team. A person with lived experience may be included on a team that does not have a CRSS or CFPP provided that her or she obtain certification within 18 months after his or her date of hire; and
- One other staff member meeting the credentials to provide one or more of the services detailed in in Section 140.453(b)(3)(A) and (d)(2)(G).

D) Service Target Profile. ACT services are intended for individuals who require intensive services being delivered by a multi-disciplinary team to remain stabilized in the community, as evidenced by having a Serious Mental Illness (SMI) and meeting the following criteria:

i) One of the following:

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- Behavioral health issues that have not shown improvement through participation in less intensive behavioral health services;
  - A history of failed treatment compliance with elements of the individual's Treatment Plan, Crisis Safety Plan or prescribed medications impacting their behavioral health condition;
  - Compounding treatment factors, such as: medical complexity, including cognitive impairment, additional medical conditions, and/or medication resistance; issues with social determinates, including chronic homelessness, repeat arrest, and/or incarceration; or behavioral complexity, including inappropriate public behavior (e.g., public intoxication, indecency, disturbing the peace) or other behavioral problems.
- ii) One of the following:
- At risk of, or at risk of recidivism to, institutionalization;
  - Repeated utilization of crisis services or emergency services for an underlying behavioral health condition;
  - Current, or history within the last three months of (inclusive of threats of), suicidal ideation or gestures or harm to self or others; or
  - Frequent utilization of detoxification services.
- E) Provider-based Utilization Management
- i) The team shall meet daily.

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- ii) The team shall review all active ACT individuals and determine progress in services, minimally on a weekly basis.
  - iii) The individual's Integrated Assessment, Treatment Plan, and CST services are reviewed monthly by the ACT team lead, in consultation with the ACT Psychiatric Resource, ensuring that the ACT psychiatrist reviews each individual's participation at least once per calendar quarter, to ensure ongoing necessity for service delivery.
  - iv) The ACT Psychiatric Resource shall:
    - Review the individual's progress in service; and
    - Identify any necessary changes in ACT services or service intensity, including transition to less intensive services, documenting all changes in the individual's Integrated Assessment and Treatment Plan.
- fe) Appeals. For appeals regarding program approval, the following shall apply:
- 1) The HFS rules for Medical Vendor Hearings (89 Ill. Adm. Code 104.Subpart C) shall apply to all appeals under this Section, except that:
    - A) Informal review of any appealable issue must be completed by the Department's Bureau of Behavioral Health (BBH) pursuant to this Section before formal appeal of the issue may be requested to the Department's Bureau of Administrative Hearings (BAH); and
    - B) 89 Ill. Adm. Code 104.204, 104.205, 104.206, 104.207, 104.208, 104.210, 104.211, 104.213, 104.216, 104.217, 104.249, 104.260, 104.272, 104.273 and 104.274 shall not apply.
  - 2) A provider may appeal the following actions detailed in this Part:
    - A) Refusal to issue program approval; or

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- B) Revocation of program approval resulting in disenrollment from participation for the specific clinical service in question.
- 3) Informal Review Process
- A) The provider seeking to appeal any of the issues in subsection (e)(2) must first request informal review of the issue by BBH before the issue may be appealed to BAH.
- i) Request for informal review must be submitted in writing to BBH within 10 days after the date of notice of the contested action and must clearly identify the issue or action for which informal review is sought.
- ii) If the request for informal review is received by BBH prior to the Department's intended action taking effect, the action shall be stayed until completion of the informal review and, if applicable, expiration of the subsequent 10 day period to formally appeal the outcome of the informal review to BAH.
- B) The BBH shall complete the informal review of the contested action within 30 days after receipt of the request and shall determine whether to maintain, reverse or modify the action or take other action as necessary.
- i) BBH may request and review all materials pertaining to the informal review held by the Department's vendors, agents or providers.
- ii) BBH shall notify the individual or authorized representative in writing of the result of the informal review. The written notification shall:
- State the result of the informal review, including action to be taken, if any;
  - State the reason and policy basis for the action; and

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- Provide notice of the right to appeal and instructions on how to proceed with formal appeal through BAH.
- C) The provider may appeal the result of the informal review by filing a written request for appeal with BAH within 10 days after the date of the notice of the result of the informal review. If the request for appeal is received by BAH prior to Department's intended action taking effect, the action shall be stayed until the appeal is resolved through final administrative decision or withdrawal of the appeal.
- D) The final administrative decision shall be issued to the interested parties within 90 days after the date the appeal is filed with BAH unless additional time is required for proper disposition of the appeal.
- E) Appropriate action implementing the final administrative decision shall be taken within 30 days after the date the final administrative decision is issued.

(Source: Amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## ILLINOIS RACING BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Approval of Racing Officials
- 2) Code Citation: 11 Ill. Adm. Code 422
- 3) 

<u>Section Numbers:</u>	<u>Proposed Actions:</u>
422.10	Amendment
422.20	Repealed
422.30	Repealed
422.40	Repealed
422.100	Repealed
- 4) Statutory Authority: Implementing and authorized by Section 9(b) of the Illinois Horse Racing Act of 1975 [230 ILCS 5].
- 5) A Complete Description of the Subjects and Issues Involved: Pursuant to Executive Order 2016-13, the IRB is amending and repealing Sections under the "Cutting the Red Tape Initiative" to make certain that regulatory standards are not unduly burdensome to licensees.
- 6) Any published studies or reports, along with sources of underlying data, that were used when composing this rulemaking? None
- 7) Will this rulemaking replace an emergency rule 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 rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: No local governmental units will be required to increase expenditures.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Written comments should be submitted, within 45 days after this Notice, to:

Mickey Ezzo  
Illinois Racing Board  
100 West Randolph

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

Suite 5-700  
Chicago IL 60601

312/814-5017  
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- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda which this rulemaking was summarized: This amendment was not included on either of the 2 most recent agendas because the Illinois Racing Board did not anticipate the filing of this rulemaking at the time for submittal of a regulatory agenda.

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



## ILLINOIS RACING BOARD

## NOTICE OF PROPOSED AMENDMENTS

TITLE 11: ALCOHOL, HORSE RACING, LOTTERY, AND VIDEO GAMING  
SUBTITLE B: HORSE RACING  
CHAPTER I: ILLINOIS RACING BOARD  
SUBCHAPTER b: RULES APPLICABLE TO ORGANIZATION LICENSEES

PART 422  
APPROVAL OF RACING OFFICIALS

## Section

422.10	Racing Officials
422.20	Approval of New Officials ( <a href="#">Repealed</a> )
422.30	Standards for Approval and Disapproval of Officials ( <a href="#">Repealed</a> )
422.40	Recommendation of Board ( <a href="#">Repealed</a> )
422.50	Suspension and Removal of Officials
422.60	Conflict of Interest Provisions
422.70	Emergency Approval
422.80	Physical Examination
422.90	Officials Approved by the Stewards
422.100	Occupation License ( <a href="#">Repealed</a> )
422.110	Penalties

AUTHORITY: Authorized by Section 9(b) of the Illinois Horse Racing Act of 1975 [230 ILCS 5].

SOURCE: Adopted at 5 Ill. Reg. 10341, effective September 25, 1981; codified at 5 Ill. Reg. 10905; amended at 10 Ill. Reg. 10141, effective May 27, 1986; amended at 13 Ill. Reg. 1558, effective January 23, 1989; amended at 16 Ill. Reg. 13069, effective August 10, 1992; amended at 35 Ill. Reg. 8481, effective May 23, 2011; amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 422.10 Racing Officials**

- a) Each organization licensee shall submit to the Board for its approval or disapproval the names of all persons whom the licensee has selected as racing officials or employees whose duties relate to the actual running of the races. The list shall include, when applicable, the following thoroughbred and harness racing officials:

Association Steward

Marshal or Outrider

## ILLINOIS RACING BOARD

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<del>Presiding Judge</del>	Timer
<del>Associate Judge</del>	Clerk of the Scales
Racing Secretary	Clerk of Course
Assistant Racing Secretary	Track Veterinarian
Patrol Judges	Track Superintendent
Placing Judges	Mutuel Manager
Paddock Judges	Program Director
<del>Breathalyzer Operator</del>	Director of Security
Starter	General Manager

- b) The list of names shall be submitted to the Board in writing at least 20 days prior to the opening of any race meeting and the list shall indicate whether the nominee has previously been employed at any Illinois race track. No racing official shall participate in a race meeting without an occupation license.
- c) The organization licensee shall file a completed application and resume for each nominee who was not previously approved by the Board as a racing official.
- d) The Board's approval or disapproval of the racing officials selected by the organization licensee shall be based on the standards and guidelines set forth in Section 15(c) and (d) of the Act for denial, suspension and revocation of an occupation license.
- e) The Board shall act on the organization licensee's list of officials at a meeting of the Board. If Board staff recommends disapproval of an official, the organization licensee shall be notified of the recommendation in advance of the Board meeting.

(Source: Amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 422.20 Approval of New Officials (Repealed)**

- a) ~~The organization licensee shall file the following documents with respect to each nominee who was not previously approved by the Board as a racing official:~~
- 1) ~~A complete application which must include the following information:~~
- A) ~~Date of birth,~~
- B) ~~Social security number,~~

## ILLINOIS RACING BOARD

## NOTICE OF PROPOSED AMENDMENTS

- ~~C) Home address;~~
  - ~~D) Home telephone number;~~
  - ~~E) Names of previous employers;~~
  - ~~F) Phone numbers and contact person for verification of prior employment, and~~
  - ~~G) Educational background.~~
- ~~2) A signed statement ("Authorization for Release of Information Form") authorizing the release of information to the Illinois Department of Law Enforcement and the Board.~~
  - ~~3) A completed FBI Fingerprint Card.~~
- b) ~~The documents shall be filed directly with the Board at least sixty days prior to the opening of the race meeting.~~

(Source: Repealed at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 422.30 Standards for Approval and Disapproval of Officials (Repealed)**

~~The Board's approval or disapproval of the racing officials selected by the organization licensee shall be based on the standards and guidelines set forth in Sections 37-15(c) and (d) of the Act for denial, suspension, and revocation of an occupation license. The Board shall also give particular consideration to the nominee's experience, if any, as a racing official and his/her qualifications for the position.~~

(Source: Repealed at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 422.40 Recommendation of Board (Repealed)**

~~The Board shall act on the organization licensee's list of officials at a meeting of the Board. If Board staff recommends disapproval of an official, the organization licensee shall be notified of the recommendation in advance of the Board meeting.~~

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENTS

(Source: Repealed at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 422.100 Occupation License (Repealed)**

~~No person shall serve or act as a racing official unless such person has an occupation license.~~

(Source: Repealed at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## ILLINOIS RACING BOARD

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Licensing
- 2) Code Citation: 11 Ill. Adm. Code 502
- 3) Section Number: 502.500                      Proposed Action:  
Amendment
- 4) Statutory Authority: Implementing and authorized by Section 9(b) of the Illinois Horse Racing Act of 1975 [230 ILCS 5].
- 5) A Complete Description of the Subjects and Issues Involved: The Association of Racing Commissioners International (ARCI) model rule governing jockey agents states that "a jockey agent may serve as agent for no more than two jockeys and one apprentice jockey". Board rule 502.500 (Jockey Agents) currently allows a jockey agent to represent no more than two jockeys. This proposed rulemaking amends the current rule by expanding it from two jockeys to also including an apprentice jockey.
- 6) Any published studies or reports, along with sources of underlying data, that were used when composing this rulemaking? ARCI model rule 008-035
- 7) Will this rulemaking replace an emergency rule 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 rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: No local governmental units will be required to increase expenditures.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Written comments should be submitted, within 45 days after this Notice, to:

Mickey Ezzo  
Illinois Racing Board  
100 West Randolph  
Suite 5-700  
Chicago IL 60601

## ILLINOIS RACING BOARD

## NOTICE OF PROPOSED AMENDMENT

312/814-5017  
Mickey.ezzo@illinois.gov

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

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

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENT

TITLE 11: ALCOHOL, HORSE RACING, LOTTERY, AND VIDEO GAMING  
SUBTITLE B: HORSE RACING  
CHAPTER I: ILLINOIS RACING BOARD  
SUBCHAPTER c: RULES APPLICABLE TO ALL OCCUPATION LICENSEES

PART 502  
LICENSING

SUBPART A: PROCEDURE

Section	
502.10	Submission of Application
502.20	Complete Application
502.30	License Fees
502.40	Duration and Extent of Occupation Licenses
502.50	Rulings and Hearings
502.55	Denial of License
502.58	License to Participate

SUBPART B: STATUTORY GROUNDS FOR DENIAL OF A LICENSE

Section	
502.60	Denial of a License for Criminal Conviction
502.72	First-Time Applicant Who Has Been Convicted of a Crime
502.76	Prohibitions Against Persons on Conditional Discharge, Parole, Probation or Supervision
502.78	Probationary Nature of Licenses
502.80	Unqualified to Perform the Duties
502.90	Falsifying Answers or Omitting Facts
502.100	Reciprocity
502.102	Burden of Going Forward
502.104	Denial of a License for Just Cause in Illinois or in Another Racing Jurisdiction

SUBPART C: GENERAL CRITERIA

Section	
502.110	Criteria for Determining Eligibility
502.115	Standards Required of All Applicants

ILLINOIS RACING BOARD

NOTICE OF PROPOSED AMENDMENT

SUBPART D: OWNERS

Section  
502.120 Owners

SUBPART E: TRAINERS AND ASSISTANT TRAINERS

Section  
502.200 Trainers and Assistant Trainers  
502.210 Prospective Trainers or Assistant Trainers  
502.220 Workers' Compensation

SUBPART F: JOCKEYS AND APPRENTICE JOCKEYS

Section  
502.230 Jockeys and Apprentice Jockeys  
502.235 Apprentice Jockeys, Criteria for Eligibility  
502.238 Apprentice Contract or Certificate

SUBPART G: DRIVERS

Section  
502.250 Harness Driver  
502.260 Prospective Harness Drivers  
502.270 "Q" Licenses  
502.280 "P" Licenses  
502.290 "A" Licenses

SUBPART H: OTHER LICENSEES

Section  
502.300 Veterinarians  
502.320 Veterinary Assistant  
502.350 Farriers (Blacksmiths)  
502.380 Exercise Riders  
502.400 Pony Person  
502.450 Stable Foreman  
502.500 Jockey Agents  
502.600 Authorized Agents



## ILLINOIS RACING BOARD

## NOTICE OF PROPOSED AMENDMENT

502.650	Tack Shop Operators and Other Vendors
502.660	Vendor Helper
502.680	Thoroughbred Grooms
502.690	Harness Grooms
502.700	Hotwalker
502.790	Totalizator Employee
502.795	Business Agents

## SUBPART I: CONFLICTS OF INTEREST

Section	
502.800	General Provisions
502.820	Dual Licensing
502.830	Limitations on License
502.840	Husbands and Wives
502.850	Transfer of a Horse

AUTHORITY: Authorized by Section 9(b) of the Illinois Horse Racing Act of 1975 [230 ILCS 5].

SOURCE: Emergency rule adopted and codified at 6 Ill. Reg. 9711, effective July 27, 1982, for a maximum of 150 days; adopted and codified at 6 Ill. Reg. 13786, effective October 25, 1982; amended at 7 Ill. Reg. 5225, effective April 1, 1983; amended at 11 Ill. Reg. 20611, effective January 1, 1988; amended at 13 Ill. Reg. 1562, effective January 23, 1989; amended at 13 Ill. Reg. 4931, effective March 22, 1989; amended at 14 Ill. Reg. 17641, effective October 16, 1990; amended at 15 Ill. Reg. 11985, effective August 12, 1991; amended at 16 Ill. Reg. 12774, effective July 31, 1992; amended at 17 Ill. Reg. 19961, effective November 9, 1993; amended at 18 Ill. Reg. 11615, effective July 7, 1994; amended at 19 Ill. Reg. 5034, effective April 1, 1995; amended at 19 Ill. Reg. 17190, effective January 1, 1996; amended at 20 Ill. Reg. 13052, effective October 1, 1996; amended at 22 Ill. Reg. 10656, effective June 1, 1998; amended at 28 Ill. Reg. 11244, effective August 1, 2004; amended at 29 Ill. Reg. 10248, effective August 1, 2005; amended at 32 Ill. Reg. 7391, effective May 1, 2008; amended at 33 Ill. Reg. 6696, effective May 1, 2009; emergency amendment at 37 Ill. Reg. 19740, effective November 20, 2013, for a maximum of 150 days; amended at 38 Ill. Reg. 6113, effective March 1, 2014; amended at 41 Ill. Reg. 12860, effective October 1, 2017; amended at 41 Ill. Reg. 13097, effective October 1, 2017; amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART H: OTHER LICENSEES

## ILLINOIS RACING BOARD

## NOTICE OF PROPOSED AMENDMENT

**Section 502.500 Jockey Agents**

- a) ~~An application for a license as a jockey agent may be obtained by the following persons: An applicant for a jockey agent's license shall have been licensed previously as a jockey agent by the Board or by another racing jurisdiction, and shall not represent more than two jockeys.~~
- 1) ~~Previously Board licensed jockey agent;~~
  - 2) ~~Person previously licensed by another racing jurisdiction as a jockey agent;~~
  - 3) ~~Board occupation licensee with a minimum year (365 days) of experience who obtains a passing grade of 75% or more on the stewards' written examination. The stewards will administer all written exams, which include subjects such as jockey engagements and horse eligibility.~~
- b) ~~A jockey agent may represent a maximum of two jockeys and one apprentice jockey. If the applicant has never been licensed as a jockey agent, the applicant shall have at least one year's experience as an occupation licensee or an employee of the Board in Illinois or a comparable racing regulatory authority in another racing jurisdiction, and shall pass with a grade of 75% a written examination administered by the stewards. The test shall cover such subjects as jockey engagements and horse eligibility.~~

(Source: Amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received during the period of July 3, 2018 through July 9, 2018. The rulemakings are scheduled for the August 14, 2018 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>
8/16/18	<u>State Board of Investment</u> , Rules and Regulations of the Board (74 Ill. Adm. Code 800)	4/13/18 42 Ill. Reg. 6630	8/14/18
8/16/18	<u>State Board of Investment</u> , State (of Illinois) Employees' Deferred Compensation Plan (80 Ill. Adm. Code 2700)	4/13/18 42 Ill. Reg. 6647	8/14/18
8/18/18	<u>Department of Healthcare and Family Services</u> , Specialized Health Care Delivery Systems (89 Ill. Adm. Code 146)	9/29/17 41 Ill. Reg. 11868	8/14/18
8/22/18	<u>Secretary of State</u> , Illinois Safety Responsibility Law (92 Ill. Adm. Code 1070)	4/13/18 42 Ill. Reg. 6601	8/14/18
8/22/18	<u>Department of Financial and Professional Regulation</u> , Savings Bank Act (38 Ill. Adm. Code 1075)	5/18/18 42 Ill. Reg. 8102	8/14/18

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## JULY 2018 REGULATORY AGENDA

- a) Part (Heading and Code Citation): Health Facilities and Services Operational Rules (77 Ill. Adm. Code 1130)
- 1) Rulemaking:
- A) Description: This Part will be updated for clarification and consistency with other Board rules and practices as well as the Illinois Health Facilities Planning Act. New definitions will be added to clarify existing language. Pertinent sections of 77 Ill. Adm. Code 1110 will be added to this Part as they relate to exemption applications. A background of applicant section will be added to the requirements for exemptions. The public notice requirement for exemption applications will be updated to reflect that the exemption process is more streamlined than the permit process. A public hearing opportunity will be added for NICU projects. A more detailed process for review of exemption applications will be provided. The number of deferrals an applicant can request will be specified. The types of modifications that are classified as Type A will be reduced. Ex parte communication requirements will be changed so that late written comments will no longer be considered ex parte. The threshold for prohibited alterations will be increased. Requirements will be established regarding the use of visual aids at Board meetings. Language will be clarified regarding the interdependency of project components. The capital expenditure minimum/review thresholds will be updated. The HFSRB notes will be moved to the body of the rule itself.
- B) Statutory Authority: 20 ILCS 3960
- C) Scheduled meeting/hearing dates: There are no meetings or hearings scheduled.
- D) Date Agency anticipates First Notice: The Board has not determined a date at this time.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: This rulemaking may affect units of small businesses, small municipalities and not-for-profit corporations that own or operate health care facilities such as hospitals, ambulatory surgical treatment centers, long-term care facilities, end stage renal dialysis facilities, freestanding emergency centers, and freestanding birth centers.

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## JULY 2018 REGULATORY AGENDA

F) Agency contact person for information:

Ann Guild  
Health Facilities and Services Review Board  
69 West Washington Street  
Suite 3501  
Chicago IL 60602

312/814-6226  
ann.guild@illinois.gov

G) Related rulemakings and other pertinent information: Noneb) Part (Heading and Citation): Processing, Classification Policies and Review Criteria (77 Ill. Adm. Code 1110)1) Rulemaking:

- A) Description: This Part will be updated for clarification and consistency with other Board rules and practices as well as the Illinois Health Facilities Planning Act. The review criteria will be updated to reflect changes in the health care industry including the minimum number of beds for various categories of service. The requirements to establish an ASTC will be amended. The standards for unnecessary duplication will be revised. The square footage and utilization guidelines in Appendix B will be updated. Outdated provisions will be deleted.
- B) Statutory Authority: 20 ILCS 3960
- C) Scheduled meeting/hearing dates: There are no meetings or hearings scheduled.
- D) Date Agency anticipates First Notice: The Board has not determined a date at this time.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: This rulemaking may affect units of small businesses, small municipalities and not-for-profit corporations that own or operate health

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## JULY 2018 REGULATORY AGENDA

care facilities such as hospitals, ambulatory surgical treatment centers, end stage renal dialysis facilities, freestanding emergency centers, and freestanding birth centers.

F) Agency contact person for information:

Ann Guild  
Health Facilities and Services Review Board  
69 West Washington Street  
Suite 3501  
Chicago IL 60602

312/814-6226  
ann.guild@illinois.gov

G) Related rulemakings and other pertinent information: Nonec) Part (Heading and Code Citation): Health Facilities and Services Financial and Economic Feasibility Review (77 Ill. Adm. Code 1120)1) Rulemaking:

- A) Description: This Part will be updated for clarification and consistency with other Board rules and practices as well as the Illinois Health Facilities Planning Act. Language will be clarified regarding information requirements necessary for project review. HFSRB notes will be moved to the body of the rule itself.
- B) Statutory Authority: 20 ILCS 3960
- C) Scheduled meeting/hearing dates: There are no meetings or hearings scheduled.
- D) Date Agency anticipates First Notice: The Board has not determined a date at this time.
- E) Effect on small businesses, small municipalities or not-for-profit corporations: This rulemaking may affect units of small businesses, small municipalities and not-for-profit corporations that own or operate health

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

JULY 2018 REGULATORY AGENDA

care facilities such as hospitals, ambulatory surgical treatment centers, end stage renal dialysis facilities, freestanding emergency centers, and freestanding birth centers.

F) Agency contact person for information:

Ann Guild  
Health Facilities and Services Review Board  
69 West Washington Street  
Suite 3501  
Chicago IL 60602

312/814-6226  
ann.guild@illinois.gov

G) Related rulemakings and other pertinent information: None

**ILLINOIS ADMINISTRATIVE CODE**  
**Issue Index - With Effective Dates**

Rules acted upon in Volume 42, Issue 29 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquiries about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

**PROPOSED RULES**

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