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AGENCIES



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Editor’s Note 1: The Cumulative Index and Sections Affected Index will be printed on a quarterly basis. The printing schedules for the quarterly and annual indexes are (End of March, June, Sept, Dec) as follows:

Issue 28 - July	11, 2003: Data through	June	30, 2003 (2nd Quarter)
Issue 41 - October	10, 2003: Data through	September	29, 2003 (3rd Quarter)
Issue 2 - January	9, 2004: Data through	December	29, 2003 (Annual)
Issue 15 - April	00, 2004: Data through	March	31, 2004 (1stQuarter)

Editor’s Note 2: Submit all rulemaking documentation to the following address:

Secretary of State
Department of Index
Administrative Code Division
111 East Monroe Street
Springfield, Illinois 62756

Editor's Note3:

To: All State Agencies – Springfield Area
From: Secretary of State
Department of Index
Administrative Code Division

The Code Division will be conducting a monthly workshop. This is the opportunity for the Administrative Code Division to ask the question “How can we help you?” Each month will consist of different discussion topics. State agencies will be able to select one or more workshops to attend. Please return the included registration form at least two weeks prior to the scheduled workshop. Topics will come from the Secretary of State’s Style Manual and 1 Ill. Adm. Code 100. All workshops will be scheduled from 8:30am to 12:00pm on selected dates. Unless otherwise announced workshops will be held at the Illinois State Library, 300 S. Second St., Rm. 403-404, Springfield, IL. 62701. If you have any questions or concerns please contact our office (217)782-6537.

To: All State Agencies in the Chicago Area
From: Secretary of State
Department of Index
Administrative Code Division

Our department will be conducting a bi-monthly workshop. This is the opportunity for the Administrative Code Division to ask the Chicago area “How can I help you?” Each session will consist of different discussion topics. Topics will range from – Trouble shooting with formatting, Secretary Style Manual and 1 Illinois Administrative Code 100.

WORKSHOP I DATE IS
MAY 28th
100 West Randolph, Room 9040
from 9:00 A. M. to 4:00 P.M.

Workshop Schedule and Signup Sheet on following page:

**Secretary of State
Department of Index
Administrative Code Division**
SPRINGFIELD AREA - Workshop Schedule and Signup Sheet

<p><u>Springfield</u> - June 25, 2003 Topics:</p> <ul style="list-style-type: none"> • Miscellaneous Information <ul style="list-style-type: none"> Emergency Rules Second Notices Executive Orders/Proclamations Regulatory Agenda Other Notices • Checklists 	Number Attending
<p><u>Springfield</u> – July – Specific Date to Be announced Topics:</p> <ul style="list-style-type: none"> • Proposed Rulemaking <ul style="list-style-type: none"> ○ Regulatory Agenda ○ 1st Notice - Proposed ○ 2nd Notice – JCAR Approval ○ Final Notice - Adopted 	Number Attending

Agency Name: _____
Contact Name: _____
Address: _____
City/Zip: _____
Phone Number: _____

Please return this registration sheets to: Springfield Workshops Chicago Workshops

Secretary of State
Department of Index
Administrative Code Division
Attn: Brenna Boston
111 E. Monroe
Springfield, IL 62756
Fax Number: (217) 524-0308

Illinois State Library
300 S. Second St.
Rm. 403-404
Springfield, IL 62701
8:30am – 12:00pm

Thompson Center
100 West Randolph
Room 9040
Chicago, IL
9:00 am – 4:00pm

If you have any question please call (217) 782-6537.

**Secretary of State
Department of Index
Administrative Code Division**
CHICAGO AREA - Workshop Schedule and Signup Sheet

<p><u>CHICAGO - May 28, 2003</u> Topics: : 9:00 am – 4:00pm - Room 9040</p> <ul style="list-style-type: none"> • Problems with Word - Sharing Documents • Introduction to the Secretary of State Style Manual • Rulemaking Process in Illinois • Organization and Format of Rules • Authority Notes • Source Notes • Filing and Publication Procedures 	Number Attending
<p><u>CHICAGO – End of July – Date to be announced</u> Topics</p> <ul style="list-style-type: none"> • Miscellaneous Information <ul style="list-style-type: none"> ○ Emergency Rules ○ Second Notices ○ Executive Orders/Proclamations ○ Regulatory Agenda ○ Other Notices • Checklists • Proposed Rulemaking <ul style="list-style-type: none"> ○ Regulatory Agenda ○ 1st Notice - Proposed ○ 2nd Notice – JCAR Approval • Final Notice - Adopted 	Number Attending

Agency Name: _____
Contact Name: _____
Address: _____
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Phone Number: _____

Please return this registration sheets to:

Secretary of State
Department of Index
Administrative Code Division
Attn: Brenna Boston
111 E. Monroe
Springfield, IL 62756

Fax Number: (217) 524-0308

If you have any question please call (217) 782-6537.

Chicago Workshops
Thompson Center
100 West Randolph

Chicago, IL

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. The Register will also contain the Cumulative Index and Sections Affected Indices will be printed on a quarterly basis. The printing schedule for the quarterly and annual indexes are the end of March, June, Sept, Dec.

Rulemaking activity consist 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 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' The Illinois Register is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act [5ILCS 100/1-1 et seq.].

2003 REGISTER SCHEDULE VOLUME # 27

Issue#	Copy Due by 4:30 pm	Publication Date	Issue#	Copy Due by 4:30 pm	Publication Date
Issue 1	December 23, 2002	January 03, 2003	Issue 38	September 08, 2003	September 19, 2003
Issue 2	December 31, 2002	January 10, 2003	Issue 39	September 15, 2003	September 26, 2003
Issue 3	January 06, 2003	January 17, 2003	Issue 40	September 22, 2003	October 03, 2003
Issue 4	January 13, 2003	January 24, 2003	Issue 41	September 29, 2003	October 10, 2003
Issue 5	January 21, 2003	January 31, 2003	Issue 42	October 06, 2003	October 17, 2003
Issue 6	January 27, 2003	February 07, 2003	Issue 43	October 14, 2003	October 24, 2003
Issue 7	February 03, 2003	February 14, 2003	Issue 44	October 20, 2003	October 31, 2003
Issue 8	February 10, 2003	February 21, 2003	Issue 45	October 27, 2003	November 07, 2003
Issue 9	February 18, 2003	February 28, 2003	Issue 46	November 03, 2003	November 14, 2003
Issue 10	February 24, 2003	March 07, 2003	Issue 47	November 10, 2003	November 21, 2003
Issue 11	March 03, 2003	March 14, 2003	Issue 48	November 17, 2003	November 28, 2003
Issue 12	March 10, 2003	March 21, 2003	Issue 49	November 24, 2003	December 05, 2003
Issue 13	March 17, 2003	March 28, 2003	Issue 50	December 01, 2003	December 12, 2003
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Issue 17	April 14, 2003	April 25, 2003			
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Issue 19	April 28, 2003	May 09, 2003			
Issue 20	May 05, 2003	May 16, 2003			
Issue 21	May 12, 2003	May 23, 2003			
Issue 22	May 19, 2003	May 30, 2003			
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Issue 33	August 04, 2003	August 15, 2003			
Issue 34	August 11, 2003	August 22, 2003			
Issue 35	August 18, 2003	August 29, 2003			
Issue 36	August 25, 2003	September 05, 2003			
Issue 37	September 02, 2003	September 12, 2003			

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Pay Plan
- 2) Code Citation: 80 Ill. Adm. Code 310
- 3) Section Numbers:

<u>Section Numbers:</u>	<u>Proposed Action:</u>
310.280	Amend
Table L	Amend
Table W	Amend
- 4) Statutory Authority:

Authorized by Sections 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a].
- 5) A Complete Description of the Subjects and Issues Involved:

In Section 310.280, Designated Rate, the Senior Public Service Administrator position (40070-37-00-000-05-01) in the Department of Central Management Services is being deleted from this Section.

In Section 310.Appendix A, Table L RC-008 (Boilermakers), the salary range for the Boiler Safety Specialist is being changed from \$4,350.00 - \$5,775.06 to \$4,524.00 - \$5,976.90, effective September 1, 2002.

In Section 310.Appendix A, Table W RC-062 (Technical Employees, AFSCME), the abolished titles of Computer Information Consultant Trainee and Computer Systems Software Specialist Trainee are being deleted by action of the Civil Service Commission to be effective February 1, 2003 and per a July, 2000 Memorandum of Understanding with AFSCME.

The Liquor Control Special Agent II title is being included into the RC-062 Collective Bargaining Unit with an effective date of January 28, 1998.
- 6) Will this proposed rule replace an emergency rule currently in effect? No.
- 7) Does this rulemaking contain an automatic repeal date? ____ Yes X No
If "yes", please specify date:
- 8) Do these proposed amendments contain any incorporations by reference? No.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 9) Are there any proposed amendments pending to this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Ill. Reg. Citation</u>
310.280	Amend	26 Ill. Reg. 13735, 09/20/02
310.280	Amend	26 Ill. Reg. 13901, 09/27/02
Appendix G	Amend	26 Ill. Reg. 16351, 11/08/02

- 10) Statement of Statewide Objectives:

These amendments to the Pay Plan pertain only to State employees subject to the Personnel Code and do not set out any guidelines that are to be followed by local or other jurisdictional bodies within the State.

- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Ms. Marianne Armento
 Department of Central Management Services
 Division of Technical Services
 504 William G. Stratton Building
 Springfield, Illinois 62706
 Telephone: (217) 782-5601

- 12) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: None. The Department of Central Management Services' Pay Plan extends only to Personnel Code employees under the jurisdiction of the Governor.
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None

- 13) Regulatory Agenda on which this rulemaking was summarized: January, 2003

The full text of the proposed amendment begins on the next page.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND POSITION CLASSIFICATIONS
CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICESPART 310
PAY PLAN

SUBPART A: NARRATIVE

Section	
310.20	Policy and Responsibilities
310.30	Jurisdiction
310.40	Pay Schedules
310.50	Definitions
310.60	Conversion of Base Salary to Pay Period Units
310.70	Conversion of Base Salary to Daily or Hourly Equivalents
310.80	Increases in Pay
310.90	Decreases in Pay
310.100	Other Pay Provisions
310.110	Implementation of Pay Plan Changes for Fiscal Year 2003
310.120	Interpretation and Application of Pay Plan
310.130	Effective Date
310.140	Reinstitution of Within Grade Salary Increases (Repealed)
310.150	Fiscal Year 1985 Pay Changes in Schedule of Salary Grades, effective July 1, 1984 (Repealed)

SUBPART B: SCHEDULE OF RATES

Section	
310.205	Introduction
310.210	Prevailing Rate
310.220	Negotiated Rate
310.230	Part-Time Daily or Hourly Special Services Rate
310.240	Hourly Rate
310.250	Member, Patient and Inmate Rate
310.260	Trainee Rate
310.270	Legislated and Contracted Rate
310.280	Designated Rate
310.290	Out-of-State or Foreign Service Rate

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

310.300	Educator Schedule for RC-063 and HR-010
310.310	Physician Specialist Rate
310.320	Annual Compensation Ranges for Executive Director and Assistant Executive Director, State Board of Elections
310.330	Excluded Classes Rate (Repealed)

SUBPART C: MERIT COMPENSATION SYSTEM

Section

310.410	Jurisdiction
310.420	Objectives
310.430	Responsibilities
310.440	Merit Compensation Salary Schedule
310.450	Procedures for Determining Annual Merit Increases
310.455	Intermittent Merit Increase
310.456	Merit Zone (Repealed)
310.460	Other Pay Increases
310.470	Adjustment
310.480	Decreases in Pay
310.490	Other Pay Provisions
310.495	Broad-Band Pay Range Classes
310.500	Definitions
310.510	Conversion of Base Salary to Pay Period Units (Repealed)
310.520	Conversion of Base Salary to Daily or Hourly Equivalents
310.530	Implementation
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310.APPENDIX A.TABLE F	RC-019 (Teamsters Local #25)
310.APPENDIX A.TABLE G	RC-045 (Automotive Mechanics, IFPE)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

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310.APPENDIX F	Physician and Physician Specialist Salary Schedule (Repealed)
310.APPENDIX G	Broad-Band Pay Range Classes Salary Schedule for Fiscal Year 2003

AUTHORITY: Implementing and authorized by Section 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a.]

SOURCE: Filed June 28, 1967; codified at 8 Ill. Reg. 1558; emergency amendment at 8 Ill. Reg.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

1990, effective January 31, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 2440, effective February 15, 1984; emergency amendment at 8 Ill. Reg. 3348, effective March 5, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 4249, effective March 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 5704, effective April 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 7290, effective May 11, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 11299, effective June 25, 1984; emergency amendment at 8 Ill. Reg. 12616, effective July 1, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 15007, effective August 6, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15367, effective August 13, 1984; emergency amendment at 8 Ill. Reg. 21310, effective October 10, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21544, effective October 24, 1984; amended at 8 Ill. Reg. 22844, effective November 14, 1984; emergency amendment at 9 Ill. Reg. 1134, effective January 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 1320, effective January 23, 1985; amended at 9 Ill. Reg. 3681, effective March 12, 1985; emergency amendment at 9 Ill. Reg. 4163, effective March 15, 1985, for a maximum of 150 days; emergency amendment at 9 Ill. Reg. 9231, effective May 31, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9420, effective June 7, 1985; amended at 9 Ill. Reg. 10663, effective July 1, 1985; emergency amendment at 9 Ill. Reg. 15043, effective September 24, 1985, for a maximum of 150 days; preemptory amendment at 10 Ill. Reg. 3325, effective January 22, 1986; amended at 10 Ill. Reg. 3230, effective January 24, 1986; emergency amendment at 10 Ill. Reg. 8904, effective May 13, 1986, for a maximum of 150 days; preemptory amendment at 10 Ill. Reg. 8928, effective May 13, 1986; emergency amendment at 10 Ill. Reg. 12090, effective June 30, 1986, for a maximum of 150 days; preemptory amendment at 10 Ill. Reg. 13675, effective July 31, 1986; preemptory amendment at 10 Ill. Reg. 14867, effective August 26, 1986; amended at 10 Ill. Reg. 15567, effective September 17, 1986; emergency amendment at 10 Ill. Reg. 17765, effective September 30, 1986, for a maximum of 150 days; preemptory amendment at 10 Ill. Reg. 19132, effective October 28, 1986; preemptory amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill. Reg. 648, effective December 22, 1986; preemptory amendment at 11 Ill. Reg. 3363, effective February 3, 1987; preemptory amendment at 11 Ill. Reg. 4388, effective February 27, 1987; preemptory amendment at 11 Ill. Reg. 6291, effective March 23, 1987; amended at 11 Ill. Reg. 5901, effective March 24, 1987; emergency amendment at 11 Ill. Reg. 8787, effective April 15, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 11830, effective July 1, 1987, for a maximum of 150 days; preemptory amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; preemptory amendment at 11 Ill. Reg. 15273, effective September 1, 1987; preemptory amendment at 11 Ill. Reg. 17919, effective October 19, 1987; preemptory amendment at 11 Ill. Reg. 19812, effective November 19, 1987; emergency amendment at 11 Ill. Reg. 20664, effective December 4, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20778, effective December 11, 1987; preemptory amendment at 12 Ill. Reg. 3811, effective January 27, 1988; preemptory amendment at 12 Ill.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; preemptory amendment at 12 Ill. Reg. 7783, effective April 14, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; preemptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; preemptory amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; preemptory amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; preemptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; preemptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; preemptory amendment at 13 Ill. Reg. 8970, effective May 26, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; emergency amendment expired on November 17, 1989; amended at 13 Ill. Reg. 11451, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days; corrected at 13 Ill. Reg. 12647; preemptory amendment at 13 Ill. Reg. 12887, effective July 24, 1989; amended at 13 Ill. Reg. 16950, effective October 20, 1989; amended at 13 Ill. Reg. 19221, effective December 12, 1989; amended at 14 Ill. Reg. 615, effective January 2, 1990; preemptory amendment at 14 Ill. Reg. 1627, effective January 11, 1990; amended at 14 Ill. Reg. 4455, effective March 12, 1990; preemptory amendment at 14 Ill. Reg. 7652, effective May 7, 1990; amended at 14 Ill. Reg. 10002, effective June 11, 1990; emergency amendment at 14 Ill. Reg. 11330, effective June 29, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14361, effective August 24, 1990; emergency amendment at 14 Ill. Reg. 15570, effective September 11, 1990, for a maximum of 150 days; emergency amendment expired on February 8, 1991; corrected at 14 Ill. Reg. 16092; preemptory amendment at 14 Ill. Reg. 17098, effective September 26, 1990; amended at 14 Ill. Reg. 17189, effective October 2, 1990; amended at 14 Ill. Reg. 17189, effective October 19, 1990; amended at 14 Ill. Reg. 18719, effective November 13, 1990; preemptory amendment at 14 Ill. Reg. 18854, effective November 13, 1990; preemptory amendment at 15 Ill. Reg. 663, effective January 7, 1991; amended at 15 Ill. Reg. 3296, effective February 14, 1991; amended at 15 Ill. Reg. 4401, effective March 11, 1991; preemptory amendment at 15 Ill. Reg. 5100, effective March 20, 1991; preemptory amendment at 15 Ill. Reg. 5465, effective April 2, 1991; emergency amendment at 15 Ill. Reg. 10485, effective July 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 11080, effective July 19, 1991; amended at 15 Ill. Reg. 13080, effective August 21, 1991; amended at 15 Ill. Reg. 14210, effective September 23, 1991; emergency amendment at 16 Ill. Reg. 711, effective December 26, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3450, effective February 20, 1992; preemptory amendment at 16 Ill. Reg. 5068, effective March 11, 1992; preemptory amendment at 16 Ill. Reg. 7056, effective April 20, 1992; emergency amendment at 16 Ill. Reg. 8239, effective May 19, 1992, for a maximum of 150 days; amended at 16 Ill. Reg.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

8382, effective May 26, 1992; emergency amendment at 16 Ill. Reg. 13950, effective August 19, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14452, effective September 4, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 238, effective December 23, 1992; preemptory amendment at 17 Ill. Reg. 498, effective December 18, 1992; amended at 17 Ill. Reg. 590, effective January 4, 1993; amended at 17 Ill. Reg. 1819, effective February 2, 1993; amended at 17 Ill. Reg. 6441, effective April 8, 1993; emergency amendment at 17 Ill. Reg. 12900, effective July 22, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 13409, effective July 29, 1993; emergency amendment at 17 Ill. Reg. 13789, effective August 9, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 14666, effective August 26, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19103, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 21858, effective December 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 22514, effective December 15, 1993; amended at 18 Ill. Reg. 227, effective December 17, 1993; amended at 18 Ill. Reg. 1107, effective January 18, 1994; amended at 18 Ill. Reg. 5146, effective March 21, 1994; preemptory amendment at 18 Ill. Reg. 9562, effective June 13, 1994; emergency amendment at 18 Ill. Reg. 11299, effective July 1, 1994, for a maximum of 150 days; preemptory amendment at 18 Ill. Reg. 13476, effective August 17, 1994; emergency amendment at 18 Ill. Reg. 14417, effective September 9, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16545, effective October 31, 1994; preemptory amendment at 18 Ill. Reg. 16708, effective October 28, 1994; amended at 18 Ill. Reg. 17191, effective November 21, 1994; amended at 19 Ill. Reg. 1024, effective January 24, 1995; preemptory amendment at 19 Ill. Reg. 2481, effective February 17, 1995; preemptory amendment at 19 Ill. Reg. 3073, effective February 17, 1995; amended at 19 Ill. Reg. 3456, effective March 7, 1995; preemptory amendment at 19 Ill. Reg. 5145, effective March 14, 1995; amended at 19 Ill. Reg. 6452, effective May 2, 1995; preemptory amendment at 19 Ill. Reg. 6688, effective May 1, 1995; amended at 19 Ill. Reg. 7841, effective June 1, 1995; amended at 19 Ill. Reg. 8156, effective June 12, 1995; amended at 19 Ill. Reg. 9096, effective June 27, 1995; emergency amendment at 19 Ill. Reg. 11954, effective August 1, 1995, for a maximum of 150 days; preemptory amendment at 19 Ill. Reg. 13979, effective September 19, 1995; preemptory amendment at 19 Ill. Reg. 15103, effective October 12, 1995; amended at 19 Ill. Reg. 16160, effective November 28, 1995; amended at 20 Ill. Reg. 308, effective December 22, 1995; emergency amendment at 20 Ill. Reg. 4060, effective February 27, 1996, for a maximum of 150 days; preemptory amendment at 20 Ill. Reg. 6334, effective April 22, 1996; preemptory amendment at 20 Ill. Reg. 7434, effective May 14, 1996; amended at 20 Ill. Reg. 8301, effective June 11, 1996; amended at 20 Ill. Reg. 8657, effective June 20, 1996; amended at 20 Ill. Reg. 9006, effective June 26, 1996; amended at 20 Ill. Reg. 9925, effective July 10, 1996; emergency amendment at 20 Ill. Reg. 10213, effective July 15, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 10841, effective August 5, 1996; preemptory amendment at 20 Ill. Reg. 13408, effective September 24, 1996; amended at 20 Ill. Reg. 15018, effective November 7, 1996; preemptory amendment at 20 Ill. Reg. 15092, effective November 7, 1996; emergency

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amendment at 21 Ill. Reg. 1023, effective January 6, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 1629, effective January 22, 1997; amended at 21 Ill. Reg. 5144, effective April 15, 1997; amended at 21 Ill. Reg. 6444, effective May 15, 1997; amended at 21 Ill. Reg. 7118, effective June 3, 1997; emergency amendment at 21 Ill. Reg. 10061, effective July 21, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 12859, effective September 8, 1997, for a maximum of 150 days; preemptory amendment at 21 Ill. Reg. 14267, effective October 14, 1997; preemptory amendment at 21 Ill. Reg. 14589, effective October 15, 1997; preemptory amendment at 21 Ill. Reg. 15030, effective November 10, 1997; amended at 21 Ill. Reg. 16344, effective December 9, 1997; preemptory at 21 Ill. Reg. 16465, effective December 4, 1997; preemptory amendment at 21 Ill. Reg. 17167, effective December 9, 1997; preemptory amendment at 22 Ill. Reg. 1593, effective December 22, 1997; amended at 22 Ill. Reg. 2580, effective January 14, 1998; preemptory amendment at 22 Ill. Reg. 4326, effective February 13, 1998; preemptory amendment at 22 Ill. Reg. 5108, effective February 26, 1998; preemptory amendment at 22 Ill. Reg. 5749, effective March 3, 1998; amended at 22 Ill. Reg. 6204, effective March 12, 1998; preemptory amendment at 22 Ill. Reg. 7053, effective April 1, 1998; preemptory amendment at 22 Ill. Reg. 7320, effective April 10, 1998; preemptory amendment at 22 Ill. Reg. 7692, effective April 20, 1998; emergency amendment at 22 Ill. Reg. 12607, effective July 2, 1998, for a maximum of 150 days; preemptory amendment at 22 Ill. Reg. 15489, effective August 7, 1998; amended at 22 Ill. Reg. 16158, effective August 31, 1998; preemptory amendment at 22 Ill. Reg. 19105, effective September 30, 1998; preemptory amendment at 22 Ill. Reg. 19943, effective October 27, 1998; preemptory amendment at 22 Ill. Reg. 20406, effective November 5, 1998; amended at 22 Ill. Reg. 20581, effective November 16, 1998; amended at 23 Ill. Reg. 664, effective January 1, 1999; preemptory amendment at 23 Ill. Reg. 730, effective December 29, 1998; emergency amendment at 23 Ill. Reg. 6533, effective May 10, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 7065, effective June 3, 1999; emergency amendment at 23 Ill. Reg. 8169, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 11020, effective August 26, 1999; amended at 23 Ill. Reg. 12429, effective September 21, 1999; preemptory amendment at 23 Ill. Reg. 12493, effective September 23, 1999; amended at 23 Ill. Reg. 12604, effective September 24, 1999, amended at 23 Ill. Reg. 13053, effective September 27, 1999; preemptory amendment at 23 Ill. Reg. 13132, effective October 1, 1999; amended at 23 Ill. Reg. 13570, effective October 26, 1999; amended at 23 Ill. Reg. 14020, effective November 15, 1999; amended at 24 Ill. Reg. 1025, effective January 7, 2000; preemptory amendment at 24 Ill. Reg. 3399, effective February 3, 2000; amended at 24 Ill. Reg. 3537, effective February 18, 2000; amended at 24 Ill. Reg. 6874, effective April 21, 2000; amended at 24 Ill. Reg. 7956, effective May 23, 2000; emergency amendment at 24 Ill. Reg. 10328, effective July 1, 2000, for a maximum of 150 days; preemptory amendment at 24 Ill. Reg. 10767, effective July 3, 2000; amended at 24 Ill. Reg. 13384, effective August 17, 2000; preemptory amendment at 24 Ill. Reg. 14460, effective September 14, 2000; preemptory amendment at 24 Ill. Reg. 16700, effective October 30, 2000; preemptory amendment at 24 Ill.

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Reg. 17600, effective November 16, 2000; amended at 24 Ill. Reg. 18058, effective December 4, 2000; peremptory amendment at 24 Ill. Reg. 18444, effective December 1, 2000; amended at 25 Ill. Reg. 811, effective January 4, 2001; amended at 25 Ill. Reg. 2389, effective January 22, 2001; amended at 25 Ill. Reg. 4552, effective March 14, 2001; peremptory amendment at 25 Ill. Reg. 5067, effective March 21, 2001; amended at 25 Ill. Reg. 5618, effective April 4, 2001; amended at 25 Ill. Reg. 6655, effective May 11, 2001; amended at 25 Ill. Reg. 7151, effective May 25, 2001; peremptory amendment at 25 Ill. Reg. 8009, effective June 14, 2001; emergency amendment at 25 Ill. Reg. 9336, effective July 3, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 9846, effective July 23, 2001; amended at 25 Ill. Reg. 12087, effective September 6, 2001; amended at 25 Ill. Reg. 15560, effective November 20, 2001; peremptory amendment at 25 Ill. Reg. 15671, effective November 15, 2001; amended at 25 Ill. Reg. 15974, effective November 28, 2001; emergency amendment at 26 Ill. Reg. 223, effective December 21, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 1143, effective January 17, 2002; amended at 26 Ill. Reg. 4127, effective March 5, 2002; peremptory amendment at 26 Ill. Reg. 4963, effective March 15, 2002; amended at 26 Ill. Reg. 6235, effective April 16, 2002; emergency amendment at 26 Ill. Reg. 7314, effective April 29, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 10425, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 10952, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13934, effective September 10, 2002; amended at 26 Ill. Reg. 14965, effective October 7, 2002; emergency amendment at 26 Ill. Reg. 16583, effective October 24, 2002, for a maximum of 150 days; peremptory amendment at 26 Ill. Reg. 17280, effective November 18, 2002; amended at 26 Ill. Reg. 17374, effective November 25, 2002; amended at 26 Ill. Reg. 17987, effective December 9, 2002; amended at 27 Ill. Reg. _____, effective _____.

Section 310.280

Designated Rate

The rate of pay for a specific position or class of positions where it is deemed desirable to exclude such from the other requirements of this Pay Plan shall be only as designated by the Governor.

<u>Department of Central Management Services</u>	
Senior Public Service Administrator	Annual Salary
(Pos. No. 40070-37-00-000-05-01)	120,900
<u>Department of Children & Family Services</u>	
Public Service Administrator	<u>Annual Salary</u>
(Pos. No. 37015-16-23-120-00-01)	85,104

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Department of Commerce & Community Affairs	
Administrative Assistant II (Pos. No. 00502-42-00-040-11-01)	Annual Salary 59,376
Public Information Officer IV (Pos. No. 37004-42-00-005-10-01)	Annual Salary 69,792
Public Service Administrator (Pos. No. 37015-42-35-110-10-03)	Annual Salary 78,612
Public Service Administrator (Pos. No. 37015-42-35-140-20-01)	Annual Salary 96,360
Department of Human Services	
Administrative Assistant I (Pos. No. 00501-10-68-010-80-21)	Annual Salary 55,200
Medical Administrator I, Option D (Pos. No. 26401-10-79-006-00-21)	Annual Salary 142,368
Public Service Administrator (Pos. No. 37015-10-23-100-30-01)	Annual Salary 76,572
Senior Public Service Administrator (Pos. No. 40070-10-65-000-00-01)	Annual Salary 105,475
Senior Public Service Administrator (Pos. No. 40070-10-81-920-00-21)	Annual Salary 105,480
Illinois Labor Relations Board	
Private Secretary II (Pos. No. 34202-50-19-000-00-01)	Annual Salary 51,900

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Department of Natural Resources	
Administrative Assistant II (Pos. No. 00502-12-30-000-20-01)	Annual Salary 50,520
Department of Revenue	
Public Service Administrator (Pos. No. 37015-25-61-140-80-01)	Annual Salary 76,668
Department of State Police	
Senior Public Service Administrator (Pos. No. 40070-21-10-000-00-01)	Annual Salary 113,580
Senior Public Service Administrator (Pos. No. 40070-21-40-000-00-01)	Annual Salary 113,580

(Source: Amended at 27 Ill. Reg. _____, effective _____)

Section 310. Appendix A Negotiated Rates of Pay
TABLE L RC-008 (Boilermakers)

Effective September 1, ~~2001~~ [2002](#)

Title	Minimum Salary	Maximum Salary	Code
Boiler Safety Specialist	4,350.00 4,524.00	5,775.06 5,976.90	04910

(Source: Amended at 27 Ill. Reg. _____, effective _____)

Section 310. Appendix A Negotiated Rates of Pay
TABLE W RC-062 (Technical Employees, AFSCME)

Title	Salary Grade	Code
Accountant	RC-062-14	00130
Accountant Advanced	RC-062-16	00133
Accounting and Fiscal Administration	RC-062-12	00140

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Career Trainee		
Activity Therapist	RC-062-15	00157
Activity Therapist Coordinator	RC-062-17	00160
Actuarial Assistant	RC-062-16	00187
Actuarial Examiner	RC-062-16	00195
Actuarial Examiner Trainee	RC-062-13	00196
Actuarial Senior Examiner	RC-062-19	00197
Actuary I	RC-062-20	00201
Actuary II	RC-062-24	00202
Agricultural Market News Assistant	RC-062-12	00804
Agricultural Marketing Generalist	RC-062-14	00805
Agricultural Marketing Reporter	RC-062-18	00807
Agricultural Marketing Representative	RC-062-18	00810
Agriculture Land and Water Resource Specialist I	RC-062-14	00831
Agriculture Land and Water Resource Specialist II	RC-062-17	00832
Agriculture Land and Water Resource Specialist III	RC-062-20	00833
Aircraft Pilot I	RC-062-18	00955
Aircraft Pilot I (Eff. 07-01-01)	RC-062-19	00955
Aircraft Pilot II	RC-062-21	00956
Aircraft Pilot II (Eff. 07-01-01)	RC-062-22	00956
Appraisal Specialist I	RC-062-14	01251
Appraisal Specialist II	RC-062-16	01252
Appraisal Specialist III	RC-062-18	01253
Arts Council Associate	RC-062-12	01523
Arts Council Program Coordinator	RC-062-18	01526
Arts Council Program Representative	RC-062-15	01527
Bank Examiner I	RC-062-16	04131
Bank Examiner II	RC-062-19	04132
Bank Examiner III	RC-062-22	04133
Behavioral Analyst I	RC-062-17	04351
Behavioral Analyst II	RC-062-19	04352
Behavioral Analyst Associate	RC-062-15	04355
Business Administrative Specialist	RC-062-16	05810
Buyer	RC-062-18	05900
Carnival and Amusement Safety Inspector	RC-062-16	06550

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Carnival and Amusement Safety Inspector Trainee	RC-062-10	06555
Chemist I	RC-062-16	06941
Chemist II	RC-062-19	06942
Chemist III	RC-062-21	06943
Child Protective Associate Investigator	RC-062-15	07187
Child Protective Investigator	RC-062-17	07188
Child Protective Lead Investigator	RC-062-18	07189
Child Welfare Staff Development Coordinator I	RC-062-17	07201
Child Welfare Staff Development Coordinator II	RC-062-19	07202
Child Welfare Staff Development Coordinator III	RC-062-20	07203
Child Welfare Staff Development Coordinator IV	RC-062-22	07204
Child Welfare Specialist	RC-062-15	07211
Children and Family Service Intern – Option 1	RC-062-12	07241
Children and Family Service Intern – Option 2	RC-062-15	07242
Clinical Laboratory Technologist I	RC-062-18	08220
Clinical Laboratory Technologist II	RC-062-19	08221
Clinical Laboratory Technologist Trainee	RC-062-14	08229
Communications Systems Specialist	RC-062-23	08860
Community Management Specialist I	RC-062-15	08891
Community Management Specialist II	RC-062-17	08892
Community Management Specialist III	RC-062-19	08893
Community Planner I	RC-062-15	08901
Community Planner II	RC-062-17	08902
Community Planner III	RC-062-19	08903
Computer Information Consultant Trainee	RC-062-14	08945
Computer Systems Software Specialist –Trainee	RC-062-14	09005
Conservation Education Representative	RC-062-12	09300
Conservation Grant Administrator I	RC-062-18	09311
Conservation Grant Administrator II	RC-062-20	09312

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Conservation Grant Administrator III	RC-062-22	09313
Construction Program Assistant	RC-062-12	09525
Correctional Counselor I	RC-062-15	09661
Correctional Counselor II	RC-062-17	09662
Correctional Counselor III	RC-062-19	09663
Corrections Academy Trainer	RC-062-17	09732
Corrections Apprehension Specialist	RC-062-19	09750
Corrections Industries Marketing Representative	RC-062-17	09803
Corrections Leisure Activities Specialist I	RC-062-14	09811
Corrections Leisure Activities Specialist I (Eff. 07-01-01)	RC-062-15	09811
Corrections Leisure Activities Specialist II	RC-062-16	09812
Corrections Leisure Activities Specialist II (Eff. 07-01-01)	RC-062-17	09812
Corrections Leisure Activities Specialist III	RC-062-19	09813
Corrections Parole Agent	RC-062-17	09842
Corrections Senior Parole Agent	RC-062-19	09844
Criminal Intelligence Analyst I	RC-062-18	10161
Criminal Intelligence Analyst II	RC-062-20	10162
Criminal Intelligence Analyst Specialist	RC-062-22	10165
Criminal Justice Specialist I	RC-062-16	10231
Criminal Justice Specialist II	RC-062-20	10232
Curator of the Lincoln Collection	RC-062-16	10750
Day Care Licensing Representative I	RC-062-15	11471
Developmental Disabilities Council Program Planner I	RC-062-12	12361
Developmental Disabilities Council Program Planner II	RC-062-16	12362
Developmental Disabilities Council Program Planner III	RC-062-18	12363
Dietitian	RC-062-14	12510
Dietitian (Eff. 07-01-01)	RC-062-15	12510
Disability Claims Adjudicator I	RC-062-15	12537
Disability Claims Adjudicator II	RC-062-17	12538
Disability Claims Analyst	RC-062-20	12540

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Disability Claims Specialist	RC-062-18	12558
Disaster Services Planner	RC-062-19	12585
Document Examiner	RC-062-22	12640
Educator - Provisional	RC-062-12	13105
Employment Security Manpower Representative I	RC-062-12	13621
Employment Security Manpower Representative II	RC-062-14	13622
Employment Security Program Representative	RC-062-14	13650
Employment Security Program Representative - Intermittent	RC-062-14H	13651
Employment Security Service Representative	RC-062-16	13667
Employment Security Specialist I	RC-062-14	13671
Employment Security Specialist II	RC-062-16	13672
Employment Security Specialist III	RC-062-19	13673
Employment Security Tax Auditor I	RC-062-17	13681
Employment Security Tax Auditor II	RC-062-19	13682
Energy and Natural Resources Specialist I	RC-062-15	13711
Energy and Natural Resources Specialist II	RC-062-17	13712
Energy and Natural Resources Specialist III	RC-062-19	13713
Energy and Natural Resources Specialist Trainee	RC-062-12	13715
Environmental Health Specialist I	RC-062-14	13768
Environmental Health Specialist II	RC-062-16	13769
Environmental Health Specialist III	RC-062-18	13770
Environmental Protection Associate	RC-062-12	13785
Environmental Protection Specialist I	RC-062-14	13821
Environmental Protection Specialist II	RC-062-16	13822
Environmental Protection Specialist III	RC-062-18	13823
Environmental Protection Specialist IV	RC-062-22	13824
Financial Institution Examiner I	RC-062-16	14971
Financial Institution Examiner II	RC-062-19	14972
Financial Institution Examiner III	RC-062-22	14973
Financial Institution Examiner Trainee	RC-062-13	14978

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Flight Safety Coordinator	RC-062-21	15640
Forensic Scientist I	RC-062-18	15891
Forensic Scientist II	RC-062-20	15892
Forensic Scientist III	RC-062-22	15893
Forensic Scientist Trainee	RC-062-15	15897
Guardianship Representative	RC-062-17	17710
Habilitation Program Coordinator	RC-062-17	17960
Handicapped Services Representative I	RC-062-11	17981
Health and Safety Officer I	RC-062-14	18001
Health and Safety Officer II	RC-062-16	18002
Health and Safety Officer Trainee	RC-062-10	18006
Health Facilities Surveyor I	RC-062-16	18011
Health Facilities Surveyor II	RC-062-19	18012
Health Facilities Surveyor III	RC-062-20	18013
Health Planning Specialist I	RC-062-19	18154
Health Planning Specialist II	RC-062-22	18155
Health Services Investigator I – Opt. A	RC-062-19	18181
Health Services Investigator I – Opt. B	RC-062-20	18182
Health Services Investigator II – Opt. A	RC-062-22	18185
Health Services Investigator II – Opt. B	RC-062-22	18186
Health Services Investigator II – Opt. C	RC-062-23	18187
Health Services Investigator II – Opt. D	RC-062-23	18188
Historical Documents Conservator I	RC-062-13	18981
Historical Research Editor II	RC-062-14	19002
Human Relations Representative	RC-062-16	19670
Human Services Caseworker	RC-062-16	19785
Human Services Grants Coordinator I	RC-062-14	19791
Human Services Grants Coordinator II	RC-062-17	19792
Human Services Grants Coordinator III	RC-062-20	19793
Human Services Grants Coordinator Trainee	RC-062-12	19796
Human Services Sign Language Interpreter	RC-062-16	19810
Iconographer	RC-062-12	19880
Industrial Services Consultant I	RC-062-14	21121
Industrial Services Consultant II	RC-062-16	21122
Industrial Services Consultant Trainee	RC-062-11	21125
Industrial Services Hygienist	RC-062-19	21127
Industrial Services Hygienist Technician	RC-062-16	21130

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Industrial Services Hygienist Trainee	RC-062-12	21133
Instrument Designer	RC-062-18	21500
Insurance Analyst III	RC-062-14	21563
Insurance Analyst IV	RC-062-16	21564
Insurance Company Field Staff Examiner	RC-062-16	21608
Insurance Company Financial Examiner Trainee	RC-062-13	21610
Insurance Performance Examiner	RC-062-14	21671
Intermittent Unemployment Insurance Representative	RC-062-12H	21689
Laboratory Equipment Specialist	RC-062-18	22990
Laboratory Quality Specialist I	RC-062-19	23021
Laboratory Quality Specialist II	RC-062-21	23022
Laboratory Research Specialist I	RC-062-19	23027
Laboratory Research Specialist II	RC-062-21	23028
Land Acquisition Agent I	RC-062-15	23091
Land Acquisition Agent II	RC-062-18	23092
Land Acquisition Agent III	RC-062-21	23093
Land Reclamation Specialist I	RC-062-14	23131
Land Reclamation Specialist II	RC-062-17	23132
Liability Claims Adjuster I	RC-062-14	23371
Library Associate	RC-062-12	23430
Life Sciences Career Trainee	RC-062-12	23600
Liquor Control Special Agent II	RC-062-15	23752
Local Housing Advisor I	RC-062-14	24031
Local Housing Advisor II	RC-062-16	24032
Local Housing Advisor III	RC-062-18	24033
Local Revenue and Fiscal Advisor I	RC-062-15	24101
Local Revenue and Fiscal Advisor II	RC-062-17	24102
Local Revenue and Fiscal Advisor III	RC-062-19	24103
Lottery Sales Representative	RC-062-16	24515
Management Operations Analyst I	RC-062-18	25541
Management Operations Analyst II	RC-062-20	25542
Manpower Planner I	RC-062-14	25591
Manpower Planner II	RC-062-17	25592
Manpower Planner III	RC-062-20	25593
Manpower Planner Trainee	RC-062-12	25597
Medical Assistance Consultant I	RC-062-13	26501

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Medical Assistance Consultant II	RC-062-16	26502
Medical Assistance Consultant III	RC-062-19	26503
Mental Health Specialist I	RC-062-12	26924
Mental Health Specialist II	RC-062-14	26925
Mental Health Specialist III	RC-062-16	26926
Mental Health Specialist Trainee	RC-062-11	26928
Meteorologist	RC-062-18	27120
Methods and Procedures Advisor I	RC-062-14	27131
Methods and Procedures Advisor II	RC-062-16	27132
Methods and Procedures Career Associate I	RC-062-11	27135
Methods and Procedures Career Associate II	RC-062-12	27136
Methods and Procedures Career Associate Trainee	RC-062-09	27137
Metrologist Associate	RC-062-14	27146
Microbiologist I	RC-062-16	27151
Microbiologist II	RC-062-19	27152
Natural Resources Coordinator	RC-062-15	28831
Natural Resources Specialist	RC-062-18	28832
Natural Resources Advanced Specialist	RC-062-20	28833
Network Control Center Specialist	RC-062-21	28873
Network Control Center Technician I	RC-062-13	28875
Network Control Center Technician II	RC-062-16	28876
Network Control Center Technician Trainee	RC-062-10	28879
Paralegal Assistant	RC-062-14	30860
Police Training Specialist	RC-062-17	32990
Property Consultant	RC-062-15	34900
Property Tax Analyst I	RC-062-12	34921
Property Tax Analyst II	RC-062-14	34922
Public Aid Appeals Advisor	RC-062-18	35750
Public Aid Family Support Specialist I	RC-062-17	35841
Public Aid Investigator	RC-062-19	35870
Public Aid Investigator Trainee	RC-062-14	35874
Public Aid Lead Casework Specialist	RC-062-17	35880
Public Aid Program Quality Analyst	RC-062-19	35890
Public Aid Quality Control Reviewer	RC-062-17	35892
Public Aid Staff Development	RC-062-15	36071

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Specialist I		
Public Aid Staff Development	RC-062-17	36072
Specialist II		
Public Health Educator Associate	RC-062-14	36434
Public Health Program Specialist I	RC-062-14	36611
Public Health Program Specialist II	RC-062-16	36612
Public Health Program Specialist Trainee	RC-062-12	36615
Public Information Officer I	RC-062-12	37001
Public Information Officer II	RC-062-14	37002
Railroad Safety Specialist I	RC-062-19	37601
Railroad Safety Specialist II	RC-062-21	37602
Railroad Safety Specialist III	RC-062-23	37603
Railroad Safety Specialist IV	RC-062-25	37604
Real Estate Investigator	RC-062-19	37730
Recreation Worker I	RC-062-12	38001
Recreation Worker II	RC-062-14	38002
Rehabilitation Counselor	RC-062-17	38145
Rehabilitation Counselor Senior	RC-062-19	38158
Rehabilitation Counselor Trainee	RC-062-15	38159
Rehabilitation Services Advisor I	RC-062-20	38176
Rehabilitation Workshop Supervisor I	RC-062-12	38194
Rehabilitation Workshop Supervisor II	RC-062-14	38195
Reimbursement Officer I	RC-062-14	38199
Reimbursement Officer II	RC-062-16	38200
Research Economist I	RC-062-18	38207
Research Scientist I	RC-062-13	38231
Research Scientist II	RC-062-16	38232
Research Scientist III	RC-062-20	38233
Resource Planner I	RC-062-17	38281
Resource Planner II	RC-062-19	38282
Resource Planner III	RC-062-22	38283
Revenue Auditor I	RC-062-16	38371
Revenue Auditor II	RC-062-19	38372
Revenue Auditor III	RC-062-21	38373
Revenue Auditor III (Eff. 07-01-01)	RC-062-22	38373
Revenue Auditor Trainee	RC-062-12	38375
Revenue Collection Officer I	RC-062-15	38401
Revenue Collection Officer II	RC-062-17	38402

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Revenue Collection Officer III	RC-062-19	38403
Revenue Collection Officer Trainee	RC-062-12	38405
Revenue Senior Special Agent	RC-062-23	38557
Revenue Special Agent	RC-062-19	38558
Revenue Special Agent Trainee	RC-062-14	38565
Revenue Tax Specialist I	RC-062-12	38571
Revenue Tax Specialist II	RC-062-14	38572
Revenue Tax Specialist III	RC-062-17	38573
Revenue Tax Specialist Trainee	RC-062-10	38575
Site Interpretive Coordinator	RC-062-13	41093
Site Services Specialist I	RC-062-15	41117
Site Services Specialist II	RC-062-17	41118
Site Assistant Superintendent I	RC-062-15	41071
Site Assistant Superintendent II	RC-062-17	41072
Social Service Consultant I	RC-062-18	41301
Social Service Consultant II	RC-062-19	41302
Social Service Program Planner I	RC-062-15	41311
Social Service Program Planner II	RC-062-17	41312
Social Service Program Planner III	RC-062-20	41313
Social Service Program Planner IV	RC-062-22	41314
Social Services Career Trainee	RC-062-12	41320
Social Worker I	RC-062-15	41411
Social Worker I (Eff. 07-01-01)	RC-062-16	41411
Staff Development Technician I	RC-062-12	41781
State Police Field Specialist I	RC-062-18	42001
State Police Field Specialist II	RC-062-20	42002
Statistical Research Specialist I	RC-062-12	42741
Statistical Research Specialist II	RC-062-14	42742
Statistical Research Specialist III	RC-062-17	42743
Storage Tank Safety Specialist	RC-062-18	43005
Substance Abuse Specialist I	RC-062-17	43251
Substance Abuse Specialist II	RC-062-19	43252
Substance Abuse Specialist III	RC-062-22	43253
Telecommunications Systems Analyst	RC-062-17	45308
Telecommunications Systems Technician I	RC-062-10	45312
Telecommunications Systems Technician II	RC-062-13	45313
Unemployment Insurance Adjudicator I	RC-062-11	47001

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Unemployment Insurance Adjudicator II	RC-062-13	47002
Unemployment Insurance Adjudicator III	RC-062-15	47003
Unemployment Insurance Revenue Analyst I	RC-062-15	47081
Unemployment Insurance Revenue Analyst II	RC-062-17	47082
Unemployment Insurance Revenue Specialist	RC-062-13	47087
Unemployment Insurance Special Agent I	RC-062-15	47091
Unemployment Insurance Special Agent II	RC-062-17	47092
Veterans Educational Specialist I	RC-062-15	47681
Veterans Educational Specialist II	RC-062-17	47682
Veterans Educational Specialist III	RC-062-21	47683
Veterans Employment Representative I	RC-062-14	47701
Veterans Employment Representative II	RC-062-16	47702
Vocational Assessment Specialist	RC-062-18	48160
Volunteer Services Coordinator I	RC-062-13	48481
Volunteer Services Coordinator II	RC-062-16	48482
Wage Claims Specialist	RC-062-09	48770
Weatherization Specialist I	RC-062-14	49101
Weatherization Specialist II	RC-062-17	49102
Weatherization Specialist III	RC-062-20	49103
Weatherization Specialist Trainee	RC-062-12	49105

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	S T E P S										Eff.
	1c	1b	1a	1	2	3	4	5	6	7	8
RC-062-09	1961	2014	2068	2124	2196	2274	2349	2429	2505	2627	2653
RC-062-09a	2014	2068	2124	2182	2256	2336	2413	2496	2574	2700	2727
RC-062-09m	2065	2120	2176	2233	2307	2388	2465	2547	2626	2751	2779

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RC-062-10	2029	2084	2141	2199	2286	2361	2443	2523	2606	2740	2767
RC-062-10a	2084	2141	2199	2259	2349	2426	2510	2593	2678	2818	2846
RC-062-10m	2135	2192	2251	2310	2400	2477	2562	2644	2730	2872	2901
RC-062-11	2110	2167	2226	2287	2373	2454	2545	2633	2715	2859	2888
RC-062-11a	2167	2226	2287	2350	2438	2522	2615	2706	2791	2942	2971
RC-062-11m	2219	2278	2338	2401	2490	2573	2667	2757	2845	2995	3025
RC-062-12	2200	2260	2322	2386	2478	2564	2663	2751	2852	3005	3035
RC-062-12a	2260	2322	2386	2452	2546	2635	2737	2830	2934	3093	3124
RC-062-12m	2312	2373	2437	2503	2598	2686	2789	2883	2988	3148	3179
RC-062-12H	13.54	13.91	14.29	14.68	15.25	15.78	16.39	16.93	17.55	18.49	18.68
RC-062-12Ha	13.91	14.29	14.68	15.09	15.67	16.22	16.84	17.42	18.06	19.03	19.22
RC-062-12Hm	14.23	14.60	15.00	15.40	15.99	16.53	17.16	17.74	18.39	19.37	19.56
RC-062-13	2287	2350	2415	2481	2576	2678	2779	2880	2987	3154	3186
RC-062-13a	2350	2415	2481	2549	2647	2752	2859	2963	3073	3248	3280
RC-062-13m	2401	2466	2533	2601	2699	2805	2913	3017	3129	3304	3337
RC-062-14	2388	2454	2522	2592	2694	2799	2921	3027	3143	3325	3358
RC-062-14a	2454	2522	2592	2664	2769	2880	3005	3118	3238	3426	3460
RC-062-14m	2505	2573	2643	2715	2822	2933	3059	3172	3292	3480	3515
RC-062-14H	14.70	15.10	15.52	15.95	16.58	17.22	17.98	18.63	19.34	20.46	20.66
RC-062-14Ha	15.10	15.52	15.95	16.39	17.04	17.72	18.49	19.19	19.93	21.08	21.29
RC-062-14Hm	15.42	15.83	16.26	16.71	17.37	18.05	18.82	19.52	20.26	21.42	21.63

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RC-062-15	2485	2554	2625	2698	2815	2932	3048	3172	3290	3487	3522
RC-062-15a	2554	2625	2698	2773	2896	3017	3138	3268	3388	3591	3627
RC-062-15m	2605	2676	2749	2826	2950	3070	3194	3322	3443	3647	3683
RC-062-16	2600	2672	2746	2824	2951	3080	3210	3343	3477	3682	3719
RC-062-16a	2672	2746	2824	2906	3036	3173	3307	3442	3581	3793	3831
RC-062-16m	2724	2799	2878	2959	3091	3229	3362	3498	3637	3847	3885
RC-062-17	2717	2794	2875	2958	3096	3239	3375	3511	3654	3872	3911
RC-062-17a	2794	2875	2958	3044	3188	3336	3476	3617	3764	3988	4028
RC-062-17m	2847	2928	3012	3098	3244	3392	3532	3673	3819	4044	4084
RC-062-18	2856	2939	3024	3113	3265	3416	3571	3718	3867	4097	4138
RC-062-18a	2939	3024	3113	3207	3364	3519	3679	3830	3983	4220	4262
RC-062-18m	2992	3077	3169	3261	3419	3575	3734	3885	4039	4275	4318
RC-062-19	3006	3094	3186	3282	3450	3612	3780	3938	4103	4351	4395
RC-062-19a	3094	3186	3282	3380	3553	3719	3894	4057	4227	4482	4527
RC-062-19m	3149	3242	3338	3435	3609	3774	3949	4113	4282	4537	4582
RC-062-20	3174	3270	3368	3468	3643	3813	3993	4167	4338	4603	4649
RC-062-20a	3270	3368	3468	3572	3752	3928	4114	4291	4469	4742	4789
RC-062-20m	3324	3424	3524	3627	3807	3983	4169	4347	4524	4796	4844
RC-062-21	3351	3453	3556	3661	3849	4036	4225	4417	4600	4887	4936
RC-062-21a	3453	3556	3661	3771	3965	4156	4351	4548	4738	5034	5084
RC-062-21m	3507	3612	3717	3827	4020	4211	4407	4604	4793	5089	5140
RC-062-22	3542	3649	3759	3871	4072	4272	4473	4680	4876	5178	5230
RC-062-22a	3649	3759	3871	3987	4195	4400	4607	4820	5023	5334	5387
RC-062-22m	3704	3813	3927	4043	4249	4456	4661	4875	5079	5389	5443

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RC-062-23	3759	3871	3987	4106	4324	4545	4760	4980	5197	5523	5578
RC-062-23a	3871	3987	4106	4230	4454	4682	4903	5129	5352	5688	5745
RC-062-23m	3927	4043	4162	4285	4509	4736	4958	5185	5408	5744	5801
RC-062-24	3999	4119	4242	4370	4602	4842	5075	5310	5550	5897	5956
RC-062-24a	4119	4242	4370	4502	4741	4987	5228	5469	5716	6075	6136
RC-062-24m	4174	4298	4425	4558	4795	5042	5283	5525	5772	6130	6191
RC-062-25	4262	4390	4521	4657	4913	5171	5429	5688	5946	6328	6391
RC-062-25a	4390	4521	4657	4796	5060	5325	5592	5859	6124	6518	6583
RC-062-25m	4446	4576	4713	4852	5116	5380	5647	5914	6179	6573	6639

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	S T E P S											Eff. 1/1/03
	1c	1b	1a	1	2	3	4	5	6	7	8	8
RC-062-09	2061	2114	2168	2224	2296	2374	2449	2529	2605	2727	2754	2782
RC-062-09a	2114	2168	2224	2282	2356	2436	2513	2596	2674	2801	2829	2857
RC-062-09m	2165	2220	2276	2333	2407	2488	2565	2647	2726	2854	2883	2911
RC-062-10	2129	2184	2241	2299	2386	2461	2543	2623	2706	2843	2871	2900
RC-062-10a	2184	2241	2299	2359	2449	2526	2610	2693	2778	2924	2953	2982
RC-062-10m	2235	2292	2351	2410	2500	2577	2662	2744	2832	2980	3010	3040
RC-062-11	2210	2267	2326	2387	2473	2554	2645	2733	2817	2966	2996	3025
RC-062-11a	2267	2326	2387	2450	2538	2622	2715	2807	2896	3052	3083	3113
RC-062-11m	2319	2378	2438	2501	2590	2673	2767	2860	2952	3107	3138	3169
RC-062-12	2300	2360	2422	2486	2578	2664	2763	2854	2959	3118	3149	3180
RC-062-12a	2360	2422	2486	2552	2646	2735	2840	2936	3044	3209	3241	3273
RC-062-12m	2412	2473	2537	2603	2698	2787	2894	2991	3100	3266	3299	3331

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12m

RC-062-12H	14.15	14.52	14.90	15.30	15.86	16.39	17.00	17.56	18.21	19.19	19.38	19.57
RC-062-12Ha	14.52	14.90	15.30	15.70	16.28	16.83	17.48	18.07	18.73	19.75	19.94	20.14
RC-062-12Hm	14.84	15.22	15.61	16.02	16.60	17.15	17.81	18.41	19.08	20.10	20.30	20.50

RC-062-13	2387	2450	2515	2581	2676	2778	2883	2988	3099	3272	3305	3337
RC-062-13a	2450	2515	2581	2649	2747	2855	2966	3074	3188	3370	3404	3437
RC-062-13m	2501	2566	2633	2701	2800	2910	3022	3130	3246	3428	3462	3497

RC-062-14	2488	2554	2622	2692	2795	2904	3031	3141	3261	3450	3485	3519
RC-062-14a	2554	2622	2692	2764	2873	2988	3118	3235	3359	3554	3590	3625
RC-062-14m	2605	2673	2743	2817	2928	3043	3174	3291	3415	3611	3647	3683

RC-062-14H	15.31	15.72	16.14	16.57	17.20	17.87	18.65	19.33	20.07	21.23	21.45	21.66
RC-062-14Ha	15.72	16.14	16.57	17.01	17.68	18.39	19.19	19.91	20.67	21.87	22.09	22.31
RC-062-14Hm	16.03	16.45	16.88	17.34	18.02	18.73	19.53	20.25	21.02	22.22	22.44	22.66

RC-062-15	2585	2654	2725	2799	2921	3042	3162	3291	3413	3618	3654	3690
RC-062-15a	2654	2725	2799	2877	3005	3130	3256	3391	3515	3726	3763	3801
RC-062-15m	2705	2776	2852	2932	3061	3185	3314	3447	3572	3784	3822	3860

RC-062-16	2700	2772	2849	2930	3062	3196	3330	3468	3607	3820	3858	3896
RC-062-16a	2772	2849	2930	3015	3150	3292	3431	3571	3715	3935	3974	4014
RC-062-16m	2826	2904	2986	3070	3207	3350	3488	3629	3773	3991	4031	4071

RC-062-17	2819	2899	2983	3069	3212	3360	3502	3643	3791	4017	4057	4097
RC-062-17a	2899	2983	3069	3158	3308	3461	3606	3753	3905	4138	4179	4221
RC-062-17m	2954	3038	3125	3214	3366	3519	3664	3811	3962	4196	4238	4280

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17m

RC-062-18	2963	3049	3137	3230	3387	3544	3705	3857	4012	4251	4294	4336
RC-062-18a	3049	3137	3230	3327	3490	3651	3817	3974	4132	4378	4422	4466
RC-062-	3104	3192	3288	3383	3547	3709	3874	4031	4190	4435	4479	4524

18m

RC-062-19	3119	3210	3305	3405	3579	3747	3922	4086	4257	4514	4559	4604
RC-062-19a	3210	3305	3405	3507	3686	3858	4040	4209	4386	4650	4697	4743
RC-062-	3267	3364	3463	3564	3744	3916	4097	4267	4443	4707	4754	4801

19m

RC-062-20	3293	3393	3494	3598	3780	3956	4143	4323	4501	4776	4824	4872
RC-062-20a	3393	3494	3598	3706	3893	4075	4268	4452	4637	4920	4969	5018
RC-062-	3449	3552	3656	3763	3950	4132	4325	4510	4694	4976	5026	5076

20m

RC-062-21	3477	3582	3689	3798	3993	4187	4383	4583	4773	5070	5121	5171
RC-062-21a	3582	3689	3798	3912	4114	4312	4514	4719	4916	5223	5275	5327
RC-062-	3639	3747	3856	3971	4171	4369	4572	4777	4973	5280	5333	5386

21m

RC-062-22	3675	3786	3900	4016	4225	4432	4641	4856	5059	5372	5426	5479
RC-062-22a	3786	3900	4016	4137	4352	4565	4780	5001	5211	5534	5589	5645
RC-062-	3843	3956	4074	4195	4408	4623	4836	5058	5269	5591	5647	5703

22m

RC-062-23	3900	4016	4137	4260	4486	4715	4939	5167	5392	5730	5787	5845
RC-062-23a	4016	4137	4260	4389	4621	4858	5087	5321	5553	5901	5960	6019
RC-062-	4074	4195	4318	4446	4678	4914	5144	5379	5611	5959	6019	6078

23m

RC-062-24	4149	4273	4401	4534	4775	5024	5265	5509	5758	6118	6179	6240
RC-062-24a	4273	4401	4534	4671	4919	5174	5424	5674	5930	6303	6366	6429
RC-062-	4331	4459	4591	4729	4975	5231	5481	5732	5988	6360	6424	6487

24m

RC-062-25	4422	4555	4691	4832	5097	5365	5633	5901	6169	6565	6631	6696
RC-062-25a	4555	4691	4832	4976	5250	5525	5802	6079	6354	6762	6830	6897

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RC-062- 4613 4748 4890 5034 5308 5582 5859 6136 6411 6819 6887 6955
25m

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	S T E P S											Eff. 1/1/04
	1c	1b	1a	1	2	3	4	5	6	7	8	8
RC-062-09	2161	2214	2268	2324	2396	2474	2549	2630	2709	2836	2893	2921
RC-062-09a	2214	2268	2324	2382	2456	2536	2614	2700	2781	2913	2971	3000
RC-062-09m	2265	2320	2376	2433	2507	2588	2668	2753	2835	2968	3027	3057
RC-062-10	2229	2284	2341	2399	2486	2561	2645	2728	2814	2957	3016	3046
RC-062-10a	2284	2341	2399	2459	2549	2627	2714	2801	2889	3041	3102	3132
RC-062-10m	2335	2392	2451	2510	2600	2680	2768	2854	2945	3099	3161	3192
RC-062-11	2310	2367	2426	2487	2573	2656	2751	2842	2930	3085	3147	3178
RC-062-11a	2367	2426	2487	2550	2640	2727	2824	2919	3012	3174	3237	3269
RC-062-11m	2419	2478	2538	2601	2694	2780	2878	2974	3070	3231	3296	3328
RC-062-12	2400	2460	2522	2586	2681	2771	2874	2968	3077	3243	3308	3340
RC-062-12a	2460	2522	2586	2654	2752	2844	2954	3053	3166	3337	3404	3437
RC-062-12m	2512	2573	2638	2707	2806	2898	3010	3111	3224	3397	3465	3499
RC-062-12H	14.77	15.14	15.52	15.91	16.50	17.05	17.69	18.26	18.94	19.96	20.36	20.55
RC-062-12Ha	15.14	15.52	15.91	16.33	16.94	17.50	18.18	18.79	19.48	20.54	20.95	21.15
RC-062-12Hm	15.46	15.83	16.23	16.66	17.27	17.83	18.52	19.14	19.84	20.90	21.32	21.53
RC-062-13	2487	2550	2616	2684	2783	2889	2998	3108	3223	3403	3471	3505
RC-062-13a	2550	2616	2684	2755	2857	2969	3085	3197	3316	3505	3575	3610
RC-062-13m	2601	2669	2738	2809	2912	3026	3143	3255	3376	3565	3636	3672

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RC-062-14	2588	2656	2727	2800	2907	3020	3152	3267	3391	3588	3660	3696
RC-062-14a	2656	2727	2800	2875	2988	3108	3243	3364	3493	3696	3770	3807
RC-062-14m	2709	2780	2853	2930	3045	3165	3301	3423	3552	3755	3830	3868
RC-062-14H	15.93	16.34	16.78	17.23	17.89	18.58	19.40	20.10	20.87	22.08	22.52	22.74
RC-062-14Ha	16.34	16.78	17.23	17.69	18.39	19.13	19.96	20.70	21.50	22.74	23.20	23.43
RC-062-14Hm	16.67	17.11	17.56	18.03	18.74	19.48	20.31	21.06	21.86	23.11	23.57	23.80
RC-062-15	2688	2760	2834	2911	3038	3164	3288	3423	3550	3763	3838	3876
RC-062-15a	2760	2834	2911	2992	3125	3255	3386	3527	3656	3875	3953	3991
RC-062-15m	2813	2887	2966	3049	3183	3312	3447	3585	3715	3935	4014	4053
RC-062-16	2808	2883	2963	3047	3184	3324	3463	3607	3751	3973	4052	4092
RC-062-16a	2883	2963	3047	3136	3276	3424	3568	3714	3864	4092	4174	4215
RC-062-16m	2939	3020	3105	3193	3335	3484	3628	3774	3924	4151	4234	4276
RC-062-17	2932	3015	3102	3192	3340	3494	3642	3789	3943	4178	4262	4303
RC-062-17a	3015	3102	3192	3284	3440	3599	3750	3903	4061	4304	4390	4433
RC-062-17m	3072	3160	3250	3343	3501	3660	3811	3963	4120	4364	4451	4495
RC-062-18	3082	3171	3262	3359	3522	3686	3853	4011	4172	4421	4509	4554
RC-062-18a	3171	3262	3359	3460	3630	3797	3970	4133	4297	4553	4644	4690
RC-062-18m	3228	3320	3420	3518	3689	3857	4029	4192	4358	4612	4704	4750
RC-062-19	3244	3338	3437	3541	3722	3897	4079	4249	4427	4695	4789	4836
RC-062-19a	3338	3437	3541	3647	3833	4012	4202	4377	4561	4836	4933	4981
RC-062-19m	3398	3499	3602	3707	3894	4073	4261	4438	4621	4895	4993	5042
RC-062-20	3425	3529	3634	3742	3931	4114	4309	4496	4681	4967	5066	5116

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

RC-062-20a	3529	3634	3742	3854	4049	4238	4439	4630	4822	5117	5219	5271
RC-062-20m	3587	3694	3802	3914	4108	4297	4498	4690	4882	5175	5279	5330
RC-062-21	3616	3725	3837	3950	4153	4354	4558	4766	4964	5273	5378	5431
RC-062-21a	3725	3837	3950	4068	4279	4484	4695	4908	5113	5432	5541	5595
RC-062-21m	3785	3897	4010	4130	4338	4544	4755	4968	5172	5491	5601	5656
RC-062-22	3822	3937	4056	4177	4394	4609	4827	5050	5261	5587	5699	5755
RC-062-22a	3937	4056	4177	4302	4526	4748	4971	5201	5419	5755	5870	5928
RC-062-22m	3997	4114	4237	4363	4584	4808	5029	5260	5480	5815	5931	5989
RC-062-23	4056	4177	4302	4430	4665	4904	5137	5374	5608	5959	6078	6138
RC-062-23a	4177	4302	4430	4565	4806	5052	5290	5534	5775	6137	6260	6321
RC-062-23m	4237	4363	4491	4624	4865	5111	5350	5594	5835	6197	6321	6383
RC-062-24	4315	4444	4577	4715	4966	5225	5476	5729	5988	6363	6490	6554
RC-062-24a	4444	4577	4715	4858	5116	5381	5641	5901	6167	6555	6686	6752
RC-062-24m	4504	4637	4775	4918	5174	5440	5700	5961	6228	6614	6746	6812
RC-062-25	4599	4737	4879	5025	5301	5580	5858	6137	6416	6828	6965	7033
RC-062-25a	4737	4879	5025	5175	5460	5746	6034	6322	6608	7032	7173	7243
RC-062-25m	4798	4938	5086	5235	5520	5805	6093	6381	6667	7092	7234	7305

(Source: Amended at 27 Ill. Reg. _____, effective _____)

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Relocation Towing
- 2) Code Citation: 92 Ill. Adm. Code 1710
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
1710.160	Amend
1710.170	Amend
- 4) Statutory Authority: Implementing Section 18a-100 and authorized by Section 18a-200 of the Illinois Commercial Transportation Law (625 ILCS 5/18a-100 et seq.).
- 5) A Complete Description of the Subjects and Issues Involved:
This rulemaking proposes to increase the price of the individual tow tickets from \$5.00 to \$10.00. The tow invoices, which are purchased from the Commission, must be issued to the vehicle owner each time a relocated vehicle is claimed.. The revenue from these invoices supports the administration and enforcement of the relocation towing program, which costs are increasing as more towers enter the business in more counties. We are also proposing to increase the application and renewal fees for Relocators, Operators and Dispatchers, to adjust other filing fees, and add a contract filing fee. The contract filing fee would be payable at the time the relocator files the contract for a specific property. The additional revenue generated from this fee increase will be applied to the increased program costs.
- 6) Will this proposed amendment replace an emergency amendment currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date: No
- 8) Does this proposed amendment contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This proposed amendment neither creates nor expands any state mandate on units of local government, school districts, or community college districts.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments should be submitted to:
Diana Collins
Illinois Commerce Commission

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENT

160 North LaSalle – C-800
Chicago, IL 60601
312/814-1934

Comments should be filed with within 45 days of the date of this issue of the Illinois Register.

12) Initial Regulatory Flexibility Analysis:

- A) Date amendment was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: May 13, 2003
- B) Types of small businesses affected: This amendment will affect those companies engaged in commercial relocation of trespassing vehicles in Cook, DuPage, Will, Kane and Winnebago Counties that are also small businesses as defined in the Illinois Administrative Procedure Act.
- C) Reporting, bookkeeping or other procedures required for compliance: None
- D) Types of professional skills necessary for compliance: None

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

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENT

TITLE 92: TRANSPORTATION
CHAPTER III: ILLINOIS COMMERCE COMMISSION
SUBCHAPTER d: RELOCATION TOWINGPART 1710
RELOCATION TOWING

SUBPART A: MISCELLANEOUS PROVISIONS

Section
1710.10 Definitions

SUBPART B: APPLICATIONS FOR RELOCATOR'S, OPERATOR'S
AND DISPATCHER'S LICENSES

Section
1710.20 Application Forms
1710.21 Notice of Applications
1710.22 Policy on Applications

SUBPART C: RELOCATOR'S, OPERATOR'S AND DISPATCHER'S LICENSES

Section
1710.30 Licenses Conditioned Upon Compliance
1710.31 Licenses To Be Carried by Holder
1710.32 Alteration of Licenses
1710.33 Relocator's Endorsement of Operator's License

SUBPART D: PROHIBITED ACTIVITIES

Section
1710.40 Relocating Vehicles From Authorized Spaces
1710.41 Relocating Vehicles From Private Property Without Authorization From Property
Owner
1710.42 Relocation of Vehicles Not in Accordance with Proper Posting
1710.43 Relocating Vehicles Where Owner or Driver is Present
1710.44 Operation of Unsafe Vehicles
1710.45 Transacting Business at Unauthorized Locations
1710.46 Posting Signs At Locations Where the Relocator Is Not Authorized To Operate

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- 1710.47 Certain Types of Compensation to Relocators Prohibited
- 1710.48 Compensation to Property Owners and Others

SUBPART E: POSTING OF SIGNS

- Section
- 1710.50 Posting Requirements
- 1710.51 Sign Specifications
- 1710.52 Removal of Signs

SUBPART F: VEHICLE IDENTIFICATION

- Section
- 1710.60 Vehicle Identification Requirement

SUBPART G: INSURANCE REQUIREMENTS

- Section
- 1710.70 Licenses Conditioned Upon Compliance With Insurance Requirements
- 1710.71 Proof of Insurance or Bond Coverage
- 1710.72 Relocator's Liability

SUBPART H: REQUIRED NOTIFICATIONS

- Section
- 1710.80 Notification of Law Enforcement Agencies
- 1710.81 Notification of the Commission

SUBPART I: BOOKS AND RECORDS

- Section
- 1710.90 Records of Individual Relocation Tows (Repealed)
- 1710.91 Written Authorizations to Relocate/Contracts
- 1710.92 Accounting and Maintenance of Books and Records
- 1710.93 Audit and Inspection of Books and Records

SUBPART J: ANNUAL REPORTS

- Section

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENT

1710.100 Filing Requirements

SUBPART K: INFORMATION PROVIDED TO THE PUBLIC BY RELOCATORS

Section

- 1710.110 Public Information Pamphlets
- 1710.111 Informal Complaint Form

SUBPART L: RECLAIMING RELOCATED VEHICLES

Section

- 1710.120 Conditions Under Which Vehicles Are to Be Released
- 1710.121 Identification of Vehicle Owner or Driver
- 1710.122 Payment of Fees and Charges
- 1710.123 Hours During Which Vehicles May be Reclaimed

SUBPART M: STORAGE LOTS

Section

- 1710.130 Ownership and Identification of Storage Lots
- 1710.131 Security of Storage Lots
- 1710.132 Attendance at Storage Lots
- 1710.133 Maintenance of Records at Storage Lots
- 1710.134 Secondary Storage Lots

SUBPART N: ENFORCEMENT

Section

- 1710.140 Imposition of Sanctions
- 1710.141 Informal Settlement in Lieu of Formal Proceeding
- 1710.142 Initiation of Operating Practices Proceeding
- 1710.143 Failure to Appear at Hearing
- 1710.144 Service of Order
- 1710.145 Standards for the Assessment of Civil Penalties
- 1710.146 Payment of Civil Penalties

SUBPART O: LEASING

Section

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- 1710.150 Leasing Requirements
- 1710.151 Supervision and Control of Leased Equipment with Drivers
- 1710.152 Leases to be Exclusive

SUBPART P: FEES

- Section
1710.160 Fees

SUBPART Q: RECORDS OF INDIVIDUAL RELOCATION TOWS

- Section
1710.170 Relocation Tow Record Form
1710.171 Use and Retention of Relocation Tow Record Forms
1710.172 Public Notice

SUBPART R: DISPOSITION OF UNCLAIMED VEHICLES

- 1710.180 Disposition of Unclaimed Vehicles

AUTHORITY: Implementing Section 18a-100 and authorized by Section 18a-200 of the Illinois Commercial Relocation of Trespassing Vehicles Law (625 ILCS 5/18a-100 and 18a/200)

SOURCE: Adopted at 3 Ill. Reg. 22, p. 49, effective may 28, 1979; amended at 7 Ill. Reg. 4142, effective April 1, 1983; codified at 8 Ill. Reg 8912; Part recodified at 10 Ill. Reg. 18012; old Part repealed and new Part adopted at 11 Ill. Reg. 17718, effective October 15, 1987; peremptory amendment at 12 Ill. Reg. 1630, effective December 23, 1987; amended at 14 Ill. Reg. 10310, effective July 1, 1990, amended at 18 Ill. Reg. 8609, effective May 20, 1994; expedited correction 18 Ill. Reg. 15646, effective May 20, 1994; amended at 22 Ill. Reg. 16200 effective August 31, 1998; amended at 27 Ill. Reg. _____, effective _____.

SUBPART P: FEES

- Section 1710.160 Fees

The following fees shall apply:

- a) Filing fee for application for relocators license ~~\$600~~ 1,200

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- b) Filing fee for application for the biennial renewal of a relocator's license ~~\$600~~
1,200
- c) Filing fee for application for operator's employment permit ~~\$60~~ 100
- d) Filing fee for application for dispatcher's employment permit ~~\$60~~ 100
- e) Filing fee for application to renew operator's employment permit ~~\$40~~ 50
- f) Filing fee for application to renew dispatcher's employment permit ~~\$40~~ 50
- g) Equipment lease filing fee ~~\$200~~ 25
- h) Contract filing fee \$50

(Source: Amended at 27 Ill. Reg. _____, effective _____)

SUBPART Q: RECORDS OF INDIVIDUAL RELOCATION TOWS

1710.170 Relocation Tow Record Form

- a) Relocation Tow Record Forms or Relocation Tow Record Numbers must be purchased from the Commission.
- b) A Relocation Tow Record Form or a form identified with a Relocation Tow Record Number and conforming to a Relocation Tow Record Form purchased from the Commission must be completed at the time of relocation for each relocation a relocator performs, whether or not the relocated vehicle is subsequently reclaimed. The form will consist of an original and two copies. Each form will be identified by a serial number, which will also be printed on the copies.
- c) The Relocation Tow Record Forms and Relocation Tow Record Numbers will be available only at the Commission's office at 477 South River Road, Des Plaines, Illinois 60016, (847) 294-4326. The forms and numbers may be ordered from the Commission by sending a written request specifying the number of forms or numbers desired along with payment, or may be obtained in person during normal business hours.

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- d) The price charged for the Relocation Tow Record Forms and the Relocation Tow Record Numbers shall be ~~\$5.00~~ \$10.00 per form or number.

(Source: Amended at 27 Ill. Reg. _____, effective _____)

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Cock Pheasant, Hungarian Partridge, Bobwhite Quail and Rabbit Hunting
- 2) Code Citation: 17 Ill. Adm. Code 530
- 3)

<u>Section Numbers</u> :	<u>Proposed Action</u> :
530.20	Amendment
530.70	Amendment
530.80	Amendment
530.105	Amendment
530.110	Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 1.3, 1.4, 1.13, 2.1, 2.2, 2.6, 2.7, 2.13, 2.27, 2.30, 2.33, 3.5, 3.27, 3.28 and 3.29 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 1.13, 2.1, 2.2, 2.6, 2.7, 2.13, 2.27, 2.30, 2.33, 3.5, 3.27, 3.28 and 3.29].
- 5) A Complete Description of the Subjects and Issues Involved: This Part is being amended to update the state-owned or –managed sites open for hunting, add language to clarify zones, update sites and regulations for fee hunting and update site-specific regulations.
- 6) Will this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objective: This rulemaking does not affect units of local government.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice to:

Jonathan Furr, General Counsel
 Department of Natural Resources
 One Natural Resources Way
 Springfield IL 62702-1271

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENTS

217/782-1809

- 12) 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
- 13) Regulatory Agenda on which this rulemaking was summarized: July 2002

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

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENTS

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER b: FISH AND WILDLIFEPART 530
COCK PHEASANT, HUNGARIAN PARTRIDGE, BOBWHITE QUAIL,
AND RABBIT HUNTING

Section	
530.10	Statewide General Regulations
530.20	Statewide Cock Pheasant, Hungarian Partridge, Bobwhite Quail, and Cottontail and Swamp Rabbit Regulations
530.30	Statewide Hungarian Partridge Regulations (Repealed)
530.40	Statewide Bobwhite Quail Regulations (Repealed)
530.50	Statewide Rabbit Regulations (Repealed)
530.60	Statewide Crow Regulations (Repealed)
530.70	Permit Requirements for Fee Hunting of Pheasant, Quail and Rabbit at Controlled Permit Hunting Sites
530.80	Regulations for Fee Hunting of Pheasant, Quail and Rabbit at Controlled Permit Hunting Sites
530.90	Illinois Youth Pheasant Hunting Sites Permit Requirements (Repealed)
530.100	Illinois Youth Pheasant Hunting Regulations (Repealed)
530.105	Regulations for Fee Hunting of Pheasant, Hungarian Partridge, Quail and Rabbit at Controlled Daily Drawing Pheasant Hunting Sites
530.110	Regulations for Non-Fee Hunting of Cock Pheasant, Hungarian Partridge, Quail, and Rabbit at Various Department-Owned or -Managed Sites
530.115	Regulations for Hunting by Falconry Methods at Various Department-Owned or -Managed Sites
530.120	Regulations for Hunting Crow at Various Department-Owned or -Managed Sites (Repealed)

AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 1.13, 2.1, 2.2, 2.6, 2.7, 2.13, 2.27, 2.30, 2.33, 3.5, 3.27, 3.28 and 3.29 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 1.13, 2.1, 2.2, 2.6, 2.7, 2.13, 2.27, 2.30, 2.33, 3.5, 3.27, 3.28 and 3.29].

SOURCE: Adopted at 5 Ill. Reg. 8777, effective August 25, 1981; codified at 5 Ill. Reg. 10634; amended at 6 Ill. Reg. 10667, effective August 20, 1982; amended at 7 Ill. Reg. 10755, effective August 24, 1983; amended at 8 Ill. Reg. 21574, effective October 23, 1984; amended at 9 Ill. Reg. 15846, effective October 8, 1985; amended at 10 Ill. Reg. 15579, effective September 16,

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1986; emergency amendment at 10 Ill. Reg. 18822, effective October 16, 1986, for a maximum of 150 days; emergency expired March 15, 1987; amended at 11 Ill. Reg. 10546, effective May 21, 1987; amended at 12 Ill. Reg. 12016, effective July 7, 1988; amended at 13 Ill. Reg. 12796, effective July 21, 1989; emergency amendment at 13 Ill. Reg. 12985, effective July 31, 1989, for a maximum of 150 days; emergency expired December 28, 1989; amended at 13 Ill. Reg. 17348, effective October 27, 1989; amended at 14 Ill. Reg. 10775, effective June 20, 1990; emergency amendment at 14 Ill. Reg. 18324, effective October 29, 1990, for a maximum of 150 days; emergency expired March 28, 1991; amended at 15 Ill. Reg. 9924, effective June 24, 1991; emergency amendment at 15 Ill. Reg. 16124, effective October 25, 1991, for a maximum of 150 days; emergency expired March 23, 1992; amended at 15 Ill. Reg. 18138, effective December 6, 1991; amended at 16 Ill. Reg. 12470, effective July 28, 1992; amended at 16 Ill. Reg. 18951, effective December 1, 1992; amended at 17 Ill. Reg. 15534, effective September 10, 1993; amended at 18 Ill. Reg. 12628, effective August 9, 1994; amended at 19 Ill. Reg. 12615, effective August 29, 1995; recodified by changing the agency name from Department of Conservation to Department of Natural Resources at 20 Ill. Reg. 9389; amended at 20 Ill. Reg. 12397, effective August 30, 1996; amended at 21 Ill. Reg. 9042, effective June 26, 1997; amended at 22 Ill. Reg. 14762, effective August 3, 1998; amended at 23 Ill. Reg. 9012, effective July 28, 1999; amended at 24 Ill. Reg. 12496, effective August 7, 2000; amended at 25 Ill. Reg. 11119, effective August 21, 2001; amended at 26 Ill. Reg. 16210, effective October 18, 2002; amended at 27 Ill. Reg. _____, effective _____.

Section 530.20 Statewide Cock Pheasant, Hungarian Partridge, Bobwhite Quail, and Cottontail and Swamp Rabbit Regulations

- a) Zones: South zone consists of all lands south of the line that follows U.S. Route 36 from the Indiana State line to Springfield, [all lands west of the line that follows Route 29 from Springfield to Pekin and all lands south of the line that follows Route 9 from Pekin to Dallas City, then due west to the Mississippi River](#); north zone is the remainder of the State.
- b) Season dates:
 - 1) North (all species) – first Saturday in November through the next following January 8.

South (all species except rabbits) – first Saturday in November through the next following January 15.

South (rabbits) – the first Saturday in November through the next

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following January 22.

- 2) Hunting outside the set season dates is a petty offense.
- c) Hunting hours: Sunrise until sunset. Hunting prior to sunrise or after sunset is a petty offense (see 520 ILCS 5/2.2). Hunting before ½ hour prior to sunrise or after ½ hour after sunset is a Class A misdemeanor with a minimum \$500 fine and a maximum \$5,000 fine in addition to other statutory penalties (see 520 ILCS 5/2.33(y)).
- d) Daily limit:
 - 1) Cock pheasant – 2 (see 520 ILCS 5/2.6)
Bobwhite Quail – 8 (see 520 ILCS 5/2.7)
Hungarian Partridge – 2 (see 520 ILCS 5/2.13)
Rabbit – 4 (see 520 ILCS 5/2.27)
 - 2) Exceeding the daily limit is a petty offense.
- e) Possession limit (after the second day of the hunting season):
 - 1) Cock Pheasant – 6 (see 520 ILCS 5/2.6)
Bobwhite Quail – 20 (see 520 ILCS 5/2.7)
Hungarian Partridge – 6 (see 520 ILCS 5/2.13)
Rabbit – 10 (see 520 ILCS 5/2.27)
 - 2) Exceeding the possession limit is a petty offense.
- f) Cock pheasant may be hunted only; hen pheasants are illegal to take or possess, except as specified on controlled hunting areas operated pursuant to Sections 1.13 or 3.27 of the Wildlife Code [520 ILCS 5/1.13 or 3.27] or at sites listed in Section 530.105 and as provided for on designated sites in Section 530.110, and by falconry methods as described in 17 Ill. Adm. Code 1590, Falconry and the Captive Propagation of Raptors. Illegal taking of hen pheasants is a petty offense (see 520 ILCS 5/2.6).

(Source: Amended at 27 Ill. Reg. _____, effective _____)

Section 530.70 Permit Requirements for Fee Hunting of Pheasant, Quail and Rabbit at

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Controlled Permit Hunting Sites

- a) Applicants must contact the Department of Natural Resources' (Department or DNR) Springfield Permit Office or reservation concessionaire to obtain a permit reservation. (However, for Silver Springs State Park, Ramsey Lake State Park, Horseshoe Lake State Park (Madison County) and Chain O'Lakes State Park, applicants must contact the public/private partnership area concessionaire. Should the concessionaire, for any reason, fail to operate the concession, applicants must contact DNR.) Starting dates and methods for making reservations will be publicly announced. Only applications for reservations submitted by Illinois residents will be processed during the first two weeks of the application period. Reservations will be confirmed. Providing false information on the application is a Class A misdemeanor (see 520 ILCS 5/2.38).
- b) Permits will be issued until the daily quota is filled. The daily quota is determined by the formula one hunter per 10 to 80 huntable acres. Huntable acres are determined by, but not limited to, the biological studies on the number of the species available, the condition, topography, and configuration of the land at the site, the condition of the roads at the site, and the number of employees available to work at the site.
- c) For all DNR operated sites the number of hunting partners that may accompany a permit holder will be publicly announced. ~~except Eagle Creek State Park, Hamilton County State Fish and Wildlife Area, Mackinaw State Fish and Wildlife Area, Wolf Creek State Park, Jim Edgar Panther Creek State Fish and Wildlife Area Controlled Unit and Sand Ridge State Forest, the permit authorizes the permit holder to bring one hunting partner. At Eagle Creek State Park, Hamilton County State Fish and Wildlife Area, Mackinaw State Fish and Wildlife Area, Wolf Creek State Park, Jim Edgar Panther Creek State Fish and Wildlife Area Controlled Unit and Sand Ridge State Forest, the permit is valid for the permit holder and up to three hunting partners.~~ The hunting partners cannot hunt without the permit holder being present to hunt. Methods of changing hunting reservations and transferring permits will be publicly announced. ~~The reservation concessionaire or Springfield Permit Office cannot transfer or alter reservations to change hunting areas, dates or hunters' names. Permits cannot be transferred on the hunting areas.~~ For other information visit the Department's Website at: <http://dnr.state.il.us> or write to:

Illinois Department of Natural Resources

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Pheasant
One Natural Resources Way
P.O. Box 19457
Springfield, Illinois 62794-9457

- d) Reservations for pheasant hunting will be issued from the reservation concessionaire or Springfield Permit Office for Des Plaines Conservation Area, Eldon Hazlet State Park (Carlyle Lake), Iroquois County Conservation Area, Jim Edgar Panther Creek State Fish and Wildlife Area Controlled Unit, [Lee County Conservation Area \(Green River\)](#), Moraine View State Park, Sand Ridge State Forest and Wayne Fitzgerald State Park.
- e) ~~Reservations of upland game hunting will be issued by the reservation concessionaire or Springfield Permit Office for Eagle Creek State Park, Hamilton County State Fish and Wildlife Area, Mackinaw State Fish and Wildlife Area, and Wolf Creek State Park.~~
- e)f) The Department will operate a conveyance for disabled hunters possessing a current Standing Vehicle Permit at some controlled pheasant hunting sites. Reservations for this conveyance must be made at least 2 days in advance, and shall be on a first come-first served basis. Sites where the conveyance will be available as well as dates of operation shall be [publicly](#) ~~publically~~ announced.

(Source: Amended at 27 Ill. Reg. _____, effective _____)

Section 530.80 Regulations for Fee Hunting of Pheasant, Quail and Rabbit at Controlled Permit Hunting Sites

- a) Hunting Seasons:
- 1) The following controlled pheasant hunting areas shall be closed to pheasant permit hunting on every Monday and Tuesday during the controlled hunting season and on December 25. With authorization from the Director, controlled pheasant hunting may be scheduled on Monday and Tuesday on DNR operated areas.

Des Plaines Conservation Area

Eldon Hazlet State Park (Carlyle Lake)

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Iroquois County Conservation Area

Jim Edgar Panther Creek State Fish and Wildlife Area Controlled Unit

Moraine View State Park

Sand Ridge State Forest

Wayne Fitzgerald State Park (Rend Lake)

- 2) The following controlled pheasant hunting areas are open to the Illinois Youth Pheasant Hunting Program only on the first Sunday of the site's controlled pheasant hunting season.

Des Plaines Conservation Area

Eldon Hazlet State Park (Carlyle Lake)

Iroquois County Conservation Area

Jim Edgar Panther Creek State Fish and Wildlife Area Controlled Unit

Lee County Conservation Area

Moraine View State Park

Sand Ridge State Forest

Wayne Fitzgerald State Park (Rend Lake)

- 3) The controlled hunting season on Lee County Conservation Area (Green River), Silver Springs State Park, Horseshoe Lake State Park (Madison County), Chain O'Lakes State Park and Ramsey Lake State Park will be publicly announced.
- 4) On the following area the controlled pheasant hunting season is the Wednesday before the first Saturday of November through the seventh

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Sunday following; exceptions are in parentheses:

Iroquois County Conservation Area (closed during the November 3-day firearm deer season)

- 5) On the following areas the controlled pheasant hunting season is the Wednesday before the first Saturday of November through the ninth Sunday following; exceptions are in parentheses:

Des Plaines Conservation Area (closed during the November 3-day firearm deer season)

Moraine View State Park

- 6) On the following areas the controlled pheasant hunting season is the first Wednesday of November through the ninth Sunday following:

Eldon Hazlet State Park

Wayne Fitzgerald State Park

- 7) On the following areas the controlled pheasant hunting season is the first Saturday in November through the next following January 15; exceptions are in parentheses:

Jim Edgar Panther Creek State Fish and Wildlife Area Controlled Unit (closed during the November and December firearm deer seasons)

Sand Ridge State Forest

- 8) ~~On the following areas the upland game hunting season will be publicly announced:~~

~~Eagle Creek State Park~~

~~Hamilton County State Fish and Wildlife Area~~

~~Mackinaw State Fish and Wildlife Area~~

DEPARTMENT OF NATURAL RESOURCES

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~~Wolf Creek State Park~~

- b) Hunting hours are listed below, exceptions in parentheses. Hunters with reservations are required to check in at the check station on the following sites at the listed times. Hunters with reservations that check in after the required check-in time may not be allowed to hunt if the site hunter quota has been filled.

Site Name	Check-In Times	Hunting Hours
Chain O'Lakes State Park	7:00-8:00 a.m.	9:00 a.m.-4:00 p.m.
Des Plaines Conservation Area	7:00-8:00 a.m.	9:00 a.m.-4:00 p.m.
Eagle Creek State Park	8:00-9:00 a.m.	8:00 a.m.-4:00 p.m.
Eldon Hazlet State Park (Carlyle Lake)	7:00-8:00 a.m.	9:00 a.m.-4:00 p.m.
Hamilton County State Fish and Wildlife Area	8:00-9:00 a.m.	8:00 a.m.-4:00 p.m.
Horseshoe Lake State Park (Madison County)	8:00-8:30 a.m.	9:00 a.m.-4:00 p.m.
Iroquois County Conservation Area	7:00-8:00 a.m.	9:00 a.m.-4:00 p.m.
Jim Edgar Panther Creek State Fish and Wildlife (Thanksgiving Day -Area (Controlled Unit)	8:00-8:30 a.m.	9:00 a.m.-4:00 p.m. 9:00 a.m.-1:00 p.m.)
<u>Lee County Conservation Area</u>	<u>8:00-8:30 a.m.</u>	<u>9:00 a.m.-4:00 p.m.</u>
Mackinaw State Fish and Wildlife Area	8:00-9:00 a.m.	8:00 a.m.-4:00 p.m.

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Moraine View State Park	7:00-8:00 a.m.	9:00 a.m.-4:00 p.m.
Ramsey Lake State Park	8:00-8:30 a.m.	9:00 a.m.-4:00 p.m.
Sand Ridge State Forest	8:00-8:30 a.m.	9:00 a.m.-4:00 p.m.
(Thanksgiving Day –		9:00 a.m.-1:00 p.m.)
Silver Springs State Park	8:00-8:30 a.m.	9:00 a.m.-4:00 p.m.
Wayne Fitzgerrell State Park (Rend Lake)	7:00 a.m.-12:00 noon	9:00 a.m.-4:00 p.m.
Wolf Creek State Park	8:00-9:00 a.m.	8:00 a.m.-4:00 p.m.

- c) During the controlled pheasant hunting season when daily quotas are not filled, permits shall be issued on a first come-first served basis until 12:00 Noon; except for Standing Vehicle Permittees wishing to hunt from the Department disabled conveyance. At Eagle Creek State Park, Hamilton County State Fish and Wildlife Area, Mackinaw State Fish and Wildlife Area and Wolf Creek State Park, unfilled permit quotas will be filled by drawing at 9 a.m.
- d) Hunting licenses, daily usage stamps and fees:
- 1) During the controlled pheasant hunting season, hunters- are required to deposit their hunting license in the check station while hunting. Persons exempt by law from having a hunting license must deposit their Firearm Owner's Identification Card. If they are under 21 years old and do not have a card they must be accompanied by a parent, legal guardian or a person in loco parentis who has a valid card in possession.
 - 2) At the Iroquois County Conservation Area hunters must obtain a daily usage stamp from the Department prior to hunting, except on the Sunday following Thanksgiving Day hunters under 16 are not required to obtain a stamp.
 - 3) At Des Plaines Conservation Area, Jim Edgar Panther Creek State Fish and Wildlife Area Controlled Unit, [Lee County Conservation Area \(Green River\)](#) Moraine View State Park, Eldon Hazlet State Park (Carlyle Lake),

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Wayne Fitzgerald State Park and Sand Ridge State Forest, hunters must obtain a daily usage stamp from the Department prior to hunting, except on the Sunday following Thanksgiving Day and the Saturday between Christmas Day and New Years Day hunters under 16 are not required to obtain a stamp.

- 4) Fees and methods of payment at the following sites will be publicly announced:

Chain O'Lakes State Park

Horseshoe Lake State Park (Madison County)

Ramsey Lake State Park

Silver Springs State Park

- ~~5) At Eagle Creek State Park, Hamilton County State Fish and Wildlife Area, Mackinaw State Fish and Wildlife Area, and Wolf Creek State Park, hunters must obtain a daily usage stamp from the Department prior to hunting.~~

- e) During the controlled pheasant hunting season, hunters must wear a back patch issued by the check station.
- f) Anyone who has killed game previously and has it in his possession or in his vehicle must declare it with the person in charge of the area when he checks in. All such game found in a hunter's possession after he has started hunting on the area shall be considered illegally taken if the hunter has not declared it prior to going into the field.
- g) All hunting must be done with shotguns or bow and arrow. Only shot shells with a shot size of No. 5 lead, tungsten-iron, tungsten-polymer, tungsten-matrix, No. 4 bismuth, No. 3 steel or tin, or smaller may be used except at Chain O' Lakes State Park, Lee County Conservation Area (Green River), Wayne Fitzgerald State Park and Eldon Hazlet State Park where only nontoxic shot approved by the U.S. Fish and Wildlife Service may be possessed and only shot shells with a shot size of No. 3 steel or tin, No. 4 bismuth, or No. 5 tungsten-iron, tungsten-polymer, tungsten-matrix or smaller may be used or in possession. Flu flu arrows only may

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be used [or in possession](#) by bow and arrow hunters.

- h) Non-hunters are not allowed in the field (except at special hunts publicly announced by the Department where non-hunters authorized by the Department shall be allowed in the field, and except for operators of Department conveyances of Standing Vehicle Permittees and single dog handler for the Permittee).
- i) Hunters under 16 years of age must be accompanied by an adult hunter.
- j) Daily limits:
 - 1) Two pheasants of either sex at Eldon Hazlet State Park, Iroquois County Conservation Area, Wayne Fitzgerald State Park, and the Des Plaines Conservation Area.
 - 2) Two pheasants of either sex, 8 bobwhite quail and 4 rabbits at Sand Ridge State Forest.
 - 3) Two ~~eek~~-pheasants [of either sex](#), 8 bobwhite quail (first 10 days of the season only) and 4 rabbits at Jim Edgar Panther Creek State Fish and Wildlife Area.
 - 4) Four ~~eek~~-pheasants [of either sex](#) at Chain O' Lakes State Park and Silver Springs State Park; 2 ~~eek~~-pheasants [of either sex](#) may be taken per permit with a maximum of 2 permits per hunter per day.
 - 5) Four pheasants of either sex; each hunter may obtain a 2 pheasant permit with a maximum of 2 of these permits per day or a 3 or 4 pheasant permit with a maximum of one of either of these permits per day (except that on the first day of fee hunting, each hunter will also be allowed to harvest 4 quail and 2 rabbits) at Horseshoe Lake State Park (Madison County).
 - 6) Four pheasants of either sex; each hunter may obtain a 2 pheasant permit with a maximum of 2 of these permits per day or a 3 or 4 pheasant permit with a maximum of one of either of these permits per day; 8 bobwhite quail and 4 rabbits at Ramsey Lake State Park.
 - 7) Two ~~eek~~-pheasants [of either sex](#) at Moraine View State Park ~~and Lee County Conservation Area (Green River)~~.

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8) Two cock pheasants [at the Lee County Conservation Area \(Green River\)](#); ~~8 bobwhite quail, and 4 rabbits at Eagle Creek State Park, Hamilton County State Fish and Wildlife Area, Maekinaw State Fish and Wildlife Area, and Wolf Creek State Park.~~

k) Tagging of birds.

During the controlled pheasant hunting season, all pheasants must be affixed with a Department tag before they are removed from the area during the controlled pheasant hunting season. The tag must remain on the leg of the pheasants until the pheasants are finally prepared for consumption.

l) During the controlled pheasant hunting season, hunters may not leave the confines of any permit area and return to hunt on the permit area during the same day.

m) Any person who violates any provision of this Part or 17 Ill. Adm. Code 510.10(c)(1), (4) and (6) or 510.10(d)(7) or Section 2.33(n), (x) or (z) of the Wildlife Code [520 ILCS 5/2.33(n), (x) or (z)] shall be subject to arrest and/or removal from the premises for the remainder of the controlled pheasant hunting season under applicable statutes including 720 ILCS 5/21-5, Criminal Trespass to State Supported Land. Hunters may request a hearing within ten days after the citation by written request addressed to: Legal Division, Department of Natural Resources, One Natural Resources Way, Springfield IL 62702-1271. Such hearing shall be governed by the provisions of 17 Ill. Adm. Code 2530.

n) Violation of a site regulation is a petty offense (see 520 ILCS 5/2.6, 2.7, 2.13 or 2.27).

(Source: Amended at 27 Ill. Reg. _____, effective _____)

Section 530.105 Regulations for Fee Hunting of Pheasant, Hungarian Partridge, Quail and Rabbit at Controlled Daily Drawing Pheasant Hunting Sites

a) All the regulations in 17 Ill. Adm. Code 510 – General Hunting and Trapping apply in this Section, unless this Section is more restrictive.

b) All areas are closed to fee upland game hunting Mondays and Tuesday, Christmas Day and New Year's Day. With authorization from the Director, controlled

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pheasant hunting may be scheduled on Monday or Tuesday on DNR operated areas.

- c) Hunting hours are 9:00 a.m. to 4:00 p.m. (except on Thanksgiving Day hunting hours are 9:00 a.m. to 1:00 p.m. at Kankakee River State Park).
- d) All hunting must be done with shotgun or bow and arrow. Only shot shells with a shot size of No. 5 lead, tungsten-iron, tungsten-polymer, tungsten-matrix, No. 4 bismuth, No. 3 steel or tin, or smaller may be used, except at Johnson-Sauk Trail State Park where only non-toxic shot approved by the U.S. Fish and Wildlife Service may be possessed and only shot shells with a shot size of No. 3 steel or tin, No. 4 bismuth, or No. 5 tungsten-iron, tungsten-polymer, tungsten-matrix, or smaller may be used [or in possession](#). Flu flu arrows only may be used [or in possession](#) by bow and arrow hunters.
- e) All pheasants must be affixed with a Department tag before they are removed from the area. The tag must remain on the leg of the pheasants until the pheasants are finally prepared for consumption.
- f) Hunter quota selection, daily usage stamp requirements and exemptions and hunter age requirements:
 - 1) A drawing shall be held at the site to fill hunter quotas.
 - 2) A daily usage stamp is required prior to hunting opening date through the day following the final game bird release.
 - 3) Hunters under 16 are not required to obtain a daily usage stamp at Johnson-Sauk Trail State Park, Kankakee River State ~~Park and the Washington County Conservation Area~~ on the Sunday following Thanksgiving Day and on the Saturday between Christmas Day and New Year's day.
 - 4) Hunters under 16 years of age must be accompanied by an adult hunter.
 - 5) At the Richland County Controlled Pheasant Hunting Area a daily usage stamp is not required. Fees and methods of payment at this site will be publicly announced.

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- g) When daily quotas are not filled, hunters are allowed to check in on a first come-first served basis until 12:00 noon.
- h) The Department shall publicly announce the registration time and quota to be filled.
- i) Hunters are required to deposit their hunting license in the check station while hunting. Persons exempt by law from having a hunting license must deposit their Firearm Owner's Identification Card. If they are under 21 years old and do not have a card they must be accompanied by a parent, legal guardian or a person in loco parentis who has a valid card in possession.
- j) A back patch issued at the check station must be worn while hunting.
- k) Non-hunters are not allowed in the field (except at special hunts publicly announced by the Department where non-hunters authorized by the Department shall be allowed in the field).
- l) Hunters must not leave the site without first checking out.
- m) Daily Limit:
 - Pheasant – 2 (either sex may be harvested)
 - Bobwhite Quail – 8
 - Hungarian Partridge – 2
 - Rabbit – 4
- n) Statewide regulations as provided for in this Part apply at the following Controlled Daily Drawing Pheasant Hunting sites, except as noted above and in parentheses below:

Johnson-Sauk Trail State Park

Kankakee River State Park (Hunters must check out within 15 minutes of the close of hunting hours; quail shall not be harvested)

Richland County Controlled Pheasant Hunting Area (the controlled pheasant hunting season will be publicly announced; daily limit 4 pheasants of either sex may be harvested; each hunter may obtain a 2

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pheasant permit with a maximum of 2 of these permits per day or a 3 or 4 pheasant permit with a maximum of one of either of these permits per day)

~~Washington County Conservation Area~~

- o) Any person who violates any provision of this Part or 17 Ill. Adm. Code 510.10(c)(1), (4) and (6) or 510.10(d)(7) or Section 2.33(n), (x) or (z) the Wildlife Code [520 ILCS 5/2.33(n), (x) or (z)] shall be subject to arrest and/or removal from the premises for the remainder of the controlled pheasant hunting season under applicable statutes including 720 ILCS 5/21-5, Criminal Trespass to State Supported Land. Hunters may request a hearing within ten days of the citation by written request addressed to: Legal Division, Department of Natural Resources, One Natural Resources Way, Springfield IL 62702-1271. Such hearing shall be governed by the provisions of 17 Ill. Adm. Code 2530.
- p) Violation of a site regulation is a petty offense (see 520 ILCS 5/2.6, 2.7, 2.13 or 2.27).

(Source: Amended at 27 Ill. Reg. _____, effective _____)

Section 530.110 Regulations for Non-Fee Hunting of Cock Pheasant, Hungarian Partridge, Quail, and Rabbit at Various Department-Owned or -Managed Sites

- a) General Site Regulations
 - 1) All regulations in 17 Ill. Adm. Code 510 – General Hunting and Trapping – apply in this Section, unless this Section is more restrictive.
 - 2) Only flu flu arrows may be used by bow and arrow hunters; broadheads are not allowed.
 - 3) On sites which are indicated by (1), hunters must check in and/or sign out as provided for in 17 Ill. Adm. Code 510.
 - 4) On sites which are indicated by (2), only nontoxic shot approved by the U.S. Fish and Wildlife Service of size No. 3 steel or No. 5 bismuth shot or smaller may be used or possessed with a shot size of No. 3 steel or tin, No. 4 bismuth, No. 5 tungsten-iron, tungsten-polymer, tungsten-matrix or smaller may be used.

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- 5) Site specific rules or exceptions are noted in parentheses after each site.
- b) Site Specific Regulations
- 1) Statewide regulations apply at the following sites:
 - Anderson Lake Conservation Area (1)
 - Apple River Canyon State Park – Salem and Thompson Units (rabbits only; closed during firearm deer season) (1)
 - Argyle Lake State Park (closed during firearm deer season) (1)
 - Banner Marsh State Fish and Wildlife Area (opens the day after the close of the central zone duck season) (1)
 - Big Bend State Fish and Wildlife Area (hunting for bobwhite quail will terminate at the close of legal shooting hours on December 14) (1)
 - Big River State Forest (closed during firearm deer season) (1)
 - Cache River State Natural Area (1)
 - Campbell Pond Wildlife Management Area
 - Carlyle Lake Lands and Waters (Corps of Engineers Managed Lands)
 - Carlyle Lake Wildlife Management Area (subimpoundment area closed 7 days prior to and during the southern zone waterfowl season)
 - Chain O'Lakes State Park (open Wednesday after controlled pheasant hunting season for 5 consecutive days, closed December 25; hunting hours 8 a.m.-4 p.m.) (1)
 - Crawford County Conservation Area (1)

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Cypress Pond State Natural Area (1)

Dog Island Wildlife Management Area (1)

Eagle Creek State Park (open only January 16-22)

Eldon Hazlet State Park (north of Allen Branch and west of Peppenhorst Branch only) (1)

Falling Down Prairie (1)

Fern Clyffe State Park (1)

Fort de Chartres Historic Site (hunting with muzzleloading shotgun or bow and arrow only) (1)

Ft. Massac State Park (1)

Fulton County Goose Management Area (opens the day after the close of the Central Illinois Quota Zone goose season) (1)

Giant City State Park (1)

Hamilton County Conservation Area (~~Open Unit~~) (~~Quail Unit open only January 16-22~~) (~~8:00 a.m. 4:00 p.m.~~) (1)

Hanover Bluff [State Natural Area](#) ~~Kopper Tract~~ (1)

Horseshoe Lake Conservation Area (Alexander County) (Public Hunting Area) (1)

Horseshoe Lake Conservation Area (Controlled Hunting Area; closed prior to and during the Canada goose season) (1)

I-24 Wildlife Management Area (1)

Jubilee College State Park (opens second day of statewide season; pheasant and quail close the Sunday after Thanksgiving) (1)

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Kaskaskia River State Fish and Wildlife Area (Doza Creek Waterfowl Management Area closed 7 days prior to and during duck season) (1)

Kinkaid Lake Fish and Wildlife Area (1)

Marseilles State Fish and Wildlife Area (closed during the site's firearm deer season) (1)

Marshall Fish and Wildlife Area (closed during firearm deer season) (1)

Mazonia State Fish and Wildlife Area (upland season does not open until the day after the close of the site's waterfowl season; the site is closed Mondays, Tuesday, Christmas Day and New Year's Day) (1)

Mermet Lake Fish and Wildlife Area (1)

Mississippi River Pools 16, 17, 18
Mississippi River Fish and Waterfowl Management Area (Pools 25 and 26)

Mississippi River Pools 21, 22, 24

Mt. Vernon Game Propagation Center (hunting from January 1 to the end of season; rabbits only) (1)

[Nauvoo State Park \(Max Rowe Unit only\)](#)

Oakford Conservation Area

Peabody River King State Fish and Wildlife Area (West Subunit only) (1)

Pyramid State Park (1)

Ramsey Lake State Park (8:00 a.m. to 4:00 p.m.; rabbits and quail only may be hunted on Mondays and Tuesday during the fee

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pheasant season) (1)

Randolph County Conservation Area (1)

Ray Norbut State Fish and Wildlife Area (all hunting closes
December 15 in Eagle Roost Area)(1)
Red Hills State Park (1)

Rend Lake Project Lands and Waters

Saline County Conservation Area (1)

Sam Dale Lake Conservation Area (8:00 a.m. to 4:00 p.m.) (1)

Sam Parr State Park (8:00 a.m. to 4:00 p.m.) (1)

Sangamon County Conservation Area

Shawnee National Forest, Oakwood Bottoms (2)

Sielbeck Forest Natural Area (1)

Snake Den Hollow Fish and Wildlife Area (opens the day after the
close of the Central Illinois Quota zone goose season) (1)

Stephen A. Forbes State Park (8:00 a.m. to 4:00 p.m.) (1)

Tapley Woods State Natural Area (closed during firearm and
muzzleloading rifle deer seasons) (1)

Trail of Tears State Forest (1)

Turkey Bluffs State Fish and Wildlife Area (1)

Union County Conservation Area (Firing Line Management Area
only) (1)(2)

[Washington County Conservation Area \(1\)](#)

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Weinberg-King State Park (1)

[Weinberg-King State Park \(Cecil White Unit\)](#)

Wildcat Hollow State Forest

Witkowsky State Wildlife Area (rabbit only; opens after second firearm deer season) (1)

Wolf Creek State Park (open only January 16-22)

- 2) Statewide regulations apply at the following sites except that hunters must obtain a free site permit from site office; this permit must be in possession while hunting at the site. The permit must be returned, and harvest reported, by February 15 or the hunter will forfeit hunting privileges at the site for the following year:

Chauncey Marsh (obtain permit at Red Hills State Park headquarters)

Clinton Lake State Recreation Area (4:00 p.m. daily closing)
Fox Ridge State Park (4:00 p.m. daily closing)

Hidden Springs State Forest (no hunting during firearm deer season; 4:00 p.m. daily closing)

Horseshoe Lake State Park (Madison County) – Gabaret,
Mosenthein, Chouteau Island Unit

Jim Edgar Panther Creek State Fish and Wildlife Area (Open Unit)

Kickapoo State Park (4:00 p.m. daily closing; closed during firearm deer season)

Lake Shelbyville – Kaskaskia and West Okaw Wildlife
Management Area (4:00 p.m. daily closing)

Middle Fork Fish and Wildlife Area (4:00 p.m. daily closing;
closed during firearm deer season)

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Moraine View State Park (rabbit hunting permitted Mondays and Tuesday during the site controlled hunting program and from Wednesday after the permit pheasant season until the end of the Northern Zone Rabbit Season. Quail and pheasant hunting are permitted Wednesday through Sunday following the permit pheasant season; 2 cock pheasants may be taken. All hunting is 8 a.m. to 4 p.m. only.)

Newton Lake Fish and Wildlife Area (closed during firearm deer season)

Pyramid State Park – Galum Unit

Sanganois State Fish and Wildlife Area

Ten Mile Creek State Fish and Wildlife Area (non-toxic shot only on posted waterfowl rest areas)

- 3) Hunting is permitted on the following areas only on the dates listed in parentheses; or on sites indicated by (3), hunting will be permitted on the first and second day of the statewide upland game season and on each subsequent Wednesday and Saturday in November, and on each Thursday and Sunday in December, through December 24. On sites indicated by (4), hunting will be permitted on the first and second day of the statewide upland game season and on each subsequent Wednesday and Saturday in November and on each Thursday and Sunday in December, through December 24, except closed during the firearm deer seasons and open December 27 and 29. Daily hunting permits filled by drawing through DNR Permit Office. Procedures for application and drawings will be publicly announced. Illinois residents will have preference. Only one permit per person will be issued. Each permit authorizes the holder to bring the number of additional hunting partners listed in parentheses for the day's hunt. The permit must be returned and harvest reported by February 15 or permit holders will forfeit hunting privileges at the sites covered in this Section for the following year:

Bradford Pheasant Habitat Area (each permit authorizes the holder to bring 3 hunting partners) (3)

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[Clifton Pheasant Habitat Area \(each permit authorizes the holder to bring 3 hunting partners\) \(3\)](#)

[Dublin Highlands Pheasant Habitat Area \(each permit authorizes the holder to bring 3 hunting partners\)](#)

[Eagle Creek State Park \(each permit authorizes the holder to bring 3 hunting partners\) \(3\)](#)

Edward R. Madigan State Park (open on Mondays from the opening of upland game season until Christmas Day; each permit authorizes the holder to bring 3 hunting partners; check in required before hunting)

Freeman Mine (open every Wednesday in November and December starting with opening day of upland game season except during firearm deer season and December 24 and 25; each permit authorizes holder to bring 3 hunting partners; hunting hours 8 a.m. to 4 p.m.; daily bag limit is 2 cock pheasants, 4 quail, and 2 rabbits)

Green River State Wildlife Area (open only November [1, 5, 6, 8, 12, 13, 15, 19, 26 and 29](#) ~~6, 7, 9, 13, 14, 16, 20, 27, 30~~ and December [10, 11, 13, 17, 18, 20, 27 and 28](#) ~~11, 12, 14, 18, 19, 21, 26, 28~~; each permit authorizes the holder to bring 5 hunting partners) (1) (2)

Hallsville Pheasant Habitat Area (each permit authorizes the holder to bring 3 hunting partners) (3)

Harry "Babe" Woodyard State Natural Area (each permit authorizes the holder to bring 3 hunting partners; 8 a.m. to 4 p.m. hunting hours) (4)

Herschel Workman Pheasant Habitat Area (each permit authorizes the holder to bring 3 hunting partners) (3)

Hindsboro Pheasant Habitat Area (each permit authorizes the holder to bring 3 hunting partners) (3)

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Hurricane Creek Habitat Area (each permit authorizes the holder to bring 3 hunting partners) (4)

Jim Edgar Panther Creek State Fish and Wildlife Area (Quail Management Area) (open every Tuesday and Saturday in November, December and January starting with opening day of upland game season except during firearm deer season and December 24 and 25; each permit authorizes holder to bring 3 hunting partners)

Loda Pheasant Habitat Area (each permit authorizes the holder to bring 3 hunting partners) (3)

[Mackinaw State Fish and Wildlife Area \(each permit authorizes the holder to bring 3 hunting partners\) \(4\)](#)

Manito Pheasant Habitat Area (each permit authorizes the holder to bring 3 hunting partners) (3)

Maytown Pheasant Habitat Area (each permit authorizes the holder to bring 3 hunting partners) (3)

Perdueville Pheasant Habitat Area (each permit authorizes the holder to bring 3 hunting partners) (3)

Pyramid State Park – Captain Unit (dates open to hunting will be publicly announced; each permit authorizes the holder to bring 3 hunting partners)

Pyramid State Park – Denmark Unit (dates open to hunting will be publicly announced; each permit authorizes the holder to bring 3 hunting partners)

Pyramid State Park – East Conant Unit (dates open to hunting will be publicly announced; each permit authorizes the holder to bring 3 partners)

Sand Prairie Pheasant Habitat Area (each permit authorizes the holder to bring 5 hunting partners) (3)

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Sand Ridge State Forest (Sparks Pond Land and Water Reserve Area) (open on Saturdays and Tuesdays from the opening of the upland game season through the end of December except during firearm deer season; each permit authorizes holder to bring 3 hunting partners)

Sangchris Lake State Park (open every Wednesday and Saturday in November and December after the opening day of upland game season except December 24 and 25; each permit authorizes holder to bring 3 hunting partners; hunting hours 1 p.m. to sunset; check in required before hunting)

Saybrook Pheasant Habitat Area (~~McLean County~~) (each permit authorizes the holder to bring 3 hunting partners) (3)

[Sibley Pheasant Habitat Area \(each permit authorizes the holder to bring 3 hunting partners\) \(3\)](#)

Siloam Springs State Park – Buckhorn Unit (open only the first and third days of firearm deer season and every Tuesday and Saturday until close of the statewide quail season; each permit authorizes the holder to bring 3 hunting partners)

Siloam Springs State Park – Scripps Units (open only the first and third days of firearm deer season and every Tuesday and Saturday until close of the statewide quail season; each permit authorizes the holder to bring 3 hunting partners)

Steward Pheasant Habitat Area (each permit authorizes the holder to bring 3 hunting partners) (3)

Victoria Pheasant Habitat Area (each permit authorizes the holder to bring 5 hunting partners) (3)

Willow Creek Habitat Area (each permit authorizes the holder to bring 3 hunting partners) (3)

[Wolf Creek State Park \(each permit authorizes the holder to bring 3 hunting partners\) \(4\)](#)

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- 4) The following sites will be open for pheasant, quail, rabbit and partridge hunting following the site's controlled pheasant hunting season; pheasants of either sex may be taken; all hen pheasants must be tagged by DNR before leaving sites; hunting hours are 8:00 a.m.-4:00 p.m.; hunting dates are noted in parentheses:

Des Plaines Conservation Area (dates are 5 days following the close of the site's permit pheasant season excluding Mondays, Tuesday and Christmas) (1)

Eldon Hazlet State Park (controlled pheasant hunting area and for 5 consecutive days only) (1)

Iroquois County Wildlife Management Area (open Wednesday through Sunday following permit pheasant season) (1)

Johnson-Sauk Trail State Park (open Wednesday through Sunday following permit pheasant season) (2)

Kankakee River State Park (no quail hunting)

~~Washington County Conservation Area (1)~~

- c) Violation of a site regulation is a petty offense (see 520 ILCS 5/2.6, 2.7, 2.13 or 2.27).

(Source: Amended at 27 Ill. Reg. _____, effective _____)

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

<u>Section Numbers:</u>	<u>Proposed Action:</u>
140.551	Amendment
140.553	Amendment
140.554	Repeal
140.830	Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Public Act 92-848
- 5) Complete Description of the Subjects and Issues Involved: Pursuant to Public Act 92-0848, the Department is establishing a new methodology for the nursing component of rates for Medicaid funded nursing facilities (NF) effective July 1, 2003. Skilled nursing facilities and intermediate care facilities that are licensed under the Nursing Home Care Act and certified under the Medicaid Program will be affected by the new payment provisions. For the nursing component, the Department will use the Minimum Data Set (MDS), a federally required assessment form, to collect information from nursing facilities concerning the condition of NF residents and establish a rate based on all Medicaid residents in the NF. The nursing component will be calculated and adjusted on a quarterly basis.

Under the Act, the Department has developed the new rate methodology for which new payments are subject to appropriation levels provided by the General Assembly. Any increases will only be effective if specific appropriation is made for this purpose. A transition period of two years, beginning July 1, 2003, will be provided for initial implementation of the new payment methodology. During this period, for an NF that would receive a lower nursing component rate under the new system than under the current system, the nursing component rate will be held at the current rate until a higher rate is achieved by that NF.

Companion amendments to the proposed rulemaking are being filed at 89 Ill. Adm. Code 140 and 89 Ill. Adm. Code 153. Because of the MDS based rate system, the Department's rules relating to Inspection of Care for NFs are being repealed or amended.

If there is no specific appropriation for this purpose, there is no annual budgetary impact resulting from these proposed rate changes. Public Act 92-0848 states that rates under

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the new methodology shall be adjusted subject to appropriations provided by the General Assembly. If and when monies are made available, they will be distributed as allocated in this rule: first to restore the 5.9% reduction from FY 2003, then to distribute monies according to the new methodology. Nothing in this rule should be construed as suggesting that these new monies are currently available or will be made available at any point in the future

- 6) Will these proposed amendments replace emergency amendments currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? Yes

<u>Sections</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
140.15	Amendment	February 28, 2003 (27 Ill. Reg. 3241)
140.420	Amendment	March 14, 2003 (27 Ill. Reg. 4470)
140.421	Amendment	March 14, 2003 (27 Ill. Reg. 4470)
140.471	Amendment	March 28, 2003 (27 Ill. Reg. 5127)
140.472	Amendment	March 28, 2003 (27 Ill. Reg. 5127)
140.474	Amendment	March 28, 2003 (27 Ill. Reg. 5127)
140.514	Amendment	March 21, 2003 (27 Ill. Reg. 4888)
140.530	Amendment	August 30, 2002 (26 Ill. Reg. 13026)
140.642	Amendment	March 21, 2003 (27 Ill. Reg. 4888)
140.860	New Section	September 6, 2002 (26 Ill. Reg. 13146)
Table D	Amendment	March 14, 2003 (27 Ill. Reg. 4470)

- 10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.
- 11) 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:

Joanne Scattoloni

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Office of the General Counsel, Rules Section
Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois 62763-0002
(217)524-0081

The Department requests the submission of written comments within 30 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].

Any interested persons may review these proposed amendments on the Internet at <http://www.state.il.us/dpa/html/publicnotice.htm>. Access to the Internet is available through any local public library. In addition, the amendments may be reviewed at the Illinois Department of Human Services' local offices (except in Cook County). In Cook County, the amendments may be reviewed at the Office of the Director, Illinois Department of Public Aid, 100 West Randolph Street, Tenth Floor, Chicago, Illinois. The amendments may be reviewed at all offices Monday through Friday from 8:30 a.m. until 5:00 p.m. This notice is being provided in accordance with federal requirements at 42 CFR 447.205.

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

- 12) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: Skilled and intermediate care nursing facilities that are licensed under the Nursing Home Care Act and certified under the Medicaid program will be affected by the new payment provisions.
 - B) Reporting, bookkeeping or other procedures required for compliance: None

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- C) Types of professional skills necessary for compliance: None
- 13) Regulatory Agenda on Which this Rulemaking Was Summarized: These proposed amendments were not included on either of the two most recent agendas because:

This rulemaking was inadvertently omitted when the most recent regulatory agenda was published.

The full text of the proposed amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMSPART 140
MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section

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

SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section

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

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

SUBPART C: PROVIDER ASSESSMENTS

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

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

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140.398 Hearings (Recodified)

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section

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

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- 140.446 Over-the-Counter Items
- 140.447 Reimbursement
- 140.448 Returned Pharmacy Items
- 140.449 Payment of Pharmacy Items
- 140.450 Record Requirements for Pharmacies
- 140.451 Prospective Drug Review and Patient Counseling
- 140.452 Mental Health Clinic Services
- 140.453 Definitions
- 140.454 Types of Mental Health Clinic Services
- 140.455 Payment for Mental Health Clinic Services
- 140.456 Hearings
- 140.457 Therapy Services
- 140.458 Prior Approval for Therapy Services
- 140.459 Payment for Therapy Services
- 140.460 Clinic Services
- 140.461 Clinic Participation, Data and Certification Requirements
- 140.462 Covered Services in Clinics
- 140.463 Clinic Service Payment
- 140.464 Healthy Moms/Healthy Kids Managed Care Clinics (Repealed)
- 140.465 Speech and Hearing Clinics (Repealed)
- 140.466 Rural Health Clinics (Repealed)
- 140.467 Independent Clinics
- 140.469 Hospice
- 140.470 Home Health Services
- 140.471 Home Health Covered Services
- 140.472 Types of Home Health Services
- 140.473 Prior Approval for Home Health Services
- 140.474 Payment for Home Health Services
- 140.475 Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices
- 140.476 Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices for Which Payment Will Not Be Made
- 140.477 Limitations on Equipment, Prosthetic Devices and Orthotic Devices
- 140.478 Prior Approval for Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices
- 140.479 Limitations, Medical Supplies
- 140.480 Equipment Rental Limitations
- 140.481 Payment for Medical Equipment, Supplies, Prosthetic Devices and Hearing Aids
- 140.482 Family Planning Services
- 140.483 Limitations on Family Planning Services

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140.484	Payment for Family Planning Services
140.485	Healthy Kids Program
140.486	Limitations on Medichek Services (Repealed)
140.487	Healthy Kids Program Timeliness Standards
140.488	Periodicity Schedules, Immunizations and Diagnostic Laboratory Procedures
140.490	Medical Transportation
140.491	Limitations on Medical Transportation
140.492	Payment for Medical Transportation
140.493	Payment for Helicopter Transportation
140.494	Record Requirements for Medical Transportation Services
140.495	Psychological Services
140.496	Payment for Psychological Services
140.497	Hearing Aids

SUBPART E: GROUP CARE

Section	
140.500	Long Term Care Services
140.502	Cessation of Payment at Federal Direction
140.503	Cessation of Payment for Improper Level of Care
140.504	Cessation of Payment Because of Termination of Facility
140.505	Informal Hearing Process for Denial of Payment for New ICF/MR
140.506	Provider Voluntary Withdrawal
140.507	Continuation of Provider Agreement
140.510	Determination of Need for Group Care
140.511	Long Term Care Services Covered By Department Payment
140.512	Utilization Control
140.513	Notification of Change in Resident Status
140.514	Certifications and Recertifications of Care
140.515	Management of Recipient Funds--Personal Allowance Funds
140.516	Recipient Management of Funds
140.517	Correspondent Management of Funds
140.518	Facility Management of Funds
140.519	Use or Accumulation of Funds
140.520	Management of Recipient Funds--Local Office Responsibility
140.521	Room and Board Accounts
140.522	Reconciliation of Recipient Funds
140.523	Bed Reserves
140.524	Cessation of Payment Due to Loss of License

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- 140.525 Quality Incentive Program (QUIP) Payment Levels
- 140.526 Quality Incentive Standards and Criteria for the Quality Incentive Program (QUIP) (Repealed)
- 140.527 Quality Incentive Survey (Repealed)
- 140.528 Payment of Quality Incentive (Repealed)
- 140.529 Reviews (Repealed)
- 140.530 Basis of Payment for Long Term Care Services
- 140.531 General Service Costs
- 140.532 Health Care Costs
- 140.533 General Administration Costs
- 140.534 Ownership Costs
- 140.535 Costs for Interest, Taxes and Rent
- 140.536 Organization and Pre-Operating Costs
- 140.537 Payments to Related Organizations
- 140.538 Special Costs
- 140.539 Reimbursement for Basic Nursing Assistant, Developmental Disabilities Aide, Basic Child Care Aide and Habilitation Aide Training and Nursing Assistant Competency Evaluation
- 140.540 Costs Associated With Nursing Home Care Reform Act and Implementing Regulations
- 140.541 Salaries Paid to Owners or Related Parties
- 140.542 Cost Reports-Filing Requirements
- 140.543 Time Standards for Filing Cost Reports
- 140.544 Access to Cost Reports (Repealed)
- 140.545 Penalty for Failure to File Cost Reports
- 140.550 Update of Operating Costs
- 140.551 General Service Costs
- 140.552 Nursing and Program Costs
- 140.553 General Administrative Costs
- 140.554 Component Inflation Index (Repealed)
- 140.555 Minimum Wage
- 140.560 Components of the Base Rate Determination
- 140.561 Support Costs Components
- 140.562 Nursing Costs
- 140.563 Capital Costs
- 140.565 Kosher Kitchen Reimbursement
- 140.566 Out-of-State Placement
- 140.567 Level II Incentive Payments (Repealed)
- 140.568 Duration of Incentive Payments (Repealed)

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- 140.569 Clients With Exceptional Care Needs
- 140.570 Capital Rate Component Determination
- 140.571 Capital Rate Calculation
- 140.572 Total Capital Rate
- 140.573 Other Capital Provisions
- 140.574 Capital Rates for Rented Facilities
- 140.575 Newly Constructed Facilities (Repealed)
- 140.576 Renovations (Repealed)
- 140.577 Capital Costs for Rented Facilities (Renumbered)
- 140.578 Property Taxes
- 140.579 Specialized Living Centers
- 140.580 Mandated Capital Improvements (Repealed)
- 140.581 Qualifying as Mandated Capital Improvement (Repealed)
- 140.582 Cost Adjustments
- 140.583 Campus Facilities
- 140.584 Illinois Municipal Retirement Fund (IMRF)
- 140.590 Audit and Record Requirements
- 140.642 Screening Assessment for Nursing Facility and Alternative Residential Settings and Services
- 140.643 In-Home Care Program
- 140.645 Home and Community Based Services Waivers for Medically Fragile, Technology Dependent, Disabled Persons Under Age 21
- 140.646 Reimbursement for Developmental Training (DT) Services for Individuals With Developmental Disabilities Who Reside in Long Term Care (ICF and SNF) and Residential (ICF/MR) Facilities
- 140.647 Description of Developmental Training (DT) Services
- 140.648 Determination of the Amount of Reimbursement for Developmental Training (DT) Programs
- 140.649 Effective Dates of Reimbursement for Developmental Training (DT) Programs
- 140.650 Certification of Developmental Training (DT) Programs
- 140.651 Decertification of Day Programs
- 140.652 Terms of Assurances and Contracts
- 140.680 Effective Date Of Payment Rate
- 140.700 Discharge of Long Term Care Residents
- 140.830 Appeals of Rate Determinations
- 140.835 Determination of Cap on Payments for Long Term Care (Repealed)

SUBPART F: FEDERAL CLAIMING FOR STATE AND LOCAL GOVERNMENTAL ENTITIES

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Section	
140.850	Reimbursement of Administrative Expenditures
140.855	Administrative Claim Review and Reconsideration Procedure
140.860	Covered Services (Repealed)
140.865	Sponsor Qualifications (Repealed)
140.870	Sponsor Responsibilities (Repealed)
140.875	Department Responsibilities (Repealed)
140.880	Provider Qualifications (Repealed)
140.885	Provider Responsibilities (Repealed)
140.890	Payment Methodology (Repealed)
140.895	Contract Monitoring (Repealed)
140.896	Reimbursement For Program Costs (Active Treatment) For Clients in Long Term Care Facilities For the Developmentally Disabled (Recodified)
140.900	Reimbursement For Nursing Costs For Geriatric Residents in Group Care Facilities (Recodified)
140.901	Functional Areas of Needs (Recodified)
140.902	Service Needs (Recodified)
140.903	Definitions (Recodified)
140.904	Times and Staff Levels (Repealed)
140.905	Statewide Rates (Repealed)
140.906	Reconsiderations (Recodified)
140.907	Midnight Census Report (Recodified)
140.908	Times and Staff Levels (Recodified)
140.909	Statewide Rates (Recodified)
140.910	Referrals (Recodified)
140.911	Basic Rehabilitation Aide Training Program (Recodified)
140.912	Interim Nursing Rates (Recodified)

SUBPART G: MATERNAL AND CHILD HEALTH PROGRAM

Section	
140.920	General Description
140.922	Covered Services
140.924	Maternal and Child Health Provider Participation Requirements
140.926	Client Eligibility (Repealed)
140.928	Client Enrollment and Program Components (Repealed)
140.930	Reimbursement
140.932	Payment Authorization for Referrals (Repealed)

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SUBPART H: ILLINOIS COMPETITIVE ACCESS AND REIMBURSEMENT
EQUITY (ICARE) PROGRAM

Section	
140.940	Illinois Competitive Access and Reimbursement Equity (ICARE) Program (Recodified)
140.942	Definition of Terms (Recodified)
140.944	Notification of Negotiations (Recodified)
140.946	Hospital Participation in ICARE Program Negotiations (Recodified)
140.948	Negotiation Procedures (Recodified)
140.950	Factors Considered in Awarding ICARE Contracts (Recodified)
140.952	Closing an ICARE Area (Recodified)
140.954	Administrative Review (Recodified)
140.956	Payments to Contracting Hospitals (Recodified)
140.958	Admitting and Clinical Privileges (Recodified)
140.960	Inpatient Hospital Care or Services by Non-Contracting Hospitals Eligible for Payment (Recodified)
140.962	Payment to Hospitals for Inpatient Services or Care not Provided under the ICARE Program (Recodified)
140.964	Contract Monitoring (Recodified)
140.966	Transfer of Recipients (Recodified)
140.968	Validity of Contracts (Recodified)
140.970	Termination of ICARE Contracts (Recodified)
140.972	Hospital Services Procurement Advisory Board (Recodified)
140.980	Elimination Of Aid To The Medically Indigent (AMI) Program (Emergency Expired)
140.982	Elimination Of Hospital Services For Persons Age Eighteen (18) And Older And Persons Married And Living With Spouse, Regardless Of Age (Emergency Expired)
140.TABLE A	Medichek Recommended Screening Procedures (Repealed)
140.TABLE B	Geographic Areas
140.TABLE C	Capital Cost Areas
140.TABLE D	Schedule of Dental Procedures
140.TABLE E	Time Limits for Processing of Prior Approval Requests
140.TABLE F	Podiatry Service Schedule
140.TABLE G	Travel Distance Standards
140.TABLE H	Areas of Major Life Activity
140.TABLE I	Staff Time and Allocation for Training Programs (Recodified)

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140.TABLE J	HSA Grouping (Repealed)
140.TABLE K	Services Qualifying for 10% Add-On (Repealed)
140.TABLE L	Services Qualifying for 10% Add-On to Surgical Incentive Add-On (Repealed)
140.TABLE M	Enhanced Rates for Maternal and Child Health Provider Services

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

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 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 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

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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. 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.

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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 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

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Amendment at 15 Ill. Reg. 117; 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. 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 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; emergency amendment suspended at 17 Ill. Reg.

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18902, effective October 12, 1993; 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; 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;

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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 at 26 Ill. Reg. 12772, effective August 12, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13641, effective September 3, 2002; amended at 26 Ill. Reg. 14789, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 15076, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16303, effective October 25, 2002; emergency amendment at 26 Ill. Reg. 16593, effective October 22, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17751, effective November 27, 2002; amended at 27 Ill. Reg. 768, effective January 1, 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. _____, effective _____.

SUBPART E: GROUP CARE

Section 140.551 General Service Costs [Updates](#)

[General Service costs \(mostly hotel costs, food, dietary, laundry, utilities, maintenance\) \(see Section 140.531\) shall be updated by using nationally published indices specific to nursing home costs.](#)

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- a) ~~General Service costs (mostly hotel costs—food, dietary, laundry, utilities, maintenance—see Section 140.531) will be updated by a weighted average of the DRI index and the CPI for urban food and beverages and the DRI forecast for food and feed. These indexes will be weighted according to HCFA's SNF facility operating cost index. Utilities will be updated by the DRI Implicit Price Deflator Consumer Expenditures for fuel, oil, coal, electricity, natural gas, urban water, and sewage maintenance. Supplies will be updated by the Chase Implicit Price Deflator, Consumer Expenditures for household operations, services and other from the mid-point of the reporting period to the mid-point of the anticipated rate year. Dietary, housekeeping, and laundry costs (salaries, as supplies are adjusted out) will be updated by the DRI average hourly earnings, production workers for nursing and personal care facilities North Central Region experienced and projected, adjusted to the Illinois experience as follows:~~
- ~~1) The rate of wage inflation for Illinois nursing homes from the calendar year 1977 through the most current reporting period will be determined for dietary, housekeeping, and laundry personnel by comparing the difference between the rate of wage inflation in 1977 and the rate in the cost reporting year. This rate of inflation, however, will be adjusted to exclude any changes caused by minimum wages over and above the underlying rate of inflation. The impact of the minimum wage will be calculated separately as specified in Section 140.555.~~
 - ~~2) The rate of wage inflation as calculated in (a)(1) above will be compared to the experienced wage rate other increase for the same period.~~
 - ~~3) The resultant factor will become an adjuster which is applied to DRI average hourly earnings, production workers for nursing and personal care facilities North Central Region projections from the year of the cost report to the rate year.~~
- b) ~~Each of the components will be weighted for their contribution to total General Service Costs to form a General Services Inflation index.~~
- e) ~~Projected producer price index, gas and electricity indexes, household operations index and wage rate other will be based on generally accepted national economic forecasts, such as Chase Econometrics and DRI.~~

(Source: Amended at 27 Ill. Reg. _____, effective _____)

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Section 140.553 General Administrative Costs Updates

General Administrative costs (see Section 140.533) shall be updated by using nationally published indices specific to nursing home costs. Prior to any updating, fringe benefits and payroll taxes will be prorated to General Service and Program areas on the basis of salaries paid in those areas. (The prorated amount will be updated at the same rate as the other portions of those cost centers.)

~~General Administrative costs (see Section 140.533) will be updated by a weighted average of the general service inflation and the nursing and program inflation adjusted to Illinois nursing homes as follows:~~

- ~~a) Prior to any updating, fringe benefits and payroll taxes will be prorated to General Service and Program areas on the basis of salaries paid in those areas. (The prorated amount will be updated at the same rate as the other portions of those cost centers.)~~
- ~~b) An average rate of increase for the other two operating cost centers—General Services and Program costs—will be calculated. It will be a weighted average based on the relative contribution of each to average nursing home expenditures.~~
- ~~c) The resulting factor will be used to update General Administrative costs.~~

(Source: Amended at 27 Ill. Reg. _____, effective _____)

Section 140.554 Component Inflation Index (Repealed)

~~The component inflation index will be re-evaluated at the mid-point of the rate year. If the total projected component inflation index differs from the actual total component inflation index by more than 5 percentage points, then rates will be adjusted prospectively to reflect the actual total component inflation index.~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 140.830 Appeals of Rate Determinations

- a) Except as indicated in subsection (b) of this Section, the ~~The~~ Department shall notify all nursing facilities providers of their rates for the next year no later than 30 days before the beginning of the rate year, which, effective July 1, 1984, shall be the same as the State's fiscal year. ~~Appeals of rate determinations shall be~~

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~~submitted in writing to the Department.~~ Except as indicated in subsection (b) of this Section, All appeals received ~~submitted~~ within 30 days after ~~of~~ rate notification shall, if upheld, be made effective as of the beginning of the rate year. The effective date of all other upheld appeals shall be the first day of the month after ~~following~~ the date the complete appeal was received ~~submitted~~.

- b) In the case of the nursing component calculated quarterly for nursing facilities pursuant to 89 Ill. Adm. Code 147.150, appeals shall be received by the Department no later than 30 days after the date of the Department=s notice to the facility of the rate. The results of an appeal shall become effective the first day of the applicable quarter.
- c) ~~b)~~ Appeals of rate determinations under this Section shall be submitted in writing to the Chief, Bureau of Long Term Care. The Department ~~of Public Aid~~ shall rule on all appeals within 120 days after ~~of~~ the date of appeal, except that if the Department requires additional information from the facility the period shall be extended until such time as the information is provided. Except for the rate identified in subsection (b) of this Section, appeals ~~Appeals~~ for any rate year must be filed before the close of the rate year.

(Source: Amended at 27 Ill. Reg. _____, effective _____)

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

147.5	Repeal
147.15	Repeal
147.25	Repeal
147.50	Repeal
147.75	Repeal
147.100	Repeal
147.125	Amendment
147.150	Amendment
147.175	Amendment
147.200	Repeal
147.205	Repeal
147.250	Repeal
147.Table A	Amendment
147.Table B	Repeal
147.Table C	Repeal
147.Table D	Repeal
147.Table E	Repeal
147.Table F	Repeal
147.Table H	Repeal
147.Table I	Repeal
147.Table J	Repeal
147.Table K	Repeal
147.Table L	Repeal
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Public Act 92-0848
- 5) Complete Description of the Subjects and Issues Involved: Pursuant to Public Act 92-0848, the Department is establishing a new methodology for the nursing component of rates for Medicaid funded nursing facilities (NF) effective July 1, 2003. Skilled nursing facilities and intermediate care facilities that are licensed under the Nursing Home Care Act and certified under the Medicaid Program will be affected by the new payment provisions. For the nursing component, the Department will use the Minimum Data Set

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(MDS), a federally required assessment form, to collect information from nursing facilities concerning the condition of NF residents and establish a rate based on all Medicaid residents in the NF. The nursing component will be calculated and adjusted on a quarterly basis.

Under the Act, the Department has developed the new rate methodology for which new payments are subject to appropriation levels provided by the General Assembly. Any increases will only be effective if specific appropriation is made for this purpose. A transition period of two years, beginning July 1, 2003, will be provided for initial implementation of the new payment methodology. During this period, for an NF that would receive a lower nursing component rate under the new system than under the current system, the nursing component rate will be held at the current rate until a higher rate is achieved by that NF.

Companion amendments to the proposed rulemaking are being filed at 89 Ill. Adm. Code 140 and 89 Ill. Adm. Code 153. Because of the MDS based rate system, the Department's rules relating to Inspection of Care for NFs are being repealed or amended.

If there is no specific appropriation for this purpose, there is no annual budgetary impact resulting from these proposed rate changes. Public Act 92-0848 states that rates under the new methodology shall be adjusted subject to appropriations provided by the General Assembly. If and when monies are made available, they will be distributed as allocated in this rule: first to restore the 5.9% reduction from FY 2003, then to distribute monies according to the new methodology. Nothing in this rule should be construed as suggesting that these new monies are currently available or will be made available at any point in the future.

- 6) Will these proposed amendments replace emergency amendments currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

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- 11) 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:

Joanne Scattoloni
Office of the General Counsel, Rules Section
Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois 62763-0002
(217)524-0081

The Department requests the submission of written comments within 30 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].

Any interested persons may review these proposed amendments on the Internet at <http://www.state.il.us/dpa/html/publicnotice.htm>. Access to the Internet is available through any local public library. In addition, the amendments may be reviewed at the Illinois Department of Human Services' local offices (except in Cook County). In Cook County, the amendments may be reviewed at the Office of the Director, Illinois Department of Public Aid, 100 West Randolph Street, Tenth Floor, Chicago, Illinois. The amendments may be reviewed at all offices Monday through Friday from 8:30 a.m. until 5:00 p.m. This notice is being provided in accordance with federal requirements at 42 CFR 447.205.

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

- 12) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations

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affected: Skilled nursing facilities and intermediate care nursing facilities

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on Which this Rulemaking Was Summarized: These proposed amendments were not included on either of the two most recent agendas because:

This rulemaking was inadvertently omitted when the most recent regulatory agenda was published.

The full text of the proposed amendments begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 147

REIMBURSEMENT FOR NURSING COSTS FOR GERIATRIC FACILITIES

Section

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

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

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

SOURCE: Recodified from 89 Ill. Adm. Code 140.900 thru 140.912 and 140.Table H and 140.Table I at 12 Ill. Reg. 6956; amended at 13 Ill. Reg. 559, effective January 1, 1989; amended at 13 Ill. Reg. 7043, effective April 24, 1989; emergency amendment at 13 Ill. Reg. 10999, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 16796, effective October 13, 1989; amended at 14 Ill. Reg. 210, effective December 21, 1989; emergency amendment at 14 Ill. Reg. 6915, effective April 19, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 9523, effective June 4, 1990, for a maximum of 150 days; emergency expired November 1, 1990; emergency amendment at 14 Ill. Reg. 14203, effective August 16, 1990, for a maximum of 150 days; emergency expired January 13, 1991; emergency amendment at 14 Ill. Reg. 15578, effective September 11, 1990, for a maximum of 150 days; emergency expired February 8, 1991; amended at 14 Ill. Reg. 16669, effective September 27, 1990; amended at 15 Ill. Reg. 2715, effective January 30, 1991; amended at 15 Ill. Reg. 3058, effective February 5, 1991; amended at 15 Ill. Reg. 6238, effective April 18, 1991; amended at 15 Ill. Reg. 7162, effective April 30, 1991; amended at 15 Ill. Reg. 9001, effective June 17, 1991; amended at 15 Ill. Reg. 13390, effective August 28, 1991; emergency amendment at 15 Ill. Reg. 16435, effective October 22, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 4035, effective March 4, 1992; amended at 16 Ill. Reg. 6479, effective March 20, 1992; emergency amendment at 16 Ill. Reg. 13361, effective August 14, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 14233, effective August 31, 1992; amended at 16 Ill. Reg. 17332, effective November 6, 1992; amended at 17 Ill. Reg. 1128, effective January 12, 1993; amended at 17 Ill. Reg. 8486, effective June 1, 1993; amended at 17 Ill. Reg. 13498, effective August 6, 1993; emergency amendment at 17 Ill. Reg. 15189, effective September 2, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 2405, effective January

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25, 1994; amended at 18 Ill. Reg. 4271, effective March 4, 1994; amended at 19 Ill. Reg. 7944, effective June 5, 1995; amended at 20 Ill. Reg. 6953, effective May 6, 1996; amended at 21 Ill. Reg. 12203, effective August 22, 1997; amended at 26 Ill. Reg. 3093, effective February 15, 2002; amended at 27 Ill. Reg. _____, effective _____.

Section 147.5 Reimbursement For Nursing Costs For Geriatric Residents In Group Care Facilities (Repealed)

- a) ~~Sections 147.15 through 147.175 describe the Department's method of reimbursement for nursing costs for geriatric residents in group care facilities based on resident's need for care and the time and type of staff required to provide that care.~~
- b) ~~Resident Assessment Guidelines~~
- ~~The Resident Assessment Instrument is used to assess the variable needs of public assistance residents for determination of statewide rates and facility reimbursement levels. The Resident Assessment guidelines are described in Sections 147.15 through 147.75.~~
- c) ~~Interpretive Guidelines~~
- ~~The interpretive guidelines have been developed as a reference and working tool for staff and nursing facilities during the Inspection of Care (IOC) survey. The interpretive guidelines are described in Section 147. Table C through Table L.~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147.15 Comprehensive Resident Assessment (Repealed)

- a) ~~Base Rate Services~~
- ~~One comprehensive resident assessment followed by quarterly reviews has been completed within the past year.~~
- b) ~~Type Code: Frequency Codes~~
- 1) ~~Two or more full comprehensive assessments were necessary and completed in the past year (based upon admission date or completion date~~

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~~of the last full comprehensive assessment). The interdisciplinary team must examine each resident no less than once every 3 months and, as appropriate, revise the resident's assessment to assure the continued accuracy of the assessment.~~

- 2) ~~Nursing home residents admitted prior to October 1, 1990 are required to have a minimum data set comprehensive assessment completed before October 1, 1991.~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147.25 Functional Needs and Restorative Care ([Repealed](#))

~~A Resident Assessment Instrument is used to assess the variable needs of public assistance residents for determination of statewide nursing rates and facility reimbursement levels. The Resident Assessment guidelines as described in this Section identify the functional needs of the resident and the programs developed to improve their functional abilities.~~

- a) ~~Category 1—Bathing/Grooming~~
 - 1) ~~Base Rate Services~~
 - A) ~~General reminders of when to take a bath;~~
 - B) ~~Assistance with combing/brushing hair or assistance with washing back; and~~
 - C) ~~One-to-one verbal instruction.~~
 - 2) ~~Functional~~
 - A) ~~Resident needs and receives hands-on assistance due to functional deficit(s) (as determined by physical or psychological causes). Resident is helped with bathing some part of her/his body. This includes oral hygiene, washing hair and shaving.~~
 - B) ~~Totally dependent. Resident requires and receives total assistance due to a functional deficit(s) (as determined by physical or psychological causes) from staff with bathing. Resident is bathed~~

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~~by a staff person whether the bath is given in the tub, shower, or bed.~~

3) ~~Restorative~~

~~Staff has developed and is implementing a specific program to assist resident to improve functional abilities in bathing and grooming due to a functional deficit(s) (as determined by physical or psychological causes).~~

4) ~~Maintenance~~

~~Restorative care and program continue to be implemented, and is at a maintenance level after initial improvement. Restorative care and program intervention have been modified and continue to be implemented to maintain the resident's improved condition. When scoring this Level 2 Maintenance, the ADL component must be scored zero.~~

5) ~~An assessment shall be completed identifying the resident's current level of functioning in bathing and grooming. The assessment shall state what the resident is able to do independently and what assistance is required and what makes it necessary. A definite base must be established so that anyone reading the assessment and progress notes can tell whether the individual has progressed in ability, or has lost functional ability.~~

b) ~~Category 2—Clothing~~

1) ~~Base Rate Services~~

~~A) Assistance in choosing appropriate clothing; and~~

~~B) Verbal reminders to dress.~~

2) ~~Functional~~

~~A) Resident needs and receives hands-on assistance due to a functional deficit(s) (as determined by physical or psychological causes). Resident requires and receives help with getting dressed. This involves the actual assisting with putting on clothes.~~

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- ~~B) Totally dependent. Resident requires and receives total assistance due to a functional deficit(s) (as determined by physical or psychological causes) from staff with dressing. Resident is dressed by a staff person and does not participate in dressing of self. This includes bedfast residents being dressed in gown, pajamas, etc.~~
- 3) Restorative
- ~~Staff has developed and is implementing a specific program to assist resident to improve functional abilities in dressing due to a functional deficit(s) (as determined by physical or psychological causes).~~
- 4) Maintenance
- ~~Restorative care and program continue to be implemented, and is at a maintenance level after initial improvement. Restorative care and intervention have been modified and continue to be implemented to maintain the resident's improved condition. When scoring this Level 2 Maintenance, the ADL component must be scored zero.~~
- 5) ~~An assessment shall be completed identifying the resident's current level of functioning in dressing. The assessment shall state what the resident is able to do independently and what assistance is required and what makes it necessary. A definite base must be established so that anyone reading the assessment and progress notes can tell whether the individual has progressed in ability, or has lost functional ability.~~
- e) Category 3—Eating
- 1) Base Rate Services
- A) Routine tray preparation:
- i) opening milk cartons
 - ii) cutting food
 - iii) pouring coffee/beverages

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d) ~~Category 4—Mobility~~1) ~~Base Rate Services~~

- ~~A) Repositioning for comfort;~~
- ~~B) Supervision of ambulatory residents;~~
- ~~C) Redirection of lost and/or wandering residents;~~
- ~~D) Reminders to use handrails;~~
- ~~E) Reminders to use assistive devices correctly;~~
- ~~F) Residents who are totally bedfast; and~~
- ~~G) Assistance in and out of bathtub or shower.~~

2) ~~Functional~~

- ~~A) Resident needs and receives hands-on assistance with standing, transfer or movement about the facility due to a functional deficit(s) (as determined by physical or psychological causes). Resident can ambulate or move about facility per self once transfer is completed. Or, resident can transfer independently, but staff must assist resident with movement about the facility.~~
- ~~B) Resident requires and receives hands-on assistance to transfer from bed to chair or wheelchair and requires and receives assistance with movement about the facility due to a functional deficit(s) (as determined by physical or psychological causes).~~

3) ~~Restorative~~

~~Staff has developed and is implementing a specific program to assist resident to improve functional abilities in transferring, ambulation, wheelchair mobility, and/or bed mobility due to a functional deficit(s) (as determined by physical or psychological causes).~~

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4) ~~Maintenance~~

~~Restorative care and program continues to be implemented, and is at a maintenance level after initial improvement. Restorative care and intervention have been modified and continue to be implemented to maintain the resident's improved condition. When scoring this Level 2 Maintenance, the ADL component must be scored zero.~~

5) ~~An assessment shall be completed identifying the resident's current level of functioning in bed mobility, transfer and locomotion. The assessment shall state what the resident is able to do independently and what assistance is required and what makes it necessary. A definite base must be established so that anyone reading the assessment and progress notes can tell whether the individual has progressed in ability, or has lost functional ability.~~e) ~~Category 5—Continence~~1) ~~Base Rate Services~~

~~Stand-by assistance provided, including assisting with clothing, verbal cues, etc.~~

2) ~~Functional~~

A) ~~Resident is incontinent of bladder and/or bowel (includes dribbling).~~

B) ~~Resident is assisted to toilet as frequently as indicated by resident need.~~

3) ~~Restorative Care~~

~~Staff has assessed, planned, implemented and monitored, according to individual need, a specific formalized program to assist resident to improve abilities in continence.~~

4) ~~Maintenance~~

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~~Restorative care and formalized program continues to be implemented and is at a maintenance level after initial improvement. Restorative care and intervention have been modified and continue to be implemented to maintain the resident's improved condition. When scoring this Level 2 Maintenance, the ADL component must be scored zero.~~

- ~~5) An assessment shall be completed identifying the resident's current level of functioning in continence. The assessment shall state what the resident is able to do independently and what assistance is required and what makes it necessary. A definite base must be established so that anyone reading the assessment and progress notes can tell whether the individual has progressed in ability or has lost functional ability.~~
- ~~6) Prior to a resident being given credit for restorative care in any program, the following must be met:
 - ~~A) An assessment completed by a registered nurse, identifying the resident's current level of functioning, the cause or contributing factors of current incontinence, and a plan developed to increase this level of functioning by the interdisciplinary team.~~
 - ~~B) A reassessment is conducted as indicated in the initial plan. An assessment must be conducted at least every 90 days but can be conducted as frequently as needed based on outcome and response.~~
 - ~~C) Staff carries out the restorative care programs as indicated by the plan and records resident's response to the restorative care programs in the clinical record at least monthly.~~
 - ~~D) The program is reviewed at the time of the care plan meeting by the interdisciplinary team; if resident fails to increase his/her functional ability, after initial improvement, credit will still be given as long as restorative care continues to be provided.~~~~
- f) ~~Category 6—Psychosocial/Mental Status~~
 - 1) ~~Base Rate Services~~
 - A) ~~Occasional behavior intervention for that which the resident has~~

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~~not been assessed or for which no program has been implemented;~~

- ~~B) Additional reminders for bathing, clothing, grooming and taking medicine;~~
- ~~C) Explanations and assurances;~~
- ~~D) Intervention/interaction with family; and~~
- ~~E) Reminders to attend activities.~~

2) ~~Functional~~

~~Staff has developed and is implementing a specific intervention program that addresses psychosocial needs. This program is monitored by a Qualified Health Professional "QHP" as evidenced by signing off on assessment and response notes, with written recommendations as appropriate in the clinical record. This program must be in the care plan and the resident's response to staff's intervention must be recorded in the clinical record at least monthly. Interventions may occur in 1:1 scheduled counseling sessions, group sessions no larger than eight, or strictly incident intervention. Incident intervention only programs are limited to residents with severe behavior problems which preclude participation in a more structured setting. Incident intervention only must consist of a plan with staff using ongoing specifically identified interventions for identified behavior occurrences. The plan may consist of any combination of the above mentioned techniques. Interventions must take place at least three times a week.~~

g) ~~Category 7—Communication~~

1) ~~Functional Description~~

~~Resident has been assessed, needs and receives special assistance or care as a result of altered sensory reception or transmission including visual, auditory, or speech.~~

2) ~~Type Code: Frequency Codes~~

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- A) ~~Interventions are developed and implemented to address one communication deficit.~~
 - B) ~~Interventions are developed and implemented to address two communication deficits.~~
 - C) ~~Interventions are developed and implemented to address three communication deficits.~~
- 3) ~~Speech Therapy~~
- A) ~~General Criteria~~

~~There must be a reasonable likelihood that the treatment will improve the resident's functional means of communication. While there is no specific time limit on the duration of these services, improvement of the resident's condition must be evident in the therapist's documentation.~~
 - B) ~~Specific Criteria~~

~~Resident requires and facility provides a Speech-Language Pathology and Audiology (SLP/A) Rehabilitative Program as ordered by a physician, planned and designed specifically for the resident by a certified speech language pathologist/audiologist or Clinical Fellow (CFY) and including measurable goals. This program is carried out on a regularly scheduled basis by a certified speech language pathologist/audiologist or Clinical Fellow (CFY). Progress notes are to be recorded as to the improvement of the resident's condition. This service must be reevaluated monthly by the certified speech language pathologist/audiologist.~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147.50 Service Needs [\(Repealed\)](#)

~~This Section describes the Department's method of reimbursement for nursing costs for service needs through the use of the Resident Assessment Instrument. It further describes therapy services that may be needed by residents that are reimbursable through a separate post-payment~~

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~~audit system.~~

a) ~~Category 1—Appliances~~

1) ~~Type Code: Frequency codes~~

~~One or more appliances.~~

2) ~~Appliances:~~

~~Appliances, restricted to the following devices, that the facility staff assist the resident with applying, and/or maintenance/care of the appliance as indicated per physician's or dentist's orders and/or resident plan of care.~~

~~A) Hearing device (one or two)~~

~~B) Elastic joint supports~~

~~C) Ted or jobst hose (one or two)~~

~~D) A neck brace~~

~~E) A back brace~~

~~F) Artificial limbs~~

~~G) Trusses (male and female)~~

~~H) Prescribed ACE bandages~~

~~I) Cervical collars~~

~~J) Leg braces~~

~~K) Arm braces~~

~~L) Head braces~~

~~M) Splints~~

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- N) ~~Slings~~
 - O) ~~Contact lens~~
 - P) ~~Artificial eye~~
 - Q) ~~Protective helmet~~
 - R) ~~Cylinder braces~~
 - S) ~~Eyeglasses~~
 - T) ~~Dentures~~
 - U) ~~Electrolarynx~~
 - V) ~~Augmentative communication devices~~
 - W) ~~TENS Unit~~
 - X) ~~Wheelchair cuffs~~
 - Y) ~~ADL adaptive equipment~~
 - Z) ~~Abductor bar/pillow~~
 - AA) ~~Self-release safety devices~~
- b) ~~Category 2—Catheterization~~
- ~~Type code: Intensity codes~~
- ~~Indwelling, Texas, supra pubic catheter, intermittent catheterization, including care and irrigation.~~
- e) ~~Category 3—Pressure Ulcer Treatment~~
- ~~Type code: Intensity codes~~

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- 1) ~~Resident has been admitted with a stage I or II pressure ulcer.~~
 - 2) ~~Resident has been admitted with a stage III or IV pressure ulcer.~~
 - 3) ~~Resident has a Stage I or II pressure ulcer that developed while in the facility.~~
 - 4) ~~Resident has a Stage III or IV pressure ulcer that developed while in the facility.~~
- d) ~~Category 4—Pressure Ulcer Prevention~~
- ~~Type code: Intensity codes~~
- 1) ~~Resident has been assessed, using an assessment instrument, to determine risk for developing pressure ulcers and has scored in the moderate risk category. A comprehensive preventative program as specified in the care plan is implemented and must address, but is not limited to, positioning schedules, range of motion program, nutritional support, and skin measures (i.e., whirlpool, etc.) as determined by facility policy.~~
 - 2) ~~Resident has been assessed, using an assessment instrument, to determine risk for developing pressure ulcers and has scored in the high risk category. A comprehensive preventative program as specified in the resident care plan is implemented and must address, but is not limited to, special mattresses or wheelchair cushions to reduce pressure, a positioning schedule, range of motion program, nutritional support and daily skin checks, and skin care measures (i.e., whirlpool, etc.) as dictated by a facility policy for high risk residents.~~
- e) ~~Category 5—Wound Care~~
- ~~Type code: Intensity codes~~
- 1) ~~Dressings and/or skin treatments for noninfected areas.~~
 - 2) ~~Complex dressings (such as sterile dressings or post-op) and/or treatment to lesions that are infected.~~

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~~f) Category 6—Injections~~~~Type code: Frequency codes~~

- ~~1) Requires and receives injections less than daily but at least once a month, on a regular basis as per physician order.~~
- ~~2) Requires and receives one or more injections daily.~~

~~g) Category 7—Intravenous Therapy: I.V.'s and Clysis~~~~Type code: Frequency codes~~

- ~~1) Required and received I.V. or clysis for at least 48 hours (intermittent or continuous) during the past six months.~~
- ~~2) Required and received I.V. or clysis seven or more days in past six months.~~

~~h) Category 8—Laboratory Specimen Service~~~~Type code: Frequency codes~~

~~Resident required and facility staff collected one or more of the following: a specimen including blood specimen, urine specimen either by midstream "cleancatch" or by catheter, sputum specimen, stool specimen, swabs of throat, lesions, diabetic urine test, telephonic pacemaker check or electrocardiogram or oximeter or glucometer readings or checking and monitoring of shunts. Specimens collected by an outside lab are not included.~~

- ~~1) One time in the last six months.~~
- ~~2) Once a week.~~
- ~~3) Daily.~~

~~i) Category 9—Medications/Medication Monitoring~~

- ~~1) Base Rate Services~~

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- ~~A) Routine med passes;~~
- ~~B) Routine observation for medication side effects;~~
- ~~C) Encouraging residents to take medications;~~
- ~~D) PRN medication;~~
- ~~E) Special monitoring done by licensed or unlicensed personnel with licensed supervision, including vital signs, lab work and clinitests that result in few, if any, changes in dosage or medication or amount of assessment necessary.~~

~~2) Type code: Intensity codes~~

~~Resident needs and receives medication four times a day or more during off hours or by multiple routes, and requires routine monitoring to check for untoward reaction or side effects. Also included is a resident who needs and receives medication that requires special monitoring by licensed personnel with need for assessing and reporting to physician if necessary, changes in resident status, lab work, side effects, or apparent drug interactions. This can result in an adjustment of dosage or medication, or in continuing assessment of an unstable condition.~~

~~3) Medication Programs~~

- ~~A) Resident is on a supervised program to increase or maintain an acquired level of independent self-administration of medication. The resident's cognitive, physical and visual ability to carry out this responsibility has been assessed by the interdisciplinary team. Nursing staff is responsible for drug storage and for recording self-administration in the resident's medication administration record; or~~
- ~~B) Resident is involved in a program to discontinue or reduce psychotropic medication to the lowest possible dose necessary to control symptoms.~~

~~j) Category 10—Occupational Therapy and Related Rehabilitation Services~~

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- 1) ~~Type code: Intensity Code~~
 - A) ~~The occupational rehabilitation program shall be ordered by a physician. It shall be planned and designed specifically for the resident by an occupational therapist registered/licensed (OTR/L) (68 Ill. Adm. Code 1315). The occupational rehabilitation services program shall be administered by a rehabilitation aide under the supervision of the OTR/L. There shall be a monthly review of progress documented by the OTR/L, or if written by the rehabilitation aide, co-signed by the OTR/L.~~
 - B) ~~There must be a reasonable likelihood that the rehabilitation services will improve the resident's functional ability. While there is no specific time limit on the duration of these services, benefit to the resident's functional ability must be evident in the therapist's documentation. This service must be reviewed at the time of the care plan meeting review by the interdisciplinary team.~~
- 2) ~~Occupational Therapy~~
 - A) ~~The occupational therapy program shall be ordered by a physician. It shall be designed and planned specifically for the resident by the OTR/L. The direct occupational therapy services shall be administered by a certified occupational therapy assistant/licensed (COTA/L) under the supervision of the OTR/L. There shall be a review of the progress documented either by the OTR/L or COTA/L monthly. The OTR/L must cosign the COTA/L's documentation monthly.~~
 - B) ~~The occupational therapy shall be ordered by a physician. It shall be planned and designed specifically for the resident by an OTR/L. This plan must include measurable goals. The program shall be carried out on a regularly scheduled basis by an individual with qualifications of an OTR/L. There must be a review of progress towards goals documented by the OTR/L every month.~~
 - C) ~~There must be a reasonable likelihood that the occupational therapy will improve the resident's functional ability. While there is no specific time limit on the duration of these services, benefit to~~

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~~the resident's functional ability must be evident in the therapist's documentation. This service must be reviewed at the time of the care plan review by the interdisciplinary team.~~

~~k) Category 11—Physical Therapy and Related Rehabilitation Services~~

~~1) Type code: Intensity Code~~

~~A) The physical rehabilitation program shall be ordered by a physician. It shall be designed and planned specifically for the resident by the physical therapist (PT). The physical rehabilitation services shall be administered by a rehabilitation aide under the supervision of the PT. There shall be a monthly review of the progress documented by the PT or if written by the rehabilitation aide, co-signed by the PT.~~

~~B) There must be a reasonable likelihood that the rehabilitation services will improve the resident's functional ability. While there is no specific time limit on the duration of these services, benefit to the resident's functional ability must be evident in the therapist's documentation. This service must be reviewed at the time of the care plan meeting review by the interdisciplinary team.~~

~~2) Physical Therapy~~

~~A) The physical therapy program shall be ordered by a physician. It shall be designed and planned specifically for the resident by the PT. The direct physical therapy services shall be administered by a physical therapist assistant (PTA) under the supervision of the PT. There shall be a review of the progress documented either by the PT or the PTA monthly. The PT must cosign the PTA's documentation monthly.~~

~~B) Physical therapy shall be planned and designed specifically for the resident by a PT. This plan must include measurable goals. The program shall be carried out on a regularly scheduled basis by an individual with qualifications of a PT. There must be a review of progress toward goals documented by the PT monthly.~~

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- ~~6) There must be a reasonable likelihood that the physical therapy will improve the resident's functional ability. While there is no specific time limit on the duration of these services, benefit to the resident's functional ability must be evident in the therapist's documentation. This service must be reviewed at the time of the care plan review by the interdisciplinary team.~~
- ~~l) Category 12—Passive Range of Motion (PROM)~~
- ~~Type code: Frequency Code~~
- ~~Resident requires and receives PROM exercises to at least one extremity at least two times per day.~~
- ~~m) Category 13—Ostomy Care~~
- ~~Type code: Intensity codes~~
- ~~Includes gastrostomy, ileostomy, jejunostomy and colostomy.~~
- ~~1) Uncomplicated care of ostomy (gastrostomy included). Includes routine care and maintenance of the ostomy, i.e., cleansing and appliance change.~~
- ~~2) Complex ostomy, Includes post/op operative, ostomies, care of Percutaneous Endoscopic Gastrostomy (PEG) tubes, or an ostomy that, given the patient's overall condition, requires licensed care. All ostomies that have become excoriated or require a prescription medication application are included.~~
- ~~n) Category 14—Respiratory Therapy~~
- ~~1) Type code: Intensity codes~~
- ~~A) Uncomplicated provision of these therapies. Resident is capable of administering his/her own respiratory therapy (oxygen and humidity) with minimum assistance from licensed personnel and routine monitoring by staff.~~
- ~~B) Complex due to the nature of the resident's condition, type~~

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~~procedure or multiplicity of procedures required. Positive pressure breathing therapy, aerosol therapy, etc. and complicated problems with oxygen humidity is required by resident. Resident is totally dependent upon administration by licensed staff.~~

- ~~2) Respiratory therapy includes oxygen, positive pressure breathing therapy, humidity therapy, or aerosol therapy, postural drainage, percussion or vibration. Room humidifiers are not included.~~

~~o) Category 15—Suctioning~~

~~Type code: Frequency codes~~

- ~~1) Daily.~~
~~2) Twice or more daily.~~

~~p) Category 16—Tracheostomy Care~~

~~1) Type code: Intensity codes.~~

~~A) Requires routine cleansing of tracheostomy site and non-sterile dressing change. Tracheostomy care managed by staff (see Category 15—Suctioning).~~

~~B) Requires and receives complex care to tracheostomy site more than one time daily which includes the changing of sterile or complex dressings, suctioning or changing of the tracheostomy tube, and/or monitoring of unstable respiratory status (see Category 15—Suctioning).~~

- ~~2) Includes care of tracheostomy site.~~

~~q) Category 17—Discharge Planning~~

~~Type code: Intensity codes~~

~~A specific discharge plan has been developed by an interdisciplinary team and reflected in the resident care plan. Includes only residents with discharge~~

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~~anticipated within the next three (3) months to a less restrictive environment. This plan shall include family and other state agency programs where appropriate (i.e., Department on Aging and Department of Rehabilitation Services). Discharge of the resident need not be accomplished provided the plan has been implemented and the services were within the past six months.~~

r) ~~Category 18—Health and Fitness Programs~~

~~Type code: Intensity Codes.~~

~~A health and fitness program has been specifically planned for the resident by a licensed nurse. The fitness program is written on the resident's fitness card. Following the resident's attendance, participation in the specific routine(s) must be recorded on the resident's fitness card. The program is carried out at least three times per week. The resident's response to the program must be documented in the clinical record one time per month. Fitness routines should vary based on the resident's physical condition, fitness preferences and plan of care. Programs may be self-monitored. Programs may consist of, but are not limited to walking/fitness trails, flexibility exercises, endurance maintenance, wheel chair pushups, swimming, biking, basketball, baseball, and/or volleyball.~~

s) ~~Category 19—Restraint Management and Reduction~~

~~Base Rate Services~~

~~The resident does not have an assessed need to be physically restrained because of a continuing health, functional or psychosocial condition. A physical restraint may be used temporarily to provide necessary life saving treatment, if there are medical symptoms which are life threatening. A physical restraint may be used for brief periods to allow medical treatment to proceed if there is documented evidence of the resident's or legal representative's approval of the temporary physical restraint. If a temporary physical restraint is needed because of medical symptoms which are life threatening, documented attempts at less restrictive measures prior to application of the physical restraint are not required.~~

~~Type Code: Intensity Codes~~

~~The resident has been assessed by licensed staff and, for clearly documented reasons which are not life threatening, has been determined to be in need of a~~

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~~physical restraint, the resident, family (if appropriate), guardian or legal representative has consented to the use of the physical restraint. The staff has attempted less restrictive measures and documented the results. Consultation has taken place with appropriate health professionals, such as physician, occupational therapist, physical therapist or rehab certified registered nurse, in the use of less restrictive supportive devices or methods. Where appropriate, the less restrictive measures have been successfully maintained without the use of physical restraints. Where less restrictive measures have not been successful and physical restraints have been applied, the care plan documents the duration, type and circumstances under which the restraint can be used. The restraints are properly applied and the resident is released from the restraint, exercised or ambulated, and repositioned for at least 10 minutes at least every 2 hours, the interdisciplinary team reviewed the continuing need for restraints and that reduction in duration or less restrictive measures have been discussed. As the interdisciplinary team determines, an individualized restraint reduction program is developed and implemented.~~

t) ~~Category—Social Services~~

1) ~~Type Code: Intensity Codes~~

~~Resident and/or family and/or guardian counseled on residents rights at admission and reviewed individually with residents and/or family and/or guardian at least annually. Staff orients resident and/or family and/or guardian to facility programs, Medicare/Medicaid programs (including prevention of spousal impoverishment), advance directives, available medical services, community support services, and the resident's personal allowances initially and annually thereafter, and gives assistance to resident in applying for any needed services. Facility ascertains and arranges to secure or provide resident's choice of pastoral care. Resident and/or family and/or guardian are encouraged to participate in care plan conferences. Facility acquaints resident with resident council purpose/functions and encourages participation.~~

2) ~~To qualify for Level 2, all Level 1 requirements must be in place as well as the following: Resident has participated in a monthly standard social service interview soliciting resident opinions and preferences about defined aspects of the quality of life in the facility. If resident is unable to participate in this interview, a family or guardian interview, in person or~~

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~~by phone, may be done on a monthly basis.~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147.75 Definitions ([Repealed](#))

~~"ADL." Activities of daily living.~~

~~"ADL Adaptive Equipment." ADL adaptive equipment refers to any device applied to the hand or arm that allows for independence in eating, grooming, writing, bathing, dressing.~~

~~"Agency Note." Clarification for Department staff and providers regarding interpretation of the administrative rule or interpretative guidelines.~~

~~"Ambulate." Process of moving from one place to another either on foot (with or without a device) or in a wheelchair or geri chair.~~

~~"Assessment/Reassessment." The process of obtaining and interpreting data by licensed personnel. This data is gathered through record review, specific, direct observation, interview, and the administration of data collection procedures.~~

~~The requirement of an assessment/reassessment is indicated for several of the functional and/or service categories. Reference to an assessment does not mean the facility must develop a distinct assessment form for each category. Facilities should be encouraged to conduct a comprehensive assessment with emphasis given to the areas upon which resident programs or care plans will be based.~~

~~A reassessment does not require the completion of a new assessment duplicating the comprehensive assessment already conducted. A reassessment requires a focused review of the resident's current status, progress, the continual appropriateness of the program and/or care plan. The individual conducting the reassessment should document findings updating the initial assessment.~~

~~"Assistance." Assistance refers to hands-on services by a staff member to help a resident do something such as to dress, eat, etc.~~

~~"Augmentative Communication Systems/Devices." Augmentative communication systems and devices encompass a broad range of unaided vs. aided communication~~

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~~systems. Examples of unaided modes of communications are gesturing, sign language, eye pointing and head nod/shake responses. Aided modes of communication may include the use of an eye gaze communication board or an electronic communication device that has speech output or a print tape.~~

~~"Base Rate Services." Denotes minimum standard services covered in the base rate.~~

~~"Certified Occupational Therapist Assistant/Licensed (COTA/L)." Has completed an occupational therapy program of at least two years in length leading to an associate degree or its equivalent approved by the Department of Professional Regulation (DPR) and has successfully completed the examination authorized by DPR (see Ill. Rev. Stat. 1989, ch. 111, pars. 3701 et seq.).~~

~~"Clinical Fellow" (CFY). The educational equivalent to a certified Speech Language Pathologist/Audiologist. This entry level professional is engaged in completion of the Clinical Fellowship Year/CFY required for certification as a Speech Language Pathologist/Audiologist.~~

~~"Clinical Record." Any document containing resident specific information. The clinical record includes information on the resident's current status, plans of care and resident's response to care. Flow sheets, treatment sheets and nurses' notes are all components of the clinical record. The clinical record is a permanent document.~~

~~"Dependent (totally)." Resident requires the activity of the given area of need to be administered and/or performed by the facility staff and the resident cannot perform the activity himself/herself.~~

~~"Fitness Card." A card which includes individual resident data along with planned activities, frequency of activities, necessary monitoring and documentation requirements.~~

~~"Flow Sheet." Specialized form designed for staff to record services and/or treatments delivered to residents on a regular basis. Flow sheets are a permanent part of the clinical record.~~

~~"Fluidotherapy." A multifunctional modality that simultaneously applies heat, massage, sensory stimulation and pressure oscillation through the use of pulverized corn husks. It is used to decrease pain and edema, increase range of motion and circulation, and heal open or closed wounds. Unlike water, the dry natural media does not irritate the skin or produce thermal shock.~~

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~~"Intervention." Planned interactions requiring either hands-on or verbal action by staff member. Actions are purposeful with the intent of altering or maintaining a resident's condition. Interventions are documented in resident's individualized plan of care.~~

~~"Kardex." A centralized source of information outlining the daily care needs of a resident. The entries made on this record are temporary and are updated as physician's orders or change in the resident's condition dictate. Its primary use is to provide a ready source of information for the direct care staff to use in planning for and prioritizing the resident's daily care.~~

~~"Less Restrictive Environment." Discharge to a less restrictive environment entails transfer of a resident from a skilled or intermediate care facility to a facility providing sheltered care or room and board; or discharge of a resident to home, independent living arrangement or residential rehabilitation facility or an ICF/15.~~

~~"Monitor." Direct observation by staff of a resident for a specific purpose.~~

~~"Monthly." Thirty (30) consecutive days.~~

~~"Need Not Met." Objective criteria used to verify that services are not rendered or are not effective in meeting residents' needs.~~

~~"Normal operations of facility." Daily patterns of staff carrying out their prescribed duties or residents engaging in routine patterns of daily living.~~

~~"Occasional." Action that does not occur in a pattern. For example, a resident is occasionally incontinent when he/she, due to medication, certain foods, excitement, etc., may have an accident. However, it is not a consistent pattern.~~

~~"Occupational Therapist Registered/Licensed (OTR/L)." A graduate of an occupational therapy program of at least four years in length leading to a baccalaureate degree or its equivalent approved by DPR and that person has successfully completed the examination authorized by DPR (see Ill. Rev. Stat. 1985, ch. 111, pars. 3701 et seq.).~~

~~"Off hours." Refers to medication prescribed by the physician to be given at times other than the facilities routine times for dispensing medications. Off-hour medications should be given for specific purposes (i.e. eye drops, antibiotics, etc.) and should be of a limited duration.~~

~~"Paraffin Heat Therapy." A paraffin bath is wax which has been completely melted to~~

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~~126□(F)—130□(F).—This treatment is used to apply heat uniformly to hand, foot, or other body areas to relieve pain, soreness and to relax muscle spasms.—The heat relaxes the muscles and stimulates circulation of blood.~~

~~"Physical Restraints."—Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.—Arm and leg restraints, hand mitts, soft ties or vests, wheelchair safety bars and gerichairs are considered physical restraints.~~

~~"Physiatrist."—A physician who has specialized in the field of physical, occupational and speech therapies and all exercise and heat modalities for treating orthopedic, neurological and circulatory disturbances.~~

~~"Physical Therapist (PT)."—Is a person who has graduated from a curriculum in physical therapy approved by DPR and has passed an examination approved by the DPR to determine his fitness for practice as a physical therapist.~~

~~"Physical Therapist Assistant (PTA)."—Is a person who has graduated from a two year college level program approved by the American Physical Therapy Association; or has two years of appropriate experience as a physical therapist assistant and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.~~

~~"Psychotropic Drugs."—Any drugs which are used for anti-psychotic, anti-depressant, anti-manic, sedative-hypnotic, and/or anti-anxiety purposes and which are intended to control mood, mental status or behavior of the resident.~~

~~"Qualified Health Professional (QHP)."—An educator with a degree in education from an accredited program.—A registered physical or occupational therapist.—A physician licensed by the State of Illinois to practice medicine or osteopathy.—A psychologist with a valid, current Illinois registration.—A registered nurse with a valid, current Illinois registration.—A registered speech pathologist or audiologist.—A person with a Bachelor's Degree in one of the following areas of concentration: social work, applied sociology, applied psychology, or counseling and one year of health care experience in a health care setting.—A therapeutic recreation specialist who is certified by the National Council for Therapeutic Recreation Certification.—A rehabilitation counselor who is certified by the Committee on Rehabilitation Counselor Certification.~~

~~"Qualified Mental Health Professional (QMHP)."—A person who has at least one year of~~

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~~experience working directly with persons with mental illness and is one of the following: a doctor of medicine or osteopathy; a registered nurse; a psychologist with at least a master's degree in psychology from an accredited school; or an individual who holds at least a bachelor's degree in one of the following professional categories: An occupational therapist or occupational therapy assistant certified by the American Occupational Therapy Association or other comparable body; A social worker with a bachelor's degree from a college or university or graduate degree from a school of social work accredited or approved by the Council on Social Work Education or another comparable body; A human services professional including, but not limited to: sociology, special education, rehabilitation counseling and psychology.~~

~~"Reassessment." See Assessment.~~

~~"Rehabilitation Nurse." A registered professional nurse who has successfully completed a course approved by the Department of Public Health or documents at least 60 hours of classroom/laboratory training in restorative/rehabilitative nursing. This training must be documented by a transcript, certificate, diploma or other written documentation from an accredited school or recognized accrediting agency such as a state or national organization of nurses or a state licensing authority.~~

~~"Rehabilitation services." Rehabilitation services are those related professional therapy services provided by or under the supervision of licensed, certified, or registered personnel, specifically designed for a particular resident to improve the resident's functional abilities. These programs must be individually developed, have the potential to benefit the resident, and be ordered by the resident's physician. At a minimum these services must be provided by a duly qualified, certified nurse aide trained in a rehabilitation program approved by the Department of Public Aid. While there is no specific time limitation for their duration, improvement of the resident's condition should be evident in the resident's record.~~

~~"Restorative services." Restorative services are those medical and nursing treatments provided either by or under the supervision of licensed personnel specifically required to maintain or improve a resident's functional condition or prevent further deterioration. These procedures should be reviewed by the facility's interdisciplinary team at the time of the care plan review and incorporated into the care plan. Services can include passive range of motion, palliative skin care, positioning, bowel and bladder retraining, ambulation and ADL retraining.~~

~~"Skilled services." Resident requires on a daily basis the direct observation, assistance,~~

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~~monitoring, or performance of nursing procedures by a registered nurse or the direct supervision by a registered nurse.~~

~~"Supervise." The process of overseeing or directing either staff in the care of the resident or the resident him/herself in performing certain functional or medical tasks. In the case of residents, staff must be present either to instruct, prompt, or to make sure the resident carries out a specific task in such a manner as to complete the task or avoid injury. In the case of staff, it is either direct supervision or the giving of detailed verbal or written instructions on how to carry out a specific procedure for or on a resident.~~

~~"T.E.N.S. Unit." Transcutaneous Electrical Nerve Stimulatory (used strictly for pain control).~~

~~"Transfer." The process of physically moving a resident from one place to another.~~

~~"Verification of Level of Service." Activity by the Department's staff to verify that the level of service, as indicated by the facility, is both needed and received.~~

~~"Wheelchair Cuffs." Leather cuffs for quads who need traction on wheelchair rims; fingerless leather with an abrasive strip.~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147.100 Reconsiderations ([Repealed](#))

- a) ~~A facility may request a reconsideration of the resident assessment conducted by the Inspection of Care (IOC) team if the facility believes the assessment does not accurately reflect the level of need of its residents. The facility will be given the IOC assessments in batches of 20% as the case manager completes them for the purpose of allowing the facility time to review the assessment prior to the Exit Conference. Differences between the facility and the IOC team regarding level of need of the residents are to be addressed using a three-step approach:~~
- ~~1) exit conference negotiation between the facility and IOC team;~~
 - ~~2) central office arbitration; and~~
 - ~~3) first level review.~~

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- b) ~~At the exit conference the facility must state the functional and service needs that it wishes to dispute. The facility is responsible for providing supporting data to the IOC team in an effort to reconcile the differences. When the differences are not reconciled through negotiation, the IOC team nurse will provide the facility with appeal/arbitration request forms on which the facility must record the level of service it believes accurately reflects the residents' needs. The nurse will automatically forward the appeal/arbitration request forms and supportive documentation provided by the facility to the central office for arbitration.~~
- e) ~~Arbitration is contingent upon exit conference negotiation and the submittal of the completed appeal arbitration request forms to the IOC team.~~
- d) ~~First level review is contingent upon the previous steps having been completed.~~
- e) ~~Final resolution of the reconsideration process shall be within 100 days of the date of the exit conference which constitutes the first step of the process.~~
- f) ~~Arbitration shall be completed by nurse and/or physician arbitrators, as indicated. Any information that was not presented at the exit conference will not be considered. Results of the arbitration will be communicated in writing to the facility within forty five days after the exit conference. If the arbitration review does not resolve differences concerning disputed items to the facility's satisfaction, the facility must request, in writing, a first level review within ten days of receipt of the central office arbitration decision. Otherwise the reconsideration process will be completed without advancing to first level review.~~
- g) ~~First level review will be conducted by the Chief of the Bureau of Long Term Care or designee. Any information that was not presented at the exit conference and/or the arbitration will not be considered. The Bureau Chief or designee will reverse the arbitrator's determination only if it is demonstrated that relevant evidence was not considered or finds the arbitrator's determination against the weight of the evidence. Results of the administrator's review and reasons, therefore, will be mailed to the facility within 45 days of receipt of the facility's request for first level review.~~
- h) ~~The Department reserves the right to examine the validity of all assessments. A reassessment may be conducted and will serve as the basis for the facility's program reimbursement for the rate period in question. The facility may request a review of this reassessment according to the specifications above. Such an~~

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~~examination may be triggered by but not limited to assessments resulting in a rate~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147.125 Nursing Facility Resident Assessment Instrument ~~Times and Staff Levels~~

- a) Except as specified in subsection (b) of this Section, all Medicaid certified nursing facilities shall comply with the provisions of the current federal Long Term Care Resident Assessment Instrument User=s Manual, version 2.
- b) Nursing facilities shall, in addition, comply with the following requirements:
- 1) Complete a full assessment of each resident quarterly, regardless of the resident=s payment source. Facilities are not required to complete and submit the Minimum Data Set (MDS) Quarterly Assessment Form. When completing the full MDS for quarterly submittal to the Department, it is not necessary to also complete the Resident Assessment Protocols (RAPs) or Section U. RAPs and Section U shall only be completed at admission, annually, for a significant change or for a significant correction of a prior full assessment.
 - 2) Transmit electronically to the State MDS database the MDS for all assessments within seven days after the effective date of the assessment.
- a) ~~This Section will become effective January 1, 1987. 89 Ill. Adm. Code 140.904 will no longer be utilized for determining reimbursement rates as of January 1, 1987.~~
- b) ~~This Section specifies how resident assessment scores are associated with the type and amount of staff time for the purposes of computing per diem reimbursement rates as defined in Section 147.150, Section 147. Table A, and Section 147. Table B of this rule. For each need level of nursing care, the number of minutes per day and the allocation of this time among the staff classifications nurse aide, licensed nurses, and therapist are stated. Staff time is presented in terms of minutes per day even though the service may not be provided daily. Thus, reimbursement for the service may be greater than might appear from the per diem amounts. For example, a score of 1 on the Bathing and Grooming item is associated with 12 minutes per day. If, as is typical, residents are bathed twice per week, this reimbursement supports 42 minutes per bath. Staff times include preparation for~~

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~~the service, talking with the resident during the care, the provision of the service, cleaning up, and charting.~~

(Source: Amended at 27 Ill. Reg. _____, effective _____)

Section 147.150 Minimum Data Set (MDS) Based Reimbursement System ~~Statewide Rates~~

- a) Public Act 92-0848 requires the Department to implement, effective July 1, 2003, a payment methodology for the nursing component of the rate paid to nursing facilities. Reimbursement for this component shall be calculated using the Minimum Data Set (MDS) that is reported out of the federally required resident assessment instrument, which is used to collect information concerning eligible residents in nursing facilities. Increased reimbursement under this payment methodology shall only be paid if specific appropriation for this purpose is enacted by the General Assembly.
- b) The nursing component of the rate shall be calculated and adjusted quarterly. It shall be based upon a composite of MDS data collected from each eligible resident in accordance with Section 147. Table A for those eligible residents who are recorded in the Department's Medicaid Management Information System as present in the facility on the last day of the second quarter preceding the rate period. Residents for whom MDS resident identification information is missing or inaccurate, or for whom there is no current MDS record for that quarter, shall be placed in the lowest MDS acuity level for calculation purposes for that quarter.
- a) ~~This Section will become effective July 1, 1991 unless otherwise indicated.~~
- c)b) Per diem reimbursement rates for nursing care in nursing ~~intermediate and skilled care~~ facilities consist of three ~~six~~ elements: variable time reimbursement; ~~training time reimbursement, fixed time reimbursement,~~ fringe benefit reimbursement; and reimbursement for ~~allowable costs of~~ supplies, consultants, medical directors and nursing directors, ~~and therapies.~~
- 1) Variable Time Reimbursement. Variable nursing time is that time necessary to meet the major service needs of residents ~~that~~ ~~which~~ vary due to their physical or mental conditions. Each need level or specific nursing service measured by the Resident Assessment Instrument is associated with an amount of time and staff level (Section ~~Sections~~ 147. Table A ~~and 147. Table B~~). Reimbursement is developed by multiplying the time for each service by the wage(s) of the type of staff performing the service

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

- A) ~~Determination of wages. In calculating the rate, the figures used by the Department for "wages" will be determined in the following manner:~~
- A)i) ~~The mean wages for the applicable staff levels (RNs, LPNs, RN's, LPN's, certified nursing assistants (CNAs), Nurse Aides activity staff, social workers), as reported on the cost reports and determined by geographical location, will be the mean wages base.~~
- B)ii) ~~Fringe Effective September 1, 1993, fringe~~ benefits will be the average percentage percent of benefits to actual salaries of all nursing facilities homes based upon cost reports filed pursuant to 89 Ill. Adm. Code 140.543. Fringe benefits will be added to the base wage.
- iii) ~~The fringe benefits will be added to the base.~~
- C)iv) The base wage, including fringe benefits, ~~This new total~~ will then be updated for inflation from the time period for which the wage data are available to the midpoint of the rate year to recognize projected base wage changes.
- D)v) Special minimum wage factor. ~~The For the period beginning July 1, 1990, the Department will modify the~~ process used in subsection (b)(1)(A)(i) of this Section to determine regional mean wages for RNs, LPNs and CNAs will ~~Registered Nurses (RN), Licensed Practical Nurses (LPN) and nurse aides to~~ include a minimum wage factor. For those facilities homes below 90% of the Statewide statewide average, the wage is replaced by 90% of the Statewide statewide average. ~~Effective July 1, 1991, through June~~

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~~30, 1992, a final wage multiplier of 4.1% will be applied to wages. Beginning July 1, 1992 through August 31, 1993, a final wage multiplier of 6.2% will be applied to wages. Effective September 1, 1993, the wage multiplier is eliminated.~~

E) For each quarterly rate period beginning on or after July 1, 2003, the base wage calculated in subsection (c)(1)(C) of this Section shall be multiplied by a ratio:

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

ii) The denominator of which shall be the mean Statewide base rate per patient day.

~~B) Determination of Times and Staff Levels. The times and staff levels have been assigned by a panel of administrators and nurses active in long term care. Prior time/motion studies were used to assist the panel. These times will be reviewed periodically to insure that they accurately reflect nursing practice in the State.~~

2) ~~Training Time Reimbursement~~

~~Training Time Reimbursement is determined by assessed need for training, the time allotted for training and the wage rates for licensed and nurse aide staff during the rate year.~~

3) ~~Fixed Time Reimbursement. Fixed or indirect nursing time is that time which does not vary with resident condition or which cannot be measured by an assessment tool. It includes such items as staff meetings, supervision, "downtime", checking physicians' orders and time spent with residents which does not vary with condition. A statewide sample of residents will be used to determine "fixed" time. The mean variable time will be computed for the sample for each level of care, and this amount subtracted from Department of Public Health Minimum Staffing Ratios~~

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~~plus 5% for each level of care. (Department of Public Health Minimum Staffing Ratios, which are measured in terms of time, can be found in 77 Ill. Adm. Code 300.1230). Once the "fixed" time has been determined, the minutes will be weighted at 20% licensed and 80% unlicensed time and multiplied by the appropriate wage. This amount will be added to variable time for each resident in the sample. If fixed time is less than zero minutes, then it will equal zero.~~

- 2)4) Vacation, Sick Leave and Holiday Time. The time to be added for vacation, sick leave, and holidays will be determined by multiplying the total sum of Variable and Fixed Time by 5%. ~~This time will then be weighted by 80% unlicensed and 20% licensed wages to determine the amount to be added to the rate for these benefits.~~
- 3)5) Special Supplies, Consultants and the Director of Nursing. Reimbursement ~~Finally, amounts~~ will be made added for health care and program supplies, consultants required by the Department of Public Health (including the Medical Director), and the Director of Nursing by applying a factor to variable time and vacation, sick leave and holiday time. (A list of consultants required by the Department of Public Health can be found in 77 Ill. Adm. Code 300.830).
- A) Supplies will be updated for inflation using the General Services Inflator (see 89 Ill. Adm. Code 140.551). Health care and program salaries shall be updated for inflation using the Nursing and Program Inflator (see 89 Ill. Adm. Code 140.552). A factor for supplies will be the Statewide mean of the ratio of total facility health care and programs supply costs to total facility health care and programs salaries. ~~A standard amount by level of care will be allocated for supplies. This amount will be determined based on the ratio of median updated supply costs by region to median costs for variable and fixed time by level of care (SNF/ICF) by region.~~
- B) The Director of Nursing and the consultants will be updated for inflation using the Nursing and Program Inflator (see 89 Ill. Adm. Code 140.552). A factor for the Director of Nursing and consultant costs shall be the Statewide mean of the ratio of all facilities Director of Nursing and consultant costs to total facility health care and programs salaries. ~~The same analysis will be used~~

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~~to determine an amount for Consultants (including Medical Director) and the Director of Nursing. However, these costs will be updated with the wage inflation rate.~~

C) These costs shall be updated pursuant to cost reports as referenced in 89 Ill. Adm. Code 153.125(f).

~~6)~~ Therapies:

~~A)~~ ~~Effective January 1, 1993 the Department will begin incorporating speech, occupational and physical therapy services and restorative program nursing assessments into the Inspection of Care (IOC) survey.~~

~~B)~~ ~~In order to transition reimbursement for these services to the IOC, facilities currently providing these services will receive an add-on to the nursing component of its per diem. The add-on amount will be calculated by the Department and will be based on historical data from paid claims and adjustments. The add-on amount will begin with January 1993 services and will continue until the facility receives a new rate as a result of an IOC survey conducted in calendar year 1993.~~

de) Determination of Facility Rates.

~~1)~~ ~~The rate each facility receives will be determined by the assessed needs of residents the facility serves. Effective January 1, 1990, nurses from Department of Public Aid (DPA) will conduct an assessment of 100% of the Medicaid residents by level of care in each home annually. The assessment will be conducted during the four month period prior to the annual nursing IOC rate adjustment date. The needs of the residents in the sample will be assessed with the Resident Assessment Instrument. An amount for each resident will be calculated by multiplying the number of minutes from the assessment by the appropriate wages ~~wage/wages~~ for each assessment item (see subsection (c)(b)(1) ~~of this Section above~~), adding the ~~appropriate amount for fixed time (see subsection (b)(3) above)~~ and amounts for vacation, sick and holiday time (see subsection (c)(2) ~~of this Section (b)(4) above~~), and supplies, consultants, and the Director of Nursing; (see subsection (c)(3) ~~of this Section (b)(5) above~~). The average~~

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of the rates for eligible residents assessed will become the facility's per diem reimbursement rate for each eligible resident ~~Medicaid patient~~ in the facility ~~effective on the facility's annual nursing IOC rate adjustment date~~.

- 2) ~~A copy of the Resident Assessment will be left with the facility upon completion.~~
- e) A transition period from the payment methodology in effect on June 30, 2003, to the payment methodology in effect July 1, 2003, shall be provided for a period not exceeding June 30, 2005, as follows:
- 1) MDS-based rate adjustments under this Section, shall not be effective until the attainment of a threshold. The threshold shall be attained at the earlier of either:
 - A) when all nursing facilities have established a rate (sum of all components) which is no less than the rate effective June 30, 2002, or
 - B) July 1, 2005.
 - 2) For a facility that would receive a lower nursing component rate per resident day under the payment methodology effective July 1, 2003, than the facility received June 30, 2003, the nursing component rate per resident day for the facility shall be held at the level in effect on June 30, 2003, until a higher nursing component rate of reimbursement is achieved by that facility.
 - 3) For a facility that would receive a higher nursing component rate per resident day under the payment methodology in effect on July 1, 2003, than the facility received June 30, 2003, the nursing component rate per resident day for the facility shall be adjusted based on the payment methodology in effect July 1, 2003.
 - 4) Notwithstanding subsections (e)(2) and (3) of this Section, the nursing component rate per resident day for the facility shall be adjusted in accordance with subsection (c)(1)(D) of this Section.
- d) ~~An interim IOC may be requested by a facility by notifying, in writing, the~~

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~~Bureau of Long Term Quality Care Bureau Chief within 180 days of the exit date of the last IOC. The following criteria shall be met before a request for an interim IOC can be made. A 25% or greater turnover in Medicaid residents since the last IOC or there has been a 7% or greater increase in the average per patient care time. The request for the interim IOC shall contain a full explanation of why the facility meets the criteria and must include any documentation relevant to the request. The facility will be notified within 45 days from the date the request is received of whether an interim IOC will be conducted. If approved, the Bureau will conduct a full IOC within 60 days of the written approval decision. Upon reassessment, an amended 2700 will be forwarded to the DPA. Upon receipt of the amended 2700 the facility's rate will become effective for the final six months of that facility's rate year.~~

- e) ~~If the interim IOC is scheduled to take place during the period when the next annual IOC is scheduled, only one IOC will be done. The rate that results will apply for the 18 month period which begins with the effective date of the interim IOC rate.~~

(Source: Amended at 27 Ill. Reg. _____, effective _____)

Section 147.175 Minimum Data Set (MDS) Data Integrity ~~Referrals~~

- a) The Department shall conduct reviews to determine the accuracy of resident assessment information transmitted in the Minimum Data Set (MDS) that are relevant to the determination of reimbursement rates. Such reviews may, at the discretion of the Department, be conducted electronically, in the facility, or at some other location.
- b) The Department shall quarterly select, at random, a number of facilities in which to conduct on-site reviews. In addition, the Department may select facilities for on-site review based upon facility characteristics, past performance, or the Department=s experience.
- c) Electronic review. The Department shall conduct quarterly an electronic review of MDS data for eligible individuals to identify facilities for on-site review.
- d) On-site verification review. The Department shall conduct an on-site verification review of MDS data for eligible individuals.

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- 1) On-site reviews may be conducted with respect to residents or facilities that are identified pursuant to subsections (b) or (c) of this Section. Such review may include, but shall not be limited to, the following:
 - A) Review of resident records and supporting documentation to determine the accuracy of data relevant to the determination of reimbursement rates.
 - B) Review and collection of information necessary to assess the need for a specific service or care area and an extension beyond the established maximum length of time for a service or care area.
 - C) Review and collection of information from the facility that will establish the current direct care staffing level.
- 2) The number of residents in any selected facility for whom information is reviewed may, at the sole discretion of the Department, be limited or expanded.
- 3) Upon the conclusion of any verification review, the Department shall conduct a meeting with facility management to discuss preliminary conclusions of the review. If facility management disagrees with those preliminary conclusions, facility management may, at that time, provide additional documentation to support their position.
- e) Corrective action. Upon the conclusion of the verification review and the consideration of any subsequent supporting documentation provided by the facility, the Department shall notify the facility of its final conclusions, both with respect to accuracy of data and recalculation of the facility=s reimbursement rate.
 - 1) Data Accuracy.
 - A) Final conclusions with respect to inaccurate data shall be referred to the Department of Public Health.
 - B) The Department, in collaboration with the Department of Public Health, shall make available additional training in the completion of resident assessments and the coding and transmission of MDS records.

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- 2) Recalculation of reimbursement rate. The Department shall determine if reported MDS data or facility staffing data that were subsequently determined to be unverifiable would cause the direct care component of the facility=s rate to be calculated differently when using the accurate data. No change in reimbursement required as a result of a verification review shall take effect before July 1, 2004. A facility=s rate will be subject to change if:
- A) The recalculation of the direct care component rate, as a result of using MDS data that are verifiable:
- i) Increases the rate by more than one percent (+1%) the rate is to be changed, retroactive to the beginning of the rate period, to the recalculated rate, except that in no instance shall the increase exceed three percent (+3%).
 - ii) Decreases the rate by more than one percent (-1%) the rate is to be changed, retroactive to the beginning of the rate period, to the recalculated rate.
 - iii) Decreases the rate by more than three percent (-3%) in addition to the rate change specified in (d)(1)(C) of this Section, the direct care component of the rate shall be reduced, retroactive to the beginning of the rate period, by \$1 for each whole percentage decrease in excess of two percent.
- B) The verification review determines that the mean direct care staff time per diem that the facility is currently maintaining is more than fifteen minutes below the mean direct care staff time per diem used to determine the facility=s direct care component of the rate. The recalculation shall use the mean direct care staff time per diem determined pursuant to Section 147.150(c)(1), multiplied by the factor described in Section 147.150(c)(1)(D), less mean direct care staff time per diem determined by the verification review that is in excess of fifteen minutes.
- 3) Any evidence or suspicion of deliberate falsification or misrepresentation of MDS data shall be referred to the Department=s Inspector General and

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[the Department of Public Health.](#)

- (f) [Appeals. Facilities disputing any rate change may request a hearing pursuant to 89 Ill. Adm. Code 140.830.](#)
- ~~a) Facility and/or physician referral shall be made for each resident with a service and/or functional need unmet.~~
- ~~b) A written facility response is required for each facility referral received.~~
- ~~c) The facility response shall be forwarded to the Case Manager within 15 days of the Inspection of Care survey.~~
- ~~d) The facility response must address categories of service and/or functional needs unmet and must address each resident's service and/or functional need unmet.~~

(Source: Amended at 27 Ill. Reg. _____, effective _____)

Section 147.200 Basic Rehabilitation Aide Training Program ([Repealed](#))

- ~~a) Prior to a resident being given credit on the Illinois Assessment of Needs (DPA 2700) for occupational rehabilitation level one (see Section 147.50(j)(1)(A)) and/or physical rehabilitation level one (see Section 147.50(k)(1)(A)), the rehabilitation aide providing the service must meet one of the following conditions:~~
- ~~1) Successful completion (score of 75% or more) of the Occupational or Physical Rehabilitation Aide Proficiency Examination administered by the Illinois Department of Public Aid (IDPA) in October 1986 for the area in which the aide is to be employed; or~~
 - ~~2) Successful completion of an IDPA approved 24-hour Occupational or Physical Rehabilitation Aide Training Program for the area in which the aide is to be employed; or~~
 - ~~3) Be a nurse licensed under the Illinois Nursing Act [225 ILCS 65] who has received a "Certificate of Completion" from a rehabilitation or restorative nursing course.~~

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- b) ~~Course Prerequisites~~
 - 1) ~~Occupational Rehabilitation Aide (ORA):~~
 - A) ~~Certified Nurse Aide (CNA) (see 77 Ill. Adm. Code 395.300); or~~
 - B) ~~Developmental Disabilities Aide (see 77 Ill. Adm. Code 395.310); or~~
 - C) ~~Basic Child Care/Habilitation Aide (see 77 Ill. Adm. Code 395.320); or~~
 - D) ~~Registered Nurse (RN) or Licensed Practical Nurse (LPN).~~
 - 2) ~~Physical Rehabilitation Aide (PRA):~~
 - A) ~~Certified Nurse Aide (see 77 Ill. Adm. Code 395.300); or~~
 - B) ~~Registered Nurse (RN) or Licensed Practical Nurse (LPN); or~~
 - C) ~~Developmental Disabilities Aide (see 77 Ill. Adm. Code 395.310); or~~
 - D) ~~Basic Child Care/Habilitation Aide (see 77 Ill. Adm. Code 395.320).~~
- e) ~~Criteria for a IDPA Approved Basic Rehabilitation Aide Training Program are as follows:~~
 - 1) ~~Application Procedures:~~

~~The following information must be furnished to the Department at least 60 days in advance of the training program. Each program sponsor providing its own training must apply for individual program approval. Retroactive approval will not be granted.~~

 - A) ~~Program rationale, i.e., philosophy, purpose and brief summary of the identified sponsoring agency and faculty qualifications.~~

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- ~~B) Complete outline which specifies program title, objectives, content, and methodology delineated by hour. The instructor has flexibility of teaching content in desired outline.~~
 - ~~C) Location and scheduled dates of program (including future dates). If programs are canceled or rescheduled for any reason, the Department must be notified prior to delivery date for purposes of monitoring.~~
 - ~~D) A copy of the evaluation tool for participant use must be included. The evaluation tool must evaluate the objectives, content, and instructors.~~
- ~~2) Submitted materials will be reviewed by the Department and the program sponsor will be notified of the Department's action. Approval will be based upon the compliance of the submitted materials with the requirements of this section. If the program is not approved, the reason for this decision will be given to the program sponsor.~~
 - ~~3) If a program is not approved, the program sponsor may, after making the appropriate modifications, reapply for approval.~~
 - ~~4) Orientation to the specific policies of the employing agency shall be in addition to the 24 hours of instruction.~~
 - ~~5) Any change in content, objectives, or instructional staff must be submitted for review.~~
 - ~~6) All approved training programs must be resubmitted prior to 30 days of the annual anniversary date of the program's approval for continued approval. In the resubmission process, the program sponsor must submit the information specified in subsection (c)(1) above. Approval will be based upon compliance of the submitted materials with the requirements of this Section. In the resubmissions process, the program sponsor shall refer to the number assigned by the Department.~~
 - ~~7) Each instructor is to provide ten questions with answers that cover the course content. The questions and answers will become a bank of questions and answers which will be developed into a non-credit~~

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~~post-examination. This examination will be given by the instructor upon completion of the course to evaluate the effectiveness of training and demonstrate the students competency to the instructor.~~

d) ~~Instructor Qualifications and Requirements~~

- ~~1) The Occupational Rehabilitation Aide Training Program Instructor shall be a registered occupational therapist with a current Illinois license (see 225 ILCS 75) who has no other duties during the hours while engaged in instruction of the training program, and who has had a minimum of three years experience with at least two years experience working with geriatrics in a non-acute setting.~~
- ~~2) The Physical Rehabilitation Aide Training Program Instructor shall be a physical therapist with a current or pending Illinois license (see 225 ILCS 90) who has no other duties during the hours while engaged in instruction of the training program, and who has had a minimum of three years experience with at least two years experience working with geriatrics in a non-acute setting.~~
- ~~3) Instructor vitae must be submitted and a copy of his or her current license or verification from the Department of Registration and Education of pending licensure.~~

e) ~~Course Requirements~~

- ~~1) The basic content must be presented in a minimum time frame of three days but not to exceed a maximum of 21 days unless it is being done by a educational institution (e.g. four year college or university, two year community college, or vocational school) on a term, semester or trimester basis. A ratio of two hours of didactic instruction to one hour of experiential learning exercises must be reflected in the 24 hours minimum of training. Term, semester and trimester courses may be submitted by an educational institution. The program must include designated hours for each method of teaching.~~
- ~~2) The Basic Occupational Rehabilitation Aide Training Program shall include at a minimum:~~

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- A) ~~Module I: Purpose and philosophy.~~
- ~~i) Define the objectives of the occupational rehabilitation program. Upon completion of this unit of instruction, the student will be able to: Differentiate among habilitation, rehabilitation, and occupational therapy; and understand the philosophy of habilitation, rehabilitation and occupational therapy.~~
 - ~~ii) Identify the concepts of rehabilitation. Upon completion of this unit of instruction, the student will be able to: Discriminate rehabilitation from restorative measures; identify purpose of the restorative measures; identify purpose of rehabilitation measures; and list four compensatory techniques.~~
 - ~~iii) Understand the relationship of occupational rehabilitation to other long term care facility departments. Upon completion of this unit of instruction, the student will be able to: Match the department name with a description of its function; and list three forms of communication used by the facility to develop an interdisciplinary approach to resident care.~~
 - ~~iv) Understand standards of conduct with residents, family, friends, and other staff. Upon completion of this unit of instruction, the student will be able to: Define the purpose of confidentiality; identify appropriate responses to be used with family and friends of residents; identify appropriate responses to resident's behavior; understand need for separation of work and home life; understand the difference between empathy and sympathy; understand ethical responsibility; define fraud; and examine methods to be used to deal with situations that may require applications of ethical responsibility.~~
- B) ~~Module II: Overview of policies.~~
- ~~i) Understand procedures pertaining to occupational~~

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~~rehabilitation. Upon completion of this unit of instruction, the student will be able to: Define the characteristics of appropriate candidates; and understand general admission and discharge criteria.~~

- ~~ii) Understand program documentation requirements. Upon completion of this unit of instruction, the student will be able to: Identify the role of documentation; have an awareness of techniques used in screening and assessment; define common medical terminology and abbreviations; read an evaluation and treatment plan; identify components of care plans; and explain ORA's methods of communication of information to the OTR/L.~~

~~C) Module III: Specific occupational rehabilitation techniques.~~

- ~~i) Develop an awareness of the physical component skills necessary to carry out ADL tasks. Upon completion of this unit of instruction, the student will be able to: Define and describe physical deficits that lead to ADL dysfunction, namely cardiovascular accident, arthritis, Parkinson's, multiple sclerosis, diabetes, fractures and amputations, Alzheimer's disease and related disorders, and developmental disabilities; and have had an opportunity to experience procedures and suggested activities used for remediation and compensation for physical deficits.~~
- ~~ii) Develop an awareness of the sensory problems that lead to ADL dysfunction. Upon completion of this unit of instruction, the student will be able to: Define and describe sensory deficits that lead to ADL dysfunction, namely cardiovascular accident, arthritis, Parkinson's, multiple sclerosis, diabetes, fractures and amputations, Alzheimer's disease and related disorders, and developmental disabilities; have had an opportunity to experience procedures and suggested activities used for remediation and compensation of sensory loss; and expand his or her knowledge of techniques used by the ORA to improve the resident's functioning and compensate for loss of function~~

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~~or to adapt to permanent loss.~~

- ~~iii) Develop an awareness of perceptual and integration components that lead to ADL dysfunction. Upon completion of this unit of instruction, the student will be able to: Have an awareness of perceptual and integrative deficits that lead to ADL dysfunction, namely body image and scheme, agnosia, apraxias, figure and ground, midline, perseveration, and sequencing; and have had an opportunity to experience procedures and suggested activities used for remediation and compensation of perceptual and integrative dysfunction.~~
- ~~iv) Develop an awareness of cognitive deficits that lead to ADL dysfunction. Upon completion of this unit of instruction, the student will be able to: Identify components of cognition, namely memory, attention span, ability to learn new tasks, problem solving, and judgment; and have had an opportunity to experience procedures and suggested activities used for remediation and compensation for ADL dysfunction.~~
- ~~v) Develop an understanding of the role that motivation and interest play in the rehabilitation process. Upon completion of this unit of instruction, the student will be able to: Identify techniques used to gain and hold the resident's interest; and identify techniques used to motivate the resident.~~
- ~~vi) Understand the deficits of disease, disability and the aging process. Upon completion of this unit of instruction, the student will be able to: Describe and identify symptomatology of the following conditions—arthritis, Parkinson's, multiple sclerosis, diabetes, fractures and amputations, Alzheimer's disease and related disorders, and developmental disabilities; and have had an opportunity to experience procedures, adaptation techniques, equipment and environment to enhance independence in ADLs related to enhancing deficit areas.~~

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- vii) ~~Learn body mechanics and methods of positioning residents. Upon completion of this unit of instruction, the student will be able to: Demonstrate principles of proper positioning in bed, chair and standing; and demonstrate principles of repositioning and moving residents.~~
- viii) ~~Understand expected behaviors and responsibilities related to emergency procedures. Upon completion of this unit of instruction, the student will be able to: Identify the ORA's role with regard to falls, fractures, fires, catheter bags and infection control; and list the adverse symptoms that should caution the ORA.~~

D) ~~Module IV: Psychological concepts.~~

- i) ~~Identify stereotypes and myths of the aged/chronically disabled. Upon completion of this unit of instruction, the student will be able to: Define aging; define chronic dysfunctional process; and discriminate myths and stereotypes from reality.~~
- ii) ~~Recognize the multiple problems of the aged and chronically disabled. Upon completion of this unit of instruction, the student will be able to: Identify types of problems facing the elderly in nursing homes; and identify types of problems facing the disabled in nursing homes.~~
- iii) ~~Understand one's own personal attitudes regarding the elderly and chronically disabled. Upon completion of this unit of instruction, the student will be able to: Discuss how attitudes and values effect expectations of achievement.~~
- iv) ~~Identify Kubler-Ross' stages of death and dying and how they relate to loss. Upon completion of this unit of instruction, the student will be able to: List the five stages of the grieving process; and discuss ways to deal with the resident's behavior in each stage.~~
- v) ~~Understand how physical, emotional, psychological losses lead to depression and decreased function. Upon~~

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~~completion of this unit of instruction, the student will be able to: Identify losses that occur in aging; and identify losses that occur in chronic illness.~~

- ~~vi) Understand self esteem and those factors which effect positive and negative motivation. Upon completion of this unit of instruction, the student will be able to: Identify factors that influence motivation positively; identify factors that influence motivation negatively; and recognize impact that a care giver can have on the resident's self esteem.~~

- 3) ~~The Basic Physical Rehabilitation Aide Training Program shall include at a minimum:~~

- ~~A) Module I: Philosophy and purpose.~~

- ~~i) Define the role of restorative nursing in long term care. Upon Discern the difference between restorative nursing and physical rehabilitation; and define the role of the nursing assistant in restorative care.~~
- ~~ii) Define the role of physical rehabilitation programs in long term care. Upon completion of this unit of instruction, the student will be able to: Define the role of the Physical Rehabilitation Aide; and identify the acceptable parameters of practice for the Physical Rehabilitation Aide, i.e., no manual stretching, no manual resistance.~~
- ~~iii) Identify the effects of aging. Upon completion of this unit, the student will be able to: Understand the normal aging process; understand the chronic pathophysiological process; and discriminate myths and stereotypes of aging.~~
- ~~iv) Identify the goals/objectives of physical rehabilitation. Upon completion of this unit of instruction, the student will be able to: Identify modalities used in physical rehabilitation to improve functional abilities; identify methods used to upgrade gross motor function; identify methods used to assist a resident to develop alternative~~

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~~methods of mobility; will be able to demonstrate methods used to improve safety during application of functional mobility techniques.~~

- v) ~~Identify the benefits of rehabilitation and restorative services. Upon completion of this unit of instruction, the student will be able to: Experience techniques that can be used to motivate a resident to achieve the highest level of function; identify methods to use in providing emotional support; increase awareness of the role of rehabilitation and restorative services in improving the resident's self image; and understand the role these services play in encouraging participation in activities, socialization and vocational programs.~~
- vi) ~~Identify the PRA's expected attitudes and standards of conduct. Upon completion of this unit of instruction, the student will be able to: State the consequences of falsifying records; discuss methods to deal with situations where the PRA may be asked to falsify records; understand consequences of practicing outside the realm of their duties, i.e., doing assessments, reassessments and evaluations of residents; demonstrate methods to be used to maintain modesty and dignity of residents; understand the PRA's role in maintaining confidentiality; and understand and respect the resident's rights.~~

B) ~~Module II: Terminology and abbreviations.~~

- i) ~~Standard medical terminology used in physical rehabilitation. Upon completion of this unit of instruction, the student will be able to: Define the standard terms used in physical rehabilitation; and read and understand a physical therapist's assessment and progress notes.~~
- ii) ~~Standard medical abbreviations used in physical rehabilitation. Upon completion of this unit of instruction, the student will be able to: Translate abbreviations; and to read and understand a physical therapist's assessment, i.e.,~~

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~~identification of problems, goals, approaches and programs.~~

C) ~~Module III: Disease process.~~

- ~~i) Identify the major neuromuscular disorders encountered in physical rehabilitation. Upon completion of this unit of instruction, the student will be able to: Identify the major characteristics of a resident with status post CVA, multiple sclerosis and Parkinson's disease; experience methods used to provide physical rehabilitation services to residents with these conditions; and identify precautions to be observed when delivering services to these clients.~~
- ~~ii) Identify the major musculoskeletal disorders encountered in physical rehabilitation. Upon completion of this unit of instruction, the student will be able to: Identify the major characteristics of a resident with fractures, amputations of limbs, osteoporosis, arthritis; experience methods used to provide physical rehabilitation services to residents with these conditions; and identify precautions to be observed when delivering services to these clients.~~
- ~~iii) Understand the basic body responses of a person with cardiopulmonary disease to physical rehabilitation. Upon completion of this unit of instruction, the student will be able to: Identify the impact on an impaired cardiopulmonary system when subjected to physical rehabilitation; experience methods used to provide physical rehabilitation services to residents with these conditions; and identify precautions to be observed when delivering services to these clients.~~
- ~~iv) Identify the neurological disorders encountered in physical rehabilitation. Identify the major characteristics of a resident with Alzheimer's disease, epilepsy and organic brain syndrome; experience methods used to provide physical rehabilitation services to residents with these conditions; and identify precautions to be observed when delivering services to these clients.~~

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- ~~f) To evaluate the effectiveness of the Basic Rehabilitation Aide Training in educating the trainees, upon completion of the training program, each participant must take a non-credit post-test that encompasses the didactic and experiential learning opportunities presented. The Department will provide a post-test that shall be developed from questions submitted by licensed occupational and physical therapists who have received IDPA approval for rehabilitation aide courses. A summary of post-test scores must be returned to the Department. The instructor shall submit for validation only those certificates of students who the instructor feels have demonstrated competency.~~
- ~~g) The Illinois Department of Public Aid shall monitor the training program. If the program, approved pursuant to subsection (c)(3) of this Section, is not being delivered, program approval will be rescinded.~~
- h) Certificates
- 1) Proof of successful completion of the approved program necessitates the sponsoring organization to award certificates to the trainees. The following information must be sent to the Department prior to the Department validating the certificates:
- A) Evidence of successful completion of the designated course, i.e., the certificate;
 - B) A list of the names of attendees;
 - C) A list of social security numbers of the attendees;
 - D) Course completion date;
 - E) Program approval number;
 - F) The CNA's certificate, or
 - G) Proof of credentials other than the CNA certificate, that qualify the student to be a candidate.
- 2) The Department will not validate a certificate for the following reasons:
- A) If the trainee lacks the prerequisites specified in subsection (b) of

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~~this Section, or~~

- ~~B) If the trainee has been found guilty of abuse, neglect, or theft, based upon information on the Illinois Department of Public Health Nurse Aide Registry.~~
- 3) ~~The Department will return the validated certificates to the sponsor(s) for distribution. The following minimum information must be typed on the certificates before they are sent to the Department for validation:~~
- ~~A) Name of the trainee and social security number.~~
- ~~B) Title: Basic Occupational or Physical Rehabilitation Training Program, as appropriate.~~
- ~~C) Candidate qualifications, e.g., CNA, Developmental Disabilities Aide (see subsection (b) of this Section).~~
- ~~D) Identification number of the program.~~
- 4) ~~Successful completion of the course does not imply "certification" of the rehabilitation aide by the State. It only indicates that the person has successfully completed the Basic Rehabilitation Aide Training Program. Services provided by this individual to Medicaid recipients living in licensed long term care facilities may be eligible for reimbursement so long as the individual possesses a validated certificate from the IDPA and all of Section 147.50 pertaining to this subsection (h)(4) is adhered to (see Sections 147.50(j)(1)(A) and 147.50(k)(1)(A)).~~
- i) ~~Requests for approval of programs and other related correspondence are to be submitted to the Bureau of Long Term Care.~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147.205 Nursing Rates [\(Repealed\)](#)

~~For residential nursing services provided to Medicaid residents in skilled and intermediate care facilities from January 1, 1989, unless otherwise indicated, the Department will determine nursing rates according to the following steps:~~

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- a) ~~Calculation of the nursing rate: For each facility, the nursing rate will be computed according to the methods specified in Section 147.150(b), employing reimbursable staff times as specified in Section 147. Tables A and B for all assessment items.~~
- b) ~~Calculation of the final nursing rate: for each facility, a final nursing rate will be equal to the sum of the nursing rate (see subsection (a) above) plus an add-on for Care Planning equal to \$.45 per resident day, statewide. Effective July 1, 1992 and ending August 31, 1993, there will be an additional wage adjuster add-on of \$1.58 per resident day for geographic areas that have wages equal to or above the Statewide average and \$2.00 per resident day for geographic areas that have wages below the Statewide average. Effective September 1, 1993, the wage adjuster add-on will be eliminated.~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147.250 Costs Associated with the Omnibus Budget Reconciliation Act of 1987 (P.L.100-203) ([Repealed](#))

- a) ~~Reimbursement for Comprehensive Resident Assessment~~
- 1) ~~Variable Time Reimbursement~~
- A) ~~Effective July 1, 1990, nursing facilities will be reimbursed for the new variable time service category, comprehensive resident assessment. For the reimbursement year July 1, 1990 through June 30, 1991, reimbursement of this service item will cover the period October 1, 1990 (the effective date of the new federal regulation) through June 30, 1991. Starting with July 1, 1991, the reimbursement will cover the full reimbursement year.~~
- B) ~~For the reimbursement period of July 1, 1990 until the nursing facility's first annual Inspection of Care nursing reimbursement rate update resulting from an annual Inspection of Care assessment occurring on or after January 1, 1991, the associated per diem per resident amounts of staff time and staff levels for this category of service shall be: one minute of nurse aide time; 2.2 minutes of licensed nurse time; 1.4 minutes of registered nurse time; and .6 minutes of social worker time.~~

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- ~~C) When individual nursing facilities have their annual Inspection of Care nursing reimbursement rate update, as specified in subsection (a)(1)(A) above, reimbursement for this category of service will be based on individual resident need assessments from the resident assessment instrument (42 CFR 483.10(b)(1)(i)) and will be determined on an individual facility basis. The per diem per resident amounts of staff time and staff levels associated with resident assessment scores for this new category of service item which will be used in the individual facility determination of reimbursement are located in Section 147. Table A.~~
- 2) ~~Determination of Facility Rate:~~
- ~~A) For the reimbursement period July 1, 1990, through June 30, 1991, the per diem reimbursement amounts for comprehensive patient assessment shall be calculated by multiplying the number of reimbursement staff minutes for this category of service item by the statewide average per minute staff wages, and further multiplying this amount by .75 in order to prorate the nine month per diem amount to be paid over the full twelve months of the July 1, 1990 through June 30, 1991 reimbursement year.~~
- ~~B) For the reimbursement period of July 1, 1990 until the nursing facility's first annual Inspection of Care nursing reimbursement rate update resulting from an annual Inspection of Care assessment occurring on or after January 1, 1991, the prorated per diem per resident amount for comprehensive patient assessment shall be added to the facility's new computed nursing rate as described in Section 147.205(e).~~
- ~~C) When individual facilities have their annual Inspection of Care nursing reimbursement rate update, as specified in subsection (a)(2)(B) above, the prorated per diem amount for comprehensive patient assessment calculated for each resident will be added to the other amounts calculated for the assessed needs of the resident and the facility rate will then be determined as specified in Section 147.150 (e)(1).~~
- ~~D) Effective July 1, 1991, the proration of a nine month~~

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~~reimbursement to be reimbursed over a twelve month period will be discontinued and the reimbursement amounts for comprehensive patient assessment shall cover the full twelve months of the reimbursement year.~~

b) ~~Reimbursement of Social Services~~

- ~~1) Effective July 1, 1990, nursing facilities will be reimbursed for social services. The reimbursement level of this service item will cover the nine month period from October 1, 1990 through June 30, 1991, for the reimbursement year July 1, 1990, through June 30, 1991. Starting July 1, 1991, the reimbursement level will be for a full twelve month reimbursement year.~~
- ~~2) For the reimbursement period of July 1, 1990, until the nursing facility's annual inspection of care nursing reimbursement rate update resulting from an annual Inspection of Care assessment occurring on or after January 1, 1991, a statewide per diem reimbursement for social work services will be based on the ratio of total social work wage costs to the total nursing wage costs for the facilities in the state. The actual social work and nursing wage costs facilities report in the cost reports will be used in obtaining a statewide ratio, unless the nursing facility reports no social work wage costs or the facility has 120 or more beds and it reports annualized paid and accrued social work hours of less than 2080 hours. In the case of no social work wage costs reported, the facility's data will be excluded in deriving the statewide ratio. For a facility with 120 or more beds, the social work hours to be used in deriving the wage costs will be the greater of the reported paid and accrued social work hours or the annual 2080 hour standard adjusted to the length of the facility's cost report period.~~
- ~~3) For the reimbursement period July 1, 1990 through June 30, 1991, the social work to nursing cost statewide ratio derived in subsection (b)(2) above will be multiplied by .75 in order to prorate the nine month per diem reimbursement amount to be paid over the full twelve months of the July 1, 1990 through June 30, 1991 reimbursement year. Effective July 1, 1991, the proration will be discontinued and the reimbursement for social services shall cover the full twelve months of the reimbursement year.~~

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- 4) ~~The statewide ratio will be applied to the statewide average per diem per resident nursing care time cost amount (staff minutes multiplied by per minute wage) obtained from the resident assessments to derive the per diem per resident social service reimbursement which shall be added to the facility's new computed nursing rate described in Section 147.205 (c).~~
- e) ~~Reimbursement for Registered Nurse Coverage~~
- 1) ~~Effective July 1, 1990, nursing facilities will be reimbursed for additional registered nurse coverage costs to meet requirements of maintaining registered nurse coverage eight hours per day seven days a week (42 CFR 483.30). The reimbursement of these additional costs will cover a nine month period for the July 1, 1990 through June 30, 1991 reimbursement year. Starting July 1, 1991, the reimbursement will cover a full twelve month period.~~
 - 2) ~~For the reimbursement period of July 1, 1990 until the nursing facility's annual Inspection of Care nursing reimbursement rate update resulting from an annual Inspection of Care assessment occurring on or after January 1, 1991, a statewide per diem per resident reimbursement for additional RN coverage costs will be derived based on the ratio of total additional RN coverage costs to total nursing wage costs for the facilities.~~
 - 3) ~~The additional costs for RN coverage costs will be derived as follows:~~
 - A) ~~If a nursing facility reports no registered nurse salary costs in the cost report and the average hourly wages for the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) are less than the average hourly registered nurse (RN) wage for the region, the annual RN salary cost will be determined by multiplying an annual 2912 hour RN coverage standard by the average hourly RN wage for the region. The amount will be adjusted to the length of the facility's cost report period to obtain the additional salary costs for RN coverage. If either the DON or the ADON average hourly wages are equal to or above the average hourly RN wage for the region, the annualized DON and ADON hours paid and accrued at a wage equal to or above the average hourly RN wage will be deducted from the 2912 hour standard used in deriving the annual salary cost for RN coverage. If the~~

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~~balance of hours is equal to or less than zero, the facility's additional salary cost for RN coverage will be zero.~~

- ~~B) If a nursing facility reports RN salary costs and the annualized paid and accrued hours are below the 2912 hour standard, the difference between the annualized paid and accrued hours and the 2912 hour standard will be determined. If either the DON or ADON average hourly wages are equal to or above the average hourly RN wage for the region, the annualized DON and ADON hours paid and accrued at a wage level equal to or above the average hourly RN wage for the region will be deducted from the hour difference. The balance of hours will be multiplied by the average hourly RN wage for the region and the product will be adjusted to the length of the facility's cost report period to obtain the facility's additional salary costs for RN coverage. If the balance of hours is equal to or less than zero, the facility's additional salary cost for RN coverage will be zero.~~
- ~~C) For the reimbursement period July 1, 1990 through June 30, 1991, the additional salary costs for RN coverage obtained in subsection (b)(2)(A) or (B) above will be multiplied by .75 in order to prorate the nine month reimbursement to be paid over the full twelve months of the reimbursement year. For the year beginning July 1, 1991, the proration will be discontinued and the reimbursement for additional RN coverage shall cover the full twelve months of the reimbursement year.~~
- ~~D) The statewide per diem reimbursement for additional RN coverage costs will be based on the ratio of the total additional RN coverage salary costs obtained from subsection (c)(3)(C) above to the statewide total nursing wage costs for the facilities.~~
- ~~E) The resulting statewide ratio will be applied to the statewide average per diem per resident nursing care time cost amount (staff minutes multiplied by per minute wages) obtained from the resident assessments for the facilities to derive the statewide per diem per resident RN coverage reimbursement which shall be added to the facility's new computed nursing rate as described in subsection 147.205(c).~~

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- d) ~~Variable Time Reimbursement for Social Services and Registered Nurse Coverage~~
- 1) ~~Variable Time Reimbursement~~
- A) ~~When individual nursing facilities have their annual Inspection of Care nursing reimbursement rate update, as specified in subsections (b)(2) and (c)(2) above, the statewide approach to per diem reimbursement for social services and additional RN coverage costs will be discontinued. Reimbursement for these areas will be converted to new variable time service categories; social services; continence restorative; specialized medication monitoring; restraint management and reduction; and communication.~~
- B) ~~Per diem per resident reimbursement for these new categories of service items will be based on individual resident need assessments from the resident assessment instrument and will be determined on an individual facility basis. The per diem per resident amounts of staff time and staff levels associated with resident assessment scores for this new category of service item which will be used in the individual facility determination of reimbursement are located in Section 147. Table A.~~
- 2) ~~Determination of Facility Rate:~~
- A) ~~For the reimbursement period specified in subsection (d)(1)(A) above through June 30, 1991, the per diem reimbursement amounts for social services, continence restorative, specialized medication monitoring, restraint management and reduction, and communication shall be calculated for each resident by multiplying the number of reimbursable staff minutes for these category of service items by the appropriate staff wages (as derived according to Section 147.150 (b)(1)(A), and further multiplying these amounts by .75 in order to prorate the nine month per diem amounts to be paid over a twelve month period.~~
- B) ~~The prorated per diem amounts for these new variable time category of service items calculated for each resident will be added~~

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~~to the other per diem amounts calculated for the assessed needs of the resident and the facility rate will then be determined as specified in Section 147.150 (c)(1).~~

- ~~€) Effective July 1, 1991, the proration of a nine month reimbursement to be reimbursed over a twelve month period will be discontinued and the reimbursement amounts for these new variable time category of service items shall cover the full twelve months of the reimbursement year.~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

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

- a) Table A includes the variable time addressed in Section 147.150(c)(1) and the conditions when the variable time is recognized for reimbursement. Table A addresses time for 37 service areas. For each service area, Table A has a column for level of service, titled ALevel@, criteria of MDS items for scoring the level, generally titled AMDS Items@, the variable time assigned to the level for AUnlicensed,@ ALicensed,@ ASocial Worker@ and AActivity Time@ in minutes.
- b) The following reimbursement times, allocations, and need levels apply for reimbursement periods commencing on July 1, 2003.

Reimbursable Service / Need ItemsBase Social Work and ActivityActivities of Daily Living DeficitsRestorative ProgramsPROMAROMSplint / BraceBed MobilityMobility / TransferWalkingDressing / GroomingEatingProsthetic Care

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1) Base Social Work and Activity

<u>Level</u>		<u>Unlicensed</u>	<u>Licensed</u>	<u>Social Worker</u>	<u>Activity</u>
<u>I</u>	<u>All Clients</u>	<u>0</u>	<u>0</u>	<u>5</u>	<u>10</u>

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2) Activities of Daily Living

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

ADL Scoring Chart for the above Composite Levels

<u>A D L</u>	<u>MDS items</u>	<u>Description</u>	<u>Score</u>
<u>Bed Mobility (a)</u>	<u>G1(a,b,e,i)A = '-'</u> or	<u>Self-Performance = missing</u>	
<u>Transfer (b)</u>	<u>G1(a,b,e,i)A = '0'</u> or	<u>Self-Performance = independent</u>	
<u>Locomotion (e)</u>	<u>G1(a,b,e,i)A = '1'</u> .	<u>Self-Performance = supervision</u>	<u>1</u>
<u>Toilet (i)</u>			
	<u>G1(a,b,e,i)A = '2'</u> .	<u>Self-Performance = limited assistance</u>	<u>3</u>
	<u>G1(a,b,e,i)A = '3'</u> or	<u>Self-Performance = extensive assistance</u>	
	<u>G1(a,b,e,i)A = '4'</u> or	<u>Self-Performance = total dependence</u>	
	<u>G1(a,b,e,i)A = '8'</u> <u>AND</u>	<u>Self-Performance = activity did not occur</u>	
	<u>G1(a,b,e,i)B = '-'</u> or	<u>Support = missing</u>	
	<u>G1(a,b,e,i)B = '0'</u> or	<u>Support = no set up or physical help</u>	
	<u>G1(a,b,e,i)B = '1'</u> or	<u>Support = set up help only</u>	
	<u>G1(a,b,e,i)B = '2'</u> .	<u>Support = 1 person assist</u>	<u>4</u>
	<u>G1(a,b,e,i)B = '3'</u> or	<u>Support = 2+ person physical assist</u>	
	<u>G1(a,b,e,i)B = '8'</u> .	<u>Support = activity did not occur</u>	<u>5</u>
<u>Dressing (g)</u>	<u>G1(g,j)A = '-'</u> or	<u>Self-Performance = missing</u>	
<u>Hygiene (j)</u>	<u>G1(g,j)A = '0'</u> or	<u>Self-Performance = independent</u>	
	<u>G1(g,j)A = '1'</u> .	<u>Self-Performance = supervision</u>	<u>1</u>
	<u>G1(g,j)A = '2'</u> .	<u>Self-Performance = limited assistance</u>	<u>2</u>
	<u>G1(g,j)A = '3'</u> or	<u>Self-Performance = extensive assistance</u>	
	<u>G1(g,j)A = '4'</u> or	<u>Self-Performance = total dependence</u>	
	<u>G1(g,j)A = '8'</u> .	<u>Self-Performance = activity did not occur</u>	<u>3</u>

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ADL Scoring Chart for the above Composite Levels, Continued

<u>A D L</u>	<u>MDS items</u>	<u>Description</u>	<u>Score</u>
<u>Eating</u>	<u>G1hA = '-'</u> or	<u>Self-Performance = missing</u>	
	<u>G1hA = '0'</u> or	<u>Self-Performance = independent</u>	
	<u>G1hA = '1'</u>	<u>Self-Performance = supervision</u>	<u>1</u>
	<u>G1hA = '2'</u>	<u>Self-Performance = limited assistance</u>	<u>2</u>
	<u>G1hA = '3'</u> or	<u>Self-Performance = extensive assistance</u>	
	<u>G1hA = '4'</u> or	<u>Self-Performance = total dependence</u>	
	<u>G1hA = '8'</u>	<u>Self-Performance = activity did not occur</u>	<u>3</u>
	<u>Or</u>		
<u>Eating</u>	<u>K5a = '1'</u> or	<u>Parenteral / IV in last 7 days</u>	
	<u>K5b = '1'</u> and	<u>Tube feeding in last 7 days</u>	
	<u>Intake = 1</u>	<u>See below</u>	<u>3</u>
	<u>Where Intake = 1 if</u>		
	<u>K6a = '3'</u> or	<u>Parenteral/ enteral intake 51-75% of total calories</u>	
	<u>K6a = '4'</u>	<u>Parenteral/enteral intake 76-100% of total calories</u>	
	<u>Or Intake = 1 if</u>		
	<u>K6a = '2'</u> and	<u>Parenteral/enteral intake 25-50% of total calories</u>	
	<u>K6b = '2'</u> or	<u>Average fluid intake by IV or tube is 501-1000 cc/day</u>	
	<u>K6b = '3'</u> or	<u>Average fluid intake by IV or tube is 1001-1500 cc/day</u>	
	<u>K6b = '4'</u> or	<u>Average fluid intake by IV or tube is 1501-2000 cc/day</u>	
	<u>K6b = '5'</u>	<u>Average fluid intake by IV or tube is over 2000 cc/day</u>	

Restorative Programs

3) PROM

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>S W</u>	<u>Act</u>
	<u>G4aA > 0</u> or	<u>Any function limits in ROM of neck</u>				
	<u>G4bA > 0</u> or	<u>Any function limits in ROM of arm</u>				
	<u>G4cA > 0</u> or	<u>Any function limits in ROM of hand</u>				
	<u>G4dA > 0</u> or	<u>Any function limits in ROM of leg</u>				
	<u>G4eA > 0</u> or	<u>Any function limits in ROM of foot</u>				
	<u>G4fA > 0</u> or	<u>Any function limits in ROM of other limitation or loss</u>				
<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
	<u>G4aB > 0</u> or	<u>Any function limits in voluntary movement of neck</u>				
	<u>G4bB > 0</u> or	<u>Any function limits in voluntary movement of arm</u>				

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	<u>G4cB > 0 or</u>	<u>Any function limits in voluntary movement of hand</u>				
	<u>G4dB > 0 or</u>	<u>Any function limits in voluntary movement of leg</u>				
	<u>G4eB > 0 or</u>	<u>Any function limits in voluntary movement of foot</u>				
	<u>G4fB > 0 or</u>	<u>Any function limits in voluntary movement of other limitation or loss</u>				
	<u>AND:</u>					
<u>I</u>	<u>3 <=P3a<=5</u>	<u>3 to 5 days of PROM rehab</u>	<u>10</u>	<u>6</u>		
<u>II</u>	<u>6 <=P3a<=7</u>	<u>6 to 7 days of PROM rehab</u>	<u>15</u>	<u>6</u>		

AROM

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
	<u>G4aA,B > 0 or</u>	<u>Any function limits in voluntary movement of neck</u>				
	<u>G4bA,B > 0 or</u>	<u>Any function limits in voluntary movement of arm</u>				
	<u>G4cA,B > 0 or</u>	<u>Any function limits in voluntary movement of hand</u>				
	<u>G4dA,B > 0 or</u>	<u>Any function limits in voluntary movement of leg</u>				
	<u>G4eA,B > 0 or</u>	<u>Any function limits in voluntary movement of foot</u>				
	<u>G4fA,B > 0 or</u>	<u>Any function limits in voluntary movement of other limitation or loss</u>				
	<u>AND:</u>					
<u>I</u>	<u>3 <=P3b<=5</u>	<u>3 to 5 days of AROM rehab</u>	<u>10</u>	<u>6</u>		
<u>II</u>	<u>6 <=P3b<=7</u>	<u>6 to 7 days of AROM rehab</u>	<u>15</u>	<u>6</u>		

Splint / Brace Assistance

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>3 <=P3c<=5</u>	<u>3 to 5 days of assistance</u>	<u>10</u>	<u>6</u>		
<u>II</u>	<u>6 <=P3c<=7</u>	<u>6 to 7 days of assistance</u>	<u>15</u>	<u>6</u>		

Bed Mobility Restorative

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

Mobility (Transfer) Restorative

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
	<u>'0' < G1bA <'8</u>	<u>Need assistance in transfer</u>				

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	<u>And G7 = '1'</u>	<u>Some or all ADL tasks broken into subtasks</u>				
	<u>And</u>					
<u>I</u>	<u>3 <=P3e<=5</u>	<u>3 to 5 days of rehab or restorative techniques</u>	<u>10</u>	<u>6</u>		
<u>II</u>	<u>6 <=P3e<=7</u>	<u>6 to 7 days of rehab or restorative techniques</u>	<u>15</u>	<u>6</u>		

Walking Restorative

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>S W</u>	<u>Act</u>
	<u>0 < G1cA < 8 or</u>	<u>Any function limits in walking in room</u>				
	<u>0 < G1dA < 8 or</u>	<u>Any function limits in walking in corridor</u>				
	<u>0 < G1eA < 8 or</u>	<u>Any function limits in locomotion on unit</u>				
	<u>0 < G1fA < 8 or</u>	<u>Any function limits in locomotion off unit</u>				
	<u>And G7 = '1'</u>	<u>Some or all ADL tasks broken into subtasks</u>				
	<u>And</u>					
<u>I</u>	<u>3 <=P3f<=5</u>	<u>3 to 5 days of rehab or restorative techniques</u>	<u>10</u>	<u>6</u>		
<u>II</u>	<u>6 <=P3f<=7</u>	<u>6 to 7 days of rehab or restorative techniques</u>	<u>15</u>	<u>6</u>		

Dressing/Grooming Restorative

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
	<u>'0' < G1gA < '8</u>	<u>Need assistance in dressing</u>				
	<u>And G7 = '1'</u>	<u>Some or all ADL tasks broken into subtasks</u>				
	<u>And</u>					
<u>I</u>	<u>3 <=P3g<=5</u>	<u>3 to 5 days of rehab or restorative techniques</u>				
<u>II</u>	<u>6 <=P3g<=7</u>	<u>6 to 7 days of rehab or restorative techniques</u>	<u>10</u>	<u>6</u>		

Eating Restorative

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
	<u>'0' < G1hA < '8' or</u>	<u>Need assistance in eating</u>				
	<u>K1b = '1'</u>	<u>Has swallowing problem</u>				
	<u>And G7 = '1'</u>	<u>Some or all ADL tasks broken into subtasks</u>				
	<u>And</u>					
<u>I</u>	<u>3 <=P3h<=5</u>	<u>3 to 5 days of rehab or restorative techniques</u>	<u>10</u>	<u>6</u>		
<u>II</u>	<u>6 <=P3h<=7</u>	<u>6 to 7 days of rehab or restorative techniques</u>	<u>15</u>	<u>6</u>		

Prosthetic Care

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>3 <=P3i<=5</u>	<u>3 to 5 days of assistance</u>	<u>10</u>	<u>6</u>		
<u>II</u>	<u>6 <=P3i<=7</u>	<u>6 to 7 days of assistance</u>	<u>15</u>	<u>6</u>		

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Communication Restorative

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
	<u>C4 > '0'</u>	<u>Deficit in making self understood</u>				
	<u>And</u>					
<u>I</u>	<u>3 <=P3j<=5</u>	<u>3 to 5 days of rehab or restorative techniques</u>	<u>10</u>	<u>6</u>		
<u>II</u>	<u>6 <=P3j<=7</u>	<u>6 to 7 days of rehab or restorative techniques</u>	<u>15</u>	<u>6</u>		

Other Restorative

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

Continence

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>H3a = '1'</u>	<u>Any scheduled toileting plan</u>	<u>22</u>	<u>3</u>		
	<u>And (H1b > '1' or</u> <u>G1iA > '1')</u>	<u>Incontinent at least 2 or more times a week</u> <u>Self-Performance = limited to total assistance</u>				
<u>II</u>	<u>H3b = '1' and</u> <u>H1b > '1'</u>	<u>Bladder retraining program</u> <u>Incontinent at least 2 or more times a week</u>	<u>22</u>	<u>8</u>		
<u>II</u>	<u>H3b = '1' and</u> <u>(H1b <=1 and H4</u> <u>= 1)</u>	<u>Bladder retraining program for one quarter</u> <u>Residents continence has improved in last 90</u> <u>days</u>	<u>22</u>	<u>8</u>		

Medical Services

Discharge Planning

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>Q1c= '1' or '2'</u>	<u>Stay projected to be within 90 days</u>		<u>16</u>	<u>16</u>	
	<u>And Q2 < '2'</u>	<u>Improved or no change in care needs</u>				
	<u>And P1ar = '1'</u>	<u>Provide training to return to community</u>				

Ends Stage Care

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>

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<u>I</u>	<u>J5c= '1'</u>	<u>End stage disease, 6 or fewer months to live</u>	<u>10</u>	<u>12</u>	<u>8</u>	
		<u>Restoratives set to level '0' except AROM,</u>				
		<u>PROM, Splint/Brace: limit of 4 quarters</u>				

Pain Management

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>J2a > '0'</u>	<u>Demonstrate or complaint of pain</u>	<u>4</u>	<u>8</u>	<u>1</u>	<u>1</u>
	<u>And J2b > '1'</u>	<u>Moderate to excruciating intensity</u>				

Infectious Disease

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>I2a = '1' or</u>	<u>Antibiotic resistant infection</u>	<u>18</u>	<u>17</u>	<u>1</u>	
	<u>I2b = '1' or</u>	<u>Clostridium Difficile</u>				
	<u>I2I = '1' or</u>	<u>TB</u>				
	<u>I2k = '1' or</u>	<u>Viral Hepatitis</u>				
	<u>I2e = '1' or</u>	<u>Pneumonia</u>				
	<u>I2g = '1' or</u>	<u>Septicemia</u>				
	<u>I2l = '1' or</u>	<u>Wound Infection</u>				
	<u>I3 =ICD9 code</u> <u>041.01,133.0</u>	<u>Streptococcus Group A, Scabies</u>				

Acute Medical Conditions

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>J5b = '1' and</u>	<u>Acute episode or flare-up of chronic condition</u>	<u>1</u>	<u>23</u>	<u>1</u>	
	<u>P1ae = '1' and</u>	<u>Monitoring acute medical condition</u>				
	<u>P1ao = '0' Or</u>	<u>Not Hospice care</u>				
	<u>(J5a= '1' and</u>	<u>Condition makes resident's cognitive, ADL,</u>				
		<u>mood or behavior patterns unstable</u>				
	<u>P1ao = '0' and</u>	<u>Not Hospice care</u>				
	<u>P1ae = '1') and</u>	<u>Monitoring acute medical condition</u>				
	<u>(B5a =2 or</u>	<u>Easily distracted over last 7 days</u>				
	<u>B5b =2 or</u>	<u>Periods of altered perceptions or awareness of</u>				
		<u>surroundings over last 7 days</u>				
	<u>B5c =2 or</u>	<u>Episodes of disorganized speech over last 7 days</u>				
	<u>B5d =2 or</u>	<u>Periods of restlessness over last 7 days</u>				
	<u>B5e =2 or</u>	<u>Periods of lethargy over last 7 days</u>				

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	<u>B5f =2)</u>	<u>Mental function varies over course of day in last 7 days</u>				
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Nutrition

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>K5h = '1'</u>	<u>On a planned weight change program</u>	<u>4</u>	<u>3</u>	<u>1</u>	
<u>II</u>	<u>K5b = '1' and</u>	<u>Tube feeding in last 7 days</u>	<u>0</u>	<u>22</u>	<u>1</u>	
	<u>Intake = 1</u>	<u>See below</u>				
	<u>Intake = 1 if</u>					
	<u>K6a = '3' or</u>	<u>Parenteral/ enteral intake 51-75% of total calories</u>				
	<u>K6a = '4'</u>	<u>Parenteral/enteral intake 76-100% of total calories</u>				
	<u>Or Intake = 1 if</u>					
	<u>K6a = '2' and</u>	<u>Parenteral/enteral intake 25-50% of total calories</u>				
	<u>K6b = '2' or</u>	<u>Average fluid intake by IV or tube is 501-1000 cc/day</u>				
	<u>K6b = '3' or</u>	<u>Average fluid intake by IV or tube is 1001-1500 cc/day</u>				
	<u>K6b = '4' or</u>	<u>Average fluid intake by IV or tube is 1501-2000 cc/day</u>				
	<u>K6b = '5'</u>	<u>Average fluid intake by IV or tube is over 2000 cc/day</u>				

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

Decubitus Prevention

	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
	<u>M3 = '1' or</u>	<u>History of resolved ulcers in last 90 days</u>	<u>15</u>	<u>8</u>		
	<u>Any two of :</u>					
	<u>M5a</u>	<u>Pressure relieving device(s) for chair</u>				
	<u>M5b</u>	<u>Pressure relieving device(s) for bed</u>				
	<u>M5c</u>	<u>Turning or repositioning program</u>				
	<u>M5d</u>	<u>Nutrition or hydration intervention for skin</u>				
	<u>M5i</u>	<u>Other prevention for skin (other than feet)</u>				

Moderate Skin Intensity Services or Ostomy Care Services

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>I</u>	<u>M1a > '0' or</u>	<u>Stage 1 ulcers</u>	<u>5</u>	<u>10</u>		

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	<u>M1b> '0' or</u>	<u>Stage 2 ulcers</u>				
	<u>Any of :</u>	<u>Other Skin Problems(below):</u>				
	<u>M4a</u>	<u>Abrasions, bruises</u>				
	<u>M4b</u>	<u>Burns</u>				
	<u>M4c</u>	<u>Open lesions other than ulcers</u>				
	<u>M4d</u>	<u>Rashes</u>				
	<u>M4e</u>	<u>Skin desensitized tp pain or pressure</u>				
	<u>M4f</u>	<u>Skin tears or cuts (other than surgery)</u>				
	<u>M4g</u>	<u>Surgical wounds</u>				

Moderate Skin Intensity Services or Ostomy Care Services continued

	<u>And any of :</u>	<u>Skin Treatments (below):</u>				
	<u>M5a</u>	<u>Pressure relieving device(s) for chair</u>				
	<u>M5b</u>	<u>Pressure relieving device(s) for bed</u>				
	<u>M5c</u>	<u>Turning or repositioning program</u>				
	<u>M5d</u>	<u>Nutrition or hydration intervention for skin</u>				
	<u>M5e</u>	<u>Ulcer care</u>				
	<u>M5f</u>	<u>Surgical wound care</u>				
	<u>M5g</u>	<u>Application of dressings(other than feet)</u>				
	<u>M5h</u>	<u>Application of ointments(other than feet)</u>				
	<u>M5i</u>	<u>Other prevention for skin (other than feet)</u>				
	<u>OR</u>					
	<u>(M6b = '1' or</u>	<u>Infection of the foot</u>				
	<u>M6c = '1') and</u>	<u>Open lesion of the foot</u>				
	<u>M6f = '1'</u>	<u>And application of a dressing</u>				
	<u>OR</u>					
	<u>P1af = '1'</u>	<u>Provide ostomy care in last 14 days</u>				

Intensive Skin Care Services

<u>Lev</u>	<u>MDS items</u>	<u>Description</u>	<u>Unl</u>	<u>Lic</u>	<u>SW</u>	<u>Act</u>
<u>II</u>	<u>M1c> '0' or</u>	<u>Stage 3 ulcers</u>	<u>5</u>	<u>30</u>		
	<u>M1d> '0' or</u>	<u>Stage 4 ulcers</u>				
	<u>And any of:</u>	<u>Skin Treatments (below):</u>				
	<u>M5a</u>	<u>Pressure relieving device(s) for chair</u>				
	<u>M5b</u>	<u>Pressure relieving device(s) for bed</u>				
	<u>M5c</u>	<u>Turning or repositioning program</u>				
	<u>M5d</u>	<u>Nutrition or hydration intervention for skin</u>				

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	M5e	Ulcer care				
	M5f	Surgical wound care				
	M5g	Application of dressings(other than feet)				
	M5h	Application of ointments(other than feet)				
	M5I	Other prevention for skin (other than feet)				
		Set Moderate Skin Integrity Services to zero				

[I V Therapy](#)

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

[Injections](#)

Lev	MDS items	Description	Unl	Lic	SW	Act
I	O3 > '0'	Number of Injection in last 7days		6		

[Oxygen Therapy](#)

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

[Extensive respiratory Services](#)

Lev	MDS items	Description	Unl	Lic	SW	Act
I	P1ai = '1' or	Performed suctioning in last 14 days	15	30		
	P1aj = '1'	Administered tracheostomy care in last 14 days				

[Hydration](#)

Lev	MDS items	Description	Unl	Lic	SW	Act
I	H2b = '1' And		15	7		1
	Any two of:					
	'1' <=O4e <= '7'	Receives a diuretic medication in last 7 days				
	I3 a,b,c,d,e =276.5	Volume depletion, dehydration				
	I2j = '1'	Urinary Tract Infection in last 30 days				
	J1c = '1'	Dehydrated				
	J1d = '1'	Did not consume most fluids provided (3 days)				

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	J1h = '1'	Fever
	J1j = '1'	Internal bleeding
	And K5a,b = '0'	Not have parenteral /IV or feeding tube

Mental Health Services– only the highest qualifying score of the three services applies

Psychosocial Adaptation Services

Lev	MDS items	Description	Unl	Lic	S W	Ac t
I	(P2a = '1' or P2b = '1' or P2c = '1' or P2d = '1') And Any E1a-p = '1' or F1g = '1' or Any F2a-g = '1' or Any F3a-c = '1' or E4aA > '0' or E4bA > '0' or E4cA > '0' or E4dA > '0' or E4eA > '0' or	Behavior symptom evaluation Evaluation by licensed MH specialist within last 90 days Group therapy Resident specific changes to environment Indicators of Depression No indicators of psychosocial well – being Any unsettled relationships Issues with past rolls Wandering in last 7 days Verbally abusive in last 7 days Physically abusive in last 7 days Inappropriate or disruptive behavior in last 7 days Resists care in last 7 days	12	6	8	2

Cognitive Impairment / Memory Assistance Services

Lev	Description	Unl	Lic	SW	Act
II	Cognitive Performance Scale of > = to 3	16	6	11	10
III	Cognitive Performance Scale of > = to 5	21	11	16	15

Cognitive Performance Scale Codes

Scale	Description

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

Impairment Count for the Cognitive Performance Scale

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

Severe Impairment Count for the Cognitive Performance Scale

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

Cognitive Performance Scale

Scale	MDS items	Description
Coma	N1a = '0' and	Awake all or most of the time in the morning
	N1b = '0' and	Awake all or most of the time in the afternoon
	N1c = '0' and	Awake all or most of the time in the evening
	B1 = '1' and	Is comatose
	G1aA = '4' or '8' And	Bed-Mobility Self-Performance = total dependence or did not occur
	G1bA = '4' or '8' And	Transfer Self-Performance = total dependence or did not occur
	G1hA = '4' or '8' And	Eating Self-Performance = total dependence or did not occur
	G1iA = '4' or '8' And	Toilet Use Self-Performance = total dependence or did not occur
6	Not (B4 = '0', '1', '2')	Not have cognitive skills independent to moderately impaired
6	B4 = '3' And	Cognitive skills severely impaired
	G1hA = '4' or '8'	Eating Self-Performance = total dependence or did not occur
5	B4 = '3' And	Cognitive skills severely impaired

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	G1hA = '1' or <= '3'	Eating Self-Performance = missing to extensive assistance
4	If IC code = 2 or 3	Some dependence in cognitive skills
		Difficulty finding words to rarely or never understood
	And SIC code = 2	Sometimes understood to rarely or never understood
3	If IC code = 2 or 3	Some dependence in cognitive skills
		Difficulty finding words to rarely or never understood
	And SIC code = 1	Moderately impaired in cognitive skills
	If IC code = 2 or 3	Some dependence in cognitive skills
		Difficulty finding words to rarely or never understood
2	And SIC code = 0	Better than moderate cognition skills and usually can be understood
1	If IC code = 1	Memory problem

Psychiatric Rehabilitation Services

Lev	MDS items	Description	Unl	Lic	SW	Act
IV	I1dd = '1' or	Anxiety Disorder	20	10	20	
	I1ff = '1' or	Manic depression (bipolar)				
	I1gg = '1' or	Schizophrenia				
	J1e = '1' or	Delusions in last 7 days				
	J1I = '1'	Hallucinations in last 7 days				
V	If above And		24	12	30	5
	E4aA > '0' or	Wandering in last 7 days				
	E4bA > '0' or	Verbally abusive in last 7 days				
	E4cA > '0' or	Physically abusive in last 7 days				
	E4dA > '0' or	Inappropriate or disruptive behavior in last 7 days				
	E4eA > '0' or	Resists care in last 7 days				

Special Patient Need Factors

Communication

Count	MDS items	Description	
I	C4 > '0' or	Deficit in making self understood	1% of all staff time accrued in all categories from

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			ADL's through Mental Health
	C6 > '0'	Deficit in understanding others	

[Vision Problems](#)

Count	MDS items	Description	
I	D1 > '0' or	Vision impaired to Severely impaired	2% of all staff time accrued in all categories from ADL's through Mental Health
	D2a = '1' or	Decreased peripheral vision	
	D2b = '1'	Experience halos around lights, light flashes	

[Accident / Fall Prevention](#)

Count	MDS items	Description	
I	G3a > '0' or	Unable to maintained position as required for balance test while standing	3% of all staff time accrued in all categories from ADL's through Mental Health
	G3b > '0' or	Unable to maintained position as required for balance test while sitting	
	J4a = '1' or	Fell in past 30 days	
	J4b = '1' or	Fell in past 31 – 180 days	
	J1n = '1' or	Has unsteady gait	
	E4aA > '0'	Wandered in last 7 days	

[Restraint Free](#)

Count	MDS items	Description	
I		In last assessment:	

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	<u>P4c > '1' or</u>	<u>Use trunk restraint daily in last 7 days</u>	<u>2% of all staff time accrued in all categories from ADL's through Mental Health</u>
	<u>P4d > '1' or</u>	<u>Use limb restraint daily in last 7 days</u>	
	<u>P4e > '1'</u>	<u>Use chair that prevents rising daily in last 7 days</u>	
	<u>And</u>	<u>And in current assessment:</u>	
	<u>P4c = '0' or</u>	<u>Not used trunk restraint in last 7 days</u>	
	<u>P4d = '0' or</u>	<u>Not use limb restraint in last 7 days</u>	
	<u>P4e = '0'</u>	<u>Not use chair that prevents rising in last 7 days</u>	

Activities

<u>Count</u>	<u>MDS items</u>	<u>Description</u>	
<u>I</u>	<u>N2 = '0 or '1' and</u>	<u>Involved in activities more than 1/3 of time</u>	<u>2% of all staff time accrued in all categories from ADL's through Mental Health</u>
	<u>(G6a = '1' or</u>	<u>Bedfast all or most of the time</u>	
	<u>C4 > '1' or</u>	<u>Sometimes or rarely or never understood</u>	
	<u>C6 > '1' or</u>	<u>Sometimes or rarely or never understands others</u>	
	<u>E1o > '0' or</u>	<u>Withdraws from activities of interest more than 5 days a week</u>	
	<u>(AA3-a3a) / 365.25 <=50' or</u>	<u>Resident is 50 years of age or younger at the time of the assessment reference date</u>	

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	E1p > '0' or	Reduce social interaction	
	E4aA > '0' or	Wandering in last 7 days	
	E4bA > '0' or	Verbally abusive in last 7 days	
	E4cA > '0' or	Physically abusive in last 7 days	
	E4dA > '0' or	Inappropriate or disruptive behavior in last 7 days	
	E4eA > '0' or	Resists care in last 7 days	
	G4bB > '0' or	Limited ROM voluntary movement of arm	
	G4cB > '0' or	Limited ROM voluntary movement of hand	
	G4dB > '0') Or	Limited ROM voluntary movement of leg	
	E2 > '0' And	Indicators of being depressed	
	(E1a > '0' or	Made negative statements	
	E1n > '0' or	Makes repetitive physical movements	
	E4eA > '0' or	Resisted care in last 7 days	
	E1o > '0' or	Withdraws from activities of interest more than 5 days a week	
	E1p > '0' or	Reduce social interaction	
	E1j > '0' or	Unpleasant mood in morning more than 5 days a week	
	N1d > '0' or	Not awake all or most of the time	
	N1a,b,c <=1 and	Not awake all or most of the time	

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	<u>B1 = '0' Or</u>	<u>Not comatose</u>	
	<u>E1g > '0' or</u>	<u>Repeated statements of something terrible will happen</u>	
	<u>K3a = '1'</u>	<u>Weight loss (5% in 30 days or 10% in 180 days)</u>	

a) ~~The following reimbursement times, allocations, and need levels apply for all reimbursement periods commencing on January 1, 1991 through June 30, 1991.~~

Item	Level	Time	Allocation	Staff Type
Bathing,	0	6		Nurse Aide
Grooming	1	12		Nurse Aide
	2	22		Nurse Aide
Clothing	0	4		Nurse Aide
	1	10		Nurse Aide
	2	20		Nurse Aide
Eating	0	6		Nurse Aide
	1	15		Nurse Aide
	2	39		Nurse Aide
	3	39		Licensed Staff
Mobility	0	5		Nurse Aide
	1	12		Nurse Aide
	2	14		Nurse Aide
Continence	0	2		
	1	14		Nurse Aide
	2	19.6		Nurse Aide
Psycho	0	12		Nurse Aide
Social Care	1	28	19.5/	Nurse Aide/
			8.5	Licensed Staff
Appliances	0	0		
	1	7	6/1	Nurse Aide/
				Licensed Staff

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Catheters	0	0		
	1	12.1	6/6.1	Nurse Aide/ Licensed Staff
Pressure	0	0		
Ulcer Care	1	8		Licensed Staff
	2	20		Licensed Staff
	3	0	0/0	
	4	0	0/0	
Pressure	0	0		
Ulcer	1	8	6/2	Nurse Aide/ Licensed Staff
Prevention				Licensed Staff
	2	14	12/2	Nurse Aide/ Licensed Staff
Wound	0	0		
Care	1	6		Licensed Staff
	2	18		Licensed Staff
Injections	0	0		
	1	1		Licensed Staff
	2	4.5		Licensed Staff
Intravenous,	0	0		
Clysis	1	4		Licensed Staff
	2	8		Licensed Staff
Lab	0	0		
Specimen	1	1	.5/.5	Nurse Aide/ Licensed Staff
				Licensed Staff
	2	2	1/1	Nurse Aide/ Licensed Staff
				Licensed Staff
	3	10	5/5	Nurse Aide/ Licensed Staff
				Licensed Staff
Medications	0	12.8		Licensed Staff
and Medica	1	16.1		Licensed Staff

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tion Monitoring	2	18.1		Licensed Staff
Occupational Therapy	0	0		
	1	14	13/1	Nurse Aide/ Therapist
Ostomy Care	0	0		
	1	6		Licensed Staff
	2	13		Licensed Staff
Physical Therapy	0	0		
	1	14	13/1	Nurse Aide/ Therapist
Respiratory Therapy	0	0		
	1	17	15/2	Nurse Aide/ Licensed Staff
	2	25	5/20	Nurse Aide/ Licensed Staff
Tracheostomy Care	0	0		
	1	6		Licensed Staff
	2	13		Licensed Staff
Suctioning	0	0		
	1	5		Licensed Staff
	2	30		Licensed Staff
Passive Range of Motion	0	0		
	1	11.8		Nurse Aide
Resident Assessment	0	2.6	.5/1.1/ .7/.3	Nurse Aide/ Licensed Staff/ Registered Nurse/ Social Worker
	1	7.8	1.5/ 3.3/ 2.1/.9	Nurse Aide/ Licensed Staff/ Registered Nurse/

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				Social Worker
Discharge	0	0		
Planning	1	10		Licensed Staff
Health and	0	0		
Fitness	1	4	3/1	Nurse Aide/ Licensed Staff
Activities	0	10		Nurse Aide
Grooming	0	3		Nurse Aide
Social	0	0		
Services	1	2	.5/.5/1	Nurse Aide/ Licensed Staff/ Social Worker
	2	3.6	.8/.8/2	Nurse Aide/ Licensed Staff/ Social Worker
Restraint	0	0		
Management	1	8	6/2	Nurse Aide/ Licensed Staff
and Reduction				
Communi-	0	0		
cation	1	2.5	2/.5	Nurse Aide/ Licensed Staff
	2	5	4/1	Nurse Aide/ Licensed Staff
	3	7.5	6/1.5	Nurse Aide/ Licensed Staff

Agency Note: level "0" carries no reimbursement potential when accompanied by "0" time. Level "0" provides reimbursement for every facility when accompanied with time. Such time becomes a facility's base rate for every resident.

- b) The following reimbursement times, allocations, and need levels apply for all reimbursement periods commencing on July 1, 1991 through December 31, 1992.

Item	Level	Time	Allocation	Staff Type
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Bathing, Grooming	0	7	6/1	Nurse Aide/ Licensed Staff
	1	13	12/1	Nurse Aide/ Licensed Staff
	2	23	22/1	Nurse Aide/ Licensed Staff
Clothing	0	5	4/1	Nurse Aide/ Licensed Staff
	1	11	10/1	Nurse Aide/ Licensed Staff
	2	21	20/1	Nurse Aide/ Licensed Staff
Eating	0	7	6/1	Nurse Aide/ Licensed Staff
	1	16	15/1	Nurse Aide/ Licensed Staff
	2	40	39/1	Nurse Aide/ Licensed Staff
	3	40		Licensed Staff
Mobility	0	6	5/1	Nurse Aide/ Licensed Staff
	1	13	12/1	Nurse Aide/ Licensed Staff
	2	15	14/1	Nurse Aide/ Licensed Staff
Continence	0	2		
	1	14		Nurse Aide
	2	19.6		Nurse Aide
Psycho- Social Care	0	12		Nurse Aide
	1	28	19.5/ 8.5	Nurse Aide/ Licensed Staff
Appliances	0	0		
	1	7	6/1	Nurse Aide/

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				Licensed Staff
Catheters	0	0		
	1	12.1	6/6.1	Nurse Aide/ Licensed Staff
Pressure	0	0		
Ulcer Care	1	8		Licensed Staff
	2	20		Licensed Staff
	3	0	0/0	Nurse Aide/ Licensed Staff
	4	0	0/0	Nurse Aide/ Licensed Staff
Pressure	0	0		
Ulcer	1	8	6/2	Nurse Aide/ Licensed Staff
Prevention	2	14	12/2	Nurse Aide/ Licensed Staff
Wound Care	0	0		
	1	6		Licensed Staff
	2	18		Licensed Staff
Injections	0	0		
	1	1		Licensed Staff
	2	4.5		Licensed Staff
Intravenous, Clysis	0	0		
	1	4		Licensed Staff
	2	8		Licensed Staff
Lab	0	0		
Specimen	1	1	.5/.5	Nurse Aide/ Licensed Staff
	2	2	1/1	Nurse Aide/ Licensed Staff
	3	10	5/5	Nurse Aide/ Licensed Staff
Medications and Medi-	0	12.8		Licensed Staff
	1	16.1		Licensed Staff

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Education Monitoring	2	18.1		Licensed Staff
Occupational Therapy	0 1	0 16	13/3	Nurse Aide/Therapist
Ostomy Care	0 1 2	0 6 13		Licensed Staff Licensed Staff
Physical Therapy	0 1	0 16	13/3	Nurse Aide/Therapist
Respiratory Therapy	0 1 2	0 17 25	15/2 5/20	Nurse Aide/ Licensed Staff Nurse Aide/ Licensed Staff
Tracheostomy Care	0 1 2	0 6 13		Licensed Staff Licensed Staff
Suctioning	0 1 2	0 5 30		Licensed Staff Licensed Staff
Passive Range of Motion	0 1	0 11.8		Nurse Aide
Resident Assessment	0 1	2.6 7.8	.5/1.1/ .7/.3 1.5/3.3/ 2.1/.9	Nurse Aide/ Licensed Staff/ Registered Nurse/ Social Worker Nurse Aide/ Licensed Staff/ Registered Nurse/ Social Worker
Discharge	0	0		

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Planning	1	10		Licensed Staff
Health and	0	0		
Fitness	1	4	3/1	Nurse Aide/ Licensed Staff
Activities	0	10		Nurse Aide
Grooming	0	3		Nurse Aide
Social	0	0		
Services	1	2	.5/.5/1	Nurse Aide/ Licensed Staff/ Social Worker
	2	7	1/1/5	Nurse Aide/ Licensed Staff/ Social Worker
Restraint	0	0		
Management and Reduction	1	10	8/2	Nurse Aide/ Licensed Staff
Communi- cation	0	0		
	1	2.5	2/.5	Nurse Aide/ Licensed Staff
	2	5	4/1	Nurse Aide/ Licensed Staff
	3	7.5	6/1.5	Nurse Aide/ Licensed Staff

Agency Note: level "0" carries no reimbursement potential when accompanied by "0" time. Level "0" provides reimbursement for every facility when accompanied with time. Such time becomes a facility's base rate for every resident.

- e) The following reimbursement times, allocations, and need levels apply for all reimbursement periods commencing on or after January 1, 1993:

Item	Level	Time	Allocation	Staff Type
Bathing, Grooming	0	7	6/1	Nurse Aide/ Licensed Staff
	1	13	12/1	Nurse Aide/

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	2	23	22/1	Licensed Staff Nurse Aide/ Licensed Staff
Clothing	0	5	4/1	Nurse Aide/ Licensed Staff
	1	11	10/1	Nurse Aide/ Licensed Staff
	2	21	20/1	Nurse Aide/ Licensed Staff
Eating	0	7	6/1	Nurse Aide/ Licensed Staff
	1	16	15/1	Nurse Aide/ Licensed Staff
	2	40	39/1	Nurse Aide/ Licensed Staff
	3	40		Licensed Staff
Mobility	0	6	5/1	Nurse Aide/ Licensed Staff
	1	13	12/1	Nurse Aide/ Licensed Staff
	2	15	14/1	Nurse Aide/ Licensed Staff
Continence	0	2		
	1	14		Nurse Aide
	2	19.6		Nurse Aide
Psycho- Social Care	0	12		Nurse Aide
	1	28	19.5/8.5	Nurse Aide/ Licensed Staff
Appliances	0	0		
	1	7	6/1	Nurse Aide/ Licensed Staff
Catheters	0	0		

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	1	12.1	6/6.1	Nurse Aide/ Licensed Staff
Pressure	0	0		
Uleer Care	1	8		Licensed Staff
	2	20		Licensed Staff
	3	0	0/0	Nurse Aide/ Licensed Staff
	4	0	0/0	Nurse Aide/ Licensed Staff
Pressure	0	0		
Uleer	1	8	6/2	Nurse Aide/ Licensed Staff
Prevention	2	14	12/2	Nurse Aide/ Licensed Staff
Wound Care	0	0		
	1	6		Licensed Staff
	2	18		Licensed Staff
Injections	0	0		
	1	1		Licensed Staff
	2	4.5		Licensed Staff
Intravenous, Clysis	0	0		
	1	4		Licensed Staff
	2	8		Licensed Staff
Lab	0	0		
Specimen	1	1	.5/.5	Nurse Aide/ Licensed Staff
	2	2	1/1	Nurse Aide/ Licensed Staff
	3	10	5/5	Nurse Aide/ Licensed Staff
Medications and Medica- tion Moni- toring	0	12.8		Licensed Staff
	1	16.1		Licensed Staff
	2	18.1		Licensed Staff

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Occupational	0	0		
Therapy	1	16	13/3	Nurse Aide/Therapist
and Related	2	14	1/13	Therapist/
Rehabilitation				Therapist Asst.
Services	3	14		Therapist
Ostomy Care	0			
	1	6		Licensed Staff
	2	13		Licensed Staff
Physical	0	0		
Therapy	1	16	13/3	Nurse Aide/Therapist
and Related	2	14	1/13	Therapist/
Rehabilitation				Therapist Asst.
Services	3	14		Therapist
Respiratory	0	0		
Therapy	1	17	15/2	Nurse Aide/
				Licensed Staff
	2	25	5/20	Nurse Aide/
				Licensed Staff
Trache-	0	0		
ostomy Care	1	6		Licensed Staff
	2	13		Licensed Staff
Suctioning	0	0		
	1	5		Licensed Staff
	2	30		Licensed Staff
Passive Range	0	0		
of Motion	1	11.8		Nurse Aide
Resident	0	2.6	.5/1.1/	Nurse Aide/
Assessment			.7/.3	Licensed Staff/
				Registered Nurse/
	1	7.8	1.5/3.3/	Social Worker
			2.1/.9	Nurse Aide/
				Licensed Staff/
				Registered Nurse/

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				Social Worker
Discharge	0	0		
Planning	1	10		Licensed Staff
Health and	0	0		
Fitness	1	4	3/1	Nurse Aide/ Licensed Staff
Activities	0	10		Nurse Aide
Grooming	0	3		Nurse Aide
Social	0	0		
Services	1	2	.5/.5/1	Nurse Aide/ Licensed Staff/ Social Worker
	2	7	1/1/5	Nurse Aide/ Licensed Staff/ Social Worker
Restraint	0	0		
Management	1	10	8/2	Nurse Aide/ Licensed Staff
and Reduction				
Communi-	0	0		
cation	1	2.5	2/.5	Nurse Aide/ Licensed Staff
	2	5	4/1	Nurse Aide/ Licensed Staff
	3	7/.5	6/1.5	Nurse Aide/ Licensed Staff
Speech	0	0		
Therapy	1	8		Therapist

~~Agency Note: level "0" carries no reimbursement potential when accompanied by "0" time.
Level "0" provides reimbursement for every facility when accompanied with time.
Such time becomes a facility's base rate for every resident.~~

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(Source: Amended at 27 Ill. Reg. _____, effective _____)

Section 147.TABLE B Staff Time and Allocation for Restorative Programs ([Repealed](#))~~Table B refers to Section 147.25, "Restorative Care"~~

- a) ~~The following reimbursement times, allocations, and need levels, apply for all reimbursement periods commencing on January 1, 1991 through June 30, 1991.~~

Item	Level	Time	Allocation	Staff Type
Bathing, Grooming	0	0		
	1	14	12/4	Nurse Aide/ Licensed Staff
	2	20	18/2	Nurse Aide/ Licensed Staff
Clothing	0	0		
	1	14	12/2	Nurse Aide/ Licensed Staff
	2	20	18/2	Nurse Aide/ Licensed Staff
Eating	0	0		
	1	14	12/2	Nurse Aide/ Licensed Staff
	2	23	21/2	Nurse Aide/ Licensed Staff
Mobility	0	0		
	1	20	18/2	Nurse Aide/ Licensed Staff
	2	27	25/2	Nurse Aide/ Licensed Staff
Continence	0	0		
	1	14	12/2	Nurse Aide/ Licensed Staff
	2	26	24/2	Nurse Aide/ Licensed Staff

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~~Agency Note: Level "0" carries no reimbursement potential when accompanied by "0" time.~~

- b) ~~The following reimbursement times, allocations, and need levels apply for all reimbursement periods commencing on July 1, 1991 through December 31, 1992.~~

Item	Level	Time	Allocation	Staff Type
Bathing, Grooming	0	0		
	1	16	12/4	Nurse Aide/ Licensed Staff
	2	22	18/4	Nurse Aide/ Licensed Staff
Clothing	0	0		
	1	16	12/4	Nurse Aide/ Licensed Staff
	2	22	18/4	Nurse Aide/ Licensed Staff
Eating	0	0		
	1	27	22/5	Nurse Aide/ Licensed Staff
	2	36	31/5	Nurse Aide/ Licensed Staff
Mobility	0	0		
	1	22	18/4	Nurse Aide/ Licensed Staff
	2	29	25/4	Nurse Aide/ Licensed Staff
Continence	0	0		
	1	14	12/2	Nurse Aide/ Licensed Staff
	2	26	24/2	Nurse Aide/ Licensed Staff

~~Agency Note: Level "0" carries no reimbursement potential when accompanied by "0" time.~~

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e) ~~The following reimbursement times, allocations, and need levels apply for all reimbursement periods commencing on or after January 1, 1993.~~

Item	Level	Time	Allocation	Staff Type
Bathing, Grooming	0	0		
	1	17	12/4/1	Nurse Aide/Licensed Staff/Therapist
	2	23	18/4/1	Nurse Aide/Licensed Staff/Therapist
Clothing	0	0		
	1	17	12/4/1	Nurse Aide/Licensed Staff/Therapist
	2	23	18/4/1	Nurse Aide/Licensed Staff/Therapist
Eating	0	0		
	1	28	22/5/1	Nurse Aide/Licensed Staff/Therapist
	2	37	31/5/1	Nurse Aide/Licensed Staff/Therapist
Mobility	0	0		
	1	23	18/4/1	Nurse Aide/Licensed Staff/Therapist
	2	30	25/4/1	Nurse Aide/Licensed Staff/Therapist
Continence	0	0		
	1	14	12/2	Nurse Aide/ Licensed Staff
	2	26	24/2	Nurse Aide/ Licensed Staff

~~Agency Note: Level "0" carries no reimbursement potential when accompanied by "0" time.~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147.TABLE C Comprehensive Resident Assessment ([Repealed](#))

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a) ~~Verification of Level of Service~~

~~A comprehensive resident assessment must be completed within 14 days of admission or, in the case of a significant change in resident condition, as soon as the resident stabilizes at a new functional or cognitive level or within 14 days, whichever is earlier and must be repeated no less often than every 12 months from the date of the last full comprehensive resident assessment. A comprehensive care plan must be developed within seven days of completion of the comprehensive resident assessment and updated every 90 days or sooner if the resident has experienced a significant change in status. The interdisciplinary team must examine each resident no less than once every 90 days and, as appropriate, revise the resident's assessment to assure the continued accuracy of the assessment. A resident would score on this level if two or more full comprehensive assessments were necessary and completed in the past year because of a significant change in the resident condition.~~

b) ~~Needs Not Met~~

- ~~1) Comprehensive resident assessment not completed within 14 days of admission or, in the case of a significant change in condition, as soon as the resident stabilizes at a new functional or cognitive level or within 14 days, whichever is earlier.~~
- ~~2) Comprehensive resident assessment not completed within 12 months from the date of the last comprehensive resident assessment.~~
- ~~3) Care plan not developed by interdisciplinary team within seven days of completion of the comprehensive resident assessment or care plan not updated every 90 days or sooner if the resident has experienced a significant change in status.~~
- ~~4) Comprehensive resident assessment not reviewed and updated at least quarterly as indicated by date and signature of person completing the quarterly review.~~
- ~~5) The assessment process is not coordinated by a registered nurse, as indicated by date and signature on comprehensive assessment.~~

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- e) ~~Agency Note~~
- ~~1) Nursing home residents admitted prior to October 1, 1990 are required to have a minimum data set comprehensive assessment completed before October 1, 1991. IOCs which take place between January 1, 1991 and October 1, 1991 which include residents admitted prior to October 1, 1990 who have not yet had a minimum data set comprehensive resident assessment are to be scored "0" with no Need Not Met given.~~
 - ~~2) Reassessment must be consistent with observation, interview progress notes and care plan.~~
 - ~~3) Interdisciplinary team shall include resident, resident's family and/or legal representative and/or guardian; attending physician; registered nurse; licensed nurse responsible for resident; social service staff; and other appropriate staff in disciplines as determined by the resident's needs; such as, activity staff; dietary staff; direct care certified nurses' aide; and rehabilitation personnel.~~
 - ~~4) A "significant change" means any of the following:~~
 - ~~A) Deterioration in two or more activities of daily living, communication and/or cognitive abilities that appear permanent. For example, simultaneous functional and cognitive decline often experienced by residents with chronic, degenerative illness such as Alzheimer's Disease or pronounced functional changes following a stroke.~~
 - ~~B) Loss of ability to freely ambulate or to use hands to grasp small objects to feed or groom oneself such as a spoon, toothbrush or comb. Such losses must be permanent and not attributable to identifiable, reversible causes such as drug toxicity from introducing a new medication or an episode of acute illness such as influenza.~~
 - ~~C) Deterioration in behavior, mood and/or relationships where staff conclude that these changes in the resident's psychosocial status are not likely to improve without staff intervention.~~
 - ~~D) A serious clinical complication.~~

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- ~~E) A new diagnosis of a condition that is likely to affect the resident's physical, mental or psychosocial well-being over a prolonged period of time.~~
- ~~F) Onset of a significant weight loss or weight gain (5% in one month, 7.5% in three months, 10% in six months or a continuous weight loss or gain over six months) which is not a care plan goal.~~
- ~~G) Deterioration in a resident's health status where this change places the resident's life in danger, e.g., stroke, heart condition or diagnosis of metastatic cancer; is associated with a serious clinical complication, e.g., initial onset of nonrelieved delirium, or recurrent loss of consciousness; or is associated with an initial new diagnosis of a condition that is likely to affect the resident's physical, mental or psychosocial well-being over a prolonged period of time, e.g., Alzheimer's Disease or diabetes.~~
- ~~H) A marked and sudden improvement in the resident's status; for example, a comatose resident regaining consciousness.~~
- 5) Document in progress notes the initial identification of a significant change in status.
- 6) Once the interdisciplinary team determines the resident's change in status is likely to be permanent, complete a full comprehensive assessment within 14 days of this determination.
- 7) Do not assess the resident if declines in a resident's physical, mental or psychosocial well-being are being attributed to:
 - A) Discrete and easily reversible cause(s) documented in the resident's record and for which facility staff can initiate corrective action. For example, an anticipated side effect of introducing a psychotropic medication while attempting to establish a clinically effective dose level.
 - B) Short term acute illness such as a mild fever secondary to a cold from which facility staff expect full recovery of the resident's premorbid functional abilities and health status.

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- ~~C) Well-established, predictive cyclical patterns of clinical signs and symptoms associated with previously diagnosed conditions. For example, depressive symptoms in a resident previously diagnosed with bipolar disease.~~
- ~~8) The facility may amend assessment information collected during the 14 days postadmission period up until the 21st day after admission if any of the following three circumstances occur:
 - ~~A) Staff have no way to complete an item by the 14th day because information is not available;~~
 - ~~B) Further observation and interaction with the resident reveals the need to alter the initial assessments in any of the following MDS domains: cognitive patterns, communication patterns, potential for self-care improvement/rehabilitation; psychosocial well-being, mood and behavior patterns and activity pursuit patterns; or~~
 - ~~C) Upon admission, the resident's condition is unstable because he/she is experiencing an acute illness or flare-up of a chronic problem and the acute illness or chronic problem is controlled by the 21st day.~~~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147. TABLE D Functional Needs and Restorative Care [\(Repealed\)](#)

- ~~a) Category 1—Bathing/Grooming
 - ~~1) Functional Area
 - ~~A) Verification of Level of Service
 - ~~i) Kardex, flow sheet or care plan;~~
 - ~~ii) Observation of resident to determine overall functional ability;~~~~~~~~

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~~iii) Observation of 5-12 residents during bathing to determine level of assistance provided; and~~

~~iv) Need for hands-on assistance must be supported by assessment/reassessment.~~

~~B) Needs Not Met~~

~~i) Following supplies are not available and/or the facility does not have a method of identifying individual resident supplies. Resident supplies are not stored in a sanitary manner: toothbrush and paste; comb; denture supplies, if appropriate; shavers or razors; washcloth and towels; and soap.~~

~~ii) Facility does not have available: clippers or scissors for nail care; individualized deodorants; and shampoos.~~

~~iii) Equipment is not: in good repair; clean; sanitized between resident use; used, as evidenced by resident's appearance.~~

~~iv) Resident has: dirty or untrimmed nails; dirty or uncombed hair; body odor; a dirty body, includes earwax build up; foreign matter crusted on eyes or mouth, etc.; lack of oral hygiene; and not been shaven (see Agency Note).~~

~~C) Agency Note~~

~~i) Consider the time of day, i.e., right after a meal a resident may not be as clean as early morning.~~

~~ii) If the case manager determines the documented level of bathing assistance required by the facility staff is incorrect in more than 25% of the residents checked for verification, the case manager will have to check more residents for verification. (All residents in the facility may have to be checked if the facility does not give accurate information.)~~

~~iii) If resident is not shaved due to personal preference, it~~

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~~should be noted in the Kardex or care plan.~~

- ~~iv) Odor related to a medical condition or untreatable cause should not be marked NEED NOT MET, so long as the problem has been identified. The problem is documented in the clinical record and there is an appropriately implemented treatment plan to correct or alleviate the condition.~~

2) Restorative

A) Verification of Level of Service

- ~~i) Restorative assessment completed by an RN who has completed an approved rehabilitation course, a registered occupational therapist or a registered physical therapist must be done annually with reviews done quarterly unless the resident's physical and/or mental status significantly changes to warrant a comprehensive assessment or review sooner.~~
- ~~ii) Restorative assessment/reassessment, at least every 90 days, with program noted on care plan and must contain measurable goals to increase the resident's functional level utilizing interdisciplinary approaches.~~
- ~~iii) Observation of this program to ensure plan as specified in the care plan is being implemented.~~
- ~~iv) Monthly documentation of resident response by licensed staff or cosigned by licensed staff.~~

B) Need Not Met

- ~~i) No assessment/reassessment in the last 90 days.~~
- ~~ii) Goals met and new goals not established.~~
- ~~iii) Restorative intervention not implemented as specified in~~

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- ~~iv) Resident not meeting goal(s) (established by the physical therapist, occupational therapist or registered nurse who has successfully completed an approved rehabilitation course), and clinical record and care plan do not indicate staff is addressing the lack of progress.~~
- ~~v) Licensed staffs' notations of the resident's response is not documented at least monthly in the clinical record.~~
- Ⓒ) Agency Note
 - ~~i) Clinical record may include any type of interdisciplinary team documentation, i.e., treatment report, flowsheet, etc.~~
 - ~~ii) Assessment should address: identification of resident's strengths and potential; identification of resident's deficit areas and causes; and strengths/deficits should be stated in specific terms.~~
 - ~~iii) Restorative program should address steps of program reflected in care plan.~~
 - ~~iv) Restorative programs are limited to residents who cannot perform functional tasks; but an assessment has determined that the resident has a reasonable likelihood of increasing his/her functional level.~~
 - ~~v) If resident fails to increase his/her functional ability, after initial improvement, credit will still be given as long as restorative care continues to be carried out in Level 2 Maintenance.~~
 - ~~vi) Progress should be noted by objective documentation indicating increase in resident's functional level.~~
 - ~~vii) Restorative programs must be integrated into the resident's daily care except when contraindicated at which time the program should be revised.~~

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- ~~viii) Resident must receive Level 1 or 2 services to qualify for a corresponding ADL restorative program.~~
 - ~~ix) An assessment should be completed identifying the resident's current level of functioning in bathing and grooming. The assessment should state what the resident is able to do independently and what assistance is required and what makes it necessary. A definite base must be established so that anyone reading the assessment and progress notes can tell whether the individual has progressed in ability or has lost functional ability.~~
 - ~~x) Prior to a resident being given credit for restorative care in any program, the following must be met: an assessment completed identifying the resident's current level of functioning and plan developed to increase this level of functioning by either a physical therapist, occupational therapist, or a registered nurse who has successfully completed an approved rehabilitation course; a reassessment is conducted as indicated in the initial plan. An assessment must be conducted at least every 90 days but can be conducted as frequently as needed based on outcome and response; program must be reflected in the resident's care plan; staff carries out the restorative care programs as indicated by the plan and records resident's response to the restorative care programs in the clinical record at least monthly; and the program is reviewed at the time of the care plan meeting by the interdisciplinary team; if resident fails to increase his functional ability, after initial improvement, credit will still be given as long as restorative care continues to be provided.~~
- 3) Restorative Maintenance
- A) Verification of Level of Service
 - ~~i) Restorative assessment completed by an RN who has completed an approved rehabilitation course, a registered~~

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~~occupational therapist or a registered physical therapist must be done annually with reviews done quarterly unless the resident's physical and/or mental status significantly changes to warrant a comprehensive assessment or review sooner.~~

- ~~ii) Restorative assessment/reassessment, at least every 90 days, with program noted on care plan and must contain measurable goals to increase/maintain the resident's functional level utilizing interdisciplinary approaches.~~
- ~~iii) Observation of this program to ensure plan as specified in the care plan is being implemented.~~
- ~~iv) Monthly documentation of resident response by licensed staff or cosigned by licensed staff.~~

~~B) Needs Not Met~~

- ~~i) No assessment/reassessment in the last 90 days.~~
- ~~ii) Restorative intervention not implemented as specified in the care plan.~~
- ~~iii) Licensed staffs' notation of the resident's response not documented at least monthly in the clinical record.~~
- ~~iv) Resident not meeting maintenance goal(s) established by the physical therapist, occupational therapist, or registered nurse who has successfully completed an approved rehabilitation course.~~

~~C) Agency Note~~

~~A facility cannot place a resident on maintenance for whom the facility has not tried and documented a variety of restorative measures which increased the resident's functional level of this ADL.~~

~~b) Category 2—Clothing~~

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1) ~~Functional Level~~A) ~~Verification of Level of Service~~

- ~~i) Kardex or flowsheet or care plan.~~
- ~~ii) Observation of resident to determine overall functional ability.~~
- ~~iii) Observation of 5-12 residents during dressing to determine level of assistance provided.~~
- ~~iv) Need for hands-on assistance must be supported by assessment/reassessment.~~

B) ~~Need Not Me~~~~When resident is:~~

- ~~i) Not wearing clothing that is clean, odor free, in good repair, well fitting, appropriate to the season, time of day and condition of the resident.~~
- ~~ii) Not wearing underwear, unless contraindicated.~~
- ~~iii) Not wearing socks, unless contraindicated.~~
- ~~iv) Not wearing shoes or slippers, unless contraindicated.~~
- ~~v) Wearing clothing visibly marked with name.~~

C) ~~Agency Note~~

- ~~i) If shoes or slippers are unable to be worn due to physical disability or physician's orders, this must be documented on the Kardex or the care plan.~~
- ~~ii) Consider time of day, i.e. at 4:00 p.m. clothing may not be~~

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- ~~as clean as at 8:00 a.m.~~
 - ~~iii) If underwear is contraindicated this must be documented on the Kardex or the care plan.~~
- 2) Restorative
- A) Verification of Level of Service
 - ~~i) Restorative assessment completed by an RN who has completed an approved rehabilitation course, a registered occupational therapist or a registered physical therapist must be done annually with reviews done quarterly unless the resident's physical and/or mental status significantly changes to warrant a comprehensive assessment or review sooner.~~
 - ~~ii) Restorative assessment/reassessment, at least every 90 days, with program noted on care plan and must contain measurable goals to increase the resident's functional level utilizing interdisciplinary approaches.~~
 - ~~iii) Observation of this program to ensure plan as specified in the care plan is being implemented.~~
 - ~~iv) Monthly documentation of resident response by licensed staff or cosigned by licensed staff.~~
 - B) Need Not Met
 - ~~i) No assessment/reassessment in the last 90 days.~~
 - ~~ii) Goals met and new goals not established.~~
 - ~~iii) Restorative intervention not implemented as specified in the care plan.~~
 - ~~iv) Resident not meeting goal(s) (established by the physical therapist, occupational therapist or registered nurse who has successfully completed an approved rehabilitation course)~~

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~~and the clinical record, and care plan does not indicate staff addressing the lack of progress.~~

- ~~v) Licensed staffs' notations of the resident's response not documented at least monthly in the clinical record.~~

~~C) Agency Note~~

- ~~i) Clinical record may include any type of interdisciplinary team documentation, i.e., treatment report, flowsheet, etc.~~
- ~~ii) Assessment should address: identification of resident's strengths and potential; identification of resident's deficit areas and causes; and strengths/deficits should be stated in specific terms.~~
- ~~iii) Restorative program should address steps of program reflected in care plan.~~
- ~~iv) Restorative programs are limited to residents who cannot perform functional tasks; but an assessment has determined that the resident has a reasonable likelihood of increasing his/her functional level.~~
- ~~v) Progress should be noted by objective documentation indicating increase in resident's functional level.~~
- ~~vi) If resident fails to increase his functional ability, after initial improvement, credit will still be given as long as restorative care continues to be carried out in Level 2 Maintenance.~~
- ~~vii) Resident must receive Level 1 or 2 services to qualify for a corresponding ADL restorative program.~~
- ~~viii) Restorative programs must be integrated into the resident's daily care except when contraindicated, at which time the program should be revised.~~

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- ix) ~~An assessment should be completed identifying the resident's current level of functioning in dressing. The assessment should state what the resident is able to do independently and what assistance is required and what makes it necessary. A definite base must be established so that anyone reading the assessment and progress notes can tell whether the individual has progressed in ability or has lost functional ability.~~
 - x) ~~Prior to a resident being given credit for restorative care in any program, the following must be met: an assessment completed identifying the resident's current level of functioning and plan developed to increase this level of functioning by either a physical therapist, occupational therapist, or a registered nurse who has successfully completed an approved rehabilitation course; a reassessment is conducted as indicated in the initial plan. An assessment must be conducted at least every 90 days but can be conducted as frequently as needed based on outcome and response; program must be reflected in the resident's care plan; staff carries out the restorative care programs as indicated by the plan and records resident's response to the restorative care programs in the clinical record at least monthly; and the program is reviewed at the time of the care plan meeting by the interdisciplinary team; if resident fails to increase his functional ability, after initial improvement, credit will still be given as long as restorative care continues to be provided.~~
- 3) Restorative Maintenance
- A) Verification of Level of Service
 - i) ~~Restorative assessment completed by an RN who has completed an approved rehabilitation course, a registered occupational therapist or a registered physical therapist must be done annually with reviews done quarterly unless the resident's physical and/or mental status significantly changes to warrant a comprehensive assessment or review~~

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- ~~i) Kardex or flowsheet or care plan.~~
- ~~ii) Observation of resident to determine overall functional ability.~~
- ~~iii) Observation of all residents to assure staff is providing assistance as indicated in the Kardex and/or flowsheet and/or care plan.~~
- ~~iv) Physician order for tube feeding.~~
- ~~v) Need for hands-on assistance must be supported by assessment/reassessment.~~
- B) ~~Need Not Met~~
 - ~~i) Does not receive the assistance as indicated in the Kardex or flow sheet or care plan or as indicated by observation of the resident.~~
 - ~~ii) Does not receive diet as ordered, including snacks as scheduled.~~
 - ~~iii) Does not have adaptive devices available, if indicated in the Kardex and/or flowsheet and/or care plan, i.e. plate guards, built-up spoons and forks and clothing protectors. Adaptive devices are not used appropriately as indicated in the clinical record.~~
 - ~~iv) Fluids not offered and/or accessible to residents between meals.~~
 - ~~v) Food not served at appropriate temperature; i.e. warm foods not served warm and cold foods are not served cold as evidenced by resident's response/verbalization and as confirmed by case manager observation.~~
 - ~~vi) Food appropriate utensils not provided/available.~~
 - ~~vii) Facility protocol for weighing residents not followed.~~

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- viii) ~~Facility not following its own protocol and/or written procedures for tube feedings.~~
- ix) ~~Weight loss or gain of 5% in one month, 7.5% in three months, 10% in six months or a continuous weight loss or gain over six months not reported to the physician.~~
- x) ~~Plan for corrective action regarding weight loss or gain not developed or implemented, as per physician order.~~
- xi) ~~Protocols not available or followed for tube feeding.~~
- xii) ~~Tube feeding not rendered by licensed personnel.~~
- xiii) ~~Equipment for tube feedings is soiled or improperly maintained.~~

C) ~~Agency Note~~

~~Protocol must address safety, infection control procedures, I & O, frequency of weighing and should outline steps of tube feeding procedures. If protocol is in question, refer to team Physician Consultant.~~

2) ~~Restorative~~A) ~~Verification of Level of Service~~

- i) ~~Restorative assessment completed by an RN who has completed an approved rehabilitation course, a registered occupational therapist, a registered physical therapist or a speech language pathologist must be done annually with reviews done quarterly unless the resident's physical and/or mental status significantly changes to warrant a comprehensive assessment or review sooner.~~
- ii) ~~Restorative assessment/reassessment, at least every 90 days, with program noted on care plan and must contain~~

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- iv) ~~Restorative programs are limited to residents who cannot perform functional tasks, but an assessment has determined that the resident has a reasonable likelihood of increasing his/her functional level.~~
- v) ~~If resident fails to increase his functional ability, after initial improvement, credit will still be given as long as restorative care continues to be carried out in Level 2 Maintenance.~~
- vi) ~~Progress by objective documentation indicating increase in resident's functional level.~~
- vii) ~~Restorative programs must be integrated into the resident's daily care except when contraindicated, at which time the program must be revised.~~
- viii) ~~Resident must receive Level 1 or 2 services to qualify for a corresponding ADL restorative program.~~
- ix) ~~An assessment should be completed identifying the resident's current level of functioning in eating. The assessment should state what the resident is able to do independently and what assistance is required and what makes it necessary. A definite base must be established so that anyone reading the assessment and progress notes can tell whether the individual has progressed in ability or has lost functional ability.~~
- x) ~~Prior to a resident being given credit for restorative care in any program, the following must be met: an assessment completed identifying the resident's current level of functioning and plan developed to increase this level of functioning by either a physical therapist, occupational therapist, a registered nurse who has successfully completed an approved rehabilitation course, or a speech language pathologist; a reassessment is conducted as indicated in the initial plan. An assessment must be~~

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~~conducted at least every 90 days but can be conducted as frequently as needed based on outcome and response; program must be reflected in the resident's care plan; staff carries out the restorative care programs as indicated by the plan and records resident's response to the restorative care programs in the clinical record at least monthly; and the program is reviewed at the time of the care plan meeting by the interdisciplinary team; if resident fails to increase his/her functional ability, after initial improvement, credit will still be given as long as restorative care continues to be provided.~~

3) ~~Restorative Maintenance~~A) ~~Verification of Level of Service~~

- ~~i) Restorative assessment completed by an RN who has completed an approved rehabilitation course, a registered occupational therapist, a registered physical therapist or a speech language pathologist must be done annually with reviews done quarterly unless the resident's physical and/or mental status significantly changes to warrant a comprehensive assessment or review sooner.~~
- ~~ii) Restorative assessment/reassessment, at least every 90 days, with program noted on care plan and must contain measurable goals to increase/maintain the resident's functional level utilizing interdisciplinary approaches.~~
- ~~iii) Observation of this program to ensure plan as specified in the care plan is being implemented.~~
- ~~iv) Monthly documentation of resident response by licensed staff or cosigned by licensed staff.~~

B) ~~Needs Not Met~~

- ~~i) No assessment/reassessment in the last 90 days.~~

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- ~~ii) Restorative intervention not implemented as specified in the care plan.~~
- ~~iii) Licensed staffs' notation of the resident's response not documented at least monthly in the clinical record.~~
- ~~iv) Resident not meeting maintenance goal(s) established by the physical therapist, occupational therapist, speech language pathologist, or registered nurse who has successfully completed an approved rehabilitation course.~~

~~C) Agency Note~~

~~A facility cannot place a resident on maintenance for whom the facility has not tried and documented a variety of restorative measures which increased the resident's functional level of ADL.~~

~~d) Category 4—Mobility~~~~1) Functional Area~~~~A) Verification of Level of Service~~

- ~~i) Kardex or flowsheet or care plan.~~
- ~~ii) Observation of residents to determine overall functional ability and if wheelchair, walkers, or other assistive devices are available and used.~~
- ~~iii) Residents should be observed being assisted by facility staff, as needed.~~
- ~~iv) Need for hands on assistance must be supported by assessment/reassessment.~~

~~B) Need Not Met~~

- ~~i) Resident who is not able to change position independently has not been exercised or ambulated and repositioned every two hours.~~

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- ii) ~~Resident is not positioned properly.~~
 - iii) ~~Assistive device is not in proper working order, and/or clean or well fitting i.e. walker, cane, wheelchair, etc.~~
 - iv) ~~The facility does not have, or is not implementing, a plan for monitoring a resident who is unable to use the call bell or the call bell is not within reach of a resident in his or her room who can use the call bell.~~
 - v) ~~Resident needs and does not have assistive device as ordered by a physician.~~
 - vi) ~~Staff do not respond when summoned by a resident for help or assistance.~~
 - vii) ~~Not following physician order on bed rest.~~
- C) ~~Agency Note~~
- i) ~~Residents who are totally bedfast will be scored Level 0 for mobility.~~
 - ii) ~~If resident is unable to use call bell, care plan or Kardex must indicate staff plan for monitoring resident.~~
 - iii) ~~Bedrest is an order by physician that resident is to be in bed at all times, except up at intervals of no more than one hour up to three times a day, i.e. for meals in room. Scoring will be according to the assistance required and provided.~~
- 2) ~~Restorative~~
- A) ~~Verification of Level of Service~~
- i) ~~Restorative assessment completed by an RN who has completed an approved rehabilitation course, a registered occupational therapist or a registered physical therapist~~

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~~must be done annually with reviews done quarterly unless the resident's physical and/or mental status significantly changes to warrant a comprehensive assessment or review sooner.~~

- ~~ii) Restorative assessment/reassessment, at least every 90 days, with program noted on care plan and must contain measurable goals to increase the resident's functional level utilizing interdisciplinary approaches.~~
- ~~iii) Observation of this program to ensure plan as specified in the care plan is being implemented.~~
- ~~iv) Monthly documentation of resident response by licensed staff or co-signed by licensed staff.~~

B) ~~Need Not Met~~

- ~~i) No assessment/reassessment in the last 90 days.~~
- ~~ii) Goals met and new goals not established.~~
- ~~iii) Restorative intervention not implemented as specified in the care plan.~~
- ~~iv) Resident not meeting goal(s) (established by the physical therapist, occupational therapist or registered nurse who has successfully completed an approved rehabilitation course) the clinical record, and care plan does not indicate staff is addressing the lack of progress.~~
- ~~v) Licensed staffs' notations of the resident's response is not documented at least monthly in the clinical record.~~

C) ~~Agency Note~~

- ~~i) Clinical record may include any type of interdisciplinary team documentation, i.e., treatment report, flowsheet, etc.~~

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- ii) ~~Assessment should address: identification of resident's strengths and potential; identification of resident's deficit areas and causes; and strengths/deficits should be stated in specific terms.~~
- iii) ~~Restorative program should address steps of program reflected in care plan.~~
- iv) ~~Restorative programs are limited to residents who cannot perform functional tasks; but an assessment has determined that the resident has a reasonable likelihood of increasing his/her functional level.~~
- v) ~~If resident fails to increase his functional ability, after initial improvement, credit will still be given as long as restorative care continues to be carried out in Level 2 Maintenance.~~
- vi) ~~Progress by objective documentation indicating increase in resident's functional level.~~
- vii) ~~Restorative programs must be integrated into the resident's daily care except when contraindicated at which time they should be revised.~~
- viii) ~~Resident independent in mobility due to assistive device may qualify for ADL restorative mobility program and PT when program is to assist resident to move to a less restrictive mode of ambulation otherwise an ADL must be scored a 1 or higher.~~
- ix) ~~An assessment should be completed identifying the resident's current level of functioning in bed mobility, transfer and locomotion. The assessment should state what the resident is able to do independently and what assistance is required and what makes it necessary. A definite base must be established so that anyone reading the assessment and progress notes can tell whether the individual has progressed in ability or has lost functional ability.~~

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- x) ~~Prior to a resident being given credit for restorative care in any program, the following must be met: an assessment completed identifying the resident's current level of functioning and plan developed to increase this level of functioning by either a physical therapist, occupational therapist, or a registered nurse who has successfully completed an approved rehabilitation course; a reassessment is conducted as indicated in the initial plan. An assessment must be conducted at least every 90 days but can be conducted as frequently as needed based on outcome and response; program must be reflected in the resident's care plan; staff carries out the restorative care programs as indicated by the plan and records resident's response to the restorative care programs in the clinical record at least monthly; and the program is reviewed at the time of the care plan meeting by the interdisciplinary team; if resident fails to increase his functional ability, after initial improvement, credit will still be given as long as restorative care continues to be provided.~~
- 3) ~~Restorative Maintenance~~
 - A) ~~Verification of Level of Service~~
 - i) ~~Restorative assessment completed by an RN who has completed an approved rehabilitation course, a registered occupational therapist or a registered physical therapist must be done annually with reviews done quarterly unless the resident's physical and/or mental status significantly changes to warrant a comprehensive assessment or review sooner.~~
 - ii) ~~Restorative assessment/reassessment, at least every 90 days, with program noted on care plan and must contain measurable goals to increase/maintain the resident's functional level utilizing interdisciplinary approaches.~~
 - iii) ~~Observation of this program to ensure plan as specified in~~

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- ~~the care plan is being implemented.~~
iv) ~~Monthly documentation of resident response by licensed staff or cosigned by licensed staff.~~

B) ~~Needs Not Met~~

- i) ~~No assessment/reassessment in the last 90 days.~~
ii) ~~Restorative intervention not being implemented as specified in the care plan.~~
iii) ~~Resident is not meeting maintenance goal(s) established by the physical therapist, occupational therapist, or registered nurse who has successfully completed an approved rehabilitation course.~~
iv) ~~Licensed nurses' notation of the resident's response is not documented at least monthly in the clinical record.~~

C) ~~Agency Note~~

~~A facility cannot place a resident on maintenance for whom the facility has not tried and documented a variety of restorative measures which increased the resident's functional level of this ADL.~~

e) ~~Category 5—Continence~~1) ~~Functional Area~~A) ~~Verification of Level of Service~~

- i) ~~Assessment and care plan or assessment and Kardex.~~
ii) ~~Observation of resident to determine overall functional ability.~~
iii) ~~Staff should be observed toileting the resident as per resident assessment (Level 2 only).~~

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- ~~iv) Staff's mechanism to identify resident's need to toilet (Level 2 only).~~
- ~~v) Need for hands-on assistance must be supported by assessment/reassessment.~~
- ~~B) Need Not Met~~
 - ~~i) Facility not following its own protocol for a bowel and bladder program.~~
 - ~~ii) Resident is allowed to remain wet and/or soiled for prolonged periods of time as demonstrated by skin irritation, dried urine and/or feces stains in bed linen and/or clothing.~~
 - ~~iii) Resident is not thoroughly cleaned after episode of incontinence as demonstrated by smell of urine/ defecation on body and clothing.~~
 - ~~iv) Resident found wet and/or soiled and remains wet and/or soiled thirty minutes after finding.~~
 - ~~v) Staff is not immediately responsive to resident's request for toileting.~~
- ~~C) Agency Note~~
 - ~~i) For the purpose of this item, Level 2 includes informal B & B programs. Level 2 scores include residents who dribble and are assisted to the bathroom.~~
 - ~~ii) If unable to verify level of service through observation of residents being toileted, target 5-12 residents to determine if bed and/or clothing is wet, soiled or if odor of urine or feces is present.~~
 - ~~iii) Assessment as indicated means focusing on the portion of~~

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~~the previously completed overall resident assessment which indicates the resident's bowel and bladder capabilities. The assessment reflects the current needs of the resident.~~

- ~~iv) Give zero score for resident who dribbles and changes own continence pads.~~

2) Restorative

A) ~~Verification of Level of Service~~

- ~~i) Restorative assessment/reassessment at least every 90 days with program noted on care plan and must contain measurable goals to increase the resident's functional level utilizing interdisciplinary approaches.~~
- ~~ii) Observation of the program to ensure that plan is being implemented as specified in the care plan and is individualized to the resident's needs.~~
- ~~iii) Monthly documentation of resident response by licensed staff or cosigned by licensed staff.~~

B) ~~Need Not Met~~

- ~~i) No assessment/reassessment within 90 days.~~
- ~~ii) Goal met and new goal not established.~~
- ~~iii) Restorative intervention not implemented as specified in care plan.~~
- ~~iv) Resident not meeting goal(s) established by the interdisciplinary team and the clinical record and care plan does not indicate staff is addressing the lack of progress.~~
- ~~v) Staff notations of the resident response to the program is not documented at least monthly in the clinical record.~~

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- vi) ~~Not following facility protocol.~~
- vii) ~~Has not established facility protocol.~~

E) ~~Agency Note~~

- i) ~~Clinical record may include any type of interdisciplinary team documentation, i.e., treatment report, flowsheet, etc.~~
- ii) ~~Assessment addresses identification of resident's deficit areas and causes such as medications, mental status, ability to control urine, self-care abilities, mobility, voiding/elimination patterns/hydration baseline, history of urinary tract infection and the strengths and deficits should be stated in specific terms.~~
- iii) ~~Facility protocol should include types of incontinence, assessment, plan, implementation measures, evaluation techniques, staff training and monitoring.~~
- iv) ~~Restorative program and approaches should be reflected in the care plan.~~
- v) ~~Restorative programs are limited to residents whose assessment has determined that there is a reasonable likelihood of increasing his or her functional level.~~
- vi) ~~If resident, after initial improvement, fails to continue to increase his/her functional ability, credit will still be given as long as restorative program continues to be carried out (Level 2 Maintenance).~~
- vii) ~~Progress should be noted by objective documentation indicating increase in resident's functional level as compared to initial baseline and/or most recent assessment.~~
- viii) ~~Restorative programs must be integrated into the resident's daily care except when contraindicated, at which time the program should be revised.~~

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- ~~ix) Resident must be scored a Level 2 (in functional area) in order to qualify for a corresponding ADL Restorative Continence program.~~
- ~~x) The formal program must include, but is not limited to, training/counseling, voiding and elimination pattern records, toileting and hydration.~~
- ~~xi) The training program does not have to be hands-on assistance.~~
- ~~xii) Give zero score for formal bowel and bladder program if facility is not following its own protocol.~~
- ~~xiii) An assessment should be completed identifying the resident's current level of functioning in continence. The assessment should state what the resident is able to do independently and what assistance is required and what makes it necessary. A definite base must be established so that anyone reading the assessment and progress notes can tell whether the individual has progressed in ability or has lost functional ability.~~
- ~~xiv) Prior to a resident being given credit for restorative care in any program, the following must be met: an assessment completed identifying the resident's current level of functioning and plan developed to increase this level of functioning by either a physical therapist, occupational therapist or a registered nurse who has successfully completed an approved rehabilitation course; a reassessment is conducted as indicated in the initial plan. An assessment must be conducted at least every 90 days but can be conducted as frequently as needed based on outcome and response; program must be reflected in the resident's care plan; staff carries out the restorative care programs as indicated by the plan and records resident's response to the restorative care programs in the clinical record at least monthly; and the program is reviewed at the time of the care plan meeting by the interdisciplinary team;~~

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~~if resident fails to increase his functional ability, after initial improvement, credit will still be given as long as restorative care continues to be provided.~~

3) ~~Restorative Maintenance~~

A) ~~Verification of Level of Service~~

- ~~i) Restorative assessment/reassessment at least every 90 days with program noted on care plan and must contain measurable goals to increase/maintain the resident's functional level utilizing interdisciplinary approaches.~~
- ~~ii) Observation of this program to ensure plan as specified in the care plan is being implemented.~~
- ~~iii) Monthly documentation of resident response by licensed staff or cosigned by licensed staff.~~

B) ~~Needs Not Met~~

- ~~i) No assessment/reassessment in the last 90 days.~~
- ~~ii) Restorative intervention not implemented as specified in the care plan.~~
- ~~iii) Staff notation of the resident's response to the program not documented at least monthly in the clinical record.~~
- ~~iv) Resident not meeting maintenance goal(s) established by the interdisciplinary team, unless the regression is justified and/or the facility has attempted alternative methods.~~
- ~~v) Not following facility protocol.~~
- ~~vi) A facility cannot place a resident on maintenance for whom the facility has not tried and documented a variety of restorative measures which increased the resident's functional level of this ADL.~~

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- f) ~~Category 6—Psychosocial/Mental Status~~
 - 1) ~~Verification of Level of Service~~
 - A) ~~Observation of actual intervention, i.e. if group, observe group; if 1:1 counseling, observe session; if episodic intervention, observe if possible.~~
 - B) ~~Completed assessment identifying resident's current psychosocial needs.~~
 - C) ~~Staff assessing and implementing programs must be knowledgeable of the individual resident's current program.~~
 - D) ~~Care plan with specific intervention to address identified resident's needs with measurable objectives.~~
 - E) ~~Resident's response to care plan is documented in the clinical record monthly by staff responsible for the program.~~
 - F) ~~QHP is monitoring psychosocial program as evidenced by signing off on the assessment and response notes, with written recommendations as appropriate in the clinical record.~~
 - G) ~~Attendance sheets for scheduled 1:1 and group sessions.~~
 - H) ~~Program plan for scheduled 1:1 and group sessions.~~
 - I) ~~Episodic intervention and response to intervention is documented in the clinical record every other week.~~
 - 2) ~~Need Not Met~~
 - A) ~~Resident is not meeting goal(s) established by QHP or staff responsible for the program. Progress notes or care plan does not indicate staff is addressing the lack of progress.~~
 - B) ~~Care plan is not adhered to. The resident attended less than 85% of~~

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~~these sessions in the last three months and the clinical record does not indicate resident absence was due to illness or absence from the facility.~~

- ~~C) Groups are larger than eight.~~
- ~~D) Group programs or 1:1 have no program plan.~~
- ~~E) Groups or 1:1 counseling meet less than three times a week.~~
- ~~F) Documentation of resident's response to intervention is not in the clinical record every month for 1:1 and groups by staff monitoring the program.~~
- ~~G) QHP is not monitoring psychosocial program as evidenced by absence of signing off on assessment and response notes and there are no written recommendations, as appropriate in the clinical record.~~
- ~~H) Episodic intervention and resident response to the intervention is not documented every other week in the clinical record.~~
- ~~I) The assessment for episodic behavior does not include the duration, intensity and frequency of behavior or the precipitating factors and consequences.~~

3) ~~Agency Note~~

- ~~A) Prior to a resident program being given credit for psychosocial/mental status, the following must be met:—An assessment should be completed identifying the resident's current psychosocial status. The assessment should state what the resident is able to do independently and what assistance is required and what makes it necessary. A definite base must be established so that anyone reading the assessment and progress notes can tell whether the individual has progressed or regressed. For episodic intervention, an assessment must include duration, intensity and frequency of behavior. The assessment for episodic behavior must also include precipitating factors and consequences. A~~

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~~reassessment is conducted as indicated in the initial plan. A reassessment must be conducted at least every 90 days but can be conducted as frequently as needed based on outcome and response. A program must be reflected in the resident's care plan. Staff carries out the program as indicated by the plan and records such in the clinical record at least monthly. The program is reviewed at the time of the care plan meeting by the interdisciplinary team.~~

- ~~B) Psychosocial assessments and program plans must be completed by staff and signed off on by a QHP who has a working knowledge of the current psychosocial programs being implemented with the individual resident.~~
- ~~C) Interview questions to the staff assessing and implementing programs would include, but are not limited to, the following:
 - ~~i) What program(s) is the resident on?~~
 - ~~ii) Why is the resident in the program?~~
 - ~~iii) What is the resident's goal(s)?~~
 - ~~iv) What is your responsibility in implementing this program (interventions)?~~
 - ~~v) What is the resident's response to the intervention?~~
 - ~~vi) If the goal is not achieved, what modifications have been made?~~~~
- ~~D) If counseling occurs in groups, individuals must have similar problems and goals.~~
- ~~E) Progress should be noted by objective documentation indicating an increase in functional capability and/or decrease in maladaptive behavior. These measurable objectives and goals should be clearly indicated on the resident's care plan.~~
- ~~F) Programs consisting solely of episodic intervention should be~~

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~~reserved for resident with severe behavior problems that preclude participation in more structured programs.~~

~~G) The care plan must be interdisciplinary with approaches as appropriate to the individual resident's need.~~

~~g) Category 7—Communication~~

~~1) Functional Area~~

~~A) Verification of Level of Service~~

~~i) Assessment.~~

~~ii) Monthly response documented and cosigned by qualified health professional.~~

~~iii) Interventions developed and implemented by the interdisciplinary team.~~

~~iv) Interdisciplinary care plan interventions.~~

~~v) Observation of interventions performed.~~

~~B) Need Not Met~~

~~i) Staff not carrying out interventions as defined in interdisciplinary care plan.~~

~~ii) Clinical record does not indicate resident response to intervention monthly by qualified health professional cosignature.~~

~~C) Agency Note~~

~~i) Approved appliances and assistive devices, including application and care of the appliance, are covered in the appliance category.~~

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- ii) ~~Interventions must have a comprehensive, seven day a week philosophy and must be implemented at each opportunity on a daily basis.~~
 - iii) ~~Interventions must be monitored by interdisciplinary team.~~
 - iv) ~~Staff should receive in-service training, as required.~~
 - v) ~~Interventions must be conducted on an individual resident basis.~~
- 2) ~~Speech Therapy~~
- A) ~~Verification of Level of Service~~
 - i) ~~Observation of treatment and monthly therapist review documentation. This review documentation must indicate progress.~~
 - ii) ~~Assessment.~~
 - iii) ~~Speech Pathologist's or Audiologist's treatment notes.~~
 - iv) ~~Monthly reevaluation by the certified speech language pathologist/audiologist.~~
 - v) ~~Physician Order~~
 - B) ~~Need Not Met~~
 - i) ~~Plan is not implemented as specified by the therapist.~~
 - ii) ~~Goals are not designed to increase resident's functional capabilities.~~
 - iii) ~~Resident is not meeting goal(s) and clinical record does not indicate staff is addressing lack of progress.~~
 - C) ~~Agency Note~~

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- ~~i) Speech-Language Pathology and Audiology Rehabilitative Program shall be planned and designed specifically for the resident by a certified speech-language pathologist/audiologist or Clinical Fellow.~~
- ~~ii) Progress must be noted by standard speech therapist/audiologist objective measures.~~
- ~~iii) Measurable goals must be designed to increase resident's functional means of communication and/or ability to swallow.~~
- ~~iv) Treatment sessions should be one-on-one; however, groups of two are acceptable if residents' goals and functional levels are similar.~~
- ~~v) Refer to 147.Table K for Speech Language Pathology/Audiology Rehabilitative Services Measurement of Progress.~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147.TABLE E Service ([Repealed](#))

- ~~a) Category 1—Appliances~~
 - ~~1) Verification of Level of Service~~
 - ~~A) Physician order~~
 - ~~B) Care plan or Kardex~~
 - ~~C) Documentation must include:~~
 - ~~i) Type of appliance;~~
 - ~~ii) When to apply; and~~

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- iii) ~~Frequency of intermittent catheterization; and~~
- iv) ~~Output for indwelling catheter.~~

2) ~~Need Not Met~~

- A) ~~Facility does not have protocols for catheterization and catheter care.~~
- B) ~~Facility not following its own protocol or physician order for catheterization, catheter care or I & O.~~
- C) ~~Signs of inflammation at insertion site or penile irritation from Texas catheter without clinical record reflecting date of observation; plan of care indicated.~~
- D) ~~Tubing and/or bag improperly positioned and/or maintained.~~
- E) ~~Urine sedimentation or urine not clear and clinical record does not indicate observation and subsequent plan of action.~~
- F) ~~Catheterization rendered by nonlicensed personnel.~~

3) ~~Agency Note~~

- A) ~~Protocol must address when intake or output is required.~~
- B) ~~Protocol must address infection control.~~
- C) ~~Intermittent catheterization means daily catheterization.~~
- D) ~~Urine sedimentation would include blood, mucus and/or other matter.~~
- F) ~~Leg bags can be applied by CNA trained in process when allowed by facility protocol.~~
- G) ~~Facility protocol should address:~~
 - i) ~~Ongoing inservice education of direct care staff; and~~

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- vi) ~~Infection control.~~
- 3) ~~Agency Note~~
- A) ~~Staging of pressure ulcers:~~
 - i) ~~Stage I—A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.~~
 - ii) ~~Stage II—A partial thickness loss of skin layers that presents clinically as an abrasion, blister or shallow crater.~~
 - iii) ~~Stage III—A full thickness of skin is lost, exposing the subcutaneous tissues, presents as a deep crater with or without undermining adjacent tissue.~~
 - iv) ~~Stage IV—A full thickness of skin and subcutaneous tissue is lost, exposing muscle and/or bone.~~
 - B) ~~A Stage I pressure ulcer can be suspected if a reddened area does not disappear 30 minutes after pressure is relieved.~~
 - C) ~~The skin of a Stage II ulcer may appear bluish or dusky in color.~~
 - D) ~~Conditions that may be confused with pressure ulcers: stasis ulcers; vasculitic ulcers; amputation stump breakdown; other open skin lesions such as basal cell carcinomas, burns, etc.; skin rashes, including diaper rash; and fungal infections.~~
 - E) ~~Score PROM, if it is being carried out according to the guidelines under PROM.~~
 - F) ~~Admission or risk assessment must indicate where pressure ulcer developed.~~
- d) ~~Category 4—Pressure Ulcer Prevention~~

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- 1) ~~Verification of Level of Service~~
 - A) ~~Assessment to indicate level of risk and reassessment per preventative plan.~~
 - B) ~~Preventative plan is in care plan.~~
 - C) ~~Observation of the resident to verify that the preventative plan is being carried out.~~
- 2) ~~Need Not Met~~
 - A) ~~Individualized pressure ulcer preventative plan is not in care plan.~~
 - B) ~~Skin is not intact or signs of breakdown are present and the clinical record does not indicate observation and subsequent change of treatment plan.~~
 - C) ~~Preventative treatment plan not implemented.~~
 - D) ~~Facility is not following pressure ulcer preventative policy and procedures.~~
 - E) ~~Frequency of reassessments must be at least every 90 days, or more frequently if condition changes.~~
- 3) ~~Agency Note~~
 - A) ~~Preventative plan must address:~~
 - i) ~~Frequency of observations of skin condition and documentation in the clinical record; and~~
 - ii) ~~Which type of staff should provide this care.~~
 - B) ~~Assessment instruments must be standardized and must differentiate between moderate and high risk.~~
 - C) ~~Score PROM if it is being carried out according to the guidelines under PROM.~~

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- D) ~~If an individualized preventative plan is in question, refer to team physician.~~
- e) ~~Category 5—Wound Care~~
- 1) ~~Verification of Level of Service~~
 - A) ~~Physician's order~~
 - B) ~~Treatment plan, care plan, Kardex or treatment sheet.~~
 - C) ~~Observation of wound and treatment being given.~~
 - 2) ~~Need Not Met~~
 - A) ~~Treatment not implemented using aseptic technique or as indicated in physician's order.~~
 - B) ~~Care not performed by licensed personnel.~~
 - C) ~~Wound present with no indication facility staff is aware of wound.~~
 - D) ~~Clinical record does not reflect current status of the wound.~~
 - E) ~~Physician is not notified of wound or change in wound status.~~
 - F) ~~Frequency of the documentation and observation of the wound status is not addressed in the individual treatment plan.~~
 - G) ~~No facility policy and procedure for wound care, including infection control.~~
 - H) ~~Infection control procedures not followed as per facility policy.~~
 - 3) ~~Agency Note~~
 - A) ~~Wound care (treatment of skin lesion, other than a pressure ulcer) may include wet packs, soaks, whirlpools for open lesions, or~~

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- ~~ointments when ordered by a physician and applied to lesions.~~
- ~~B) "Friction burns" or abrasions resulting from repetitive friction are included in this category as are stasis ulcers, rashes, skin tears.~~
 - ~~C) Frequency of the documentation and observation of the wound status must be addressed in treatment plan until the wound is healed.~~
- f) ~~Category 6—Injections~~
- 1) ~~Verification of Level of Service~~
 - ~~A) Physician order~~
 - ~~B) Nurse's signature or initials must follow documentation of administration of injection.~~
 - 2) ~~Need Not Met~~
 - ~~A) Facility not following physician order.~~
 - ~~B) Injection site not documented or injection not documented as given.~~
 - ~~C) Injection site not free of signs of inflammation/irritation and the clinical record does not reflect this observation and there is no subsequent plan of action.~~
 - ~~D) Injection site not rotated according to facility protocol or facility has no protocol for rotation of injection sites.~~
 - 3) ~~Agency Note~~
 - ~~A) Yearly injections not included, i.e., flu shots, mantoux, etc.~~
 - ~~B) Credit is given for all other injections if the service is received within the last six months.~~
- g) ~~Category 7—Intravenous Therapy: I.V.s and Clysis~~

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- 1) ~~Verification of Level of Service~~
 - A) ~~Physician's order~~
 - B) ~~Nurse's signature or initials on medication or treatment record.~~
- 2) ~~Need Not Met~~
 - A) ~~Insertion site not free of inflammation and the clinical record does not reflect this observation and a subsequent plan of care.~~
 - B) ~~I.V. tubing and dressing changes not done in accordance with facility's protocol.~~
 - C) ~~Facility does not have protocols for I.V.s or clysis.~~
 - D) ~~Facility does not follow it's own protocol on I.V.s or clysis.~~
 - E) ~~I.V. fluids or medications not documented as given per physician orders.~~
 - F) ~~Intake and output not recorded and monitored while on I.V. therapy.~~
- 3) ~~Agency Note~~
 - A) ~~If I.V. is for hydration purposes, the clinical record should include documentation as to p.o. hydration attempts and resident's poor response.~~
 - B) ~~Credit is to be given for I.V.s or clysis if the service was received within the last six months.~~
 - C) ~~Hickman Catheter, Groshong Catheter and heparin locks are included in this category.~~
- h) ~~Category 8 - Laboratory Specimen Service~~
 - 1) ~~Verification of Level of Service~~

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- A) ~~Physician order.~~
 - B) ~~Documentation that specimen was obtained by staff.~~
 - C) ~~Lab results conveyed to physician according to facility protocol.~~
- 2) ~~Need Not Met~~
- A) ~~Specimen not collected at specified times.~~
 - B) ~~Facility has no lab protocol.~~
 - C) ~~Staff does not adhere to facility's protocol for subsequent actions following receipt of laboratory report.~~
 - D) ~~Physician orders lab and facility does not complete.~~
 - E) ~~Site from which specimen is drawn not rotated according to facility protocol or facility has no protocol for rotation of sites.~~
- 3) ~~Agency Note~~
- A) ~~Protocol should address:~~
 - i) ~~Level of staff who will collect each type of specimen;~~
 - ii) ~~How specimens should be stored prior to testing;~~
 - iii) ~~How licensed staff is informed of results of lab specimens collected by unlicensed staff; and~~
 - iv) ~~How licensed staff document action taken with specimen results.~~
 - B) ~~Routine voided specimens are scored here.~~
 - C) ~~A physician referral should be made when a case manager questions whether lab work is necessary.~~

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- i) ~~Category 9—Medications/Medication Monitoring~~
 - 1) ~~Verification of Level of Service~~
 - A) ~~Physician order~~
 - B) ~~Nurse's signature or initials on the medication record following administration of medicine.~~
 - C) ~~Monthly documentation of pharmacist's review.~~
 - D) ~~Assessment/reassessment at least every 90 days with program noted on care plan (Level 2 only).~~
 - E) ~~Monthly documentation of resident response to self-medication program or psychotropic drug program by licensed nursing staff (Level 2 only).~~
 - 2) ~~Need Not Met~~
 - A) ~~Facility does not have a protocol for self-medication or psychotropic drug management.~~
 - B) ~~Facility has not established medication protocol.~~
 - C) ~~Facility does not follow medication protocol as established.~~
 - D) ~~PRN medication given and reason for administration and response is not documented.~~
 - E) ~~Clinical record does not indicate resident's allergy, if applicable.~~
 - F) ~~Resident not given adequate hydration following ingestion of medications unless medications given with solids.~~
 - G) ~~Medication not documented as given and no documentation of reason medication was withhold held.~~

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- ~~H) Medication not given within one (1) hour of scheduled time.~~
 - ~~I) Medication monitoring is not consistent~~
 - ~~J) Medicated patches and topical medications are not rotated.~~
 - ~~K) On comprehensive assessment, the resident indicated a preference for self-medication (documented in clinical record) but the staff did not place the resident in a program for self-medication or self-medication training and the clinical record does not reflect the interdisciplinary team's reason for denial of self-medication (Level 2 only).~~
 - ~~L) Resident is self-medicating or on a training program for self-medication. Clinical record does not reflect monthly documentation of resident response to program; OR medication is not stored properly; OR medications are not documented as self-administered on medication administration record (Level 2 only).~~
 - ~~M) Not following program plan as indicated on care plan (Level 2 only).~~
 - ~~N) Not following protocol for self-medication administration (Level 2 only).~~
 - ~~O) Not following protocol for psychotropic management program (Level 2 only).~~
 - ~~P) No monthly note by licensed nurse for self-medication or psychotropic drug management program (Level 2 only).~~
- 3) Agency Notes
- ~~A) While there is no specific time limit on the duration of med monitoring, there must be evidence that the resident has not stabilized.~~
 - ~~B) Medications are scored the day of the survey unless a routine pattern has been established, i.e., every three days or every other~~

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~~day.~~

- ~~C) Monitoring for injections is covered under the injections category.~~
- ~~D) If the case manager wants verification from team physician as to whether special monitoring is necessary, mark physician referral.~~
- ~~E) Example of "off hours or by multiple routes":
 - ~~i) Oral medication given at 10 a.m., 3 p.m., 7 p.m., and 11 p.m.;~~
 - ~~ii) Eye drops administered in left eye in the morning, in addition to oral medications; and~~
 - ~~iii) Application of topical medications, i.e., nitro pads, nitro paste, estrogen patches, etc., or the use of an oral inhaler, i.e., Provental, Alupent, Aerobid, etc.~~~~
- ~~F) If resident is now free of psychotropic drugs as a result of the drug reduction program, he/she may continue to be scored a Level 2. The monthly progress note should address symptoms/alternate behavior interventions as well as resident response to the program.~~
- ~~G) Credit should be given on Level 2 for self medication when the program includes teaching the steps which lead to increased resident independent with regard to medications, i.e., the resident knowing the times of different medications, identifying the correct medication by sight and by purpose or name, knowing side effects to report to the doctor or nurse, physically taking the medication, etc.~~
- ~~H) Psychotropic medications shall not be administered for purposes of discipline or staff convenience and when not required to treat the resident's medical symptoms.~~
- ~~I) To qualify for a psychotropic drug program (Level 2), at least the following elements must be in place:~~

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- i) ~~Annual assessment with quarterly assessment reviews to reexamine need for dosage and type of medications to be given.~~
- ii) ~~Care plan goals/approaches which include behavioral programming and dose reduction. Behavioral programming means modification of the resident's behavior and/or the resident's environment, including staff approaches to care, to the largest degree possible to accommodate the resident's behavioral disturbances.~~
- iii) ~~Quarterly care plan review to determine if modifications are necessary.~~
- iv) ~~Monthly review by pharmacist to look at resident response to the medications to detect problems, i.e., excessive PRN usage, demonstration of side effects, nontherapeutic blood levels, etc., and report such to DON and/or physician.~~
- v) ~~Ongoing observation and at least monthly documentation of resident reaction to medication(s) including possible side effects or other problems by licensed nursing staff.~~
- J) ~~Not all psychotropic medications are appropriate for dose reduction or behavioral programming and, therefore, would not qualify for scoring under Level 2.~~
- K) ~~A plan for increased independence in self-medication must be developed on all medications a resident receives; however, a resident does not have to demonstrate successful self-medicating progress for all medications prescribed in order to receive credit for Level 2.~~
- L) ~~Credit for Level 2 self-medication is also given for any resident who has successfully learned to self-medicate (with nurse monitoring) or who has successfully learned steps toward increased independence in the area of medication and is maintained at that level. Resident continues to be assessed for increased independence and a monthly documentation indicates the~~

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~~resident response. Eye drops, antacids, etc., can be included under self-medication if prescribed by a physician and not given on PRN basis.~~

- ~~M) Resident may receive credit on both Level 2 medication and for psychosocial programming.~~
- ~~N) The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of pharmacy services in the facility.~~
- ~~O) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist who must report any irregularities to the attending physician and the director of nursing and these reports must be acted upon.~~
- ~~P) Facility protocol for psychotropic drug programs should include, but is not limited to, graduated dose reduction and behavioral programming, unless clinically contraindicated, in an effort to discontinue these drugs.~~
- ~~Q) Commonly prescribed psychotropic drugs:~~

~~Table A. Antipsychotic (Neuroleptic) Drugs~~

Generic Name	Brand Name
Chlorpromazine	Thorazine
Promazine	Sparine
Triflupromazine	Vesprin
Thioridazine	Mellaril
Mesoridazine	Serentil
Acetophenazine	Tindal
Perphenazine	Trilafon
Loxapine	Loxitane
Molindone	Moban
Trifluoperazine	Stelazine
Thiothixene	Navane
Fluphenazine	Prolixin, Permitil

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Fluphenazine Deconate	Prolixin Deconate
Haloperidol	Haldol
Haloperidol Deconate	Haldol Deconate
Droperidol	Inapsine
Chlorprothixene	Taractan
Pimozide	Orap

Table B: ~~Antidepressant Drugs~~

Generic Name	Brand Name
	Cyclic Antidepressant
Imipramine	Tofranil
Desipramine	Norpramin
Doxepin	Adapin, Sinequan
Amitriptyline	Elavil, Triavil
Nortriptyline	Aventyl, Pamelor
Amoxapine*	Asendin
Maprotiline	Ludiomil
Fluoxetine	Prozac
	Triazolopyridine
	Antidepressant
Trazodone	Desyrel
	MAO
	Inhibitors+
Phenelzine	Nardil
Tranylepromine	Parnate
	Phenylaminoketone
Bupropion	Wellbutrin

~~* Also a neuroleptic drug with all the neuroleptic sideeffects.~~

~~+ Special diet required; many drug interactions.~~

Table C: ~~Antianxiety and Hypnotic Drugs~~

Generic Name	Brand Name
	Benzodiazepines
Oxazepam	Serax
Lorazepam	Ativan
Alprazolam	Xanax

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Chlorodiazepoxide	Librium
Diazepam	Valium
Chlorazepate	Tranxene
Flurazepam	Dalmane
Barbiturates	
Antihistamines	
Hydroxyzine	Vistaril
	Other
Buspirone	Buspar

Table D. Antimanic

~~Generic Name Brand Name~~

Lithium Carbonate	Eskalith, Lithonate
	Lithane, Lithotabs
	Lithobid(slow release)
	Eiskalith-CR
	(controlled release)
	Lithium Citrate
	Cibalith-S

~~Serum lithium determinations recommended once or twice weekly during treatment of acute manic episode until serum concentrations and patient's clinical condition have stabilized; recommended at least every 2 to 3 months during remission when patient is stabilized.~~

Table E.

~~Antipsychotics should not be used if one or more of the following is/are the only indication(s):~~

- ~~○ Wandering~~
- ~~○ Simple pacing~~
- ~~○ Crying out, yelling or screaming if such behaviors do not cause an impairment in functional capacity or if they are not quantitatively documented by the~~

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~~facility~~

- ~~○ Poor self care~~
- ~~○ Restlessness~~
- ~~○ Impaired memory~~
- ~~○ Anxiety~~
- ~~○ Depression~~
- ~~○ Insomnia~~
- ~~○ Unsociability~~
- ~~○ Indifference to surroundings~~
- ~~○ Fidgeting~~
- ~~○ Nervousness~~
- ~~○ Uncooperativeness~~
- ~~○ PRN use greater than 5 doses in a seven day period without a review of the resident's condition by a physician~~
- ~~○ Unspecified agitation~~

~~R) Psychotropic drugs refer to drugs which are used for antipsychotic, antidepressant, antimanic, sedative hypnotic and/or antianxiety purposes and which are intended to control mood, mental status or behavior of the resident.~~

~~j) Category 10—Occupational Therapy and Related Rehabilitative Services~~

~~1) Verification of Level of Service~~

~~A) Physician order~~

~~B) Assessment and program planned by the OTR/L.~~

~~C) Observation of rehabilitation aide conducting therapy sessions (Level 1 only).~~

~~D) Monthly review of progress documented by the OTR/L or, if written by the rehabilitation aide, reviewed and co-signed by the OTR/L.~~

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- ~~E) Assessment every 90 days.~~
 - ~~F) Corresponding ADL or psychosocial (for MI diagnosis) program has been developed and implemented (Level 1 only).~~
 - ~~G) Observation of COTA/L conducting therapy sessions (Level 2 only). Observation of OTR/L conducting therapy sessions (Level 3 only).~~
- 2) ~~Need Not Met~~
- ~~A) Plan is not implemented as specified by the therapist.~~
 - ~~B) Goals are not designed to increase resident's functional capabilities.~~
 - ~~C) Resident is not meeting goal(s) and clinical record does not indicate staff is addressing lack of progress.~~
 - ~~D) Resident attended less than 85% of the scheduled sessions in the last three months or since the service began, if less than three months, and clinical record does not indicate resident absenteeism was due to illness or absence from the facility (Level 1 only).~~
 - ~~E) Rehab aide is not a CNA or equivalent. Rehab aide has not received specified training, or has not been enrolled in a rehabilitation course as outlined and approved by IDPA within 90 days of the beginning date of employment in the rehab aide position (Level 1 only).~~
- 3) ~~Agency Note~~
- ~~A) Reimbursement for this item includes assessment done by OTR/L.~~
 - ~~B) The nurse case manager must verify the accuracy of the rehabilitation records by checking the clinical records of at least 25% of the residents in therapy, verifying services were delivered (Level 1 only).~~
 - ~~C) If progress was not made within two months and goals or interventions were not changed, do not score.~~

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- ~~D) Progress should be noted by standard acceptable OTR/L objective measures.~~
- ~~E) Staffing ratios for rehabilitation 1:30 (per total enrollment) 98 minutes (Level 1 only). Staffing ratios for therapies for OT Level 2 and Level 3—1:1.5 (per 98 minutes).~~
- ~~F) Rehabilitation groups are limited to four residents with similar goals and levels of functioning (Level 1 only).~~
- ~~G) Prior to a resident being given credit in occupational rehabilitative services, the following must be met (Level 1 only):
 - ~~i) A corresponding ADL restorative program must be developed to increase the resident's functional ability and it must be carried out by the nursing department. The resident's response to the intervention must be recorded in the clinical record.~~
 - ~~ii) The occupational rehabilitation aide must be a certified nurse's aide, or have a related degree, or two years of college in a related field, or an approved 36 hour activity course and has received specified training as outlined and approved by the Department of Public Aid.~~
 - ~~iii) For residents with a diagnosis of mental illness, if occupational rehabilitation is scored, a psychosocial and/or a corresponding ADL program must have been developed and scored.~~~~
- ~~H) Use of Paraffin Heat Treatments, Fluido Therapy, whirlpool may be scored when ordered by physician and carried out (Level 2 or 3 only).~~
- ~~I) Refer to 147.Table K for Occupational Therapy and Related Rehabilitative Services Measurement of Progress.~~
- ~~k) Category 11—Physical Therapy and Related Rehabilitation Services~~

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- 1) ~~Verification of Level of Service~~
 - A) ~~Physician order (Level 1 and 2 only).~~
 - B) ~~Assessment and program planned by the therapist.~~
 - C) ~~Observation of rehabilitation aide conducting therapy sessions (Level 1 only).~~
 - D) ~~Monthly review progress documented by the PT or, if written by the rehabilitation aide, reviewed and co-signed by the PT.~~
 - E) ~~Assessment every 90 days.~~
 - F) ~~Corresponding ADL program or psychosocial (for MI diagnosis) program has been developed and implemented (Level 1 only).~~
 - G) ~~Observation of PTA conducting therapy sessions (Level 2 only).
Observation of PT conducting therapy sessions (Level 3 only).~~
- 2) ~~Need Not Met~~
 - A) ~~Plan is not implemented as specified by the therapist.~~
 - B) ~~Goals are not designed to increase resident's functional capabilities.~~
 - C) ~~Resident is not meeting goal(s) and clinical record does not indicate staff is addressing lack of progress.~~
 - D) ~~Resident attended less than 85% of the scheduled sessions in the last three months or since the service began, if less than three months, and clinical record does not indicate resident absenteeism was due to illness or absence from the facility (Level 1 only).~~
 - E) ~~Rehab aide is not a CNA or equivalent. Rehab aide has not received specified training, or has not been enrolled in a rehabilitation course as outlined and approved by IDPA within 90~~

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~~days of the beginning date of employment in the rehab aide position (Level 1 only).~~

- 3) ~~Agency Note~~
- A) ~~Reimbursement for this item includes assessment done by registered PT.~~
 - B) ~~The nurse case manager must verify the accuracy of the rehabilitation records by checking the clinical records of at least 25% of the residents in therapy, verifying services were delivered (Level 1 only).~~
 - C) ~~If progress was not made within two months and goals or interventions were not changed, do not score.~~
 - D) ~~Progress should be noted by standard acceptable PT objective measures.~~
 - E) ~~Staffing ratios for rehabilitation 1:30 (per total enrollment) 98 minutes (Level 1 only). Staffing ratios for therapies for PT Level 2 and Level 3 – 1:1.5 (per 98 minutes).~~
 - F) ~~Rehabilitation groups are limited to four residents with similar goals and levels of functioning (Level 1 only).~~
 - G) ~~Prior to a resident being given credit in physical rehabilitation services, the following must be met (Level 1 only):~~
 - i) ~~A corresponding ADL restorative program must be developed to increase the resident's functional ability and it must be carried out by the nursing department. The resident's response to the intervention must be recorded in the clinical record.~~
 - ii) ~~The physical rehabilitation aide must be a certified nurse aide, or have completed at least one year of nurses training and have received specified training as outlined and approved by the Illinois Department of Public Aid.~~

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- D) ~~Resident has contractures or is at risk of developing contractures that are not being addressed.~~
- 3) ~~Agency Note~~
- A) ~~PROM that is also part of a pressure ulcer treatment and/or prevention program will be scored in both places.~~
 - B) ~~The required documentation should reflect the resident's response to treatment, i.e., resident is able to raise arm shoulder level; the resident remains contracture free.~~
 - C) ~~PROM protocol must address:~~
 - i) ~~On-going inservice education of direct care staff; and~~
 - ii) ~~On-going monitoring of PROM technique of direct care staff.~~
 - D) ~~CNA may document response to PROM if cosigned by licensed staff.~~
- m) ~~Category 13—Ostomy Care~~
- 1) ~~Verification of Level of Service~~
 - A) ~~Physician order~~
 - B) ~~Observation of ostomy care and a review of the treatment plan.~~
 - 2) ~~Need Not Met~~
 - A) ~~Facility does not have protocol for ostomy care.~~
 - B) ~~Staff does not adhere to physician's orders or facility's protocol and written procedures for ostomy care and maintenance.~~
 - C) ~~Excoriation observed with no indication in the clinical record and the plan of care is not altered.~~

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- ~~D) Care not performed by licensed personnel, other than routine change of colostomy bag.~~
- 3) Agency Note
 - ~~A) Colostomy bag can be changed by a CNA trained in ostomy care when allowed by facility protocol (Level 1 only).~~
 - ~~B) Facility protocol should address:
 - ~~i) Ongoing inservice education of direct care staff; and~~
 - ~~ii) Ongoing monitoring of technique of direct care staff.~~~~
- n) Category 14—Respiratory Therapy
 - 1) Verification of Level of Service
 - ~~A) Physician order must include: delivery system, oxygen flow rate and/or frequency of IPPB treatments, postural drainage, percussion and/or vibration and use of suctioning in conjunction with these therapies, if indicated.~~
 - ~~B) Observation of therapy.~~
 - ~~C) Documentation of procedure and results by licensed staff (Level 2).~~
 - ~~D) Monthly progress note by licensed staff (Level 2).~~
 - 2) Need Not Met
 - ~~A) Facility does not have protocol for respiratory therapy.~~
 - ~~B) Respiratory therapy protocol is not being followed.~~
 - ~~C) Treatment is ordered, but not carried out as specified.~~

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- ~~D) Equipment soiled and/or nonfunctional or not available.~~
- ~~E) Respiratory therapy not performed by licensed staff (Level 2).~~
- ~~F) No monthly progress note by licensed staff (Level 2).~~

3) Agency Note

- ~~A) Level 1 resident is capable of administering own therapy~~
- ~~B) Level 2 resident is totally dependent upon licensed staff for administration.~~
- ~~C) Protocol should address:
 - ~~i) Which staff provide which type service;~~
 - ~~ii) Infection control procedures;~~
 - ~~iii) Staff training required to carry out these services; and~~
 - ~~iv) Frequency for assessment of respiratory status should be recorded in the clinical record.~~
 - ~~v) Conditions or diagnoses which are indications and contraindications for the use of postural drainage, percussion and vibration.~~~~
- ~~D) Intensity code scoring is to reflect current level of needs.~~
- ~~E) Licensed personnel who carry out postural drainage, percussion and vibration shall have ongoing in service training by a respiratory therapist.~~
- ~~F) The use of postural drainage, percussion and vibration is restricted to those residents who produce 30cc or more of secretions daily.~~
- ~~G) A physician's order for postural drainage, percussion and vibration can be for a maximum of 30 days. The physician is then required to reevaluate the resident before a new order is written.~~

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- H) ~~Suctioning which is done in conjunction with postural drainage, percussion and vibration is not to be scored under the suctioning category.~~
- I) ~~The care plan for residents who are in a program of postural drainage, percussion and vibration must include a pulmonary hygiene program which includes, but is not limited to, the following:~~
 - i) ~~Hydration~~
 - ii) ~~Nutrition~~
 - iii) ~~Rest~~
 - iv) ~~Absence of environmental pollutants.~~
- e) ~~Category 15—Suctioning~~
 - 1) ~~Verification of Level of Service~~
 - A) ~~Physician order.~~
 - B) ~~Observe treatment.~~
 - 2) ~~Need Not Met~~
 - A) ~~Facility does not have protocol for suctioning.~~
 - B) ~~Staff does not follow facility protocol.~~
 - C) ~~Care not performed by licensed personnel.~~
 - D) ~~Equipment soiled and/or nonfunctional and/or not readily available.~~
 - 3) ~~Agency Not~~

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- A) ~~Facility's protocol should address guidelines for maintaining sterility and/or cleanliness of catheters.~~
 - B) ~~Suctioning done during tracheostomy care is included as part of tracheostomy care. Additional suctioning must be done at other times to be scored here.~~
 - C) ~~Review last 30 days documentation to score this section.~~
 - D) ~~Suctioning done in conjunction with postural drainage, percussion and vibration is not to be scored under the suctioning category.~~
- p) ~~Category 16—Tracheostomy Care~~
- 1) ~~Verification of Level of Service~~
~~Physician order.~~
 - 2) ~~Need Not Met~~
 - A) ~~Facility has no tracheostomy care protocol.~~
 - B) ~~Staff does not follow physician's order or facility's protocol for tracheostomy care.~~
 - C) ~~Care not performed by licensed personnel.~~
 - D) ~~An extra tracheostomy tube, the same size as the one in place, is not available at the bedside.~~
 - E) ~~Tracheostomy care is not documented.~~
 - F) ~~Equipment soiled and/or nonfunctional and/or not readily available.~~
 - 3) ~~Agency Note~~
 - A) ~~Protocol should address:~~
 - i) ~~Training licensed staff must have prior to providing this~~

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- ~~written on the fitness card.~~
- 2) ~~Need Not Met~~
- A) ~~Health and Fitness program developed by unlicensed staff.~~
 - B) ~~Plan not carried out.~~
 - C) ~~Equipment required to carry out fitness program, as required on the fitness card, is soiled and/or nonfunctioning, or is not available.~~
 - D) ~~The resident's response to intervention is not documented in the clinical record once a month.~~
 - E) ~~Groups are larger than six (6) unless activity is a team sport.~~
- 3) ~~Agency Note~~
- A) ~~The program may also be developed by an Occupational Therapist, Physical Therapist, Certified Therapeutic Recreation Specialist, a Physician or Psychiatrist.~~
 - B) ~~Do not score when resident does not carry out fitness program an average of three (3) times per week.~~
 - C) ~~Activity programs including exercises must be separate and apart from health and fitness.~~
 - D) ~~Fitness programs must address all extremities, unless contraindicated.~~
 - E) ~~Unlicensed staff may document response to Health and Fitness Program if cosigned by licensed staff.~~
- s) ~~Category 19—Restraint Management and Reduction~~
- 1) ~~Verification of Level of Service~~
 - A) ~~Physician order~~

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- ~~B) Assessment/reassessment at least every 90 days with program noted on care plan~~
 - ~~C) Observation of resident~~
 - ~~D) Monthly documentation of resident response cosigned by licensed staff~~
- 2) Need Not Met
- ~~A) A resident is physically restrained and there is no documentation of consultation with appropriate health professionals, such as physician, occupational therapist, physical therapist or rehabilitation-certified registered nurse, in the use of less restrictive supportive devices or methods.~~
 - ~~B) Protocol not developed for restraint reduction and restraint management.~~
 - ~~C) The resident is physically restrained and there is no documentation of consultation and agreement by the resident, family, if appropriate, guardian or legal representative to the use of restraints.~~
 - ~~D) A resident is physically restrained and there is no assessment/documentation to justify restraint.~~
 - ~~E) The restrained resident is not released at least every two hours for at least ten minutes, repositioned and exercised and/or ambulated and/or toileted and/or checked for skin redness and/or given nutrition/hydration as required.~~
 - ~~F) Restraints are not applied according to physician order.~~
 - ~~G) Resident restrained without physician order.~~
 - ~~H) Restraint reduction program not implemented as specified in care plan.~~

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- ~~I) Resident not meeting goals of the restraint reduction program and the clinical record does not indicate that the staff is addressing the lack of progress.~~
- ~~J) Resident response to restraint or reduction program is not documented in the clinical record at least monthly, reassessment not completed every 90 days, or not cosigned by licensed staff.~~
- ~~K) Restraint device is not clean, found to be in ill repair, or improperly sized.~~
- ~~L) Restraint device is not properly applied.~~
- ~~M) Facility not following protocol for care application, maintenance and reduction of each type of restraint used.~~
- ~~N) A resident placed in restraint is not checked at least every 30 minutes by staff trained in the use of restraints.~~
- 3) Agency Note
 - ~~A) Residents who are free of restraints because of alternative programming are still eligible for scoring on Level 1, providing the quarterly reassessment continues to indicate that the specific staff intervention is needed to maintain the resident free of restraints, the need and intervention is specified in the care plan, and monthly documentation of resident response to intervention continues.~~
 - ~~B) This item cannot be scored and a need not met can be given if:
 - ~~i) There is no physician order for the use of a restraint and the resident is restrained; OR~~
 - ~~ii) The restrained resident is not in a restraint program and the restraint is improperly applied; OR~~
 - ~~iii) The restrained resident is not in a restraint program and is not released at least every two hours for at least ten minutes, repositioned and exercised and/or ambulated~~~~

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~~and/or toileted and/or checked for skin redness and/or given nutrition/hydration as required.~~

- ~~C) The facility must not issue orders for restraint on a standing or as needed basis.~~
- ~~D) Assessment includes, but is not limited to:
 - ~~i) Reason for use of the restraint.~~
 - ~~ii) Documentation of attempts made in ways of using less restrictive measures and why they were unsuccessful.~~
 - ~~iii) Address communication needs and functional abilities.~~~~
- ~~E) Care plan includes, but is not limited to:
 - ~~i) Alternative interventions used in place of restraints.~~
 - ~~ii) If restraint must be used, include: reason for use of the restraint; type(s) of restraint used; duration and time of day restraint is used; location of resident when restrained, i.e., own room in bed, chair in hall, etc.; and under what circumstances are restraints being used, i.e., when left alone, after family leaves, when not involved in structured activity, when eating.~~
 - ~~iii) Address communication needs and functional abilities.~~~~
- ~~F) Monthly response note should address functional and mental status of resident before, during and after use of restraints. Documentation of attempts made in ways of using less restrictive measures and why they were unsuccessful.~~
- ~~G) Physician order should include:
 - ~~i) Reason for restraint;~~
 - ~~ii) Length of time restraint is to be used; and~~~~

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- iii) ~~Type of restraint to be used.~~
- H) ~~A resident should be released from restraints as soon as there is no longer a need.~~
- I) ~~A resident should not be physically or chemically restrained for the purpose of discipline or staff convenience.~~
- J) ~~Restraint usage should be periodically reevaluated and efforts to eliminate use of restraint should be attempted and documented in the clinical record. When the restraint usage is reevaluated, the functional status of the resident should be reviewed to ensure that no loss of function has occurred as a result of restraint usage. If a loss of function can be attributed to the use of the restraint, the facility should take prompt action to review restraint use with the physician to discuss alternative treatment.~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147. TABLE F Social Services ([Repealed](#))

- a) ~~Verification of Level of Services~~
 - 1) ~~Initial (annual) assessment present and updated as needed every 90 days or sooner if the resident has experienced a significant change in status.~~
 - 2) ~~Initial history present and updated.~~
 - 3) ~~Social service needs identified on the assessment are addressed on care plan.~~
 - 4) ~~Quarterly notes (cosigned by a person with a bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and one year of supervised social work experience in a health care setting working directly with individuals, if necessary). (Level 1)~~
 - 5) ~~Monthly notes (cosigned by a person with a bachelor's degree in social~~

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~~work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and one year of supervised social work experience in a health care setting working directly with individuals, if necessary). (Level 2)~~

- ~~6) Signed documentation that resident has been informed of his/her rights, initially and annually thereafter.~~
 - ~~7) Signed documentation in records denoting that staff has counseled resident and/or family and/or guardian on Medicare/Medicaid programs (including prevention of spousal impoverishment), advance directives, medical services, community support services, personal allowances initially and annually thereafter and assisted with applications as needed.~~
 - ~~8) Documentation of contacts made or attempted or services provided with resident's choice of pastoral care.~~
 - ~~9) Copies of letters sent to family/guardian encouraging them to attend the care plan conference and/or family/guardian signature on care plan and/or documentation in the clinical record that the resident was encouraged to attend care plan conference.~~
 - ~~10) Documentation that staff has counseled resident and/or family and/or guardian on resident council functions, purposes, etc.~~
 - ~~11) Documented results of follow-up to standard monthly interview (Level 2).~~
- b) Need Not Met
- ~~1) Initial (annual) assessment not present, current or accurate.~~
 - ~~2) Social history not present or current.~~
 - ~~3) Identified needs not addressed on care plan.~~
 - ~~4) No documentation that resident is informed of rights initially or annually.~~
 - ~~5) No documentation that resident has been informed of Medicare/Medicaid or other community programs available initially and annually thereafter.~~

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- ~~6) No assistance given in applying for such services.~~
- ~~6) No documentation of attempts to secure choice of pastoral services.~~
- ~~7) No documentation of resident or family invitation to care plan conferences.~~
- ~~8) No documentation of attempts, at least annually, to involve resident in resident council.~~
- ~~9) No documentation of monthly resident interviews or follow-up to issues uncovered during the interview (Level 2 only).~~
- e) Agency Notes
 - ~~1) The standard social service interview should include questions concerning:~~
 - A) Dining
 - B) Schedule preferences
 - C) Activity preferences, including recreation and social contacts, clubs and hobbies
 - D) Outside contacts
 - E) Money matters
 - F) Care delivery
 - G) Care planning
 - H) Security and personal property
 - I) Privacy
 - J) Resident compliments and complaints
 - K) Other social service concerns

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- ~~L) Resident council~~
- ~~M) Family involvement~~

- ~~2) Initial history should include, but is not limited to, occupational, educational and family history.~~
- ~~3) Social service designees (not a person with a bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and one year of supervised social work experience in a health care setting working directly with individuals, but performing social work duties in facility) must have on-going consultation of licensed social worker, with notes cosigned by the licensed social worker or a person with a bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and one year of supervised social work experience in a health care setting working directly with individuals. Facilities shall also meet the social service requirements as set forth in 77 Ill. Adm. Code 300.~~
- ~~4) If a resident, family or guardian is unable to attend a care conference, the facility provides an opportunity and documents efforts to discuss problems/issues with resident, family or guardian at least quarterly either by individual, family or guardian conferences, by letter or by phone.~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147.TABLE H Determinations [\(Repealed\)](#)

~~Instructions: Circle Codes Y or N, or in #3, recommended level as appropriate under each item.~~

ITEM	CODING SPECIFICATIONS	AGENCY NOTE
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- 1) Facility Referral
 - ~~Y = Resident has unmet needs in functional or service areas or N's circled under A: Physician Service areas or D: Social Services and the facility must develop a plan for correction.~~
 - ~~N = Resident has no unmet needs and/or resident is not being referred to team physician for review.~~

- 2) Present Level of Care (Level currently certified)
 - ~~Code Level Certified by Physician on Form DPA 2448~~
 - ~~1 = SNF~~
 - ~~2 = ICF~~
 - ~~6 = Psychiatric Hospital~~

- 3) Recommended Level of Care
 - ~~1 = SNF~~
 - ~~2 = ICF~~
 - ~~3 = Sheltered~~
 - ~~4 = Room and Board~~
 - ~~5 = Acute general hospital~~
 - ~~6 = Psychiatric hospital~~
 - ~~7 = ICF/DD~~
 - ~~8 = ICF/MR (SNF/PED)~~

- 4) Recommendation
 - ~~1 = Resident is receiving appropriate level of care and may remain in this facility.~~
 - ~~2 = Resident is not receiving appropriate level of care and must be transferred to another facility providing the level of care as indicated elsewhere on this form.~~

~~Sheltered care and Room and Board residents are not assessed during the IOC process.~~

~~Sheltered care and Room and Board residents are not assessed during the IOC process.~~

~~Each resident with a recommendation of 2 or 4, will be referred to the team physician. DPA 2704 must be completed for resident marked 2 or 4.~~

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- ~~3 = Resident is not currently receiving appropriate level of care. Resident may remain in the facility. However, certified DPA 2448 is needed reflecting changed level of care.~~
- ~~4 = Resident has potential for discharge. Facility should proceed with discharge.~~
- 5) Physician Referral ~~Y = Resident is being referred to the team physician for review.~~ Each resident marked "Y" referral will be referred to the team physician. DPA 2704 must be completed for those residents marked "Y."
- ~~N = Resident is not being referred to the team physician for review.~~
- 6) Negotiations ~~Y = The facility did indicate areas of dispute and did provide supportive documentation.~~
- ~~N = The facility did not indicate areas of dispute and/or did not provide supportive documentation.~~
- 7) Arbitration ~~Y = The facility is contesting some level of scoring on this form.~~ Forms 2700A/2700B must reflect each contested item with explanation.
- ~~N = The facility is not contesting any level of scoring on this form.~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

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Section 147.TABLE I Activities [\(Repealed\)](#)

ITEM	CODING SPECIFICATIONS	AGENCY NOTE
Adequate Activities	Y = The resident has a current activity plan of care and is receiving an appropriate activity program. N = Activity needs of the resident are not being met by the facility. MAKE BRIEF CONCISE STATEMENT REGARDING UNMET NEEDS AND/OR RECOMMENDATIONS.	Adequate Activities Needs Not Met A. There is no assessment of activity needs. B. Assessment does not reflect current interests and needs. C. Initial activity plan has not been established. D. Minimum standards for activities have not been met. E. Activity plan has not been individualized. F. Activities have not been incorporated into the interdisciplinary care plan. G. Progress notes are not current (quarterly).

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147.TABLE J Signatures [\(Repealed\)](#)

ITEM	CODING SPECIFICATIONS	AGENCY NOTE
1) HFSN ID Number	Number must be written in the following sequence: Region Number (Two Digits) HFSN ID Number (Three Digits) E.g., 07140.	

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- 2) ~~Assessment Date~~ ~~The assessment date must be entered as a six (6) digit number on each form completed e.g. 09/08/86.~~
- 3) ~~HFSN Signature~~ ~~Full name of nurse completing the form.~~
- 4) ~~Exit Date~~ ~~Date the exit conference concluded. The exit date must be entered as a six (6) digit number on each form e.g. 09/09/86. This date must correspond to the last date in Section A-5, Date of Review, DPA 2702.~~
- 5) ~~Social Worker ID Number~~ ~~Number must be written in the following sequence when there is a Social Worker Signature: Region Number (Two Digits) Social Worker ID Number (Three Digits) e.g. 07098~~
- 6) ~~Assessment Date~~ ~~The assessment date must be entered as a six (6) digit number when there is a Social Worker signature e.g. 09/08/86.~~
- 7) ~~Social Worker Signature~~ ~~Full name of Social Worker (MAC II).~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147.TABLE K Rehabilitation Services ([Repealed](#))

- a) ~~Occupational Therapy and Related Rehabilitative Services Measurement of Progress~~
- 1) ~~Independent Living/Daily Skills~~
- A) ~~Physical Daily Living Skills (DLS). Measurable outcomes could include:~~
- i) ~~Decreasing assistance to perform a specific task component of a DLS—not necessarily decreased assistance needed in the entire category.~~
- ~~Example: Resident is able to lift cup off table to drink (may remain dependent in feeding).~~

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- ~~ii) Grading methods should show progression such as: unable to perform activity; activity requires maximal physical assistance (resident attempts to help but completes no part of task); activity requires moderate physical assistance (resident able to do approximately 1/2 of activity); activity requires minimal physical assistance (resident able to do 3/4 of activity); activity requires supervision or verbal cues; or activity is performed appropriately, safely, independently, and consistently in a reasonable amount of time.~~

~~B) Psychological/Emotional Daily Living Skills~~

~~Measurable outcomes could include: decreasing exhibition of inappropriate behavior as shown through percentage of time or number of repetitions within a specified length of time; increasing exhibition of appropriate behavior as shown through percentage of time or number of repetitions within a specified length of time.~~

~~Examples:~~

- ~~i) Decreases rocking to 25% of the day.~~
- ~~ii) Verbalizes less than three (3) self depreciatory or destructive statements per day.~~
- ~~iii) Contributes to group discussion 3 X in one hour session.~~

~~2) Sensorimotor Components~~~~A) Measurable outcomes could include:~~

- ~~i) Reflex Integration: decreasing percentage of abnormal reflexes during occupational performance or task-oriented activity.~~
- ~~ii) Range of Motion: goniometries showing an increase in range of motion.~~

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- iii) ~~Gross and Fine Coordination: effect of decreasing time on task completion, including percentage of task completed and/or number of repetitions completed. Effect of decreasing time on accuracy in task completion, including percentage of task completed and/or numbers of repetitions completed.~~
- iv) ~~Strength and Endurance: measurable outcomes could include:* 1) increasing dynamometer measurements; 2) increasing amount of weight, load, resistance; 3) increasing number of repetitions; 4) increasing duration of tasks; 5) changes in heart rate, pulse rate, blood pressure, respirations per minute; and 6) manual muscle test.~~

B) ~~Sensory Integration~~

~~Sensory awareness, visual-spatial awareness, body integration, perception or differentiation of external and internal stimuli, as evidenced by objective measurements such as:*~~

- i) ~~Number;~~
- ii) ~~Duration;~~
- iii) ~~Degree of performance; and~~
- iv) ~~Decreased error of performance~~

3) ~~Cognitive Components~~

~~Measurable outcomes could include increased memory, problem solving, conceptualization, attention span as evidenced by objective measurements such as:~~

- A) ~~Number;~~
- B) ~~Duration;~~
- C) ~~Degree of performance; and~~

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~~D) Decreased error of performance.~~

4) ~~Psychosocial Components~~

~~Measurable outcomes could include:*~~

~~A) Decreasing exhibition of inappropriate behavior as shown through percentage of time or number of repetitions within a specified length of time; and~~

~~B) Increasing exhibition of appropriate behavior as shown through percentage of time or number of repetitions within a specified length of time.~~

5) ~~Therapeutic Adaptations~~

~~A) Orthotics/prosthetics; and~~

~~B) Assistive/adaptive equipment.~~

~~C) Measurable outcomes could include:*~~

~~i) Increased Range of Motion (ROM);~~

~~ii) Decreased contractures;~~

~~iii) Prevention of further contractures;~~

~~iv) Increased functional use; and~~

~~v) Competency in use of equipment towards increased function.~~

~~NOTE: Staff requirements include provision of equipment such as splints, prosthetics, and orthotic devices.~~

~~* Measure against a functional expectation considering the age and projected potential of each resident.~~

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b) ~~Physical Therapy and Related Rehabilitative Services Measurement of Progress~~1) ~~Goniometrics—measuring ROM in degrees~~2) ~~Manual muscle test (MMT) measure of muscle strength.~~

0 zero

1 trace

2 poor

3 fair

4 good

5 normal

+ greater than

- less than

3) ~~Increasing repetitions.~~4) ~~Increasing distance.~~5) ~~Balance measured by muscle strength: poor, fair, good, normal.~~6) ~~Changing gait deviation to improve functional ambulation.~~7) ~~Progression to a less restrictive assistive device.~~e) ~~Speech Language Pathology/Audiology Rehabilitative Services Measurement of Progress~~

~~Types of modalities and activities which are typical for gaining functional abilities in geriatric population include but are not limited to:~~

1) ~~Auditory Comprehension~~

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- A) ~~Comprehension and understanding of common, functional words;~~
 - B) ~~Comprehension and completion of directives;~~
 - C) ~~Comprehension and concepts of time, place, description, etc.; and~~
 - D) ~~Comprehension and conversation, subtleties of language, meaning, etc.~~
- 2) ~~Speech Production~~
- A) ~~Improvement of oral-motor skills;~~
 - B) ~~Production of isolated sounds (phonemes);~~
 - C) ~~Production of sounds in syllables, words, phrases, connected speech;~~
 - D) ~~Ability to use an appropriate vocal level with adequate breath support; and~~
 - E) ~~Ability to utilize appropriate vocal quality for intelligible speech.~~
- 3) ~~Expression~~
- A) ~~Ability to name (imitatively-spontaneously) common, functional items;~~
 - B) ~~Ability to verbally produce meaningful and functional utterances (imitatively, spontaneously, self-initiated); and~~
 - C) ~~Ability to express wants/needs, etc. through alternative means of communication (i.e. communication board, electronic communication device, etc.).~~
- 4) ~~Aural Rehabilitation~~
- ~~Goals established only after an audiologic evaluation has been completed.~~

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~~A resident who exhibits a moderate to severe loss of hearing (i.e., 50dB SRT (Speech Reception Threshold) or greater loss in the better ear and/or an aided discrimination score of less than 70% accuracy in the aided ear) would be eligible for an Aural Rehabilitation Program.~~

- ~~A) Ability to achieve speech reading skills;~~
 - ~~B) Ability to discriminate words, sounds, etc. for effective comprehension;~~
 - ~~C) Ability of resident to achieve more independent operation of the hearing aid; and~~
 - ~~D) Ability of residents to effectively and independently utilize environmental controls to compensate for their loss of hearing (i.e. eye contact, preferential seating, utilize better ear, etc.).~~
- 5) ~~Voice Disorders~~
- ~~A) Achieve appropriate balance of oral/nasal resonance for effective communication;~~
 - ~~B) Achieve use of proper vocal intensity, pitch or vocal quality for effective communication;~~
 - ~~C) Achieve effective use of esophageal speech (for laryngectomized residents); and~~
 - ~~D) Achieve use of appropriate augmentative system of communication when indicated (use of electrolarynx, etc., for laryngectomized resident).~~
- d) Progress is indicated when the following types of notation are observed in a resident's chart:
- 1) ~~There is a decrease in the number of repetitions of directives or models required in order to achieve task completion.~~
 - 2) ~~There is a decrease in the number of cues required in order to achieve task~~

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~~completion. A cue is any verbal or nonverbal signal which stimulates task completion (i.e. residents with word finding problems may require cueing of an open ended sentence, residents with motor/speech problems may require a cue of oral configuration, etc.).~~

- 3) ~~Tasks are completed in a more independent manner. Abilities to complete a skill move along a hierarchy from totally dependent to independent use of a skill:~~
 - A) ~~Imitative;~~
 - B) ~~Cued;~~
 - C) ~~Structured;~~
 - D) ~~Nonstructured; and~~
 - E) ~~Independent production.~~
- 4) ~~Tasks move in a hierarchy of the types of errors made in patient's/resident's responses:~~
 - A) ~~Totally incorrect response;~~
 - B) ~~Related error;~~
 - C) ~~A response requiring a repeat of directives or a cue;~~
 - D) ~~Self corrected response;~~
 - E) ~~Incomplete response;~~
 - F) ~~Delayed response; and~~
 - G) ~~Complete independent immediate response.~~
- 5) ~~Tasks are completed in a hierarchy of complexity of resident's response:~~
 - A) ~~Verbal Expression~~

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- i) ~~imitation of word~~
 - ii) ~~single word production from cue~~
 - iii) ~~independent production of single word~~
 - iv) ~~use of word in a structured phrase~~
 - v) ~~use of word in a nonstructured phrase~~
 - vi) ~~use of word in a structured sentence~~
 - vii) ~~use of word in a nonstructured sentence~~
 - viii) ~~use in independent sentences in connected utterances~~
 - ix) ~~self initiation of thoughts, wants, needs, feelings, etc.~~
- B) ~~Motor-Speech~~
- i) ~~imitation of oral postures;~~
 - ii) ~~imitation of phonemes in isolation;~~
 - iii) ~~imitation of phonemes in single syllable contexts;~~
 - iv) ~~spontaneous production in single syllable contexts;~~
 - v) ~~imitation in single words;~~
 - vi) ~~spontaneous production in single words;~~
 - vii) ~~imitation of the word in phrase;~~
 - viii) ~~spontaneous production of the word in phrase; and~~
 - ix) ~~spontaneous self-initiated production in connected speech.~~
- C) ~~Dysphagia~~

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- i) ~~able to effect a lip seal to hold bolus in oral cavity;~~
 - ii) ~~able to maintain adequate jaw range of motion for mouth opening (up/down) and chewing (rotary), adequate tongue range of movement to: a) hold bolus; b) manipulate bolus; c) propel bolus into the pharynx;~~
 - iii) ~~able to trigger a swallow reflex within one second;~~
 - iv) ~~able to move food through the pharynx to the esophagus;~~
 - v) ~~able to protect the airway well enough to prevent aspiration during a swallow (maintain complete laryngeal closure);~~
 - vi) ~~able to tolerate liquids by mouth for primary or supplemental nutrition;~~
 - vii) ~~able to tolerate pureed consistencies by mouth for primary or supplemental nutrition;~~
 - viii) ~~able to tolerate masticated consistencies by mouth for primary or supplemental nutrition;~~
 - ix) ~~able to coordinate a cough to clear residue from the pharynx or larynx;~~
 - x) ~~able to learn the supraglottic swallow;~~
 - xi) ~~able to learn to coordinate postural change and tongue and laryngeal involvement.~~
- 6) ~~There is an increase in the percentage of correct responses observed in the resident's completion of tasks.~~
- 7) ~~There is an increase in the resident's level of functioning as demonstrated by formal testing (i.e. higher verbal scores for expressive language disorders, improved scores in tests of speech reading for aural rehabilitation patients, etc.).~~

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- 8) ~~Resident's skills become more functional in nature and are generalized and carried over to contexts outside of the therapeutic environment.~~

(Source: Repealed at 27 Ill. Reg. _____, effective _____)

Section 147. TABLE L Personal Information ([Repealed](#))

~~Indicated below are requirements and corresponding time frames which must be met by Long Term Care facilities and will be verified by the case manager during the Inspection of Care survey.~~

ITEM	CODING SPECIFICATIONS	AGENCY NOTE
1) Plan of care	Y=The plan of care is up to date according to the time frame: SNF—a physician and facility personnel must review each plan at least every 90 days or as needed. ICF—a physician and facility personnel must review the plan at least every 90 days or as needed. N=The plan of care is not up to date.	At the time of admission, the physician initially establishes the plan of care through the history, physical exam, functional level, objectives, orders and plans for continuing care and discharge. This includes the resident care plan.

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2) Physician's certification/recertification

~~Y= The physician certified at the time of admission and recertified according to the time frame:
SNF—30/60/90 days after initial certification, and every 60 days thereafter.
ICF—60 days/180 days/12 months/18 months/24 months after initial certification, every 12 months thereafter.
ICF-DD—every 12 months after initial certification.~~

~~N= Resident not initially certified or recertified at required intervals. Certification if after the date of admission and if no eligible date is on 2448; or
Eligible date is before signature date; or
No Recipient Identification Number and/or no Case Identification Number.~~

3) Physician's progress notes/visits

~~Y= Progress notes for skilled care must be updated once every 30 days for the first 90 days following admission. After the first 90 day period has passed, an alternate review schedule may be adopted. Alternate review schedules of progress notes must not exceed 60 days. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.~~

~~Y= Progress notes for intermediate care must be updated once every 30 days for the first 90 days after admission and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.~~

~~N= Progress notes not updated within required intervals listed above.~~

NOTE: See Form 2448, Physician Certification or an alternate form in the medical record. If alternative form used, location of current certification must be documented on DPA 2448.

If items 11-14 are marked "N", make a facility referral.

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- 1) Heading of the Part: Long Term Care Reimbursement Changes
- 2) Code Citation: 89 Ill. Adm. Code 153
- 3) Section Numbers: 153.100 Proposed Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Public Act 92-848
- 5) Complete Description of the Subjects and Issues Involved: Pursuant to Public Act 92-0848, the Department is establishing a new methodology for the nursing component of rates for Medicaid funded nursing facilities (NF) effective July 1, 2003. Skilled nursing facilities and intermediate care facilities that are licensed under the Nursing Home Care Act and certified under the Medicaid Program will be affected by the new payment provisions. For the nursing component, the Department will use the Minimum Data Set (MDS), a federally required assessment form, to collect information from nursing facilities concerning the condition of NF residents and establish a rate based on all Medicaid residents in the NF. The nursing component will be calculated and adjusted on a quarterly basis.

Under the Act, the Department has developed the new rate methodology for which new payments are subject to appropriation levels provided by the General Assembly. Any increases will only be effective if specific appropriation is made for this purpose. A transition period of two years, beginning July 1, 2003, will be provided for initial implementation of the new payment methodology. During this period, for an NF that would receive a lower nursing component rate under the new system than under the current system, the nursing component rate will be held at the current rate until a higher rate is achieved by that NF.

Companion amendments to the proposed rulemaking are being filed at 89 Ill. Adm. Code 140 and 89 Ill. Adm. Code 153. Because of the MDS based rate system, the Department's rules relating to Inspection of Care for NFs are being repealed or amended.

If there is no specific appropriation for this purpose, there is no annual budgetary impact resulting from these proposed rate changes. Public Act 92-0848 states that rates under the new methodology shall be adjusted subject to appropriations provided by the General Assembly. If and when monies are made available, they will be distributed as allocated in this rule: first to restore the 5.9% reduction from FY 2003, then to distribute monies

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according to the new methodology. Nothing in this rule should be construed as suggesting that these new monies are currently available or will be made available at any point in the future

- 6) Will these proposed amendments replace emergency amendments currently in effect?
No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.
- 11) 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:

Joanne Scattoloni
Office of the General Counsel, Rules Section
Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois 62763-0002
(217)524-0081

The Department requests the submission of written comments within 30 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].

Any interested persons may review these proposed amendments on the Internet at <http://www.state.il.us/dpa/html/publicnotice.htm>. Access to the Internet is available through any local public library. In addition, the amendments may be reviewed at the Illinois Department of Human Services' local offices (except in Cook County). In Cook County, the amendments may be reviewed at the Office of the Director, Illinois Department of Public Aid, 100 West Randolph Street, Tenth Floor, Chicago, Illinois.

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The amendments may be reviewed at all offices Monday through Friday from 8:30 a.m. until 5:00 p.m. This notice is being provided in accordance with federal requirements at 42 CFR 447.205.

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

12) Initial Regulatory Flexibility Analysis

- A) Types of small businesses, small municipalities and not-for-profit corporations affected: Skilled and intermediate care nursing facilities that are licensed under the Nursing Home Care Act and certified under the Medicaid Program will be affected by the new payment provisions.
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on Which this Rulemaking Was Summarized: These proposed amendments were not included on either of the two most recent agendas because:

This rulemaking was inadvertently omitted when the most recent regulatory agenda was published.

The full text of the proposed amendments begins on the next page:

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TITLE 89: SOCIAL SERVICES
 CHAPTER I: DEPARTMENT OF PUBLIC AID
 SUBCHAPTER e: GENERAL TIME-LIMITED CHANGES

PART 153
 LONG TERM CARE REIMBURSEMENT CHANGES

Section

153.100	Reimbursement for Long Term Care Services
153.125	Long Term Care Facility Rate Adjustment
153.150	Quality Assurance Review (Repealed)

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

SOURCE: Emergency rules adopted at 18 Ill. Reg. 2159, effective January 18, 1994, for maximum of 150 days; adopted at 18 Ill. Reg. 10154, effective June 17, 1994; emergency amendment at 18 Ill. Reg. 11380, effective July 1, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16669, effective November 1, 1994; emergency amendment at 19 Ill. Reg. 10245, effective June 30, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 16281, effective November 27, 1995; emergency amendment at 20 Ill. Reg. 9306, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 14840, effective November 1, 1996; emergency amendment at 21 Ill. Reg. 9568, effective July 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13633, effective October 1, 1997; emergency amendment at 22 Ill. Reg. 13114, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16285, effective August 28, 1998; amended at 22 Ill. Reg. 19872, effective October 30, 1998; emergency amendment at 23 Ill. Reg. 8229, effective July 1, 1999, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 12794, effective October 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13638, effective November 1, 1999; emergency amendment at 24 Ill. Reg. 10421, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15071, effective October 1, 2000; emergency amendment at 25 Ill. Reg. 8867, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 14952, effective November 1, 2001; emergency amendment at 26 Ill. Reg. 6003, effective April 11, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 12791, effective August 9, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11087, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17817, effective November 27, 2002; amended at 27 Ill. Reg. _____, effective _____.

Section 153.100 Reimbursement for Long Term Care Services

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- a) Notwithstanding the provisions set forth in 89 Ill. Adm. Code 140, 144 and 147 for reimbursement of long term care services, effective January 18, 1994, reimbursement rates for long term care facilities (SNF/ICF and ICF/MR) and day training providers will remain at the levels in effect on January 18, 1994, except as otherwise provided in this Section.
- ~~b) The results of Inspection of Care (IOC) surveys for which the exit conference is completed prior to January 18, 1994, will be processed and reflected in facility rates effective with the annual nursing rate adjustment date. The reconsideration process which is provided for in 89 Ill. Adm. Code 147.100 remains in effect for these surveys and other surveys set forth in this Section.~~
- b)e) Capital and support rates in effect on January 18, 1994, will be adjusted based on final audits of cost report data in accordance with 89 Ill. Adm. Code 140.582(b) and 140.590.
- c)d) Capital rates will be increased for major capital improvements in accordance with 89 Ill. Adm. Code 140.560(c) and (e).
- d)e) New facilities which are assigned median rates in accordance with 89 Ill. Adm. Code 140.560(b) will have rates recalculated based upon receipt of their first cost report and [89 Ill. Adm. Code 147.150](#) ~~first IOC survey~~.
- ~~f) Rates may change based upon an interim IOC conducted at the facility's written request for any facility which changed ownership no earlier than 90 days prior to and not later than January 18, 1994. The interim IOC request must include justification and documentation which supports one of the criteria set forth in 89 Ill. Adm. Code 147.150(d).~~
- ~~g) Requests for interim IOCs received through January 18, 1994, will be processed in accordance with 89 Ill. Adm. Code 147.150(d).~~
- ~~h) Interim IOCs may be conducted, at the facility's written request, if there has been a change in the Medicaid census since the last IOC survey in accordance with 89 Ill. Adm. Code 147.150(d), except that the requirement that the request must be made within 180 days after the last IOC, need not be met. The written request must contain documentation supporting the change in Medicaid census.~~
- ~~i) The Department reserves the right to initiate interim IOC surveys, if necessary,~~

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~~based upon a significant reduction in the level of resident care or for the health and safety concerns of residents.~~

- ~~j) Any rate adjustments that result from an interim IOC conducted under this Section will have an effective date of the first day of the month following the exit date of the interim IOC.~~
- ~~e)k) Requests for IOCs upon which rate determinations are based upon a Medicaid resident being transferred from a State operated facility for persons with developmental disabilities to a community setting will be considered on a case-by-case basis.~~
- ~~f)h) Fiscal year 1996 support rates may change based on the first cost report filed by new ownership reflecting six months or more of the new ownership's operation for any facility which changed ownership between July 1, 1992, and January 18, 1994. Only changes in ownership in arms-length transactions between unrelated parties will be recognized for this rate change. The new support rate for those facilities will be calculated in accordance with 89 Ill. Adm. Code 140.560 and 140.561. Support rates for facilities which qualify under this exception will not be decreased by the provisions in this Section. The capital rates of facilities which changed ownership between July 1, 1992, and January 18, 1994, will not be subject to changes in the capital rate based on the provisions of 89 Ill. Adm. Code 140.571(b)(4), but can still be affected by the provisions of subsection (d) of this Section.~~
- ~~g)m) For those for-profit facilities whose fiscal year 1994 capital rate does not include a real estate tax component because it is based upon a non-profit facility's cost report, effective July 1, 1995, the real estate tax component will be added to the capital rate based upon the fiscal year 1994 median real estate tax rate for the geographic area in which the home is located.~~
- ~~h)n) If a non-profit facility changes ownership on or after July 1, 1995, and the new owner is a for-profit facility, the real estate tax component will be added to the capital rate effective with the change of ownership as recognized by the Illinois Department of Public Health. The real estate tax component will be added at the geographic area median tax rate in effect for the month in which the real estate tax becomes effective.~~
- ~~i)o) For those non-profit facilities whose fiscal year 1994 capital rate includes a real~~

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estate tax component based upon a for-profit facility's cost report, effective July 1, 1995, the real estate tax component of the capital rate will be removed (unless the non-profit facility rents the home from an unrelated for-profit entity).

- ~~j)~~ If a for-profit facility changes ownership on or after July 1, 1995, and the new owner is a non-profit facility, the real estate tax component will be removed from the capital rate effective with the date of change in ownership as recognized by the Illinois Department of Public Health. The real estate tax component will not be removed for a non-profit facility that rents the facility from an unrelated for-profit entity.
- ~~q)~~ ~~Rates may change based upon verification of the delivery or non-delivery of psychiatric rehabilitation services to individuals with mental illness residing in nursing facilities. Psychiatric rehabilitation services program reimbursement will be dependent upon the facility meeting all criteria specified in 89 Ill. Adm. Code 147.300 through 147.345.~~
- ~~k)~~ The flat per diem paid to ICFs/MR to cover the cost of non-emergency dental services pursuant to 89 Ill. Adm. Code 144.275 and 144.300 will be increased from \$.30 to \$.40.
- ~~l)~~ Day training provider rates shall be increased by three percent for services provided on or after July 1, 1996.
- ~~m)~~ Effective for services provided on or after July 1, 1996, facilities which are located in an area which has changed geographic designation due to unique labor force factors shall have rates recalculated based upon the ceilings and norms of the newly designated geographic area.
- ~~u)~~ ~~The add-on to the final nursing rate for care planning identified in 89 Ill. Adm. Code 147.205 will be increased from \$.35 to \$.45.~~
- ~~n)~~ Long term care facilities that have been assigned a median tax rate on the basis of geographic area in accordance with 89 Ill. Adm. Code 140.560(b) and subsections (m) and (n) of this Section shall subsequently have those rates recalculated based upon the first full tax bill received by that facility. The revised rate will be the greater of the recalculated rate or the rate in effect from the aforementioned Section and subsections. Rates revised in accordance with this subsection shall result in payments retroactive to July 1, 1997, for those facilities whose first full

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tax bill is received by the Department no later than September 30, 1998. Rates for facilities whose first full tax bill is received after September 30, 1998, will be effective on the date the Department receives the first full tax bill. In order to calculate the potential tax rate, the real estate tax from the first full tax bill for the long term care property will be divided by the greater of the annualized capital days (see 89 Ill. Adm. Code 140.570(b)(3)) from the cost report used to calculate the remainder of the capital rate in accordance with 89 Ill. Adm. Code 140.570 through 140.574, or 93 percent of annualized bed days based upon the number of licensed beds available at the end of the period covered by the tax bill. No inflation factor will be used for this calculation.

- ~~o)~~*) Interim IOCs may be conducted in an ICF/MR, at the facility's written request, if there has been a change in the resident population of at least 25 percent since the last IOC used to set the rate. A facility is limited to one request in any 12 month period. The rate effective date will be the first day of the month following the month of the facility's written request. The written request must contain documentation supporting the change in the resident population.
- ~~p)~~*) Interim IOCs may be conducted for developmental training services when the population of an ICF/MR changes by at least 25 percent since the last IOC used to set the rate. The ICF/MR is limited to one request in any 12 month period. The rate effective date will be the first day of the month following the month of the facility's written request. Documentation must be submitted supporting the change in the resident population.
- ~~q)~~*) Rates shall be adjusted for an ICF/MR entering into a downsizing agreement with the Department of Human Services, under the provisions of 89 Ill. Adm. Code 140.560, with the rate effective on the date a benchmark for such downsizing is achieved.
- ~~r)~~*) For an ICF/MR with 16 or fewer licensed beds, rate changes shall be made in the program active treatment rate component to reflect an increase of 13 hours of base nursing and nurse supervision for administration of medication by unlicensed direct service staff, effective for services provided on or after January 1, 2000.
- s) The nursing component of a nursing facility's per diem shall be adjusted in accordance with 89 Ill. Adm. Code 147.150.

(Source: Amended at 27 Ill. Reg. _____, effective _____)

STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Universities Retirement
- 2) Code Citation: 80 Ill.Adm.Code 1600
- 3)

<u>Section Numbers:</u> 1600.10 1600.60 1600.137	<u>Proposed Action:</u> Amendment New Section New Section
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- 4) Statutory Authority: 40 ILCS 5/15-177
- 5) A Complete Description of the Subjects and Issues Involved: A new rule promulgated to implement the sick leave accrual schedule set forth in 40 ILCS 5/15-113.4.
- 6) Will this proposed amendment replace an emergency rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? __ Yes No
If "Yes," please specify the date: _____
- 8) Does this proposed amendment contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice to:

Dan M. Slack
General Counsel
State Universities Retirement System
1901 Fox Drive
Champaign, IL 61820
- 12) Initial Regulatory Flexibility Analysis:
 - A) Types of small businesses, small municipalities and not for profit corporations

STATE UNIVERSITIES RETIREMENT SYSTEM

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affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of Professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: January 2003

The full Text of the Proposed Amendment / New Sections begin on the next Page:

STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF PROPOSED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE D: RETIREMENT SYSTEMS
CHAPTER II: STATE UNIVERSITIES RETIREMENT SYSTEMPART 1600
UNIVERSITIES RETIREMENT

SUBPART A: MISCELLANEOUS PROCEDURES

Section	
1600.10	Definitions
1600.20	Dependency of Beneficiaries
1600.30	Crediting Interest on Employee Contributions and Other Reserves
1600.40	Election to Make Contributions Covering Leave of Absence at Less Than 50% Pay
1600.50	Election to Pay Contributions Based Upon Employment Which Preceded Certification as a Participant
1600.60	Sick Leave Accrual Schedule
1600.70	Procedures to be followed in Medical Evaluation of Disability Claims
1600.80	Rules of Practice-Nature and Requirements of Formal Hearings
1600.90	Excess Benefit Arrangement
1600.100	Freedom of Information Act
1600.110	Open Meetings Act
1600.120	Twenty Percent Limitation on Final Rate of Earnings Increases
1600.130	Procurement
1600.137	Overpayment Recovery
1600.140	Making Preliminary Estimated Payments

SUBPART B: QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDERS

Section	
1600.150	Definitions
1600.151	Requirements for a Valid Qualified Illinois Domestic Relations Order
1600.152	Curing Minor Deficiencies
1600.153	Filing a QILDRO with the System
1600.154	Modified QILDROs
1600.155	Benefits Affected by a QILDRO
1600.156	Effect of a Valid QILDRO
1600.157	QILDROs Against Persons Who Became Members Prior to July 1, 1999

STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF PROPOSED AMENDMENTS

1600.158	Alternate Payee's Address
1600.159	Electing Form of Payment
1600.160	Automatic Annual Increases
1600.161	Expiration of a QILDRO
1600.162	Reciprocal Systems QILDRO Policy Statement
1600.163	Providing Benefit Information for Divorce Purposes

~~APPENDIX A Chart Outlining Hearing Procedures (Repealed)~~

AUTHORITY: Implementing and authorized by 40 ILCS 5/15-177.

SOURCE: Amended September 2, 1977; amended at 2 Ill. Reg. 31, p.53, effective July 30, 1978; amended at 7 Ill. Reg. 8139, effective June 29, 1983; codified at 8 Ill. Reg. 19683; amended at 11 Ill. Reg. 15656, effective September 9, 1987; amended at 13 Ill. Reg. 18939, effective November 21, 1989; amended at 14 Ill. Reg. 6789, effective April 20, 1990; emergency amendment at 21 Ill. Reg. 4864, effective March 26, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 6095, effective May 2, 1997; amended at 21 Ill. Reg. 11962, effective August 13, 1997; amended at 21 Ill. Reg. 12653, effective August 28, 1997; amended at 22 Ill. Reg. 4116, effective February 9, 1998; amended at 23 Ill. Reg. 13667, effective November 1, 1999; amended at 25 Ill. Reg. 10206, effective July 8, 2001; amended at 27 Ill. Reg. _____, effective _____.

Section 1600.10 Definitions

Unless the context requires a different meaning, terms used in these rules shall be defined and interpreted in accordance with [Article 15 of the Illinois Pension Code, 40 ILCS 5/15](#). ~~Ill. Rev. Stat. 1985, ch. 108 1/2, par. 15-101-15-102 et seq.~~

- a) [“Unmarried”](#). The definition of unmarried as referred to in [Section 15-145\(c\)](#) shall include never married and divorced persons.

(Source: Amended at 27 Ill. Reg. _____, effective _____)

Section 1600.60 Sick Leave Accrual Schedule

- a) [Under Section 15-113.4 of the Illinois Pension Code, 40 ILCS 5/15-113.4, SURS grants service credit for unused sick leave.](#)
- b) [A member who retires within 60 days immediately following his or her](#)

STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF PROPOSED AMENDMENTS

termination with the employer covered under the State Universities Retirement System, is entitled to credit for service for that portion of unused and unpaid sick leave earned in the course of employment.

- c) The employer must certify the number of unused and unpaid sick days consistent with subsection (e) on the member's termination report provided to SURS.
- d) Service credit is granted for unused and unpaid sick leave verified by the employer in accordance with the following schedule:
 - 1) 0-19 full work days = no service credit
 - 2) 20-59 full work days = 0.25 years of service credit
 - 3) 60-119 full work days = 0.50 years of service credit
 - 4) 120-179 full work days = 0.75 years of service credit
 - 5) 180-240 full work days = 1 year of service credit
 - 6) 241-259 full work days = no additional service credit beyond 1 year
 - 7) 260-299 full work days = 1.25 years of service credit
 - 8) 300-359 full work days = 1.50 years of service credit
 - 9) 360-419 full work days = 1.75 years of service credit
 - 10) 420-499 full work days = 2.0 years of service credit
 - 11) 500 or more full work days = no additional service credit beyond 2 years
- e) Only uncompensated, unused sick leave earned in accordance with an employer's sick leave accrual policy generally applicable to employees or a class of employees shall be taken into account in calculating service credit under this Section. Any sick leave granted by an employer to facilitate the hiring, retirement, termination, or other special circumstances of an employee shall not be taken into account in calculating service credit for retirement.

STATE UNIVERSITIES RETIREMENT SYSTEM

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- f) If a participant transfers from one employer to another, the unused sick leave credited by the previous employer shall be considered in determining service to be credited under this Section, even if the participant terminated prior to the effective date of P.A. 86-272 (August 23, 1989).

Section 1600.137 Overpayment Recovery

Under Section 15-185 of the Illinois Pension Code, 40 ILCS 5/15-185, the Board of Trustees of the System may deduct from any benefit payable to participants, annuitants, survivors, and beneficiaries, amounts owed to the System due to or because of the participant's service. The System may recover overpayments from any benefit payable due to the participant's service in the System, including annuity benefits, survivor benefits, separation refunds, disability benefits and death benefits. If anyone receiving a benefit due to the participant's service is overpaid, the overpayment may be recovered from any current or future benefits paid to the same person or other person receiving benefits due to the participant's service.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

- 1) The Heading of the Part: Pay Plan
- 2) The Code Citation: 80 Ill. Adm. Code 310
- 3) Section Numbers: Appendix G
Adopted Action: Amended
- 4) Statutory Authority:
Authorized by Sections 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a].
- 5) Effective Date of Amendment: May 15, 2003
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this (these) amendment(s) contain incorporations by reference? No
- 8) A statement that a copy of the adopted rule, amendment, or repealer, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

Copies of all Pay Plan amendments and Collective Bargaining contracts are available upon request from the Division of Technical Services.
- 9) Notice of Proposal Published in the Illinois Register:
November 8, 2002; Issue #45; 26 Ill. Reg. 16351
- 10) Has JCAR issued a Statement of Objections to this rule? No
- 11) Difference(s) between proposal and final version? The Broad-Band Pay Range Classes Salary Schedule has been updated to reflect the Fiscal Year 2003 salary ranges that were adopted 26 Ill. Reg. 17374.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes.
- 13) Will this amendment replace an emergency rule currently in effect? No

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

- 14) Are there any proposed amendments pending on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Ill. Register Citation</u>
310.280	Proposed	26 Ill. Reg. 13735, 09/20/02
310.280	Proposed	26 Ill. Reg. 13901, 09/27/02

- 15) Summary and Purpose of Amendments:

In Appendix G, Broad-Band Pay Range Classes Salary Schedule, the Health Information Administrator title was added with the salary range of \$2,571 - \$5,125 at the request of the Department of Human Services.

This new classification was developed from a class study conducted on the Medical Records Director I and II titles in the analysis of their current duties and the present requirements for registered health information services administrators. This new classification more accurately reflects the functions pertaining to those positions providing professional direction to the overall health information services program which includes planning, budgeting, organizing and supervising the maintenance of a health information records department.

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

Ms. Marianne Armento
 Department of Central Management Services
 Division of Technical Services
 504 William G. Stratton Building
 Springfield, Illinois 62706
 Telephone: (217) 785-8609

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

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND POSITION CLASSIFICATIONS
CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICESPART 310
PAY PLAN

SUBPART A: NARRATIVE

Section	
310.20	Policy and Responsibilities
310.30	Jurisdiction
310.40	Pay Schedules
310.50	Definitions
310.60	Conversion of Base Salary to Pay Period Units
310.70	Conversion of Base Salary to Daily or Hourly Equivalents
310.80	Increases in Pay
310.90	Decreases in Pay
310.100	Other Pay Provisions
310.110	Implementation of Pay Plan Changes for Fiscal Year 2003
310.120	Interpretation and Application of Pay Plan
310.130	Effective Date
310.140	Reinstitution of Within Grade Salary Increases (Repealed)
310.150	Fiscal Year 1985 Pay Changes in Schedule of Salary Grades, effective July 1, 1984 (Repealed)

SUBPART B: SCHEDULE OF RATES

Section	
310.205	Introduction
310.210	Prevailing Rate
310.220	Negotiated Rate
310.230	Part-Time Daily or Hourly Special Services Rate
310.240	Hourly Rate
310.250	Member, Patient and Inmate Rate
310.260	Trainee Rate
310.270	Legislated and Contracted Rate
310.280	Designated Rate
310.290	Out-of-State or Foreign Service Rate

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

310.300	Educator Schedule for RC-063 and HR-010
310.310	Physician Specialist Rate
310.320	Annual Compensation Ranges for Executive Director and Assistant Executive Director, State Board of Elections
310.330	Excluded Classes Rate (Repealed)

SUBPART C: MERIT COMPENSATION SYSTEM

Section	
310.410	Jurisdiction
310.420	Objectives
310.430	Responsibilities
310.440	Merit Compensation Salary Schedule
310.450	Procedures for Determining Annual Merit Increases
310.455	Intermittent Merit Increase
310.456	Merit Zone (Repealed)
310.460	Other Pay Increases
310.470	Adjustment
310.480	Decreases in Pay
310.490	Other Pay Provisions
310.495	Broad-Band Pay Range Classes
310.500	Definitions
310.510	Conversion of Base Salary to Pay Period Units (Repealed)
310.520	Conversion of Base Salary to Daily or Hourly Equivalents
310.530	Implementation
310.540	Annual Merit Increase Guide chart for Fiscal Year 2003
310.550	Fiscal Year 1985 Pay Changes in Merit Compensation System, effective July 1, 1984 (Repealed)
310.APPENDIX A	Negotiated Rates of Pay
310.APPENDIX A TABLE A	HR-190 (Department of Central Management Services - State of Illinois Building - SEIU)
310.APPENDIX A TABLE B	HR-200 (Department of Labor - Chicago, Illinois - SEIU) (Repealed)
310.APPENDIX A TABLE C	RC-069 (Firefighters, AFSCME) (Repealed)
310.APPENDIX A TABLE D	HR-001 (Teamsters Local #726)
310.APPENDIX A TABLE E	RC-020 (Teamsters Local #330)
310.APPENDIX A TABLE F	RC-019 (Teamsters Local #25)
310.APPENDIX A TABLE G	RC-045 (Automotive Mechanics, IFPE)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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310.APPENDIX A TABLE H	RC-006 (Corrections Employees, AFSCME)
310.APPENDIX A TABLE I	RC-009 (Institutional Employees, AFSCME)
310.APPENDIX A TABLE J	RC-014 (Clerical Employees, AFSCME)
310.APPENDIX A TABLE K	RC-023 (Registered Nurses, INA)
310.APPENDIX A TABLE L	RC-008 (Boilermakers)
310.APPENDIX A TABLE M	RC-110 (Conservation Police Lodge)
310.APPENDIX A TABLE N	RC-010 (Professional Legal Unit, AFSCME)
310.APPENDIX A TABLE O	RC-028 (Paraprofessional Human Services Employees, AFSCME)
310.APPENDIX A TABLE P	RC-029 (Paraprofessional Investigatory and Law Enforcement Employees, IFPE)
310.APPENDIX A TABLE Q	RC-033 (Meat Inspectors, IFPE)
310.APPENDIX A TABLE R	RC-042 (Residual Maintenance Workers, AFSCME)
310.APPENDIX A TABLE S	HR-012 (Fair Employment Practices Employees, SEIU) (Repealed)
310.APPENDIX A TABLE T	HR-010 (Teachers of Deaf, IFT)
310.APPENDIX A TABLE U	HR-010 (Teachers of Deaf, Extracurricular Paid Activities)
310.APPENDIX A TABLE V	CU-500 (Corrections Meet and Confer Employees)
310.APPENDIX A TABLE W	RC-062 (Technical Employees, AFSCME)
310.APPENDIX A TABLE X	RC-063 (Professional Employees, AFSCME)
310.APPENDIX A TABLE Y	RC-063 (Educators, AFSCME)
310.APPENDIX A TABLE Z	RC-063 (Physicians, AFSCME)
310.APPENDIX A TABLE AA	NR-916 (Department of Natural Resources, Teamsters)
310.APPENDIX A TABLE AB	VR-007 (Plant Maintenance Engineers, Operating Engineers)
310.APPENDIX B	Schedule of Salary Grades - Monthly Rates of Pay for Fiscal Year 2003
310.APPENDIX C	Medical Administrative Rates for Fiscal Year 2003
310.APPENDIX D	Merit Compensation System Salary Schedule for Fiscal Year 2003
310.APPENDIX E	Teaching Salary Schedule (Repealed)
310.APPENDIX F	Physician and Physician Specialist Salary Schedule (Repealed)
310.APPENDIX G	Broad-Band Pay Range Classes Salary Schedule for Fiscal Year 2003

AUTHORITY: Implementing and authorized by Section 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a.]

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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SOURCE: Filed June 28, 1967; codified at 8 Ill. Reg. 1558; emergency amendment at 8 Ill. Reg. 1990, effective January 31, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 2440, effective February 15, 1984; emergency amendment at 8 Ill. Reg. 3348, effective March 5, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 4249, effective March 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 5704, effective April 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 7290, effective May 11, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 11299, effective June 25, 1984; emergency amendment at 8 Ill. Reg. 12616, effective July 1, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 15007, effective August 6, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15367, effective August 13, 1984; emergency amendment at 8 Ill. Reg. 21310, effective October 10, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21544, effective October 24, 1984; amended at 8 Ill. Reg. 22844, effective November 14, 1984; emergency amendment at 9 Ill. Reg. 1134, effective January 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 1320, effective January 23, 1985; amended at 9 Ill. Reg. 3681, effective March 12, 1985; emergency amendment at 9 Ill. Reg. 4163, effective March 15, 1985, for a maximum of 150 days; emergency amendment at 9 Ill. Reg. 9231, effective May 31, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9420, effective June 7, 1985; amended at 9 Ill. Reg. 10663, effective July 1, 1985; emergency amendment at 9 Ill. Reg. 15043, effective September 24, 1985, for a maximum of 150 days; preemptory amendment at 10 Ill. Reg. 3325, effective January 22, 1986; amended at 10 Ill. Reg. 3230, effective January 24, 1986; emergency amendment at 10 Ill. Reg. 8904, effective May 13, 1986, for a maximum of 150 days; preemptory amendment at 10 Ill. Reg. 8928, effective May 13, 1986; emergency amendment at 10 Ill. Reg. 12090, effective June 30, 1986, for a maximum of 150 days; preemptory amendment at 10 Ill. Reg. 13675, effective July 31, 1986; preemptory amendment at 10 Ill. Reg. 14867, effective August 26, 1986; amended at 10 Ill. Reg. 15567, effective September 17, 1986; emergency amendment at 10 Ill. Reg. 17765, effective September 30, 1986, for a maximum of 150 days; preemptory amendment at 10 Ill. Reg. 19132, effective October 28, 1986; preemptory amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill. Reg. 648, effective December 22, 1986; preemptory amendment at 11 Ill. Reg. 3363, effective February 3, 1987; preemptory amendment at 11 Ill. Reg. 4388, effective February 27, 1987; preemptory amendment at 11 Ill. Reg. 6291, effective March 23, 1987; amended at 11 Ill. Reg. 5901, effective March 24, 1987; emergency amendment at 11 Ill. Reg. 8787, effective April 15, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 11830, effective July 1, 1987, for a maximum of 150 days; preemptory amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; preemptory amendment at 11 Ill. Reg. 15273, effective September 1, 1987; preemptory amendment at 11 Ill. Reg. 17919, effective October 19, 1987; preemptory amendment at 11 Ill. Reg. 19812, effective November 19, 1987; emergency amendment at 11 Ill. Reg. 20664, effective December 4, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20778, effective December 11, 1987; preemptory

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amendment at 12 Ill. Reg. 3811, effective January 27, 1988; preemptory amendment at 12 Ill. Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; preemptory amendment at 12 Ill. Reg. 7783, effective April 14, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; preemptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; preemptory amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; preemptory amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; preemptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; preemptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; preemptory amendment at 13 Ill. Reg. 8970, effective May 26, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; emergency amendment expired on November 17, 1989; amended at 13 Ill. Reg. 11451, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days; corrected at 13 Ill. Reg. 12647; preemptory amendment at 13 Ill. Reg. 12887, effective July 24, 1989; amended at 13 Ill. Reg. 16950, effective October 20, 1989; amended at 13 Ill. Reg. 19221, effective December 12, 1989; amended at 14 Ill. Reg. 615, effective January 2, 1990; preemptory amendment at 14 Ill. Reg. 1627, effective January 11, 1990; amended at 14 Ill. Reg. 4455, effective March 12, 1990; preemptory amendment at 14 Ill. Reg. 7652, effective May 7, 1990; amended at 14 Ill. Reg. 10002, effective June 11, 1990; emergency amendment at 14 Ill. Reg. 11330, effective June 29, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14361, effective August 24, 1990; emergency amendment at 14 Ill. Reg. 15570, effective September 11, 1990, for a maximum of 150 days; emergency amendment expired on February 8, 1991; corrected at 14 Ill. Reg. 16092; preemptory amendment at 14 Ill. Reg. 17098, effective September 26, 1990; amended at 14 Ill. Reg. 17189, effective October 2, 1990; amended at 14 Ill. Reg. 17189, effective October 19, 1990; amended at 14 Ill. Reg. 18719, effective November 13, 1990; preemptory amendment at 14 Ill. Reg. 18854, effective November 13, 1990; preemptory amendment at 15 Ill. Reg. 663, effective January 7, 1991; amended at 15 Ill. Reg. 3296, effective February 14, 1991; amended at 15 Ill. Reg. 4401, effective March 11, 1991; preemptory amendment at 15 Ill. Reg. 5100, effective March 20, 1991; preemptory amendment at 15 Ill. Reg. 5465, effective April 2, 1991; emergency amendment at 15 Ill. Reg. 10485, effective July 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 11080, effective July 19, 1991; amended at 15 Ill. Reg. 13080, effective August 21, 1991; amended at 15 Ill. Reg. 14210, effective September 23, 1991; emergency amendment at 16 Ill. Reg. 711, effective December 26, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3450, effective February 20, 1992; preemptory amendment at 16 Ill. Reg. 5068, effective March 11, 1992; preemptory amendment at 16 Ill. Reg. 7056, effective April 20, 1992; emergency amendment at

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16 Ill. Reg. 8239, effective May 19, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 8382, effective May 26, 1992; emergency amendment at 16 Ill. Reg. 13950, effective August 19, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14452, effective September 4, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 238, effective December 23, 1992; preemptory amendment at 17 Ill. Reg. 498, effective December 18, 1992; amended at 17 Ill. Reg. 590, effective January 4, 1993; amended at 17 Ill. Reg. 1819, effective February 2, 1993; amended at 17 Ill. Reg. 6441, effective April 8, 1993; emergency amendment at 17 Ill. Reg. 12900, effective July 22, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 13409, effective July 29, 1993; emergency amendment at 17 Ill. Reg. 13789, effective August 9, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 14666, effective August 26, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19103, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 21858, effective December 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 22514, effective December 15, 1993; amended at 18 Ill. Reg. 227, effective December 17, 1993; amended at 18 Ill. Reg. 1107, effective January 18, 1994; amended at 18 Ill. Reg. 5146, effective March 21, 1994; preemptory amendment at 18 Ill. Reg. 9562, effective June 13, 1994; emergency amendment at 18 Ill. Reg. 11299, effective July 1, 1994, for a maximum of 150 days; preemptory amendment at 18 Ill. Reg. 13476, effective August 17, 1994; emergency amendment at 18 Ill. Reg. 14417, effective September 9, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16545, effective October 31, 1994; preemptory amendment at 18 Ill. Reg. 16708, effective October 28, 1994; amended at 18 Ill. Reg. 17191, effective November 21, 1994; amended at 19 Ill. Reg. 1024, effective January 24, 1995; preemptory amendment at 19 Ill. Reg. 2481, effective February 17, 1995; preemptory amendment at 19 Ill. Reg. 3073, effective February 17, 1995; amended at 19 Ill. Reg. 3456, effective March 7, 1995; preemptory amendment at 19 Ill. Reg. 5145, effective March 14, 1995; amended at 19 Ill. Reg. 6452, effective May 2, 1995; preemptory amendment at 19 Ill. Reg. 6688, effective May 1, 1995; amended at 19 Ill. Reg. 7841, effective June 1, 1995; amended at 19 Ill. Reg. 8156, effective June 12, 1995; amended at 19 Ill. Reg. 9096, effective June 27, 1995; emergency amendment at 19 Ill. Reg. 11954, effective August 1, 1995, for a maximum of 150 days; preemptory amendment at 19 Ill. Reg. 13979, effective September 19, 1995; preemptory amendment at 19 Ill. Reg. 15103, effective October 12, 1995; amended at 19 Ill. Reg. 16160, effective November 28, 1995; amended at 20 Ill. Reg. 308, effective December 22, 1995; emergency amendment at 20 Ill. Reg. 4060, effective February 27, 1996, for a maximum of 150 days; preemptory amendment at 20 Ill. Reg. 6334, effective April 22, 1996; preemptory amendment at 20 Ill. Reg. 7434, effective May 14, 1996; amended at 20 Ill. Reg. 8301, effective June 11, 1996; amended at 20 Ill. Reg. 8657, effective June 20, 1996; amended at 20 Ill. Reg. 9006, effective June 26, 1996; amended at 20 Ill. Reg. 9925, effective July 10, 1996; emergency amendment at 20 Ill. Reg. 10213, effective July 15, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 10841, effective August 5, 1996; preemptory amendment at 20 Ill. Reg. 13408, effective September 24, 1996; amended at 20 Ill. Reg. 15018, effective November 7, 1996;

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peremptory amendment at 20 Ill. Reg. 15092, effective November 7, 1996; emergency amendment at 21 Ill. Reg. 1023, effective January 6, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 1629, effective January 22, 1997; amended at 21 Ill. Reg. 5144, effective April 15, 1997; amended at 21 Ill. Reg. 6444, effective May 15, 1997; amended at 21 Ill. Reg. 7118, effective June 3, 1997; emergency amendment at 21 Ill. Reg. 10061, effective July 21, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 12859, effective September 8, 1997, for a maximum of 150 days; peremptory amendment at 21 Ill. Reg. 14267, effective October 14, 1997; peremptory amendment at 21 Ill. Reg. 14589, effective October 15, 1997; peremptory amendment at 21 Ill. Reg. 15030, effective November 10, 1997; amended at 21 Ill. Reg. 16344, effective December 9, 1997; peremptory at 21 Ill. Reg. 16465, effective December 4, 1997; peremptory amendment at 21 Ill. Reg. 17167, effective December 9, 1997; peremptory amendment at 22 Ill. Reg. 1593, effective December 22, 1997; amended at 22 Ill. Reg. 2580, effective January 14, 1998; peremptory amendment at 22 Ill. Reg. 4326, effective February 13, 1998; peremptory amendment at 22 Ill. Reg. 5108, effective February 26, 1998; peremptory amendment at 22 Ill. Reg. 5749, effective March 3, 1998; amended at 22 Ill. Reg. 6204, effective March 12, 1998; peremptory amendment at 22 Ill. Reg. 7053, effective April 1, 1998; peremptory amendment at 22 Ill. Reg. 7320, effective April 10, 1998; peremptory amendment at 22 Ill. Reg. 7692, effective April 20, 1998; emergency amendment at 22 Ill. Reg. 12607, effective July 2, 1998, for a maximum of 150 days; peremptory amendment at 22 Ill. Reg. 15489, effective August 7, 1998; amended at 22 Ill. Reg. 16158, effective August 31, 1998; peremptory amendment at 22 Ill. Reg. 19105, effective September 30, 1998; peremptory amendment at 22 Ill. Reg. 19943, effective October 27, 1998; peremptory amendment at 22 Ill. Reg. 20406, effective November 5, 1998; amended at 22 Ill. Reg. 20581, effective November 16, 1998; amended at 23 Ill. Reg. 664, effective January 1, 1999; peremptory amendment at 23 Ill. Reg. 730, effective December 29, 1998; emergency amendment at 23 Ill. Reg. 6533, effective May 10, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 7065, effective June 3, 1999; emergency amendment at 23 Ill. Reg. 8169, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 11020, effective August 26, 1999; amended at 23 Ill. Reg. 12429, effective September 21, 1999; peremptory amendment at 23 Ill. Reg. 12493, effective September 23, 1999; amended at 23 Ill. Reg. 12604, effective September 24, 1999, amended at 23 Ill. Reg. 13053, effective September 27, 1999; peremptory amendment at 23 Ill. Reg. 13132, effective October 1, 1999; amended at 23 Ill. Reg. 13570, effective October 26, 1999; amended at 23 Ill. Reg. 14020, effective November 15, 1999; amended at 24 Ill. Reg. 1025, effective January 7, 2000; peremptory amendment at 24 Ill. Reg. 3399, effective February 3, 2000; amended at 24 Ill. Reg. 3537, effective February 18, 2000; amended at 24 Ill. Reg. 6874, effective April 21, 2000; amended at 24 Ill. Reg. 7956, effective May 23, 2000; emergency amendment at 24 Ill. Reg. 10328, effective July 1, 2000, for a maximum of 150 days; peremptory amendment at 24 Ill. Reg. 10767, effective July 3, 2000; amended at 24 Ill. Reg. 13384, effective August 17, 2000; peremptory amendment at 24 Ill. Reg. 14460, effective September 14, 2000; peremptory

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amendment at 24 Ill. Reg. 16700, effective October 30, 2000; preemptory amendment at 24 Ill. Reg. 17600, effective November 16, 2000; amended at 24 Ill. Reg. 18058, effective December 4, 2000; preemptory amendment at 24 Ill. Reg. 18444, effective December 1, 2000; amended at 25 Ill. Reg. 811, effective January 4, 2001; amended at 25 Ill. Reg. 2389, effective January 22, 2001; amended at 25 Ill. Reg. 4552, effective March 14, 2001; preemptory amendment at 25 Ill. Reg. 5067, effective March 21, 2001; amended at 25 Ill. Reg. 5618, effective April 4, 2001; amended at 25 Ill. Reg. 6655, effective May 11, 2001; amended at 25 Ill. Reg. 7151, effective May 25, 2001; preemptory amendment at 25 Ill. Reg. 8009, effective June 14, 2001; emergency amendment at 25 Ill. Reg. 9336, effective July 3, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 9846, effective July 23, 2001; amended at 25 Ill. Reg. 12087, effective September 6, 2001; amended at 25 Ill. Reg. 15560, effective November 20, 2001; preemptory amendment at 25 Ill. Reg. 15671, effective November 15, 2001; amended at 25 Ill. Reg. 15974, effective November 28, 2001; emergency amendment at 26 Ill. Reg. 223, effective December 21, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 1143, effective January 17, 2002; amended at 26 Ill. Reg. 4127, effective March 5, 2002; preemptory amendment at 26 Ill. Reg. 4963, effective March 15, 2002; amended at 26 Ill. Reg. 6235, effective April 16, 2002; emergency amendment at 26 Ill. Reg. 7314, effective April 29, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 10425, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 10952, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13934, effective September 10, 2002; amended at 26 Ill. Reg. 14965, effective October 7, 2002; emergency amendment at 26 Ill. Reg. 16583, effective October 24, 2002, for a maximum of 150 days; preemptory amendment at 26 Ill. Reg. 17280, effective November 18, 2002; amended at 26 Ill. Reg. 17374, effective November 25, 2002; amended at 26 Ill. Reg. 17987, effective December 9, 2002; amended at 27 Ill. Reg. 3261, effective February 11, 2003; amended at 27 Ill. Reg. 8855, effective May 15, 2003.

Section 310. Appendix G Broad-Band Pay Range Classes Salary Schedule for Fiscal Year 2003

Title	Minimum Salary	Maximum Salary
Health Information Administrator	2571	5125
Human Resources Representative	2235	4313
Human Resources Specialist	2571	5125
Public Service Administrator	2996	6558
Residential Services Supervisor	2235	4313

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Senior Public Service Administrator 4130 9705

Site Superintendent 2571 5125

(Source: Amended at 27 Ill. Reg. 8855, effective May 15, 2003)

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- 15) Summary and Purpose of Rulemaking: Section 110.40 contains five lakes which are approved for unlimited horse-powered boats operated at no wake speed. During the past year, the Department has conducted extensive surveys at the five lakes. In response to the considerable opposition from the public regarding the inclusion of Washington County Lake (Washington County), the Department has decided to remove this lake from the list of lakes allowing motors of any size. Section 110.180 is being amended to add a statutory citation.
- 16) Information and questions regarding these adopted amendments shall be directed to:

Jonathan Furr, General Counsel
Department of Natural Resources
One Natural Resources Way
Springfield IL 62702-1271
217/782-1809

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

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER a: LANDSPART 110
PUBLIC USE OF STATE PARKS AND OTHER PROPERTIES OF THE
DEPARTMENT OF NATURAL RESOURCES

Section

- 110.4 Fees and Charges
- 110.5 Unlawful Activities (Repealed)
- 110.20 Alcoholic Beverages – Possession, Consumption, Influence
- 110.30 Animals – Pets, Dogs, Cats – Noisy, Vicious, Dangerous Animals – Horses – Livestock – Animal Waste
- 110.40 Boats and Other Watercraft
- 110.45 Abandoned Watercraft
- 110.50 Capacity of Areas – Usage Limitation
- 110.60 Camping – Campfires
- 110.70 Destruction of Property – Flora – Fauna – Man-Made and Inanimate Natural Objects-Collection of Artifacts
- 110.90 Group Activity
- 110.95 Demonstrations
- 110.100 Littering
- 110.110 Prohibited Fishing Areas – Cleaning of Fish
- 110.120 Restricted Areas
- 110.140 Soliciting/Advertising/Renting/Selling
- 110.150 Swimming/Wading/Diving
- 110.160 Vehicles – Operation on Roadway – Speed – Parking – Weight Limit
- 110.165 Bicycles – Operation on Roadway – Designated Trails
- 110.170 Weapons and Firearms – Display and Use
- 110.175 Nudity Prohibited
- 110.180 Violation of Rule
- 110.185 Emergency Modification of Site Rules

AUTHORITY: Implementing and authorized by Section 8 of the State Forest Act [525 ILCS 40/8] and by Sections 1, 2, 4 and 6 of the State Parks Act [20 ILCS 835/1, 2, 4 and 6] and by Section 5 of the State Parks Designation Act [20 ILCS 840/5] and by Sections 805-10, 805-520, 805-525, 805-330, 805-335 and 805-515 of the Civil Administrative Code of Illinois [20 ILCS 805/805-10, 805-520, 805-525, 805-330, 805-335 and 805-515].

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SOURCE: Adopted at 4 Ill. Reg. 11, p. 59, effective March 4, 1980; emergency amendment at 5 Ill. Reg. 8933, effective August 25, 1981, for a maximum of 150 days; codified at 5 Ill. Reg. 10621; amended at 6 Ill. Reg. 7401, effective June 11, 1982; amended at 8 Ill. Reg. 9967, effective June 19, 1984; amended at 10 Ill. Reg. 9797, effective May 21, 1986; amended at 10 Ill. Reg. 13256, effective July 25, 1986; amended at 13 Ill. Reg. 3785, effective March 13, 1989; amended at 15 Ill. Reg. 14423, effective October 1, 1991; emergency amendment at 16 Ill. Reg. 7934, effective May 11, 1992, for a maximum of 150 days; emergency expired October 8, 1992; amended at 16 Ill. Reg. 15435, effective September 28, 1992; amended at 19 Ill. Reg. 6471, effective April 28, 1995; recodified by changing the agency name from Department of Conservation to Department of Natural Resources at 20 Ill. Reg. 9389; amended at 22 Ill. Reg. 14832, effective August 3, 1998; amended at 24 Ill. Reg. 12556, effective August 7, 2000; emergency amendment at 25 Ill. Reg. 13786, effective October 12, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 1206, effective January 16, 2002; amended at 26 Ill. Reg. 6534, effective May 1, 2002; amended at 27 Ill. Reg. 8866, effective May 19, 2003.

Section 110.40 Boats and Other Watercraft

It shall be unlawful:

- a) For any person to operate any sailboat, rowboat, houseboat, pontoon boat, or boat propelled by machinery or other watercraft in any pond, lake, river, canal, or other body of water where posting clearly indicates that certain specific boating usage is prohibited. However, Department of Natural Resources employees operating watercraft in carrying out official duties and personnel of cooperating agents or agencies operating watercraft as authorized by the Department of Natural Resources are exempt from boating regulations in this Section 110.40 or in specific site rules as determined by Department of Natural Resources supervisory managers in order to provide management actions for enhancing or saving the resource base or the safety and welfare of the using public.
- b) For any person to use a motor driven boat on any body of water under the jurisdiction of the Department that has less than 60 surface acres. However, this does not exclude the use of motor driven boats to gain access to duck blinds during blind building activities and during the waterfowl hunting season or electric trolling motors on these bodies of water.
- c) For any person to use a motor driven boat with a motor of a size larger than 10 H.P. on any body of water under the jurisdiction of the Department that has 60 or more surface acres of water area except:

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- 1) departmentally supervised waters of over 500 acres;
- 2) on the following lakes that are between 60-500 acres, motors of any size are allowed (10 H.P. and under may operate at full speed while motors larger than 10 H.P. must operate at no-wake, idle speed):

Pierce Lake (Winnebago County)

Wolf Lake (Cook County)

Dawson Lake (McLean County)

~~Washington County Lake (Washington County)~~

Mermet Lake (Massac County); and

- 3) portions of canals having specific regulations posted on boat motor size and boat use allowed and except that an outboard horsepower restriction shall not apply at posted boat launch ramps while loading or unloading a trailered watercraft; provided that the watercraft over the H.P. limit is operated at a no-wake speed within 150 feet of the loading ramp itself.
- d) For any person to allow his boat or other watercraft to remain on any of the public recreational and fishing areas under the jurisdiction of the Department beyond the date of December 1st of each year.

(Source: Amended at 27 Ill. Reg. 8866, effective May 19, 2003)

Section 110.180 Violation of Rule

- a) Any person who violates any provision of this Part shall be guilty of a Class B Misdemeanor (see 20 ILCS 835/6).
- b) Any person who violates any provision of this Part shall be subject to arrest and/or removal from the premises under applicable statutes including Section 21-5 of the Criminal Code of 1961 [720 ILCS 5/21-5], Criminal Trespass to State Supported Land.

(Source: Amended at 27 Ill. Reg. 8866, effective May 19, 2003)

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- 1) Heading of the Part: Designation of Restricted Waters in the State of Illinois
- 2) Code Citation: 17 Ill. Adm. Code 2030
- 3)

<u>Section Numbers</u> :	<u>Adopted Action</u> :
2030.20	Amendment
2030.30	Amendment
2030.60	Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 5-7 and 5-12 of the Boat Registration and Safety Act [625 ILCS 45/5-7 and 5-12].
- 5) Effective Date of Amendments: May 19, 2003
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this amendment contain incorporations by reference? No
- 8) A copy of the adopted amendments, including all material incorporated by reference is on file in the Department of Natural Resource's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: February 21, 2003, 27 Ill. Reg. 2835
- 10) Has JCAR issued a Statement of Objections to these rules? No
- 11) Differences between proposal and final version:

Section 2030.60, in the Table of Contents and Text, "~~Repealed~~" was added following the title of the Section.

Section 2030.30(f) was amended to read as follows:

- f) The following portions of the Kankakee River shall be designated as Slow, No Wake areas:
 - 1) An area 100 yards upstream and 100 yards downstream from the River Isle hairpin curve that is approximately midway between Momence, Illinois and the Indiana border.

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- 2) An area 100 yards upstream and 100 yards downstream of the hairpin curve created by the east side of Rudecki Island, which is approximately one mile west of River Isle.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This Part was amended to designate two portions of the Kankakee River as Slow, no Wake areas.
- 16) Information and questions regarding these adopted amendments shall be directed to:

Jonathan Furr, General Counsel
Department of Natural Resources
One Natural Resources Way
Springfield IL 62702-1271
217/782-1809

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

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER e: LAW ENFORCEMENTPART 2030
DESIGNATION OF RESTRICTED WATERS IN THE STATE OF ILLINOIS

Section	
2030.10	General Regulations
2030.15	Designation of Restricted Waters by the Department of Natural Resources
2030.20	Region I – Designated Restricted Boating Areas
2030.30	Region II – Designated Restricted Boating Areas
2030.40	Region III – Designated Restricted Boating Areas
2030.50	Region IV – Designated Restricted Boating Areas
2030.60	Region V – Designated Restricted Boating Areas (Repealed)
2030.70	Riverboat Gambling Casinos – Designated Restricted Boating Areas

AUTHORITY: Implementing and authorized by Sections 5-7 and 5-12 of the Boat Registration and Safety Act [625 ILCS 45/5-7 and 5-12].

SOURCE: Adopted at 5 Ill. Reg. 8763, effective August 25, 1981; codified at 5 Ill. Reg. 10617; amended at 9 Ill. Reg. 4789, effective April 2, 1985; amended at 11 Ill. Reg. 9519, effective May 5, 1987; emergency amendment at 12 Ill. Reg. 8745, effective May 15, 1988, for a maximum of 150 days; emergency expired September 20, 1988; emergency amendment at 12 Ill. Reg. 12111, effective July 6, 1988, for a maximum of 150 days; emergency expired December 12, 1988; amended at 12 Ill. Reg. 16707, effective September 30, 1988; amended at 12 Ill. Reg. 20472, effective November 28, 1988; corrected at 13 Ill. Reg. 967; emergency amendment at 13 Ill. Reg. 2878, effective February 21, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 12814, effective July 21, 1989; amended at 16 Ill. Reg. 8483, effective May 26, 1992; amended at 19 Ill. Reg. 7549, effective May 26, 1995; emergency amendment at 19 Ill. Reg. 11967, effective August 3, 1995, for a maximum of 150 days; amended at 20 Ill. Reg. 750, effective December 29, 1995; amended at 20 Ill. Reg. 7864, effective June 3, 1996; recodified by changing the agency name from Department of Conservation to Department of Natural Resources at 20 Ill. Reg. 9389; amended at 20 Ill. Reg. 15692, effective December 2, 1996; amended at 23 Ill. Reg. 6822, effective May 20, 1999; amended at 27 Ill. Reg. 8871, effective May 19, 2003.

Section 2030.20 Region I – Designated Restricted Boating Areas.

- a) The following portions of the Rock River are designated as Slow, No Wake areas:

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- 1) An area of the Rock River located at Moonlite Bay, 4 miles east of Sterling and 6 miles west of Dixon, Illinois.
 - 2) The portion of the Rock River ¼ mile above the dam at Oregon, Illinois, at the docking area at Lowden Memorial Park.
 - 3) [The portion of the Rock River at Martin Park in Loves Park from the Riverside Bridge south to the island located at the south end of Martin Park.](#)
- b) The following portions of the Fox River are designated as Slow, No Wake areas:
The portion of the Fox River between the Main Street bridge of the City of Ottawa and the mouth of the Fox River at the confluence of the Illinois River.
- c) The following portions of the Illinois River are designated as Slow, No Wake areas:
- 1) The portion of the Illinois River from the Burlington Northern R.R. bridge in the City of Ottawa to the upstream side of the mouth of the Fox River.
 - 2) The area of the Illinois River near the Spring Bay boat harbor at Spring Bay, Illinois.
 - 3) An area of the Illinois River at the Woodford County Conservation area, 7 miles north of Spring Bay off Route 87.
 - 4) An area of the Illinois River located at the Detweiller Marina, Peoria, Illinois.
 - 5) An area of the Illinois River from the southernmost edge of the Downtown Riverfront Marina to the Murray Baker Bridge, Peoria, Illinois.
 - 6) An area of the Illinois River at Alfrisco Harbor, Peoria Heights, Illinois.
 - 7) An area located at the Sobowski Marina, Peoria Heights, Illinois.
 - 8) An area located at the Illinois Valley Yacht Club, Peoria Heights, Illinois.
 - 9) An area at Henry, Illinois, on the west side of the River from Browns

DEPARTMENT OF NATURAL RESOURCES

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Landing to 300 yards north of the bridge.

- 10) The Lacon Boat Club Dock, Lacon, Illinois.
 - 11) The boat harbor at Lacon, Illinois.
 - 12) An area at the South Shore Boat Club, Peru, Illinois.
 - 13) The harbor of Starved Rock Marina, Ottawa, Illinois.
 - 14) The waters of the Illinois River beginning in front of the Pekin Boat Club launching ramp.
- d) The following portions of the Mississippi River are designated as Slow, No Wake areas:
- 1) An area bordering the Savanna Park waterfront, extending from a jetty south of the Ritchie Boat Dock, north to a jetty north of the Kindell Marina.
 - 2) An area in Vaely Chute which runs through the Andalusia Islands located 4 miles west of Andalusia.
 - 3) An area at the launching ramp and harbor of the Rock Island Boat Club located at the foot of 18th Avenue in Rock Island.
 - 4) An area at the harbor and boat ramp in front of the Legion Hall at Cordova, Illinois.
 - 5) An area located at the boat ramps, City of Moline, between 26th Street and 34th Street and River Drive.
 - 6) An area near the launching ramps and bathing beach at Keithsburg, Illinois.
 - 7) An area in the chute connecting Sturgeon Bay and the Mississippi River at New Boston, Illinois.
 - 8) An area near the boat ramp and floating gas station at the end of Route 17

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at New Boston.

- 9) An area at Shokohon, Illinois.
- 10) An area in the fish preserve lock and dam 19 at Hamilton, Illinois.
- 11) The public launching area 3 miles north above the dam at Hamilton.
- 12) The waters of Harris Slough Mississippi River backwaters at the Galena Boat Club, 3 miles south of Galena, Illinois.
- 13) The waters encompassing the cut starting at the mouth of the cut on Deadman's Slough, then northward approximately 250 feet to the confluence of the Harris and Keohough Sloughs.
- 14) The backwater section of the Mississippi River (river mile marker 479.8) that starts at the Harbor opening of Potter's Lake, Sunset Park, Rock Island and covers the entire lake area.
- 15) The area of Cattail Slough off the Mississippi River, located south of Fulton, Whiteside County, mile in length, 150 yards wide, starting on the north at the Chicago and Northwestern R.R. bridge and extending south $\frac{7}{10}$ of a mile to the first narrows.
- 16) The waters of the south entrance to Chandler Slough lying upstream from the north boundary of the U.S. Fish and Wildlife Service property up to and including the Bent Prop Marina harbor area.
- 17) The waters of Frentress Lake lying upstream from the boat ramp at Charlies Boat Dock, including the adjacent sand pit harbor area.
- 18) An area of the Mississippi River in the vicinity of the Lazy River Marina at Savanna, Illinois, extending from the upper limit of the dredge cut at Miller's Lake to a point north of the Miller's Hollow public launching ramp.
- 19) An area located approximately at Mississippi River mile 536.6 known as Savanna Slough from the Soo Line railroad bridge north to the north point of the Savanna Park District island as posted by signs or buoys.

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- e) The following waters shall be designated as restricted waters as described below:
- 1) NO BOATS
 - A) The swimming area at Martin Park, Loves Park, Illinois.
 - B) The swimming area at Albany Beach located in Albany Township.
 - C) The swimming area at the Santa Fe Island bar, approximately 4 miles north of Savanna.
 - D) The head of Big Island and 1½ miles north of Oquawka, Illinois.
 - E) The Boy Scout Camp located on Lake Cooper, Mississippi River.
 - F) The waters of the four chutes of Argyle Lake, approximately 2 miles north of Colchester, Illinois.
 - G) The water 600 feet above and 150 feet below dams 12, 13, 14, 15, 16, 17 and 18 on the Mississippi River.
 - 2) NO SKI – It shall be unlawful to water ski in the following designated waters:

That area of the inside cut of the Mississippi River, opening directly into Frentrees Lake, includes the area from the north to the south entrances from the river slough, inclusive, east of Mile Post 576.

(Source: Amended at 27 Ill. Reg. 8871, effective May 19, 2003)

Section 2030.30 Region II – Designated Restricted Boating Areas

- a) The following portions of the Calumet and Little Calumet Rivers are designated as Slow, No Wake areas:
- 1) An area from the O'Brien Locks to the Michigan Central Railroad Bridge (approximately mile 326.5 to 325.3).
 - 2) An area around the Pier 11 Marina and the Lake Calumet Boat and Gun

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- Club (approximately mile 323.2 to 323.1).
- 3) An area around the Maryland Manor Boat Club, Skipper's Marina, and Rentner Marina (approximately mile 323.0 to 322.5).
 - 4) An Area around Triplex Marina (approximately mile 319.9 to 319.8).
- b) The following portions of the Des Plaines River are designated as Slow, No Wake areas:
- 1) An area around the Bay Hill Marina, Wilmington, Illinois (approximately mile 273.7), extending 150 feet out into the river and 300 feet both upstream and downstream from the center of the Marina.
 - 2) An area around the Three Rivers Yacht Club, Wilmington, Illinois (approximately mile 273.7), extending 150 feet from the harbor entrance.
- c) The following portion of the Fox River is designated as a Slow, No Wake area: An area within 150 feet upstream and downstream of the I-90 bridge.
- d) The following portions of Lake Michigan are designated as No Boat areas:
- 1) An area at North Point Marina, located off the northern breakwater, running the length of the beach parallel to the shoreline and 100 yards out into the lake.
 - 2) An area at Illinois Beach State Park, located between the park office and the #3 bathhouse, running parallel to the shoreline and 70 yards out into the lake.
- e) It shall be unlawful to operate any watercraft with a motor larger than 10 horsepower on the waters of Griswold Lake in McHenry County.
- f) The following portions of the Kankakee River shall be designated as Slow, No Wake areas:
- 1) An area 100 yards upstream and 100 yards downstream from the River Isle hairpin curve that is approximately midway between Momence, Illinois and the Indiana border.

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- 2) [An area 100 yards upstream and 100 yards downstream of the hairpin curve created by the east side of Rudecki Island, which is approximately one mile west of River Isle.](#)

(Source: Amended at 27 Ill. Reg. [8871](#), effective [May 19, 2003](#))

Section 2030.60 Region V – Designated Restricted Boating Areas (~~Repealed~~)

[On the waters of Lake Kinkaid in Jackson County, a speed limit of 50 MPH shall be imposed during the period of one-half hour before sunrise and one-half hour after sunset and a speed limit of 25 MPH from one-half hour after sunset to one-half hour before sunrise.](#)

(Source: Former Section 2030.60 repealed at 19 Ill. Reg. 7549, effective May 26, 1995; new Section amended at 27 Ill. Reg. [8871](#), effective [May 19, 2003](#))

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Revised Uniform Limited Partnership Act
- 2) Code Citation: 14 Ill. Adm. Code 170
- 3)

<u>Section Numbers</u> 170.13	<u>Proposed Action</u> Amendment
----------------------------------	-------------------------------------
- Statutory Authority: Implementing and authorized by the Revised Uniform Limited Partnership Act (805 ILCS 210)
- 5) Effective Date of Amendment: May 19, 2003
- 6) Does this amendment contain an automatic repeal date? Yes No

If so, please specify date: _____
- 7) Does this amendment contain incorporations by reference? Yes
- 8) A copy of the adopted amendment including any material incorporated, in on file in the Secretary of State, Department of Business Services office and is available for public inspection.
- 9) Notice of Proposal Published in the Illinois Register:

August 16, 2002 26 Ill. Reg. 12601
- 10) Has JCAR issued a Statement of Objections to these rules? No
- 11) Differences between proposal and final version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will these amendments replace an emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rules:
In the Fees section, any check that is returned by the bank for any reason will

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENT

immediately void the transaction for which it was intended.

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

Michael Vincent
351 Howlett Building
217-782-4875

The full text of the adopted amendment begins on the next page:

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENT

TITLE 14: COMMERCE
SUBTITLE A: REGULATION OF BUSINESS
CHAPTER I: SECRETARY OF STATEPART 170
REVISED UNIFORM LIMITED PARTNERSHIP ACT

Section	
170.10	Definitions
170.11	Filing Locations
170.12	Business Hours
170.13	Fees
170.14	Service of Process
170.15	Additional Requirements for Forms
170.16	Assumed Names
170.17	Sale of Information
170.20	Filing Requirements
170.30	Refunds
170.40	Interrogatories

AUTHORITY: Implementing and authorized by the Revised Uniform Limited Partnership Act [805 ILCS 210].

SOURCE: Adopted at 11 Ill. Reg. 10314, effective July 1, 1987; amended at 14 Ill. Reg. 1480, effective January 15, 1990; amended at 16 Ill. Reg. 11196, effective July 1, 1992; amended at 17 Ill. Reg. 427, effective January 1, 1993; amended at 20 Ill. Reg. 7056, effective May 8, 1996; amended at 21 Ill. Reg. 16184, effective December 1, 1997; amended at 27 Ill. Reg. 8880, effective May 19, 2003.

Section 170.13 Fees

All fees for filing of any document, as set forth in this Part or in Section 1102 of the RULPA, shall be paid only by money order, certified check, cashier's check, or a check drawn on the account of an Illinois licensed attorney or certified public accountant, made payable to the "Secretary of State" or by a credit card approved by the Secretary of State's Department of Accounting Revenue through contracts let pursuant to bid. [Any check that is returned by the bank to the Secretary of State's Office for any reason will immediately void the transaction for which it was intended and the Secretary of State will treat the filing event as never occurring.](#)

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(Source: Amended at 27 Ill. Reg. 8880, effective May 19, 2003)

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NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Limited Liability Company Act
- 2) Code Citation: 14 Ill. Adm. Code 178
- 3)

<u>Section Numbers</u>	<u>Proposed Action</u>
178.20	Amendment
178.30	Amendment
178.40	Amendment
178.130	Amendment
178.145	Amendment
- 4) Statutory Authority: Implementing and authorized by the Limited Liability Company Act (805 ILCS 180)
- 5) Effective Date of Amendment: May 19, 2003
- 6) Does this amendment contain an automatic repeal date? Yes No

If so, please specify date: _____
- 7) Do these amendments contain incorporations by reference? Yes
- 8) A copy of the adopted amendments including any material incorporated, in on file in the Secretary of State, Department of Business Services office and is available for public inspection.
- 9) Notice of Proposal Published in the Illinois Register:

August 16, 2002 26 Ill. Reg. 12605
- 10) Has JCAR issued a Statement of Objections to these rules? No
- 11) Differences between proposal and final version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will these amendments replace an emergency rulemaking currently in effect? No

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14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rules:

In the Filing Requirements section, the requirement for a manager or member of an LLC to register in Illinois is omitted.

In the Filing Location section, the address of the Springfield office has been changed.

In the Sales of Information section, language was omitted to allow for information on LLCs to be given without a fee.

In the Names section, the corporations were added to the distinguishability requirement.

In the Significant Differences section, corporations were added to the list of no differences.

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

Michael Vincent
351 Howlett Building
217-782-4875

The full text of the adopted amendments begins on the next page:

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENT

TITLE 14: COMMERCE
SUBTITLE A: REGULATION OF BUSINESS
CHAPTER I: SECRETARY OF STATEPART 178
LIMITED LIABILITY COMPANY ACT

SUBPART A: RIGHTS AND REQUIREMENTS

Section	
178.10	Definitions
178.15	Applicability
178.20	Filing Requirements
178.25	Additional Requirements for Forms
178.30	Filing Location
178.35	Business Hours
178.40	Sales of Information
178.45	Right to Counsel
178.50	Service of Process
178.55	Payment of Fees
178.60	Refunds

SUBPART B: NAMES

Section	
178.100	Availability of Names: Statutory Requirements
178.105	Preliminary Determination of Availability
178.110	Final Determination of Availability
178.115	Response as to Basis of Unavailability
178.120	Reconsideration Procedure
178.125	Effect of Final Determination
178.130	Standards – Conflicting Names
178.135	Distinguishable – Defined
178.140	Matters Not Considered
178.145	Significant Differences
178.150	Surnames
178.155	Alphabet Names
178.160	Government Affiliation
178.165	Restricted and Professional Words

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NOTICE OF ADOPTED AMENDMENT

178.170	Acceptable Characters of Print
178.175	Invalidity
178.180	Assumed Names
178.185	Foreign LLC with Prohibited Names

AUTHORITY: Implementing and authorized by the Limited Liability Company Act [805 ILCS 180].

SOURCE: Adopted at 17 Ill. Reg. 22055, effective January 1, 1994; amended at 20 Ill. Reg. 7050, effective May 8, 1996; amended at 21 Ill. Reg. 16178, effective December 1, 1997; amended at 27 Ill. Reg. 8884, effective May 19, 2003.

SUBPART A: RIGHTS AND REQUIREMENTS

Section 178.20 Filing Requirements

- a) General partnerships serving as members or managers of limited liability companies must comply with the following requirements: provide to the Secretary of State the state of formation, the county of formation, date of formation, office of records address, and all partners' names ~~partners name~~ and addresses by sworn dated statement of one of the general partners.
- b) A trust serving as a member or manager in a limited liability company must comply with the following requirements: provide to the Secretary of State information concerning the trust, including date of creation, the name of all trustees, location including state and county, and that the trust is currently in full force and effect, dated and executed by the trustee.
- c) An estate serving as a member or manager in a limited liability company must comply with the following requirements: provide to the Secretary of State a copy of the relevant court order currently dated and executed.
- c) All entities, other than natural persons, serving as members or managers in limited liability companies must provide evidence of its existence upon request of the Secretary of State.
- ~~d) — Entities, other than natural person, serving as members or managers in limited liability companies shall comply with the following:~~

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- ~~1) any member or manager of a limited liability company must be qualified in Illinois.~~
- ~~2) where there are two or more members or managers of a limited liability company, all members or managers using an Illinois address must be qualified in Illinois. At all times there will be at least one Illinois qualified member or manager in good standing with the Office of the Secretary of State in order to file and remain in good standing.~~

(Source: Amended at 27 Ill. Reg. 8884, effective May 19, 2003)

Section 178.30 Filing Location

- a) All documents required to be filed with the Secretary of State pursuant to the LLCA shall be filed with the Department.
- b) Documents submitted for filing in Springfield, the Department's headquarters, shall be filed at the following address:

Secretary of State's Office
Department of Business Services
Limited Liability Company Division
Room ~~351, 359~~, Howlett Building
Springfield, Illinois 62756
- c) Documents submitted by mail for filing should be sent to the Department's Springfield office.

(Source: Amended at 27 Ill. Reg. 8884, effective May 19, 2003)

Section 178.40 Sales of Information

- a) Information concerning any limited liability company shall be available to the public from the Department of Business Services upon written request, or by telephone or in person, ~~with advance payment, using check or approved credit card, at the office of the Department as stated in Section 178.30.~~
- b) Information concerning the limited liability companies on file with the Department shall be in the form of an abstract of record, shall be printed from the

SECRETARY OF STATE

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computer file of the Department, and shall consist of the limited liability company name, its date of formation, any assumed name, its registered agent, the address of the office at which the records are maintained, the latest date at which the limited liability company will dissolve, the foreign jurisdiction where formed (if applicable), the date of filing with the Department, the members' ~~members~~ and/or managers' ~~managers~~ names and addresses and the file number with the Department. The fee for each abstract or record shall be \$25.

- c) Computer connections by non-department users
- 1) Computer terminal connections to the Secretary's computer may be provided to other State agencies. This service may be made available at no charge so long as the requesting agency commits to pay all costs and so long as the service does not substantially increase costs or network traffic on the Secretary's computer.
 - 2) Computer terminal connection may be allowed to commercial users provided that all costs are borne by the commercial user. The allowance of computer terminal connections shall be contingent upon the best interests of the Office of the Secretary of State, which is based upon the volume of requests received, the computer terminal connections as opposed to other methods, and other factors that ~~which~~ may impede the operations of the Office of the Secretary of State. This service will be suspended at anytime, should the connection interfere with the Secretary's internal work schedule and processing.
 - 3) Fees for information supplied by means of computer connections between the Secretary of State's computers and those of any other agency, corporation, or person may be paid on a monthly basis for all information delivered during that month, as determined by the Secretary and the agency or person to be the most economic way of billing. The proper fee shall be determined by negotiation between the agency or commercial user and the Director based upon telephone line charges, rental or purchase fees for terminals, and other appropriate factors, such as statutory fees for certain types of information and the requirements of this Subpart.
 - 4) No user may reproduce any list or abstract from the computer connection. Lists of LLCA information including the names and information concerning all limited liability companies may only be purchased pursuant

SECRETARY OF STATE

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to the provisions of this Part. Computer connections are to be used only to look up information. No changes on the Department's LLCA files may be made by any computer connection user.

- d) Terms and conditions for computer maintained LLCA information
- 1) The information supplied by the Department to other agencies, commercial users, or other persons shall be in the abstract format only, as specified in subsection (b) of this Section.
 - 2) The fee for the entire file of current and dissolved limited liability companies, and assumed names, shall be \$1,500. The monthly update shall cost \$400 per update. The update is available through modem access only. If the file is purchased on computer tape, the purchaser shall supply the Department with a computer tape or tapes, compatible with the Secretary's computer equipment, on to which tapes the information shall be transferred.
 - 3) All purchase requests shall be submitted in writing to the Director. Payment shall be made to the Department before delivery of the information to the purchaser. No refunds will be made after the request is approved by the Director. Payment shall be made by check, money order made payable to the "Secretary of State" or credit card.
 - 4) All commercial or other type purchasers shall sign a written agreement setting forth the terms and conditions required by Illinois law, and as may be deemed appropriate after negotiation between the Department and the purchaser.
 - 5) The commercial purchaser shall not resell to any other purchaser the information obtained from the Department in the same form or format in which it is obtained from the Department. Resale of information in the same form or format shall result in cancellation of access to information by the Department. The commercial purchaser may sell the information to the subscribers of its computer or business information services only to the extent that its subscribers request on an individual entity by entity basis.

(Source: Amended at 27 Ill. Reg. 8884, effective May 19, 2003)

SECRETARY OF STATE

NOTICE OF ADOPTED AMENDMENT

SUBPART B: NAMES

Section 178.130 Standards – Conflicting Names

A limited liability company name shall be distinguishable upon the record of the Secretary of State, Department of Business Services, Limited Liability Company Division, from the limited liability company name or any assumed limited liability company name of any domestic or foreign limited liability company [or domestic or foreign corporation name or assumed name](#) in existence and on record or from any name reserved or registered.

(Source: Amended at 27 Ill. Reg. [8884](#), effective [May 19, 2003](#))

Section 178.145 Significant Differences

Limited liability company names are deemed not to be distinguishable when a comparison of the names reveals no difference except for:

- a) one or more of the following: limited liability company, [LLC](#), L.L.C., [corporation](#), [company](#), [incorporated](#), [limited](#), or [an abbreviation thereof](#), regardless of where in the name such may appear;
- b) the inclusion or omission of articles of speech, conjunctions, contractions (or symbols thereof), prepositions, or a letter or letters;
- c) an abbreviation versus a spelling out of a word; a different tense of a word; or the use of the singular as opposed to the plural of a word;
- d) the spacing of words, the combination of commonly used two-word terms (including points of the compass), the misspelling, phonetic spelling or any other deviation or derivation of substantially the same base word, abbreviation or symbol;
- e) the presence or absence of multiple letters within a word.

(Source: Amended at 27 Ill. Reg. [8884](#), effective [May 19, 2003](#))

OFFICE OF THE STATE TREASURER

NOTICE OF CORRECTION TO NOTICE ONLY

- 1) Heading of the Part: Illinois State Treasurer and Office of Banks and Real Estate Joint Rules Governing the Uniform Disposition of Unclaimed Property Act
- 2) Code Citation: 38 Ill. Adm. Code 321
- 3) The Notice of Adopted Rules being corrected appeared at 27 Ill. Reg. 8463, dated May 16, 2003.
- 4) The information being corrected is as follows: The date the proposal was published was incorrectly published as May 5, 2002. The correct date is May 31, 2002.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF RECOMMENDATION TO EMERGENCY RULEMAKING

SECRETARY OF STATE

Heading of the Part: Issuance of Licenses

Code Citation: 92 Ill. Adm. Code 1030

Section Numbers: 1030.APPENDIX B

Date Originally Published in the Illinois Register: 4/18/03
27 Ill. Reg. 7340

At its meeting on May 13, 2003, the Joint Committee on Administrative Rules considered the above cited rulemaking and recommends that the Secretary of State seek specific statutory authority to allow an applicant for a driver's license to provide alternative identification the Secretary of State deems appropriate, in lieu of a social security number, when applying for a driver's license.

The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION TO PROPOSED RULEMAKING

DEPARTMENT OF PROFESSIONAL REGULATION

Heading of the Part: Acupuncture Practice Act

Code Citation: 68 Ill. Adm. Code 1140

Section Numbers: 1140.20 1140.60
1140.80 1140.90

Date Originally Published in the Illinois Register: 2/14/03
27 Ill. Reg. 2585

At its meeting on May 13, 2003, the Joint Committee on Administrative Rules objected to DPR taking an extraordinary amount of time to implement statutory directives (6 years) through its rulemaking titled Acupuncture Practice Act (68 Ill. Adm. Code 1140; 27 Ill. Reg. 2858).

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

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of May 13, 2003 through May 19, 2003 and have been scheduled for review by the Committee at its June 10, 2003 meeting in Chicago. 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.

Second Notice	Agency and Rule	Start Of First	JCAR
6/27/03	<u>State Board of Education</u> , Alternative Learning Opportunities Program (23 Ill. Adm. Code 240)	3/7/03 27 Ill. Reg. 4321	6/10/03
6/28/03	<u>Department of Natural Resources</u> , Capacity Plates Standards on Various Watercraft (17 Ill. Adm. Code 2070)	3/21/03 27 Ill. Reg. 4884	6/10/03
6/28/03	<u>Department of Natural Resources</u> , Possession of Specimens or Products of Endangered or Threatened Species (17 Ill. Adm. Code 1070)	3/28/03 27 Ill. Reg. 5066	6/10/03
6/29/03	<u>Department of Professional Regulation</u> , Environmental Health Practitioner Licensing Act (68 Ill. Adm. Code 1247)	2/21/03 27 Ill. Reg. 2846	6/10/03

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

JANUARY 2003 REGULATORY AGENDA

a) Part(s) (Heading and Code Citation): Pay Plan, 80 Ill. Adm. Code 310

1) Rulemaking(s):

A) Description:

Projected amendments to the Department of Central Management Services' Pay Plan will include revisions to the following sections:

In Sections 310.110, 310.130, 310.530 and 310.540, the dates will be revised to reflect the new Fiscal Year 2004.

In Section 310.230, Part-time Daily or Hourly Special Services Rate, the daily and hourly rates for the Account Technician II, Office Aide, Office Assistant, Office Associate, Office Clerk and Revenue Tax Specialist will be upgraded to be parallel with the monthly minimum and maximum salaries for those titles negotiated for July, 2003.

In Section 310.270, Legislated and Contracted Rate, the Arbitrator's annual salary may be upgraded for July, 2003.

In Section 310.280, Designated Rate, the revisions to this section will reflect changes in salaries, the addition of new positions and deletion of positions no longer being utilized under this section as approved by the Governor.

In Section 310.290, Out-of-State or Foreign Service Rate, the salary ranges for the out-of-state position titles will be adjusted to maintain the same differential above the in-state position titles.

In Section 310.540, Annual Merit Increase Guidechart, the guidechart may be revised to reflect changes in allowable amounts of salary increases for the level of performance upon implementation of Merit Compensation changes.

Revisions are anticipated for the Collective Bargaining Tables as changes occur to the Classification and Pay Plan. An amendment will be filed revising RC-62 adding the Liquor Control Special Agent II and Labor Conciliator, and deleting the abolished titles of Computer Information Consultant Trainee and Computer Systems Software Specialist Trainee.

In Table L, RC-008 (Boilermakers), the salary range for the Boiler Safety Specialist will

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

JANUARY 2003 REGULATORY AGENDA

be upgraded for September, 2002.

In Section 310. Appendices B, C, D and G, salary amendments for Fiscal Year 2003 are anticipated in relation to the Schedules of Salary Grades and Merit Compensation Plans.

Other amendments will likely be necessary although this cannot be projected at this time.

B) Statutory Authority:

Authorized by Section 8a(2) of the Personnel Code [20 ILCS 415/8 and 8a].

C) Schedule of date(s) for hearings, meetings, or other opportunities for public participation:

Specific criticisms, suggestions and/or comments can be forwarded to the Department of Central Management Services in writing by interested persons during the First Notice Period of the Pay Plan amendments.

D) Date(s) agency anticipates First Notice(s):

Amendments to Sections 310.110, 310.130, 310.230, 310.270, 310.290, 310.530, 310.540 and 310. Appendices B, C, D and G are anticipated to be filed in late June, 2003.

Amendments to Section 310.280, Designated Rate, will be filed as changes are made by the Governor throughout the year.

Peremptory amendments on new Collective Bargaining Agreements and Memorandums of Understanding will be filed as negotiations are completed.

Amendment to Section 310. Appendix A Table W RC-62 (Technical Employees, AFSCME) adding the Liquor Control Special Agent II and Labor Conciliator, and deleting the abolished titles of Computer Information Consultant Trainee and Computer Systems Software Specialist Trainee is anticipated to be filed in March, 2003.

Amendment to Section 310. Appendix A, Table L, RC-008 (Boilermakers) will be filed in February, 2003.

The other projected amendments are anticipated to be filed at a later date.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

JANUARY 2003 REGULATORY AGENDA

E) Affect on small businesses, small municipalities or not for profit corporations:

These amendments to the Pay Plan pertain only to State employees subject to the Personnel Code under the Governor. They do not set out any guidelines that are to be followed by local or other jurisdictional bodies within the State.

F) Agency contact person for information:

Name: Ms. Marianne Armento
Address: Department of Central Management Services
Division of Technical Services
504 William G. Stratton Building
Springfield, Illinois 62706
Telephone: (217) 782-5601

G) Related rulemakings and other pertinent information:

Other amendments may be necessary based on emergent issues regarding State employee salary rates and policies.

OFFICE OF BANKS AND REAL ESTATE

NOTICE OF PUBLIC INFORMATION

NOTICE OF REVOCATION IMPOSED UNDER
THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 ("the Act") and 205 ILCS 635/4-5 (H), notice is hereby given that the Commissioner of the Office of Banks and Real Estate of the State of Illinois has revoked the license of Alternative Lending Group, Inc., License No. #4229 of Phoenix, AZ, a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective April 29, 2003.

ILLINOIS ADMINISTRATIVE CODE

Issue Index

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