

2003

# ILLINOIS

## REGISTER RULES OF GOVERNMENTAL AGENCIES



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**ISSUES INDEX I – 1**

**Editor’s Note 1:** The Cumulative Index and Sections Affected Index will be printed on a quarterly basis. The printing schedule 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 Note 3:** All future workshops being conducted by the Department of Index have been cancelled until further notice.

## DEPARTMENT OF AGRICULTURE

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of Part: Meat and Poultry Inspection Act
- 2) Code Citation: 8 Ill. Adm. Code 125
- 3) Section Numbers: Proposed Action:

125.10	Amend
125.145	Add
125.340	Amend
- 4) Statutory Authority: The Meat and Poultry Inspection Act [225 ILCS 650] and Section 16 of the Civil Administrative Code of Illinois [20 ILCS 5/16].
- 5) A Complete Description of the Subjects and Issues Involved: In order to maintain an “equal to” status with the federal meat and poultry products inspection programs as required by the Federal Meat Inspection Act and the Poultry Products Inspection Act and in accordance with Section 16 of the Meat and Poultry Inspection Act, the Department is proposing to adopt amendments of the federal meat and poultry products inspection rules as published at 66 FR 1750, January 9, 2001.

FSIS is issuing regulations to limit the amount of water retained by raw, single-ingredient meat and poultry products as a result of post-evisceration processing, such as carcass washing and chilling. Raw livestock and poultry carcasses and parts will not be permitted to retain water resulting from post-evisceration processing unless the establishment preparing those carcasses and parts demonstrates to FSIS, with data collected in accordance with a written protocol, that any water retained in the carcasses and parts is an inevitable consequence of the process used to meet applicable food safety requirements.

In addition, the establishment will be required to disclose on the labeling of the meat or poultry products the maximum percentage of retained water in the raw product. The required labeling statement will help consumers of raw meat and poultry products to make informed purchasing decisions. Establishments having data demonstrating that there is no retained water in their products can choose not to label the products with the retained-water statement or to make a no-retained-water claim on the product label.

FSIS suspended the above regulations until January 9, 2003, that limit water retained by raw meat and poultry products from post-evisceration processing to the amount that is unavoidable in meeting applicable food safety requirements and that require labeling for the amount of water retained. The original effective date of these final regulations was January 9, 2002. FSIS decided that a one-year suspension of the regulation will allow the

## DEPARTMENT OF AGRICULTURE

## NOTICE OF PROPOSED AMENDMENTS

meat and poultry industry sufficient time to complete necessary experimentation, including microbial testing and chilling system trials under FSIS-accepted data collection protocols. This suspension of regulation appears at 67 FR 1277 (effective January 9, 2003 and published in the January 10, 2002 *Federal Register*).

FSIS is also revising the poultry chilling regulations to improve consistency with the Pathogen Reduction/Hazard Analysis and Critical Control Points (PR/HACCP) regulations, eliminate “command and control” features, and reflect current technological capabilities and good manufacturing practices.

This rulemaking also contains corrections to the final rule “Retained Water in Raw Meat and Poultry Products; Poultry Chilling Requirements” which was published on January 9, 2001 in the *Federal Register* (66 FR 1750) and effective January 9, 2002. As published, the final rule contained inadvertent paragraph designation and other errors in the amended regulatory text and in corresponding preamble references to the regulatory amendments in 9 CFR 381. One such error affected the regulation preventing poultry with fecal contamination from entering the chiller. FSIS is also adding a cross-reference to a provision on the sources of ice and water used for chilling to ensure that the regulations on this subject are read consistently. These corrections appear at 66 FR 19713 (effective January 9, 2002 and published in the April 17, 2001 *Federal Register*).

- 6) Will this proposed rule replace an emergency rule in effect? Yes
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed amendment contain incorporations by reference? Yes. 9 CFR Parts 381 and 441
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: Rule does not affect units of local governments.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: A 45-day written comment period will begin on the day the notice of rulemaking appears in the Illinois Register. Please mail written comments on the proposed rulemaking to the attention of:

Linda Rhodes  
Illinois Department of Agriculture  
State Fairgrounds, P. O. Box 19281

## DEPARTMENT OF AGRICULTURE

## NOTICE OF PROPOSED AMENDMENTS

Springfield, IL 62794-9281  
217/785-5713  
217/785-4505 (fax)

- 12) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: State licensed meat and poultry establishments
  - B) Reporting, bookkeeping or other procedures required for compliance: Slaughtering establishments would have to have data to support percent-absorbed-water statements on product labels and to demonstrate that the amount of absorbed water in the product is unavoidable under the establishments' HACCP plans. The data would have to have been collected under written protocols.
  - C) Types of professional skills necessary for compliance: No additional skills needed.
- 13) Regulatory agenda on which this rulemaking was summarized: Rulemaking was not anticipated at the time of the July 2003 regulatory agenda.

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

## DEPARTMENT OF AGRICULTURE

## NOTICE OF PROPOSED AMENDMENTS

TITLE 8: AGRICULTURE AND ANIMALS  
CHAPTER I: DEPARTMENT OF AGRICULTURE  
SUBCHAPTER c: MEAT AND POULTRY INSPECTION ACTPART 125  
MEAT AND POULTRY INSPECTION ACTSUBPART A: GENERAL PROVISIONS FOR BOTH MEAT AND/OR  
POULTRY INSPECTION

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125.30	Application for License; Approval
125.40	Official Number
125.50	Inspections; Suspension or Revocation of License
125.60	Administrative Hearings; Appeals (Repealed)
125.70	Assignment and Authority of Program Employees
125.80	Schedule of Operations; Overtime
125.90	Official Marks of Inspection, Devices and Certificates
125.100	Records and Reports
125.110	Exemptions
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125.130	Reportable Animal and Poultry Diseases
125.140	Detention; Seizure; Condemnation
125.141	Sanitation Standard Operating Procedures (SOP's)
125.142	Hazard Analysis and Critical Control Point (HACCP) Systems
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125.160	Equine and Equine Products
125.170	Facilities for Inspection
125.180	Sanitation (Repealed)
125.190	Ante-Mortem Inspection
125.200	Post-Mortem Inspection

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- 125.210 Disposal of Diseased or Otherwise Adulterated Carcasses and Parts
- 125.220 Humane Slaughter of Animals
- 125.230 Handling and Disposal of Condemned or Other Inedible Products at Official Establishment
- 125.240 Rendering or Other Disposal of Carcasses and Parts Passed for Cooking
- 125.250 Marking Products and Their Containers
- 125.260 Labeling, Marking and Containers
- 125.270 Entry into Official Establishment; Reinspection and Preparation of Product
- 125.280 Meat Definitions and Standards of Identity or Composition
- 125.290 Transportation
- 125.295 Imported Products (Repealed)
- 125.300 Special Services Relating to Meat and Other Products
- 125.305 Exotic Animal Inspection

## SUBPART C: POULTRY INSPECTION

- Section
- 125.310 Application of Inspection
- 125.320 Facilities for Inspection
- 125.330 Sanitation
- 125.340 Operating Procedures
- 125.350 Ante-Mortem Inspection
- 125.360 Post-Mortem Inspection; Disposition of Carcasses and Parts
- 125.370 Handling and Disposal of Condemned or Inedible Products at Official Establishments
- 125.380 Labeling and Containers
- 125.390 Entry of Articles Into Official Establishments; Processing Inspection and Other Reinspections; Processing Requirements
- 125.400 Definitions and Standards of Identity or Composition
- 125.410 Transportation; Sale of Poultry or Poultry Products

**AUTHORITY:** Implementing and authorized by the Meat and Poultry Inspection Act [225 ILCS 650] and Section 5-625 of the Civil Administrative Code of Illinois [20 ILCS 5/5-625].

**SOURCE:** Adopted at 9 Ill. Reg. 1782, effective January 24, 1985; preemptory amendment at 9 Ill. Reg. 2337, effective January 28, 1985; preemptory amendment at 9 Ill. Reg. 2980, effective February 20, 1985; preemptory amendment at 9 Ill. Reg. 4856, effective April 1, 1985; preemptory amendment at 9 Ill. Reg. 9240, effective June 5, 1985; preemptory amendment at 9 Ill. Reg. 10102, effective June 13, 1985; preemptory amendment at 9 Ill. Reg. 11673, effective July 17, 1985; preemptory amendment at 9 Ill. Reg. 13748, effective August 23, 1985;

## DEPARTMENT OF AGRICULTURE

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peremptory amendment at 9 Ill. Reg. 15575, effective October 2, 1985; peremptory amendment at 9 Ill. Reg. 19759, effective December 5, 1985; peremptory amendment at 10 Ill. Reg. 447, effective December 23, 1985; peremptory amendment at 10 Ill. Reg. 1307, effective January 7, 1986; peremptory amendment at 10 Ill. Reg. 3318, effective January 24, 1986; peremptory amendment at 10 Ill. Reg. 3880, effective February 7, 1986; peremptory amendment at 10 Ill. Reg. 11478, effective June 25, 1986; peremptory amendment at 10 Ill. Reg. 14858, effective August 22, 1986; peremptory amendment at 10 Ill. Reg. 15305, effective September 10, 1986; peremptory amendment at 10 Ill. Reg. 16743, effective September 19, 1986; peremptory amendment at 10 Ill. Reg. 18203, effective October 15, 1986; peremptory amendment at 10 Ill. Reg. 19818, effective November 12, 1986; peremptory amendment at 11 Ill. Reg. 1696, effective January 5, 1987; peremptory amendment at 11 Ill. Reg. 2930, effective January 23, 1987; peremptory amendment at 11 Ill. Reg. 9645, effective April 29, 1987; peremptory amendment at 11 Ill. Reg. 10321, effective May 15, 1987; peremptory amendment at 11 Ill. Reg. 11184, effective June 5, 1987; peremptory amendment at 11 Ill. Reg. 14830, effective August 25, 1987; peremptory amendment at 11 Ill. Reg. 18799, effective November 3, 1987; peremptory amendment at 11 Ill. Reg. 19805, effective November 19, 1987; peremptory amendment at 12 Ill. Reg. 2154, effective January 6, 1988; amended at 12 Ill. Reg. 3417, effective January 22, 1988; peremptory amendment at 12 Ill. Reg. 4879, effective February 25, 1988; peremptory amendment at 12 Ill. Reg. 6313, effective March 21, 1988; peremptory amendment at 12 Ill. Reg. 6819, effective March 29, 1988; peremptory amendment at 12 Ill. Reg. 13621, effective August 8, 1988; peremptory amendment at 12 Ill. Reg. 19116, effective November 1, 1988; peremptory amendment at 12 Ill. Reg. 20894, effective December 21, 1988; peremptory amendment at 13 Ill. Reg. 228, effective January 11, 1989; peremptory amendment at 13 Ill. Reg. 2160, effective February 13, 1989; amended at 13 Ill. Reg. 3696, effective March 13, 1989; peremptory amendment at 13 Ill. Reg. 15853, effective October 5, 1989; peremptory amendment at 13 Ill. Reg. 16838, effective October 11, 1989; peremptory amendment at 13 Ill. Reg. 17495, effective January 18, 1990; amended at 14 Ill. Reg. 3424, effective February 26, 1990; peremptory amendment at 14 Ill. Reg. 4953, effective March 23, 1990; peremptory amendment at 14 Ill. Reg. 11401, effective July 6, 1990; peremptory amendment at 14 Ill. Reg. 13355, effective August 20, 1990; peremptory amendment at 14 Ill. Reg. 16064, effective September 24, 1990; peremptory amendment at 14 Ill. Reg. 21060, effective May 29, 1991; peremptory amendment at 15 Ill. Reg. 620, effective January 2, 1991; peremptory amendment withdrawn at 15 Ill. Reg. 1574, effective January 2, 1991; peremptory amendment at 15 Ill. Reg. 3117, effective September 3, 1991; peremptory amendment at 15 Ill. Reg. 8714, effective May 29, 1991; amended at 15 Ill. Reg. 8801, effective June 7, 1991; peremptory amendment at 15 Ill. Reg. 13976, effective September 20, 1991; peremptory amendment at 16 Ill. Reg. 1899, effective March 2, 1992; amended at 16 Ill. Reg. 8349, effective May 26, 1992, peremptory amendment at 16 Ill. Reg. 11687, effective July 10, 1992; peremptory amendment at 16 Ill. Reg. 11963, effective July 22, 1992; peremptory amendment at 16 Ill. Reg. 12234, effective July 24, 1992; peremptory amendment at 16 Ill. Reg. 16337, effective October 19, 1992; peremptory

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## NOTICE OF PROPOSED AMENDMENTS

amendment at 16 Ill. Reg. 17165, effective October 21, 1992; preemptory amendment at 17 Ill. Reg. 2063, effective February 12, 1993; preemptory amendment at 17 Ill. Reg. 15725, effective September 7, 1993; preemptory amendment at 17 Ill. Reg. 16238, effective September 8, 1993; preemptory amendment at 17 Ill. Reg. 18215, effective October 5, 1993; preemptory amendment at 18 Ill. Reg. 304, effective December 23, 1993; preemptory amendment at 18 Ill. Reg. 2164, effective January 24, 1994; amended at 18 Ill. Reg. 4622, effective March 14, 1994; preemptory amendment at 18 Ill. Reg. 6442, effective April 18, 1994; preemptory amendment at 18 Ill. Reg. 8493, effective May 27, 1994; amended at 18 Ill. Reg. 11489, effective July 7, 1994; preemptory amendment at 18 Ill. Reg. 12546, effective July 29, 1994; preemptory amendment at 18 Ill. Reg. 14475, effective September 7, 1994; amended at 18 Ill. Reg. 14924, effective September 26, 1994; preemptory amendment at 18 Ill. Reg. 15452, effective September 27, 1994; preemptory amendment at 19 Ill. Reg. 1342, effective January 27, 1995; preemptory amendment at 19 Ill. Reg. 4765, effective March 13, 1995; preemptory amendment at 19 Ill. Reg. 7067, effective May 8, 1995; preemptory amendment at 19 Ill. Reg. 14896, effective October 6, 1995; preemptory amendment at 19 Ill. Reg. 15766, effective November 10, 1995; preemptory amendment at 19 Ill. Reg. 16866, effective December 22, 1995; preemptory amendment at 20 Ill. Reg. 5091, effective March 19, 1996; preemptory amendment at 20 Ill. Reg. 10403, effective July 17, 1996; amended at 20 Ill. Reg. 11928, effective September 1, 1996; preemptory amendment at 20 Ill. Reg. 12634, effective September 5, 1996; preemptory amendment at 20 Ill. Reg. 15371, effective November 13, 1996; preemptory amendment at 21 Ill. Reg. 1221, effective January 14, 1997; preemptory amendment at 21 Ill. Reg. 1719, effective January 28, 1997; preemptory amendment at 21 Ill. Reg. 6609, effective May 20, 1997; amended at 21 Ill. Reg. 11494, effective August 1, 1997; preemptory amendment at 21 Ill. Reg. 11788, effective August 8, 1997; preemptory amendment at 21 Ill. Reg. 12686, effective August 28, 1997; preemptory amendment at 21 Ill. Reg. 14575, effective October 22, 1997; preemptory amendment at 22 Ill. Reg. 3602, effective February 2, 1998; preemptory amendment at 22 Ill. Reg. 5740, effective March 5, 1998; preemptory amendment at 22 Ill. Reg. 9384, effective May 15, 1998; preemptory amendment at 22 Ill. Reg. 20645, effective November 16, 1998; amended at 23 Ill. Reg. 450, effective January 1, 1999; preemptory amendment at 23 Ill. Reg. 3851, effective March 11, 1999; preemptory amendment at 23 Ill. Reg. 10880, effective August 19, 1999; preemptory amendment at 24 Ill. Reg. 3933, effective February 22, 2000; preemptory amendment at 24 Ill. Reg. 5699, effective March 14, 2000; preemptory amendment at 24 Ill. Reg. 6734, effective April 14, 2000; amended at 24 Ill. Reg. 7197, effective April 27, 2000; preemptory amendment at 24 Ill. Reg. 14074, effective August 30, 2000; preemptory amendment at 24 Ill. Reg. 14451, effective September 15, 2000; preemptory amendment at 25 Ill. Reg. 7341, effective April 26, 2001; preemptory amendment at 25 Ill. Reg. 12434, effective September 13, 2001; preemptory amendment at 25 Ill. Reg. 15444, effective November 19, 2001; preemptory amendment at 26 Ill. Reg. 980, effective January 11, 2002; preemptory amendment at 26 Ill. Reg. 7750, effective May 10, 2002; amended at 27 Ill. Reg. 10205, effective July 1, 2003; preemptory amendment at 27 Ill. Reg. 13634, effective July 28, 2003; emergency amendment at 27 Ill. Reg. 14197, effective August

## DEPARTMENT OF AGRICULTURE

## NOTICE OF PROPOSED AMENDMENTS

15, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. \_\_\_\_\_,  
effective \_\_\_\_\_.

SUBPART A: GENERAL PROVISIONS FOR BOTH MEAT AND/OR  
POULTRY INSPECTION

Section 125.10 Definitions

- a) Terms shall be as defined in 9 CFR 301, 303.1(d)(2), (ii), (iii) (a), (b), (d), (e) and (f), (iv), (v) and (vi), 381.1, 381.10(d)(2), (ii), (iii)(a), (b), (d), (iv), (v) and (vi), 352.1(b) through (t) and 362.1 (1997; 64 FR 732, effective March 8, 1999; 64 FR 56400 and 65 FR 2283, effective January 25, 2000; 66 FR1750 and 66 FR 19713, effective January 9, 2002; 66 FR 22899, effective April 26, 2001; 67 FR 13253, effective April 22, 2002), unless they are otherwise defined in the Meat and Poultry Inspection Act [225 ILCS 650] or in this Section as follows:

"Act" means the Meat and Poultry Inspection Act [225 ILCS 650].

"Approved veterinarian" means any person who has graduated from a veterinary college that is recognized by the American Veterinary Medical Association.

"Birds" shall mean poultry as defined in Section 2.7 of the Act.

"Condition" means any condition, including, but not being limited to, the state of preservation, cleanliness, or soundness of any product made from rabbits or the processing, handling, or packaging which may affect the wholesomeness of such product.

"Livestock" means cattle, sheep, swine, buffalo, catalo, cattalo, domestic deer, domestic elk, domestic antelope, domestic reindeer, water buffalo, and goats.

"Members of the household" means those persons who occupy a single family unit.

- b) With regard to the definitions of consumer and similar type establishment, the Director has not designated any other type of establishment or institution under these terms other than those specifically stated in the incorporated language.
- c) With regard to the definitions of retail store, only those sections which are incorporated by reference as stated in Section 125.10(a) shall be included in the definition. References within the incorporated language to the section of the

## DEPARTMENT OF AGRICULTURE

## NOTICE OF PROPOSED AMENDMENTS

federal rules pertaining to operations of types traditionally and usually conducted at retail stores and restaurants refer to the operations defined in Section 5(A) of the Act. No product exempted from inspection in accordance with Section 5 of the Act shall be prepared in any retail store, restaurant or similar retail-type establishment.

- d) References in the incorporated language to 9 CFR 312 and 313 shall be interpreted as references to Sections 125.90 and 125.220 respectively. References to the Humane Methods and Slaughter Act of 1978 shall mean as set forth in Section 125.220.

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

Section 125.145 Consumer Protection Standards: Raw Products

The Department incorporates by reference 9 CFR 441 (2001).

(Source: Added at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART C: POULTRY INSPECTION

## Section 125.340 Operating Procedures

- a) The Department incorporates by reference 9 CFR 381.65 through 381.67 (1997); 62 FR 5139, effective May 5, 1997; 63 FR 48958, effective November 10, 1998; 66 FR 1750 and 66 FR 19713, effective January 9, 2002; 66 FR 22899 effective April 26, 2001).
- b) The bar-cut method of evisceration shall not be used.
- c) Cut-up poultry may be processed from unchilled eviscerated poultry only in air-conditioned rooms (50 degrees F. or less).
- d) The meltage of ice in the chilling system shall be counted toward the minimum fresh water intake requirements provided an accurate measurement of the amount of melted ice can be obtained.
- e) Reference to the Poultry Inspector's Handbook shall mean the "Meat and Poultry Inspection Manual" as adopted by the Department in Section 125.20.
- f) The Department shall approve the shipment of poultry in operational type

## DEPARTMENT OF AGRICULTURE

## NOTICE OF PROPOSED AMENDMENTS

containers, such as chill tanks or lugs, from one official establishment to another official establishment for further processing provided the means of conveyance is sealed and the poultry can reach its destination in accordance with the general chilling requirements as stated in this Section (see 9 CFR 381.66(b)).

- g) Ready-to-cook poultry shall be permitted to be moved from an official establishment prior to freezing in accordance with the specific requirements as stated in 9 CFR 381.66(f)(3).
- h) Compounds used in immersion or spray freezing procedures shall be those that are listed in the "List of Proprietary Substances or Nonfood Compounds" as adopted by the Department in Section 125.20.

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

## DEPARTMENT OF PUBLIC AID

## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Medical Payment
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Numbers: Proposed Action:  
140.71 Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Complete Description of the Subjects and Issues Involved: Under these proposed amendments, providers of hospital services that qualify to receive advance payments and expedited claims payments under Section 140.71, will be eligible to receive such payments that are related to Medicaid Percentage Adjustments. Companion amendments are also being proposed in a new Section at 89 Ill. Adm. Code 148.122 under which Medicaid Percentage Adjustments are being established. Other changes in Section 140.71 provide clarifications on hospitals that qualify for advance and expedited claims payments as disproportionate share hospitals.
- 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>
140.402	Amendment	July 18, 2003 (27 Ill. Reg. Page 10633)
140.405	Amendment	July 18, 2003 (27 Ill. Reg. Page 10633)
140.420	Amendment	March 14, 2003 (27 Ill. Reg. Page 4470)
140.421	Amendment	March 14, 2003 (27 Ill. Reg. Page 4470)
140.464	Amendment	July 18, 2003 (27 Ill. Reg. Page 10633)
140.471	Amendment	March 28, 2003 (27 Ill. Reg. Page 5127)
140.472	Amendment	March 28, 2003 (27 Ill. Reg. Page 5127)
140.474	Amendment	March 28, 2003 (27 Ill. Reg. Page 5127)
140.481	Amendment	July 18, 2003 (27 Ill. Reg. Page 10633)
140.492	Amendment	July 18, 2003 (27 Ill. Reg. Page 10633)
140.493	Amendment	July 18, 2003 (27 Ill. Reg. Page 10633)
140.514	Amendment	March 21, 2003 (27 Ill. Reg. Page 4888)

## DEPARTMENT OF PUBLIC AID

## NOTICE OF PROPOSED AMENDMENT

140.523	Amendment	July 18, 2003 (27 Ill. Reg. Page 10633)
140.551	Amendment	July 18, 2003 (27 Ill. Reg. Page 10633)
140.553	Amendment	July 18, 2003 (27 Ill. Reg. Page 10633)
140.554	Repeal	July 18, 2003 (27 Ill. Reg. Page 10633)
140.642	Amendment	March 21, 2003 (27 Ill. Reg. Page 4888)
140.700	Amendment	July 18, 2003 (27 Ill. Reg. Page 10633)
140.830	Amendment	July 18, 2003 (27 Ill. Reg. Page 10633)
140.930	Amendment	July 18, 2003 (27 Ill. Reg. Page 10633)
Table D	Amendment	March 14, 2003 (27 Ill. Reg. Page 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  
 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

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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: Medicaid funded hospitals
  - 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 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, Suspension or Barring

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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)
140.99	Hospital Services Not Covered (Recodified)
140.100	Limitation On Hospital Services (Recodified)

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- 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)
- 140.398 Hearings (Recodified)

## SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

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## Section

- 140.400 Payment to Practitioners
- 140.402 Copayments for Noninstitutional Medical Services
- EMERGENCY
- 140.405 SeniorCare Pharmaceutical Benefit
- EMERGENCY
- 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)
- 140.446 Over-the-Counter Items
- 140.447 Reimbursement
- 140.448 Returned Pharmacy Items

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- 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 Hospital-Based and Encounter Rate Clinic Payments
- EMERGENCY
- 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
- EMERGENCY
- 140.482 Family Planning Services
- 140.483 Limitations on Family Planning Services
- 140.484 Payment for Family Planning Services
- 140.485 Healthy Kids Program

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- 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

## EMERGENCY

- 140.493 Payment for Helicopter Transportation

## EMERGENCY

- 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

## EMERGENCY

- 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 Updates
- EMERGENCY
- 140.552 Nursing and Program Costs
- 140.553 General Administrative Costs Updates
- EMERGENCY
- 140.554 Component Inflation Index Repealed
- EMERGENCY
- 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

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- 140.567 Level II Incentive Payments (Repealed)
- 140.568 Duration of Incentive Payments (Repealed)
- 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
- EMERGENCY
- 140.830 Appeals of Rate Determinations
- EMERGENCY
- 140.835 Determination of Cap on Payments for Long Term Care (Repealed)

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## SUBPART F: FEDERAL CLAIMING FOR STATE AND LOCAL GOVERNMENTAL ENTITIES

Section	
140.850	Reimbursement of Administrative Expenditures
140.855	Administrative Claim Review and Reconsideration Procedure
140.860	County Owned or Operated Nursing Facilities
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

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## EMERGENCY

140.932 Payment Authorization for Referrals (Repealed)

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 Medichex 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

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- 140.TABLE I Staff Time and Allocation for Training Programs (Recodified)  
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; preemptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; preemptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; preemptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; preemptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of

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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. 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

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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 Amendment at 15 Ill. Reg. 1174; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1,

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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 suspended at 17 Ill. Reg. 18902, effective October 12, 1993; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency

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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; 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,

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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. 9157, effective June 2, 2003; emergency amendment at 27 Ill. Reg. 10813, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 13784, effective August 1, 2003; amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section 140.71 Reimbursement for Medical Services Through the Use of a C-13 Invoice Voucher Advance Payment and Expedited Payments

- a) C-13 Invoice Voucher Advance Payments
  - 1) The C-13 invoice voucher, when used as an advanced payment, is an exception to the regular reimbursement process. It may be issued only under extraordinary circumstances to qualified providers of medical

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assistance services. C-13 advance payments will be made only to a hospital organized under the University of Illinois Hospital Act, subject to approval by the Director, or to qualified providers who meet the following requirements:

- A) are enrolled with the Department of Public Aid;
- B) have experienced an emergency which necessitates C-13 advance payments. Emergency in this instance is defined as a circumstance under which withholding of the advance payment would impose severe and irreparable harm to the clients served. Circumstances which may create such emergencies include, but are not limited to, the following:
  - i) agency system errors (either automated system or clerical) which have precluded payments, or which have caused erroneous payments such that the provider's ability to provide further services to clients is severely impaired; or
  - ii) cash flow problems encountered by a provider or group of providers which are unrelated to Agency technical system problems. These situations include problems which are exclusively those of the providers or problems related to State cash flow which result in delayed payments and extensive financial problems to a provider, adversely impacting on the ability to promptly serve the clients;
- C) serve a significant number of clients under the Medical Assistance Program. Significant in this instance means:
  - i) for long term care facilities, 80 percent or more of their residents must be eligible for public assistance;
  - ii) for long term care facilities enrolled in the Exceptional Care Program, four or more residents receiving exceptional care;
  - iii) for hospitals, the hospital must qualify as a disproportionate share hospital as described in 89 Ill. Adm. Code 148.120 or receive Medicaid Percentage Adjustment payments as described in 89 Ill. Adm. Code 148.122;

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- iv) for practitioners and other medical providers, 50 percent or more of their patient revenue must be generated through Medicaid reimbursement;
  - v) for sole source pharmacies in a community which are not within a 25-mile radius of another pharmacy, the provisions of this Section may be waived;
  - vi) for government-owned facilities, this subsection (a)(1)(C) may be waived if the cash flow criteria under subsection (a)(1)(B)(ii) is met; and
  - vii) for providers who have filed for Chapter 11 bankruptcy, this subsection (a)(1)(C) may be waived if the cash flow criteria under subsection (a)(1)(B)(ii) are met;
- D) sign an agreement with the Department which specifies the terms of advance payment and subsequent repayment. The agreement will contain the following provisions:
- i) specific reason(s) for advanced payments;
  - ii) specific amount agreed to be advanced;
  - iii) specific date to begin recoupment; and
  - iv) method of recoupment (percentage of payable amount of each Medicaid Management Information System voucher, specific amount per month, a warrant intercept, or a combination of the three recovery methods).
- 2) Determination of amount of payment to be issued shall be based on anticipated future payments as determined by the Department.
- 3) Approval Process
- A) In order to obtain C-13 advance payments, providers must submit their request in writing (telefax requests are acceptable) to the appropriate Bureau Chief within the Division of Medical Programs. The request must include:

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- i) an explanation of the circumstances creating the need for the advance payments;
    - ii) supportive documentation to substantiate the emergency nature of the request and risk of irreparable harm to the clients; and
    - iii) specification of the amount of the advance required.
  - B) An agreement will be issued to the provider for all approved requests. The agreement must be signed by the administrator, owner, chief executive officer or other authorized representative and be received by the Department prior to release of the warrant.
  - C) C-13 advance payments shall be authorized for the provider following approval by the Medicaid Administrator or designee. Once all requirements of this subsection (a)(3) are met, the Administrator will authorize payment within seven days.
- 4) Recoupment
- A) Health care entities other than individual practitioners shall be required to sign an agreement stating that, should the entity be sold, the new owners will be made aware of the liability and will assume responsibility for repaying the debt to the Department according to the original agreement.
  - B) All providers shall sign an agreement specifying the terms of recoupment. An agreed percentage of the total payment to the provider for services rendered shall be deducted from future payments until the debt is repaid. For providers who are properly certified, licensed or otherwise qualified under appropriate State and federal requirements, the recoupment period shall not exceed six months from the month in which payment is authorized. For those providers enrolled but not in good standing (e.g., decertification termination hearing or other adverse action is pending), recoupment will be made from the next available payments owed the provider.
  - C) In the event that the provider fails to comply with the recoupment terms of the agreement, the remaining balance of any advance

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payment shall be immediately recouped from claims being processed by the Department. If such claims are insufficient for complete recovery, the remaining balance will become immediately due and payable by check to the Illinois Department of Public Aid. Failure by the provider to remit such check will result in the Department pursuing other collection methods.

## 5) Prior Agreements

The terms of any agreement signed between the provider and the Department prior to the adoption of this rule will remain in effect, notwithstanding the provisions of this Section.

## b) Expedited Claims Payments

1) Expedited claims payments are issued through the regular MMIS payment process and represent an acceleration of the regular payment schedule. They may be issued only under extraordinary circumstances to qualified providers of medical assistance services. Reimbursement through the expedited process will be made only to a hospital organized under the University of Illinois Hospital Act, subject to approval by the Director, or to qualified providers who meet the following requirements:

A) are enrolled with the Department of Public Aid;

B) have experienced an emergency which necessitates expedited payments. Emergency in this instance is defined as a circumstance under which withholding of the expedited payment would impose severe and irreparable harm to the clients served. Circumstances which may create such emergencies include, but are not limited to, the following:

i) agency system errors (either automated system or clerical) which have precluded payments, or which have caused erroneous payments such that the provider's ability to provide further services to the clients is severely impaired;

ii) cash flow problems encountered by a provider or group of providers which are unrelated to Department technical system problems. These situations include problems which are exclusively those of the providers (i.e., provider billing

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system problems) or problems related to State cash flow which result in delayed payments and extensive financial problems to a provider adversely impacting on the ability to serve the clients;

- C) serve a significant number of clients under the Medical Assistance Program. Significant in this instance means:
- i) for long term care facilities, 80 percent or more of their residents must be eligible for public assistance;
  - ii) for long term care facilities enrolled in the Exceptional Care Program, four or more residents receiving exceptional care;
  - iii) for hospitals, the hospital must qualify as a disproportionate share hospital as described in 89 Ill. Adm. Code 148.120 or receive Medicaid Percentage Adjustment payments as described in 89 Ill. Adm. Code 148.122;
  - iv) for hospitals that qualify as disproportionate share hospitals as described in 89 Ill. Adm. Code 148.120 or receive Medicaid Percentage Adjustment payments as described in 89 Ill. Adm. Code 148.122 and receive Rehabilitation Hospital Adjustment payments (see 89 Ill. Reg. Adm. Code 148.295(b)) or Direct Hospital Adjustment payments (see 89 Ill. Adm. Code 148.295(c)(1)), a request must be made in writing that demonstrates proof of cash flow problems;
  - v) for practitioners and other medical providers, 50 percent or more of their patient revenue must be generated through Medicaid reimbursement;
  - vi) for sole source pharmacies in a community which are not within a 25-mile radius of another pharmacy, the provisions of this Section may be waived;
  - vii) for government-owned facilities, this subsection (b)(1)(C) may be waived if the cash flow criteria under subsection (a)(1)(B)(ii) are met; and

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- viii) for providers who have filed for Chapter 11 bankruptcy, subsection (b)(1)(C) may be waived if the cash flow criteria under subsection (b)(1)(B)(ii) are met.
- 2) Reimbursement will be based upon the amount of claims determined payable and be made for a period specified by the Department.
  - 3) Approval Process
    - A) In order to qualify for expedited payments, providers must submit their request in writing (telefax requests are acceptable) to the appropriate Bureau Chief within the Division of Medical Programs. The request must include:
      - i) an explanation of the need for the expedited payments; and
      - ii) supportive documentation to substantiate the emergency nature of the request.
    - B) Expedited payments shall be authorized for the provider following approval by the Medicaid Administrator or designee.
    - C) The Department will periodically review the need for any continued expedited payments.
  - 4) Prior Agreements

The terms of any agreement signed between the provider and the Department prior to the adoption of this rule will remain in effect, notwithstanding the provisions of this Section.

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

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- 1) Heading of the Part: Hospital Services
- 2) Code Citation: 89 Ill. Adm. Code 148
- 3) Section Numbers:      Proposed Action:

148.120	Amendment
148.122	New Section
148.290	Amendment
148.295	Amendment
148.310	Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Complete Description of the Subjects and Issues Involved: The proposed amendments provide additional fiscal year 2004 budget implementation changes for hospital services. In order to ensure continuing compliance with federal upper payment limitations, the Department is proposing the redefinition of current hospital adjustment programs and the establishment of a new Medicaid Percentage Adjustment payment. Under Critical Hospital Adjustments (CHAP), certain criteria have been expanded to allow additional high volume Medicaid hospitals and hospital providing specialty services to qualify for payments. This reallocation of funding for hospital services will maintain compliance with federal payment limitations under Medicaid, allow the flexibility necessary to maximize federal matching payments for the State, and ensure the continuation of necessary medical services for public assistance recipients. It is anticipated that these proposed changes will result in additional fiscal year 2004 spending of approximately \$5.7 million.
- 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>
148.140	Amendment	July 18, 2003 (27 Ill. Reg. Page 10640)
148.160	Amendment	June 27, 2003 (27 Ill. Reg. Page 9549)
148.160	Amendment	July 18, 2003 (27 Ill. Reg. Page 10640)

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148.170	Amendment	June 27, 2003 (27 Ill. Reg. Page 9549)
148.190	Amendment	June 27, 2003 (27 Ill. Reg. Page 9549)
148.290	Amendment	June 27, 2003 (27 Ill. Reg. Page 9549)
148.295	Amendment	July 18, 2003 (27 Ill. Reg. Page 10640)

- 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. 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

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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: Medicaid funded hospitals
  - 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 2003

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 148  
HOSPITAL SERVICES  
SUBPART A: GENERAL PROVISIONS

## Section

- 148.10 Hospital Services
- 148.20 Participation
- 148.25 Definitions and Applicability
- 148.30 General Requirements
- 148.40 Special Requirements
- 148.50 Covered Hospital Services
- 148.60 Services Not Covered as Hospital Services
- 148.70 Limitation On Hospital Services

## SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

## Section

- 148.80 Organ Transplants Services Covered Under Medicaid (Repealed)
- 148.82 Organ Transplant Services
- 148.90 Heart Transplants (Repealed)
- 148.100 Liver Transplants (Repealed)
- 148.105 Psychiatric Adjustment Payments
- 148.110 Bone Marrow Transplants (Repealed)
- 148.115 Rural Adjustment Payments
- 148.120 Disproportionate Share Hospital (DSH) Adjustments
- 148.122 Medicaid Percentage Adjustments
- 148.126 Safety Net Adjustment Payments
- 148.130 Outlier Adjustments for Exceptionally Costly Stays
- 148.140 Hospital Outpatient and Clinic Services

## EMERGENCY

- 148.150 Public Law 103-66 Requirements
- 148.160 Payment Methodology for County-Owned Hospitals in an Illinois County with a Population of Over Three Million
- 148.170 Payment Methodology for Hospitals Organized Under the University of Illinois Hospital Act

## EMERGENCY

- 148.175 Supplemental Disproportionate Share Payment Methodology for Hospitals Organized Under the Town Hospital Act

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- 148.180 Payment for Pre-operative Days, Patient Specific Orders, and Services Which Can Be Performed in an Outpatient Setting
- 148.190 Copayments
- 148.200 Alternate Reimbursement Systems
- 148.210 Filing Cost Reports
- 148.220 Pre September 1, 1991, Admissions
- 148.230 Admissions Occurring on or after September 1, 1991
- 148.240 Utilization Review and Furnishing of Inpatient Hospital Services Directly or Under Arrangements
- 148.250 Determination of Alternate Payment Rates to Certain Exempt Hospitals
- 148.260 Calculation and Definitions of Inpatient Per Diem Rates
- 148.270 Determination of Alternate Cost Per Diem Rates For All Hospitals; Payment Rates for Certain Exempt Hospital Units; and Payment Rates for Certain Other Hospitals
- 148.280 Reimbursement Methodologies for Children's Hospitals and Hospitals Reimbursed Under Special Arrangements
- 148.285 Excellence in Academic Medicine Payments
- 148.290 Adjustments and Reductions to Total Payments
- 148.295 Critical Hospital Adjustment Payments (CHAP)
- EMERGENCY
- 148.296 Tertiary Care Adjustment Payments
- 148.297 Pediatric Outpatient Adjustment Payments
- 148.298 Pediatric Inpatient Adjustment Payments
- 148.300 Payment
- 148.310 Review Procedure
- 148.320 Alternatives
- 148.330 Exemptions
- 148.340 Subacute Alcoholism and Substance Abuse Treatment Services
- 148.350 Definitions (Repealed)
- 148.360 Types of Subacute Alcoholism and Substance Abuse Treatment Services (Repealed)
- 148.368 Volume Adjustment (Repealed)
- 148.370 Payment for Subacute Alcoholism and Substance Abuse Treatment Services
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## SUBPART C: SEXUAL ASSAULT EMERGENCY TREATMENT PROGRAM

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## Section

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

**SOURCE:** Sections 148.10 thru 148.390 recodified from 89 Ill. Adm. Code 140.94 thru 140.398 at 13 Ill. Reg. 9572; Section 148.120 recodified from 89 Ill. Adm. Code 140.110 at 13 Ill. Reg. 12118; amended at 14 Ill. Reg. 2553, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 11392, effective July 1, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 15358, effective September 13, 1990; amended at 14 Ill. Reg. 16998, effective October 4, 1990; amended at 14 Ill. Reg. 18293, effective October 30, 1990; amended at 14 Ill. Reg. 18499, effective November 8, 1990; emergency amendment at 15 Ill. Reg. 10502, effective July 1, 1991, for a maximum of 150 days; emergency expired October 29, 1991; emergency amendment at 15 Ill. Reg. 12005, effective August 9, 1991, for a maximum of 150 days; emergency expired January 6, 1992; emergency amendment at 15 Ill. Reg. 16166, effective November 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 18684, effective December 23, 1991; amended at 16 Ill. Reg. 6255, effective March 27, 1992; emergency amendment at 16 Ill. Reg. 11335, effective June 30, 1992, for a maximum of 150 days; emergency expired November 27, 1992; emergency amendment at 16 Ill. Reg. 11942, effective July 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19873, effective December 7, 1992; amended at 17 Ill. Reg. 131, effective December 21, 1992; amended at 17 Ill. effective September 26, 2002; emergency Reg. 3296, effective March 1, 1993; amended at 17 Ill. Reg. 6649, effective April 21, 1993; amended at 17 Ill. Reg. 14643, effective August 30, 1993; emergency amendment at 17 Ill. Reg. 17323, effective October 1, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 3450, effective February 28, 1994; emergency amendment at 18 Ill. Reg. 12853, effective August 2,

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1994, for a maximum of 150 days; amended at 18 Ill. Reg. 14117, effective September 1, 1994; amended at 18 Ill. Reg. 17648, effective November 29, 1994; amended at 19 Ill. Reg. 1067, effective January 20, 1995; emergency amendment at 19 Ill. Reg. 3510, effective March 1, 1995, for a maximum of 150 days; emergency expired July 29, 1995; emergency amendment at 19 Ill. Reg. 6709, effective May 12, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 10060, effective June 29, 1995; emergency amendment at 19 Ill. Reg. 10752, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13009, effective September 5, 1995; amended at 19 Ill. Reg. 16630, effective November 28, 1995; amended at 20 Ill. Reg. 872, effective December 29, 1995; amended at 20 Ill. Reg. 7912, effective May 31, 1996; emergency amendment at 20 Ill. Reg. 9281, effective July 1, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 12510, effective September 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 15722, effective November 27, 1996; amended at 21 Ill. Reg. 607, effective January 2, 1997; amended at 21 Ill. Reg. 8386, effective June 23, 1997; emergency amendment at 21 Ill. Reg. 9552, effective July 1, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 9822, effective July 2, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 10147, effective August 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13349, effective September 23, 1997; emergency amendment at 21 Ill. Reg. 13675, effective September 27, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 16161, effective November 26, 1997; amended at 22 Ill. Reg. 1408, effective December 29, 1997; amended at 22 Ill. Reg. 3083, effective January 26, 1998; amended at 22 Ill. Reg. 11514, effective June 22, 1998; emergency amendment at 22 Ill. Reg. 13070, effective July 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 15027, effective August 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16273, effective August 28, 1998; amended at 22 Ill. Reg. 21490, effective November 25, 1998; amended at 23 Ill. Reg. 5784, effective April 30, 1999; amended at 23 Ill. Reg. 7115, effective June 1, 1999; amended at 23 Ill. Reg. 7908, effective June 30, 1999; emergency amendment at 23 Ill. Reg. 8213, effective July 1, 1999, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 12772, effective October 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13621, effective November 1, 1999; amended at 24 Ill. Reg. 2400, effective February 1, 2000; amended at 24 Ill. Reg. 3845, effective February 25, 2000; emergency amendment at 24 Ill. Reg. 10386, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 11846, effective August 1, 2000; amended at 24 Ill. Reg. 16067, effective October 16, 2000; amended at 24 Ill. Reg. 17146, effective November 1, 2000; amended at 24 Ill. Reg. 18293, effective December 1, 2000; amended at 25 Ill. Reg. 5359, effective April 1, 2001; emergency amendment at 25 Ill. Reg. 5432, effective April 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 6959, effective June 1, 2001; emergency amendment at 25 Ill. Reg. 9974, effective July 23, 2001, amendment at 26 Ill. Reg. for a maximum of 150 days; amended at 25 Ill. Reg. 10513, effective August 2, 2001; emergency amendment at 25 Ill. Reg. 12870, effective October 1, 2001, for a maximum of 150 days; emergency expired February 27, 2002; amended at 25 Ill. Reg. 16087, effective December 1, 2001; emergency amendment at 26 Ill. Reg. 536, effective December 31, 2001, for a maximum

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of 150 days; emergency amendment at 26 Ill. Reg. 680, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 4825, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 4953, effective March 18, 2002, for a maximum of 150 days; , emergency amendment at 26 Ill. Reg. 7340, effective April 30, 2002, for a maximum of 150 days; for a maximum of 150 days; amendment at 26 Ill. Reg. 8395, effective May 28, 2002; emergency amendment at 26 Ill. Reg. 11040, effective July 1, 2002, for a maximum of 150 days;; emergency repealed at 26 Ill. Reg. 7786, effective July 1, 2002; amendment at 26 Ill. Reg. 12322, effective July 26, 2002; amendment at 26 Ill. Reg. 13661, effective September 3, 2002; amendment at 26 Ill. Reg. 14808, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 14887, effective October 1, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16612, effective October 22, 2002; amendment at 26 Ill. Reg. 17775, effective November 27, 2002; emergency amendment at 27 Ill. Reg. 580, effective January 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 866, effective January 1, 2003, for a maximum of 150 days; amendment at 27 Ill. Reg. 4386, effective February 24, 2003; emergency amendment at 27 Ill. Reg.8320, effective April 28, 2003.; for a maximum of 150 days; emergency amendment repealed at 27 Ill. Reg. 12121, effective July 10, 2003; amended at 27 Ill. Reg. 9178, effective May 28, 2003; emergency amendment at 27 Ill. Reg. 11041, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. \_\_\_\_\_ effective \_\_\_\_\_.

## SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

## Section 148.120 Disproportionate Share Hospital (DSH) Adjustments

Disproportionate Share Hospital (DSH) adjustments for inpatient services provided prior to October 1, 2003 ~~1993~~, shall be determined and paid in accordance with the statutes and administrative rules governing the time period when the services were rendered. The Department shall make an annual determination of those hospitals qualified for adjustments under this Section effective October 1, 2003 ~~1993~~, and each October 1, thereafter unless otherwise noted.

- a) Qualified Disproportionate Share Hospitals (DSH). For inpatient services provided on or after October 1, 2003 ~~1993~~, the Department shall make adjustment payments to hospitals which are deemed as disproportionate share by the Department. A hospital may qualify for a DSH adjustment in one of the following ways:
  - 1) The hospital's Medicaid inpatient utilization rate (MIUR), as defined in subsection (k)(4) ~~(k)(5)~~ of this Section, is at least one ~~half~~ standard deviation above the mean Medicaid utilization rate, as defined in

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subsection (k)(3) of this Section.

- 2) The hospital's low income utilization rate exceeds 25 per centum. For this alternative, payments for all patient services (not just inpatient) for Medicaid, Family and Children Assistance (formerly known as General Assistance) and/or any local or State government-funded care, must be counted as a percentage of all net patient service revenue. To this percentage, the percentage of total inpatient charges attributable to inpatient charges for charity care (less payments for Family and Children Assistance inpatient hospital services, and/or any local or State government-funded care) must be added.
  - 3) ~~Illinois hospitals that, on July 1, 1991, had a Medicaid inpatient utilization rate, as defined in subsection (k)(5) of this Section, that was at least the mean Medicaid inpatient utilization rate, as defined in subsection (k)(3) of this Section, and which were located in a planning area with one third or fewer excess beds as determined by the Illinois Health Facilities Planning Board (77 Ill. Adm. Code 1100), and that, as of June 30, 1992, were located in a federally designated Health Manpower Shortage Area (42 CFR 5, 1989).~~
  - 4) ~~Illinois hospitals that:~~
    - A) ~~Have a Medicaid inpatient utilization rate, as defined in subsection (k)(5) of this Section, which is at least the mean Medicaid inpatient utilization rate, as defined in subsection (k)(3) of this Section, and~~
    - B) ~~Have a Medicaid obstetrical inpatient utilization rate, as defined in subsection (k)(6) of this Section, that is at least one standard deviation above the mean Medicaid obstetrical inpatient utilization rate, as defined in subsection (k)(4) of this Section.~~
  - 5) ~~Any children's hospital, as defined in 89 Ill. Adm. Code 149.50(e)(3).~~
- b) In addition, to be deemed a DSH hospital, a hospital must provide the Department, in writing, with the names of at least two obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to such services under a State Medicaid plan. In the case of a hospital located in a rural area (that is, an area outside of a Metropolitan Statistical Area, as defined by the Executive Office of Management and Budget), the term "obstetrician" includes any physician with staff privileges at the hospital

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to perform nonemergency obstetric procedures. This requirement does not apply to a hospital in which the inpatients are predominantly individuals under 18 years of age; or does not offer nonemergency obstetric services as of December 22, 1987. Hospitals that do not offer nonemergency obstetrics to the general public, with the exception of those hospitals described in 89 Ill. Adm. Code 149.50(c)(1) through (c)(4), must submit a statement to that effect.

- c) In making the determination described in subsection ~~subsections~~ (a)(1) and ~~(a)(4)(A)~~ of this Section, the Department shall utilize:
- 1) Hospital Cost Reports
    - A) The hospital's final audited cost report for the hospital's base fiscal year. Medicaid inpatient utilization rates, as defined in subsection ~~(k)(4)~~ ~~(k)(5)~~ of this Section, which have been derived from final audited cost reports, are not subject to the Review Procedure described in Section 148.310, with the exception of errors in calculation.
    - B) In the absence of a final audited cost report for the hospital's base fiscal year, the Department shall utilize the hospital's unaudited cost report for the hospital's base fiscal year. Due to the unaudited nature of this information, hospitals shall have the opportunity to submit a corrected cost report for the determination described in subsection ~~subsections~~ (a)(1) and ~~(a)(4)(A)~~ of this Section. Submittal of a corrected cost report in support of subsection ~~subsections~~ (a)(1) and ~~(a)(4)(A)~~ of this Section must be received or post marked no later than the first day of July preceding the DSH determination year for which the hospital is requesting consideration of such corrected cost report for the determination of DSH qualification. Corrected cost reports which are not received in compliance with these time limitations will not be considered for the determination of the hospital's MIUR Medicaid inpatient utilization rate as described in subsection ~~(k)(4)~~ ~~(k)(5)~~ of this Section.
    - C) In the event of extensions to the Medicare cost report filing process, those hospitals that do not have an audited or unaudited base year Medicaid cost report on file with the Department by the 30<sup>th</sup> of April preceding the DSH determination are required to

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complete and submit to the Department a Hospital Day Statistics Collection (HDSC) form. On the form, hospitals must provide total Medicaid days and total hospital days for the hospital's base fiscal year. The HDSC form must be submitted to the Department by the April 30<sup>th</sup> preceding the DSH determination.

- i) If the Medicare deadline for submitting base fiscal year cost reports falls within the month of June preceding the DSH determination, hospitals, regardless of their base fiscal year end date, will have until the first day of August preceding the DSH determination to submit changes to their Medicaid cost reports for inclusion in the final DSH calculations. In this case, the HDSC form will not be used as a data source for the final rate year DSH determination.
  - ii) If the Medicare deadline for submitting base fiscal year cost reports is extended beyond the month of June preceding the DSH determination, the HDSC form will be used in the final DSH determination for all hospitals that do not have an audited or unaudited Medicaid cost report on file with the Department. Hospitals will have until the first day of July to submit any adjustments to the information provided on the HDSC form sent to the Department on April 30.
- D) Hospitals' Medicaid inpatient utilization rates, as defined in subsection ~~(k)(4) (k)(5)~~ of this Section, which have been derived from unaudited cost reports or the HDSC form, are not subject to the Review Procedure described in Section 148.310, with the exception of errors in calculation. Pursuant to subsections (c)(1)(B) and (c)(1)(C)(ii) of this Section, hospitals shall have the opportunity to submit corrected information prior to the Department's final DSH determination.
- E) In the event a subsequent final audited cost report reflects an MIUR ~~a Medicaid inpatient utilization rate~~, as described in subsection ~~(k)(4) (k)(5)~~ of this Section, which is lower than the Medicaid inpatient utilization rate derived from the unaudited cost report or the HDSC form utilized for the DSH determination, the Department shall recalculate the MIUR ~~Medicaid inpatient~~

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~~utilization rate~~ based upon the final audited cost report, and recoup any overpayments made if the percentage change in the DSH payment rate is greater than five percent.

## 2) Days Not Available from Cost Report

Certain types of inpatient days of care provided to Title XIX recipients are not available from the cost report, i.e., Medicare/Medicaid crossover claims, out-of-state Title XIX Medicaid utilization levels, Medicaid Health Maintenance Organization (HMO) days, hospital residing long term care days, and Medicaid days for alcohol and substance abuse rehabilitative care under category of service 35. To obtain Medicaid utilization levels in these instances, the Department shall utilize:

## A) Medicare/Medicaid Crossover Claims.

- i) For DSH determination years on or after October 1, 1996, the Department will utilize the Department's paid claims data adjudicated through the last day of June preceding the DSH determination year for each hospital's base fiscal year. Provider logs as described in the following subsection (c)(3)(A)(ii) will not be used in the determination process for DSH determination years on or after October 1, 1996.
- ii) For DSH determination years prior to October 1, 1996, hospitals may submit additional information to document Medicare/Medicaid crossover days that were not billed to the Department due to a determination that the Department had no liability for deductible or coinsurance amounts. That information must be submitted in log form. The log must include a patient account number or medical record number, patient name, Medicaid recipient identification number, Medicare identification number, date of admission, date of discharge, the number of covered days, and the total number of Medicare/Medicaid crossover days. That log must include all Medicare/Medicaid crossover days billed to the Department and all Medicare/Medicaid crossover days which were not billed to the Department for services provided during the hospital's base fiscal year. If a hospital does not submit a log of

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Medicare/Medicaid crossover days that meets the above requirements, the Department will utilize the Department's paid claims data adjudicated through the last day of June preceding the DSH determination year for the hospital's applicable base fiscal year.

- B) Out-of-state Title XIX Utilization Levels. Hospital statements and verification reports from other states will be required to verify out-of-state Medicaid recipient utilization levels. The information submitted must include only those days of care provided to out-of-state Medicaid recipients during the hospital's base fiscal year.
  - C) HMO days. The Department will utilize the Department's HMO claims data available to the Department as of the last day of June preceding the DSH determination year, or specific claim information from each HMO, for each hospital's base fiscal year to determine the number of inpatient days provided to recipients enrolled in an HMO.
  - D) Hospital Residing Long Term Care Days. The Department will utilize the Department's paid claims data adjudicated through the last day of June preceding the DSH determination year for each hospital's base fiscal year to determine the number of hospital residing long term care days provided to recipients.
  - E) Alcohol and Substance Abuse Days. The Department will utilize its paid claims data under category of service 35 available to the Department as of the last day of June preceding the DSH determination year for each hospital's base fiscal year to determine the number of inpatient days provided for alcohol and substance abuse rehabilitative care.
- d) Hospitals may apply for DSH status under subsection (a)(2) of this Section by submitting an audited certified financial statement, for the hospital's base fiscal year, to the Department of Human Services or the Department of Public Aid. The statements must contain the following breakdown of information prior to submittal to the Department for consideration:
- 1) Total hospital net revenue for all patient services, both inpatient and outpatient, for the hospital's base fiscal year.

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- 2) Total payments received directly from State and local governments for all patient services, both inpatient and outpatient, for the hospital's base fiscal year.
  - 3) Total gross inpatient hospital charges for charity care (this must not include contractual allowances, bad debt or discounts, except contractual allowances and discounts for Family and Children Assistance, formerly known as General Assistance), for the hospital's base fiscal year.
  - 4) Total amount of the hospital's gross charges for inpatient hospital services for the hospital's base fiscal year.
- e) With the exception of cost-reporting children's hospitals in contiguous states that provide 100 or more inpatient days of care to Illinois program participants, only those cost-reporting hospitals located in states contiguous to Illinois that qualify for DSH in the state in which they are located based upon the Federal definition of a DSH hospital, as defined in Section 1923(b)(1) of the Social Security Act, may qualify for DSH hospital adjustments under this Section. For purposes of determining the MIUR Medicaid inpatient utilization rate, as described in subsection ~~(k)(4)~~ ~~(k)(5)~~ of this Section and as required in Section 1923(b)(1) of the Social Security Act, out-of-state hospitals will be measured in relationship to one standard deviation above the mean Medicaid inpatient utilization rate in their state. Out-of-state hospitals that do not qualify by the MIUR Medicaid inpatient utilization rate from their state may submit an audited certified financial statement as described in subsection (d) of this Section. Payments to out-of-state hospitals will be allocated using the same method as described in subsection (g) of this Section.
- f) Time Limitation Requirements for Additional Information.
- 1) Except as provided in subsection (c)(1)(C), the information required in subsections (a), (c), (d) and (e) of this Section must be received or post marked no later than the first day of July preceding the DSH determination year for which the hospital is requesting consideration of such information for the determination of DSH qualification. Information required in subsections (a), (c), (d) and (e) of this Section which is not received or post marked in compliance with these limitations will not be considered for the determination of those hospitals qualified for DSH adjustments.
  - 2) The information required in subsection (b) of this Section must be submitted ~~received or post marked within 30 calendar days~~ after receipt of

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notification from the Department ~~that the information must be submitted.~~ Information required in this Section which is not received in compliance with these limitations will not be considered for the determination of those hospitals qualified for DSH adjustments.

- g) Inpatient Payment Adjustments to DSH Hospitals. The adjustment payments required by subsection (a) of this Section shall be calculated annually as follows:
- 1) Five Million Dollar Fund Adjustment for hospitals defined in Section 148.25(b)(1).
    - A) Hospitals qualifying as DSH hospitals under subsection (a)(1) or of this Section that have a Medicaid inpatient utilization rate, as described in subsection (k)(5) of this Section, which is at least one standard deviation above the mean Medicaid inpatient utilization rate, as described in subsection (k)(3) of this Section, and hospitals qualifying as DSH hospitals under subsection (a)(2) of this Section will receive an add-on payment to their inpatient rate.
    - B) The distribution method for the add-on payment described in subsection (g)(1)~~(A)~~ of this Section is based upon a fund of \$5 million. All hospitals qualifying under subsection (g)(1)(A) of this Section will receive a \$5 per day add-on to their current rate. The total cost of this adjustment is calculated by multiplying each hospital's most recent completed fiscal year Medicaid inpatient utilization data (adjusted based upon historical utilization and projected increases in utilization) by \$5. The total dollar amount of this calculation is then subtracted from the \$5 million fund.
    - C) The remaining fund balance is then distributed to the hospitals that qualify under subsection (a)(1) of this Section ~~that have a Medicaid inpatient utilization rate, as described in subsection (k)(5) of this Section, which is at least one standard deviation above the mean Medicaid inpatient utilization rate,~~ in proportion to the percentage by which the hospital's MIUR Medicaid inpatient utilization rate exceeds one standard deviation above the State's mean Medicaid inpatient utilization rate, as described in subsection (k)(3) of this Section. This is done by finding the ratio of each hospital's percent Medicaid utilization to the State's mean plus one standard deviation percent Medicaid value. These ratios are then summed

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and each hospital's proportion of the total is calculated. These proportional values are then multiplied by each hospital's most recent completed fiscal year Medicaid inpatient utilization data (adjusted based upon historical utilization and projected increases in utilization). These weighted values are summed and each hospital's proportion of the summed weighted value is calculated. Each individual hospital's proportional value is then multiplied against the \$5 million pool of money available after the \$5 per day base add-on has been subtracted.

- D) The total dollar amount calculated for each qualifying hospital under subsection (g)(1)(C) of this Section, plus the initial \$5 per day add-on amount calculated for each qualifying hospital under subsection (g)(1)(B) of this Section, is then divided by the Medicaid inpatient utilization data (adjusted based upon historical utilization and projected increases in utilization) to arrive at a per day add-on value. Hospitals qualifying under subsection (a)(2) of this Section, will receive the minimum adjustment of \$5 per inpatient day. The adjustments calculated under this subsection (g)(1)(D) are subject to the limitations described in subsection (j) of this Section. The adjustments calculated under subsection (g) of this Section shall be paid on a per diem basis and shall be applied to each covered day of care provided.

~~2) Medicaid Percentage Adjustment for hospitals defined in Section 148.25(b)(1), excluding hospitals defined in Section 148.25(b)(1)(A).~~

~~A) In addition to the adjustment methodology described in subsection (g)(1) of this Section, all DSH hospitals described in subsections (a)(1), (2), (3), (4), and (5) of this Section shall receive a payment adjustment which shall be calculated annually as outlined in subsection (g)(2)(B).~~

~~B) The payment adjustment shall be calculated based upon the hospital's Medicaid inpatient utilization rate, as defined in subsection (k)(5) of this Section, and subject to subsections (h) and (i) of this Section, as follows:~~

~~i) Hospitals with a Medicaid inpatient utilization rate below the mean Medicaid inpatient utilization rate shall receive a~~

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payment adjustment of \$25;

- ii) ~~Hospitals with a Medicaid inpatient utilization rate that is equal to or greater than the mean Medicaid inpatient utilization rate but less than one standard deviation above the mean Medicaid inpatient utilization rate shall receive a payment adjustment of \$25 plus \$1 for each one percent that the hospital's Medicaid inpatient utilization rate exceeds the mean Medicaid inpatient utilization rate;~~
  - iii) ~~Hospitals with a Medicaid inpatient utilization rate that is equal to or greater than one standard deviation above the mean Medicaid inpatient utilization rate but less than 1.5 standard deviations above the mean Medicaid inpatient utilization rate shall receive a payment adjustment of \$40 plus \$7 for each one percent that the hospital's Medicaid inpatient utilization rate exceeds one standard deviation above the mean Medicaid inpatient utilization rate; and~~
  - iv) ~~Hospitals with a Medicaid inpatient utilization rate that is equal to or greater than 1.5 standard deviations above the mean Medicaid inpatient utilization rate shall receive a payment adjustment of \$90 plus \$2 for each one percent that the hospital's Medicaid inpatient utilization rate exceeds 1.5 standard deviations above the mean Medicaid inpatient utilization rate.~~
- C) ~~For a hospital organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B), the amount calculated pursuant to subsection (g)(2)(B) of this Section shall be increased by \$60 per day.~~
- D) ~~The Medicaid percentage adjustment payment, calculated in accordance with this subsection (g)(2), to a hospital, other than a hospital and/or hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B), shall not exceed \$155 per day for a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), and shall not exceed \$215 per day for all other hospitals.~~

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- ~~E) — The amount calculated pursuant to subsections (g)(2)(B) through (g)(2)(D) of this Section shall be adjusted on October 1, 1993, and annually thereafter, by a percentage equal to the lesser of:~~
- ~~i) — The increase in the national hospital market basket price proxies (DRI) hospital cost index for the most recent 12 month period for which data are available; or~~
  - ~~ii) — The percentage increase in the statewide average hospital payment rate, as described in subsection (k)(8) of this Section, over the previous year's statewide average hospital payment rate.~~
- ~~F) — The amount calculated pursuant to subsection (g)(1) of this Section for hospitals described in Section 148.25(b)(1)(A) shall be no less than the DSH rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports. The per diem cost of inpatient hospital services is calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days. G) — The amount calculated pursuant to subsections (g)(1) and (g)(2)(B) through (g)(2)(E) of this Section, as adjusted pursuant to subsections (h) and (i) of this Section, shall be the inpatient payment adjustment in dollars for the applicable DSH determination year, subject to the limitations described in subsections (g)(2)(D) and (j) of this Section, and the adjustment described in subsection (g)(2)(F) of this Section. The adjustments calculated under subsections (g)(1) and (g)(2)(B) through (g)(2)(F) of this Section shall be paid on a per diem basis and shall be applied to each covered day of care provided.~~
- 2)3) Department of Human Services (DHS) State-Operated Facility Adjustment for hospitals defined in Section 148.25(b)(6). Department of Human Services State-operated facilities qualifying under subsection (a)(2) of this Section shall receive an adjustment for inpatient services provided on or after March 1, 1995. Effective October 1, 2000, the adjustment payment shall be calculated as follows:

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- A) The amount of the adjustment is based on a State DSH Pool. The State DSH Pool amount shall be the lesser of the federal DSH allotment for mental health facilities as determined in section 1923(h) of the Social Security Act, minus the estimated DSH payments to such facilities that are not operated by the State; or the result of subtracting the estimated DSH payment adjustments made under subsections (g)(1), (h) and (i) through ~~(g)(2)~~ of this Section and Section 148.170(f)(2) from the aggregate DSH payment allotment as provided for in section 1923(f) of the Social Security Act.
- B) The State DSH Pool amount is then allocated to hospitals defined in Section 148.25(b)(6) that qualify for DSH adjustments by multiplying the State DSH Pool amount by each hospital's ratio of uncompensated care costs, from the most recent final cost report, to the sum of all qualifying hospitals' uncompensated care costs.
- C) The adjustment calculated in subsection ~~(g)(2)(B)~~ ~~(g)(3)(B)~~ of this Section shall meet the limitation described in subsection (j)(4) of this Section.
- D) The adjustment calculated pursuant to subsection ~~(g)(2)(B)~~ ~~(g)(3)(B)~~ of this Section, for each hospital defined in Section 148.25(b)(6) that qualifies for DSH adjustments, is then divided by four to arrive at a quarterly adjustment. This amount is subject to the limitations described in subsection (j) of this Section. The adjustment described in this subsection ~~(g)(2)(D)~~ ~~(g)(3)(D)~~ shall be paid on a quarterly basis.

~~3)4)~~ Assistance for Certain Public Hospitals

- A) ~~The Effective May 1, 2002, the~~ Department may make an annual payment adjustment to qualifying hospitals in the DSH determination year. A qualifying hospital is a public hospital as defined in section 701(d) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (Public Law 106-554).
- B) Hospitals qualifying shall receive an annual payment adjustment that is equal to:

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- i) A rate amount equal to the amount specified in the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, section 701(d)(3)(B) for the DSH determination year;
  - ii) Divided first by Illinois' Federal Medical Assistance Percentage; and
  - iii) Divided secondly by the sum of the qualified hospitals' total Medicaid inpatient days, as defined in subsection (k)(4) ~~(k)(9)~~ of this Section; and
  - iv) Multiplied by each qualified hospital's Medicaid inpatient days as defined in subsection (k)(4) ~~(k)(9)~~ of this Section.
- C) ~~The payment adjustment under this subsection (g)(4) shall be made at least quarterly except for DSH rate year 2002 when the annual payment adjustment calculated under this subsection (g)(4), for each qualified hospital, will be divided by two and paid on a quarterly basis. For DSH rate years after DSH rate year 2002, the~~ The annual payment adjustment calculated under this subsection, for each qualified hospital, will be divided by four and paid on a quarterly basis.
- D) Payment adjustments under this subsection (g)(3) ~~(g)(4)~~ shall be made without regard to subsections (j)(3) and (4) of this Section, 42 CFR 447.272, or any standards promulgated by the Department of Health and Human Services pursuant to section 701(e) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000.
- E) In order to qualify for assistance payments under this subsection (g)(3) ~~(g)(4)~~, with regard to this payment adjustment, there must be in force an executed intergovernmental agreement between the authorized governmental body of the qualifying hospital and the Department.
- h) Hospitals Organized Under the University of Illinois Hospital Act. For a Hospital and/or hospitals organized under the University of Illinois Hospital Act, as defined in Section 148.25(b)(1)(B), the payment adjustments calculated under Section 148.122 shall be considered disproportionate share adjustments. ~~Inpatient~~

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~~Adjustor for Children's Hospitals. For a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), the payment adjustment calculated under subsection (g)(2) of this Section shall be multiplied by 2.0.~~

- i) ~~For county owned hospitals defined in Section 148.25(b)(1)(A), a portion of the payments made in accordance with Section 148.160(f)(3) and 148.295(c)(2)(H) may be considered disproportionate share adjustments. Inpatient Adjustor for Hospitals Organized under the University of Illinois Hospital Act. For a hospital and/or hospitals organized under the University of Illinois Hospital Act, as defined in Section 148.25(b)(1)(B), the payment adjustment calculated under subsection (g)(2) of this Section shall be multiplied by 1.50.~~
- j) DSH Adjustment Limitations.
  - 1) Hospitals that qualify for DSH adjustments under this Section shall not be eligible for the total DSH adjustment if, during the DSH determination year, the hospital discontinues provision of nonemergency obstetrical care. The provisions of this subsection (j)(1) shall not apply to those hospitals described in 89 Ill. Adm. Code 149.50(c)(1) through (c)(4) or those hospitals that have not offered nonemergency obstetric services as of December 22, 1987. In this instance, the adjustments calculated under ~~subsection~~ subsections (g)(1) and (g)(2) shall cease to be effective on the date that the hospital discontinued the provision of such nonemergency obstetrical care.
  - 2) Inpatient Payment Adjustments based upon DSH Determination Reviews. Appeals based upon a hospital's ineligibility for DSH payment adjustments, or their payment adjustment amounts, in accordance with Section 148.310(b), which result in a change in a hospital's eligibility for DSH payment adjustments or a change in a hospital's payment adjustment amounts, shall not affect the DSH status of any other hospital or the payment adjustment amount of any other hospital that has received notification from the Department of its eligibility for DSH payment adjustments based upon the requirements of this Section.
  - 3) DSH Payment Adjustment. In accordance with Public Law 102-234, if the aggregate DSH payment adjustments calculated under this Section do not meet the State's final DSH Allotment as determined by the Health Care Financing Administration (HCFA), DSH payment adjustments calculated under this Section shall be adjusted to meet the State DSH

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Allotment. This adjustment shall first be applied to DSH payments made under subsection ~~(g)(2)~~ ~~(g)(3)~~ of this Section. ~~If further adjustments are necessary, then DSH payments made under subsection (g)(2) of this Section shall be adjusted, with the DSH payments made under subsection (g)(1) of this Section being adjusted last.~~

- 4) Omnibus Budget Reconciliation Act of 1993 (OBRA'93) Adjustments. In accordance with Public Law 103-66, adjustments to individual hospitals' disproportionate share payments shall be made if the sum of estimated Medicaid payments (inpatient, outpatient, and disproportionate share) to a hospital exceed the costs of providing services to Medicaid clients and persons without insurance. Federal upper payment limit requirements (42 CFR 447.272) shall be considered when calculating the OBRA'93 adjustments. The adjustments shall reduce disproportionate share spending until the costs and spending (described in this subsection (j)(4)) are equal or until the disproportionate share payments are reduced to zero. In this calculation, persons without insurance costs do not include contractual allowances. Hospitals qualifying for DSH payment adjustments must submit the information required in Section 148.150.
- 5) Medicaid Inpatient Utilization Rate Limit. Hospitals that qualify for DSH payment adjustments under this Section shall not be eligible for DSH payment adjustments if the hospital's MIUR ~~Medicaid inpatient utilization rate~~, as defined in subsection ~~(k)(4)~~ ~~(k)(5)~~ of this Section, is less than one percent.
- k) Inpatient Payment Adjustment Definitions. The definitions of terms used with reference to calculation of the inpatient payment adjustments are as follows:
  - 1) "Base fiscal year" means, for example, the hospital's fiscal year ending in 2001 ~~1991~~ for the October 1, 2003 ~~1993~~ DSH determination year, the hospital's fiscal year ending in 2002 ~~1992~~ for the October 1, 2004 ~~1994~~ DSH determination year, etc.
  - 2) "DSH determination year" means the 12 month period beginning on October 1 of the year and ending September 30 of the following year.
  - 3) "Mean Medicaid inpatient utilization rate" means a fraction, the numerator of which is the total number of inpatient days provided in a given 12-month period by all Medicaid-participating Illinois hospitals to patients who, for such days, were eligible for Medicaid under Title XIX of the

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Federal Social Security Act (42 USC 1396a et seq.), and the denominator of which is the total number of inpatient days provided by those same hospitals. Title XIX specifically excludes days of care provided to Family and Children Assistance (formerly known as General Assistance) but does include the types of days described in subsections (c)(1) and (c)(2) of this Section. In this subsection (k)(3), the term "inpatient day" includes each day in which an individual (including a newborn) is an inpatient in the hospital whether or not the individual is in a specialized ward and whether or not the individual remains in the hospital for lack of suitable placement elsewhere.

~~4) "Mean Medicaid obstetrical inpatient utilization rate" means a fraction, the numerator of which is the total Medicaid (Title XIX) obstetrical inpatient days, as defined in subsection (k)(7) of this Section, provided by all Medicaid participating Illinois hospitals providing obstetrical services to patients who, for such days, were eligible for Medicaid under Title XIX of the Federal Social Security Act (42 USC 1396a et seq.), and the denominator of which is the total Medicaid (Title XIX) inpatient days, as defined in subsection (k)(9) of this Section, for all such hospitals. That information shall be derived from claims for applicable services provided in the Medicaid obstetrical inpatient utilization rate base year which were subsequently adjudicated by the Department through the last day of June preceding the DSH determination year and contained within the Department's paid claims data base.~~

~~4)5)~~ "Medicaid inpatient utilization rate" means a fraction, the numerator of which is the number of a hospital's inpatient days provided in a given 12 month period to patients who, for such days, were eligible for Medicaid under Title XIX of the Federal Social Security Act (42 USC 1396a et seq.) and the denominator of which is the total number of the hospital's inpatient days in that same period. Title XIX specifically excludes days of care provided to Family and Children Assistance (formerly known as General Assistance) but does include the types of days described in subsections (c)(1) and (c)(2) of this Section. In this subsection ~~(k)(4)~~ ~~(k)(5)~~, the term "inpatient day" includes each day in which an individual (including a newborn) is an inpatient in the hospital whether or not the individual is in a specialized ward and whether or not the individual remains in the hospital for lack of suitable placement elsewhere.

~~6) "Medicaid obstetrical inpatient utilization rate" means a fraction, the~~

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~~numerator of which is the Medicaid (Title XIX) obstetrical inpatient days, as defined in subsection (k)(7) of this Section, provided by a Medicaid-participating Illinois hospital providing obstetrical services to patients who, for such days, were eligible for Medicaid under Title XIX of the Federal Social Security Act (42 USC 1396a et seq.), and the denominator of which is the total Medicaid (Title XIX) inpatient days, as defined in subsection (k)(9) of this Section provided by such hospital. This information shall be derived from claims for applicable services provided in the Medicaid obstetrical inpatient utilization rate base year which were subsequently adjudicated by the Department through the last day of June preceding the DSH determination year and contained within the Department's paid claims data base.~~

- 7) ~~"Medicaid (Title XIX) obstetrical inpatient days" means hospital inpatient days which were subsequently adjudicated by the Department through the last day of June preceding the DSH determination year and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, with a Diagnosis Related Grouping (DRG) of 370 through 375, and specifically excludes Medicare/Medicaid crossover claims.~~
- 8) ~~"Statewide average hospital payment rate" means the hospital's alternative reimbursement rate, as defined in Section 148.270(a).~~
- 9) ~~"Total Medicaid (Title XIX) inpatient days", as referred to in subsections (k)(4) and (k)(6) of this Section, means hospital inpatient days, excluding days for normal newborns, which were subsequently adjudicated by the Department through the last day of June preceding the DSH determination year and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, and specifically excludes Medicare/Medicaid crossover claims.~~
- 10) ~~"Medicaid obstetrical inpatient utilization rate base year" means, for example, fiscal year 1992 for the October 1, 1993, DSH determination year; fiscal year 1993 for the October 1, 1994, DSH determination year, etc.~~

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

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The Department shall make an annual determination of those hospitals qualified for adjustments under this Section effective October 1, 2003, and each October 1 thereafter unless otherwise noted.

- a) Qualified Medicaid Percentage Hospitals. For inpatient services provided on or after October 1, 2003, the Department shall make adjustment payments to hospitals which are deemed as a Medicaid percentage hospital by the Department. A hospital may qualify for a Medicaid Percentage Adjustment in one of the following ways:
- 1) The hospital's Medicaid inpatient utilization rate (MIUR), as defined in Section 148.120(k)(4), is at least one half standard deviation above the mean Medicaid utilization rate, as defined in Section 148.120(k)(3).
  - 2) The hospital's low income utilization rate exceeds 25 per centum. For this alternative, payments for all patient services (not just inpatient) for Medicaid, Family and Children Assistance (formerly known as General Assistance) and/or any local or State government-funded care, must be counted as a percentage of all net patient service revenue. To this percentage, the percentage of total inpatient charges attributable to inpatient charges for charity care (less payments for Family and Children Assistance inpatient hospital services, and/or any local or State government-funded care) must be added.
  - 3) Illinois hospitals that, on July 1, 1991, had an MIUR, as defined in Section 148.120(k)(4), that was at least the mean Medicaid inpatient utilization rate, as defined in Section 148.120(k)(3), and that were located in a planning area with one-third or fewer excess beds as determined by the Illinois Health Facilities Planning Board (77 Ill. Adm. Code 1100), and that, as of June 30, 1992, were located in a federally designated Health Manpower Shortage Area (42 CFR 5 (1989)).
  - 4) Illinois hospitals that:
    - A) Have an MIUR, as defined in Section 148.120(k)(4), which is at least the mean Medicaid inpatient utilization rate, as defined in Section 148.120(k)(3); and
    - B) Have a Medicaid obstetrical inpatient utilization rate, as defined in subsection (h)(3) of this Section, that is at least one standard

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deviation above the mean Medicaid obstetrical inpatient utilization rate, as defined in subsection (h)(2) of this Section.

- 5) Any children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3).
- 6) Out of state hospitals meeting the criteria in Section 148.120 (e).
- b) In making the determination described in subsections (a)(1) and (a)(4)(A) of this Section, the Department shall utilize the data described in Section 148.120(c) and received in compliance with Section 148.120(f).
- c) Hospitals may apply to become a qualified Medicaid Percentage Adjustment hospital under subsection (a)(2) of this Section by submitting audited certified financial statements as described in Section 148.120(d) and received in compliance with Section 148.120(f).
- d) Medicaid Percentage Adjustments. The adjustment payments required by subsection (a) of this Section for qualified hospitals shall be calculated annually as follows for hospitals defined in Section 148.25(b)(1), excluding hospitals defined in Section 148.25(b)(1)(A).
  - 1) The payment adjustment shall be calculated based upon the hospital's MIUR, as defined in Section 148.120(k)(4), and subject to subsections (e) and (f) of this Section, as follows:
    - A) Hospitals with an MIUR below the mean Medicaid inpatient utilization rate shall receive a payment adjustment of \$25;
    - B) Hospitals with an MIUR that is equal to or greater than the mean Medicaid inpatient utilization rate but less than one standard deviation above the mean Medicaid inpatient utilization rate shall receive a payment adjustment of \$25 plus \$1 for each one percent that the hospital's MIUR exceeds the mean Medicaid inpatient utilization rate;
    - C) Hospitals with an MIUR that is equal to or greater than one standard deviation above the mean Medicaid inpatient utilization rate but less than 1.5 standard deviations above the mean Medicaid inpatient utilization rate shall receive a payment adjustment of \$40 plus \$7 for each one percent that the hospital's MIUR exceeds one

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standard deviation above the mean Medicaid inpatient utilization rate; and

D) Hospitals with an MIUR that is equal to or greater than 1.5 standard deviations above the mean Medicaid inpatient utilization rate shall receive a payment adjustment of \$90 plus \$2 for each one percent that the hospital's MIUR exceeds 1.5 standard deviations above the mean Medicaid inpatient utilization rate.

- 2) For a hospital organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B), the amount calculated pursuant to subsection (d)(1) of this Section shall be increased by \$60 per day.
- 3) The Medicaid Percentage Adjustment payment, calculated in accordance with this subsection (d), to a hospital, other than a hospital and/or hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B), shall not exceed \$155 per day for a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), and shall not exceed \$215 per day for all other hospitals.
- 4) The amount calculated pursuant to subsections (d)(1) through (d)(3) of this Section shall be adjusted by the aggregate annual increase in the national hospital market basket price proxies (DRI) hospital cost index from DSH determination year 1993, as defined in Section 148.120(k)(2), through DSH determination year 2003, and annually thereafter, by a percentage equal to the lesser of:
  - A) The increase in the national hospital market basket price proxies (DRI) hospital cost index for the most recent 12 month period for which data are available; or
  - B) The percentage increase in the Statewide average hospital payment rate, as described in subsection (h)(5) of this Section, over the previous year's Statewide average hospital payment rate.
- 5) The amount calculated pursuant to subsections (d)(1) through (d)(4) of this Section, as adjusted pursuant to subsections (e) and (f) of this Section, shall be the inpatient payment adjustment in dollars for the applicable Medicaid percentage determination year. The adjustments calculated under subsections (d)(1) through (d)(4) of this Section shall be paid on a per diem basis and shall be applied to each covered day of care provided.

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- e) Inpatient Adjustor for Children's Hospitals. For a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), the payment adjustment calculated under subsection (d) of this Section shall be multiplied by 2.0.
- f) Inpatient Adjustor for Hospitals Organized under the University of Illinois Hospital Act. For a hospital or hospitals organized under the University of Illinois Hospital Act, as defined in Section 148.25(b)(1)(B), the payment adjustment calculated under subsection (d) of this Section shall be multiplied by 1.50.
- g) Medicaid Percentage Adjustment Limitations.
- 1) In addition, to be deemed a Medicaid Percentage Adjustment hospital, a hospital must provide to the Department, in writing, the names of at least two obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to such services under a State Medicaid plan. In the case of a hospital located in a rural area (that is, an area outside of a Metropolitan Statistical Area, as defined by the Executive Office of Management and Budget), the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures. This requirement does not apply to a hospital in which the inpatients are predominantly individuals under 18 years of age, or does not offer nonemergency obstetric services as of December 22, 1987. Hospitals that do not offer nonemergency obstetrics to the general public, with the exception of those hospitals described in 89 Ill. Adm. Code 149.50(c)(1) through (c)(4), must submit a statement to that effect.
  - 2) Hospitals that qualify for Medicaid Percentage Adjustments under this Section shall not be eligible for the total Medicaid Percentage Adjustment if, during the Medicaid Percentage Adjustment determination year, the hospital discontinues provision of nonemergency obstetrical care. The provisions of this subsection shall not apply to those hospitals described in 89 Ill. Adm. Code 149.50(c)(1) through (c)(4) or those hospitals that have not offered nonemergency obstetric services as of December 22, 1987. In this instance, the adjustments calculated under subsection (d) shall cease to be effective on the date that the hospital discontinued the provision of such nonemergency obstetrical care.
  - 3) Appeals based upon a hospital's ineligibility for Medicaid Percentage

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payment adjustments, or their payment adjustment amounts, in accordance with Section 148.310(b), which result in a change in a hospital's eligibility for Medicaid Percentage payment adjustments or a change in a hospital's payment adjustment amounts, shall not affect the Medicaid Percentage status of any other hospital or the payment adjustment amount of any other hospital that has received notification from the Department of its eligibility for Medicaid Percentage payment adjustments based upon the requirements of this Section.

- 4) Medicaid Inpatient Utilization Rate Limit. Hospitals that qualify for Medicaid percentage payment adjustments under this Section shall not be eligible for Medicaid percentage payment adjustments if the hospital's MIUR, as defined in Section 148.120(k)(4), is less than one percent.

h) Inpatient Payment Adjustment Definitions. The definitions of terms used with reference to calculation of Inpatient Payment Adjustments are as follows:

- 1) "Medicaid Percentage determination year" means the 12 month period beginning on October 1 of the year and ending September 30 of the following year.
- 2) "Mean Medicaid obstetrical inpatient utilization rate" means a fraction, the numerator of which is the total Medicaid (Title XIX) obstetrical inpatient days, as defined in subsection (h)(4) of this Section, provided by all Medicaid-participating Illinois hospitals providing obstetrical services to patients who, for such days, were eligible for Medicaid under Title XIX of the Federal Social Security Act (42 USC 1396a), and the denominator of which is the total Medicaid inpatient days, as defined in subsection (h)(6) of this Section, for all such hospitals. That information shall be derived from claims for applicable services provided in the Medicaid obstetrical inpatient utilization rate base year which were subsequently adjudicated by the Department through the last day of June preceding the DSH determination year and contained within the Department's paid claims data base.
- 3) "Medicaid obstetrical inpatient utilization rate" means a fraction, the numerator of which is the Medicaid (Title XIX) obstetrical inpatient days, as defined in subsection (h)(4) of this Section, provided by a Medicaid-participating Illinois hospital providing obstetrical services to patients who, for such days, were eligible for Medicaid under Title XIX of

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the federal Social Security Act (42 USC 1396a), and the denominator of which is the total Medicaid (Title XIX) inpatient days, as defined in subsection (h)(6) of this Section, provided by such hospital. This information shall be derived from claims for applicable services provided in the Medicaid obstetrical inpatient utilization rate base year which were subsequently adjudicated by the Department through the last day of June preceding the Medicaid Percentage determination year and contained within the Department's paid claims data base.

- 4) "Medicaid (Title XIX) obstetrical inpatient days " means hospital inpatient days which were subsequently adjudicated by the Department through the last day of June preceding the Medicaid Percentage Adjustment determination year and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, with a Diagnosis Related Grouping (DRG) of 370 through 375, and specifically excludes Medicare/Medicaid crossover claims.
- 5) "Statewide average hospital payment rate" means the hospital's alternative reimbursement rate, as defined in Section 148.270(a).
- 6) "Total Medicaid (Title XIX) inpatient days", as referred to in subsections (h)(2) and (h)(3) of this Section, means hospital inpatient days, excluding days for normal newborns, which were subsequently adjudicated by the Department through the last day of June preceding the Medicaid Percentage determination year and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, and specifically excludes Medicare/Medicaid crossover claims.
- 7) "Medicaid obstetrical inpatient utilization rate base year" means, for example, fiscal year 2002 for the October 1, 2003, Medicaid Percentage Adjustment determination year; fiscal year 2003 for the October 1, 2004, Medicaid Percentage Adjustment determination year, etc.

(Source: Added at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

Section 148.290      Adjustments and Reductions to Total Payments

a)      Applicable Adjustments for DSH

The criteria and methodology for making applicable DSH adjustments to hospitals

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shall be in accordance with Section 148.120.

b) Outlier Adjustments

Outlier adjustments to payment amounts for medically necessary inpatient hospital services involving exceptionally high costs for certain individuals shall be made in accordance with Section 148.130 for hospitals that are exempt from the DRG PPS (see 89 Ill. Adm. Code 149).

c) County Trauma Center Adjustment (TCA). Illinois hospitals that, on the first day of July preceding the TCA rate period, are recognized as Level I or Level II trauma centers by the Illinois Department of Public Health, shall receive an adjustment that shall be calculated as follows:

- 1) The available funds from the Trauma Center Fund for each quarter shall be divided by each eligible hospital's (as defined in subsection (c)(4) of this Section) Medicaid trauma admissions in the same quarter of the TCA base period to determine the adjustment for the TCA rate period. The result of this calculation shall be the County TCA adjustment per Medicaid trauma admission for the applicable quarter.
- 2) The county trauma center adjustment payments shall not be treated as payments for hospital services under Title XIX of the Social Security Act for purposes of the calculation of the intergovernmental transfer provided for in Section 15-3(a) of the Public Aid Code.
- 3) The trauma center adjustments shall be paid to eligible hospitals on a quarterly basis.
- 4) Trauma Center Adjustment Limitations. Hospitals that qualify for trauma center adjustments under this subsection shall not be eligible for the total trauma center adjustment if, during the TCA rate period, the hospital is no longer recognized by the Illinois Department of Public Health, or the appropriate licensing agency, as a Level I or a Level II trauma center as required for the adjustment described in subsection (c) of this Section. In these instances, the adjustments calculated under this subsection shall be pro-rated, as applicable, based upon the date that such recognition ceased.
- 5) Trauma Center Adjustment Definitions. The definitions of terms used with reference to calculation of the trauma center adjustments required by subsection (c) are as follows:

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- A) "Available funds" means funds which have been deposited into the Trauma Center Fund, which have been distributed to the Department by the State Treasurer, and which have been appropriated by the Illinois General Assembly.
- B) "Medicaid trauma admission" means those claims billed as admissions, excluding admissions for normal newborns, which were subsequently adjudicated by the Department through the last day of June preceding the TCA rate period and contained within the Department's paid claims data base, with an ICD-9-CM principal diagnosis code of: 800.0 through 800.99, 801.0 through 801.99, 802.0 through 802.99, 803.0 through 803.99, 804.0 through 804.99, 805.0 through 805.98, 806.0 through 806.99, 807.0 through 807.69, 808.0 through 808.9, 809.0 through 809.1, 828.0 through 828.1, 839.0 through 839.3, 839.7 through 839.9, 850.0 through 850.9, 851.0 through 851.99, 852.0 through 852.59, 853.0 through 853.19, 854.0 through 854.19, 860.0 through 860.5, 861.0 through 861.32, 862.8, 863.0 through 863.99, 864.0 through 864.19, 865.0 through 865.19, 866.0 through 866.13, 867.0 through 867.9, 868.0 through 868.19, 869.0 through 869.1, 887.0 through 887.7, 896.0 through 896.3, 897.0 through 897.7, 900.0 through 900.9, 902.0 through 904.9, 925, 926.8, 929.0 through 929.99, 958.4, 958.5, 990 through 994.99. For those hospitals recognized as Level I trauma centers solely for pediatric trauma cases, Medicaid trauma admissions are only calculated for the claims billed as admissions, excluding admissions for normal newborns, which were subsequently adjudicated by the Department through the last day of June preceding the TCA rate period and contained within the Department's paid claims data base, with ICD-9-CM diagnoses within the above ranges for children under 18 years of age.
- C) "TCA base period" means State Fiscal Year 1991, for TCA payments calculated for the October 1, 1992 TCA rate period, State Fiscal Year 1992 for TCA payments calculated for the October 1, 1993, TCA rate period, etc.
- D) "TCA rate period" means, beginning October 1, 1992, the 12 month period beginning on October 1 of the year and ending September 30 of the following year.

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- E) "Trauma Center Fund" means the fund created for the purpose of distributing a portion of monies received by county circuit clerks for certain violations of laws or ordinances regulating the movement of traffic to Level I and Level II trauma centers located in the State of Illinois. The Trauma Center Fund shall also consist of all federal matching funds received by the Department as a result of expenditures made by the Department as required by subsection (c)(4) of this Section.
- d) Medicaid High Volume Adjustments (MHVA)
- 1) For inpatient admissions occurring on or after October 1, ~~1993~~ 2003, the Department shall make Medicaid High Volume Adjustments (MHVA) to hospitals that meet the following criteria:
- A) Be eligible to receive the adjustment payments described in Section ~~148.122~~ 148.120 in the MHVA rate period; and
- B) Not be a county-owned hospital, as described in Section 148.25 (b)(1)(A), or a hospital organized under the University of Illinois Hospital Act, as described in Section 148.25 (b)(1)(B) in the MHVA rate period; ~~and~~
- ~~C) Not be a facility operated by the Department of Human Services, as described in Section 148.25(b)(6).~~
- 2) Calculation of Medicaid High Volume Adjustments
- A) Hospitals meeting the criteria specified in subsection (d)(1) of this Section shall receive a MHVA payment adjustment of \$60.
- B) For children's hospitals, as defined in Section ~~148.122~~ 148.120 (a)(5), the payment adjustment calculated under subsection (d)(2)(A) of this Section shall be multiplied by 2.0.
- C) The amount calculated pursuant to subsections (d)(2)(A) and (d)(2)(B) of this Section shall be adjusted ~~on October 1, 1993, and annually thereafter, by a percentage equal to the lesser of:~~ by the aggregate annual increase in the national hospital market price proxies (DRI) hospital cost index from the MHVA rate period 1993, as defined in 148.290 (d)(4)(B), through the MHVA rate

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period 2003, and annually thereafter, by a percentage equal to the lesser of:

- i) The increase in the national hospital market basket price proxies (DRI) hospital cost index for the most recent 12 month period for which data are available; or
  - ii) The percentage increase in the statewide average hospital payment rate, as described in subsection (d)(4)(C) of this Section, over the previous year's statewide average hospital payment rate.
- D) The adjustments calculated under subsections (d)(2)(A) through (d)(2)(C) of this Section shall be paid on a per diem basis and shall be applied to each covered day of care provided.
- 3) **Medicaid High Volume Adjustment Limitations.** Hospitals that qualify for MHVA adjustments under subsections (d)(2)(A) through (d)(2)(C) of this Section shall not be eligible for such MHVA adjustments if they are no longer recognized or designated by the Department as a Medicaid Percentage Adjustment DSH hospital, as required by subsection (d)(1) of this Section. In this instance, the annual adjustment described in subsections (d)(2)(A) through (d)(2)(C) shall be pro-rated, as applicable, based upon the date that the hospital was deemed ineligible for Medicaid percentage adjustment payments DSH payments adjustments under Section 148.122 148.120, by the Department.
- 4) **Medicaid High Volume Adjustment Definitions.** The definitions of terms used with reference to calculation of the MHVA adjustments required by subsection (d) are as follows:
- A) "MHVA base fiscal year" means, for example, the hospital's fiscal year ending in 1991 for the October 1, 1993, MHVA determination year, the hospital's fiscal year ending in 1992 for the October 1, 1994, MHVA determination year, etc.
  - B) "MHVA rate period" means, beginning October 1, 1993, the 12 month period beginning on October 1 of the year and ending September 30 of the following year.

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- C) "Statewide Average Hospital Payment Rate" means the hospital's alternative reimbursement rate, as defined in Section 148.270(a).
- e) Inpatient Payment Adjustments based upon Reviews. Appeals based upon a hospital's ineligibility for the inpatient payment adjustments described in this Section, or their payment adjustment amounts, in accordance with Section 148.310, which result in a change in a hospital's eligibility for inpatient payment adjustments or a change in a hospital's payment adjustment amounts, shall not affect the inpatient payment adjustments of any other hospital or the payment adjustment amount of any other hospital that has received notification from the Department of their eligibility for inpatient payment adjustments based upon the requirements of this Section.
- f) Reductions to Total Payments
- 1) Copayments. Copayments are assessed under all medical programs administered by the Department except the Children and Family Assistance Program, formerly known as the General Assistance medical program, and shall be assessed in accordance with Section 148.190.
  - 2) Third Party Payments. Hospitals shall determine that services are not covered, in whole or in part, under any program or under any other private group indemnification or insurance program, health maintenance organization, workers compensation or the tort liability of any third party. To the extent that such coverage is available, the Department's payment obligation shall be reduced.

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

Section 148.295 Critical Hospital Adjustment Payments (CHAP)

Critical Hospital Adjustment Payments (CHAP) shall be made to all eligible hospitals excluding county-owned hospitals, as described in Section 148.25 (b)(1)(A), unless otherwise noted in this Section, and hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25 (b)(1)(B), for inpatient admissions occurring on or after July 1, 1998, in accordance with this Section.

- a) Trauma Center Adjustments (TCA)

The Department shall make a TCA to Illinois hospitals recognized, as of the first day of July in the CHAP rate period, as a Level I or Level II trauma center by the

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Illinois Department of Public Health (IDPH) in accordance with the provisions of subsections (a)(1) through (a)(3) of this Section.

- 1) Level I Trauma Center Adjustment.
  - A) Criteria. Illinois hospitals that, on the first day of July in the CHAP rate period, are recognized as a Level I trauma center by the Illinois Department of Public Health shall receive the Level I trauma center adjustment.
  - B) Adjustment. Illinois hospitals meeting the criteria specified in subsection (a)(1)(A) of this Section shall receive an adjustment as follows:
    - i) Hospitals with Medicaid trauma admissions equal to or greater than the mean Medicaid trauma admissions, for all hospitals qualifying under subsection (a)(1)(A) of this Section, shall receive an adjustment of \$21,365.00 per Medicaid trauma admission in the CHAP base period.
    - ii) Hospitals with Medicaid trauma admissions less than the mean Medicaid trauma admissions, for all hospitals qualifying under subsection (a)(1)(A) of this Section, shall receive an adjustment of \$14,165.00 per Medicaid trauma admission in the CHAP base period.
- 2) Level II Rural Trauma Center Adjustment. Illinois rural hospitals, as defined in Section 148.25(g)(3), that, on the first day of July in the CHAP rate period, are recognized as a Level II trauma center by the Illinois Department of Public Health shall receive an adjustment of \$11,565.00 per Medicaid trauma admission in the CHAP base period.
- 3) Level II Urban Trauma Center Adjustment. Illinois urban hospitals, as described in Section 148.25(g)(4), that, on the first day of July in the CHAP rate period, are recognized as Level II trauma centers by the Illinois Department of Public Health shall receive an adjustment of \$11,565.00 per Medicaid trauma admission in the CHAP base period, provided that such hospital meets the criteria described below:
  - A) The hospital is located in a county with no Level I trauma center; and

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- B) The hospital is located in a Health Professional Shortage Area (HPSA) (42 CFR 5), as of the first day of July in the CHAP rate period, and has a Medicaid trauma admission percentage at or above the mean of the individual facility values determined in subsection (a)(3) of this Section; or the hospital is not located in an HPSA and has a Medicaid trauma admission percentage that is at least the mean plus one standard deviation of the individual facility values determined in subsection (a)(3) of this Section.

b) Rehabilitation Hospital Adjustment (RHA)

Illinois hospitals that, on the first day of July in the CHAP rate period, qualify as rehabilitation hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(2), and that are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), shall receive a rehabilitation hospital adjustment in the CHAP rate period that consists of the following three components:

- 1) Treatment Component. All hospitals defined in subsection (b) of this Section shall receive \$4,215.00 per Medicaid Level I rehabilitation admission in the CHAP base period.
- 2) Facility Component. All hospitals defined in subsection (b) of this Section shall receive a facility component that shall be based upon the number of Medicaid Level I rehabilitation admissions in the CHAP base period as follows:
  - A) Hospitals with fewer than 60 Medicaid Level I rehabilitation admissions in the CHAP base period shall receive a facility component of \$229,360.00 in the CHAP rate period.
  - B) Hospitals with 60 or more Medicaid Level I rehabilitation admissions in the CHAP base period shall receive a facility component of \$527,528.00 in the CHAP rate period.
- 3) Health Professional Shortage Area Adjustment Component. Hospitals defined in subsection (b) of this Section, that are located in an HPSA on July 1, 1999, shall receive \$276.00 per Medicaid Level I rehabilitation inpatient day in the CHAP base period.

c) Direct Hospital Adjustment (DHA) Criteria

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## 1) Qualifying Criteria

Hospitals may qualify for the DHA under this subsection (c) under the following categories:

- A) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals and long term stay hospitals, all other hospitals located in Health Service Area (HSA) 6 that either:
  - i) were eligible for Direct Hospital Adjustments under the CHAP program as of July 1, 1999, and had a Medicaid inpatient utilization rate (MIUR) equal to or greater than the statewide mean in Illinois on July 1, 1999;
  - ii) were eligible under the Supplemental Critical Hospital Adjustment Payment (SCHAP) program as of July 1, 1999, and had an MIUR equal to or greater than the statewide mean in Illinois on July 1, 1999; or
  - iii) were county owned hospitals as defined in 89 Ill. Adm. Code 148.25(b)(1)(A), and had an MIUR equal to or greater than the statewide mean in Illinois on July 1, 1999.
- B) Illinois hospitals located outside of HSA 6 that had an MIUR greater than 60 percent on July 1, 1999, and an average length of stay less than ten days. The following hospitals are excluded from qualifying under this subsection (c)(1)(B): children's hospitals; psychiatric hospitals; rehabilitation hospitals; and long term stay hospitals.
- C) Children's hospitals, as defined under 89 Ill. Adm. Code 149.50(c)(3), on July 1, 1999.
- D) Illinois teaching hospitals, with more than 40 graduate medical education programs on July 1, 1999, not qualifying in subsections (c)(1)(A), (B), or (C) of this Section.
- E) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals, long term stay hospitals and hospitals qualifying in subsection

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(c)(1)(A),(B),(C) or (D) of this Section, all other hospitals located in Illinois that had an MIUR equal to or greater than the mean plus one-half standard deviation on July 1, 1999, and provided more than 15,000 Total days.

F) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals, long term stay hospitals and hospitals otherwise qualifying in subsection (c)(1)(A), (B), (C), (D), or (E) of this Section, all other hospitals that had an MIUR greater than 40 percent on July 1, 1999, and provided more than 7,500 Total days and provided obstetrical care as of July 1, 2001.

G) Illinois teaching hospitals with 25 or more graduate medical education programs on July 1, 1999, that are affiliated with a Regional Alzheimer's Disease Assistance Center as designated by the Alzheimer's Disease Assistance Act [410 ILCS 405/4 ], that have an MIUR less than 25 percent on July 1, 1999, and provided 75 or more Alzheimer days for patients diagnosed as having the disease.

H) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals, long term stay hospitals and hospitals otherwise qualifying in subsection (c)(1)(A) through (c)(1)(G) of this Section, all other hospitals that had an MIUR greater than 50 percent on July 1, 1999.

2) DHA Rates

A) For hospitals qualifying under subsection (c)(1)(A) of this Section, the DHA rates are as follows:

i) Hospitals that have a Combined MIUR that is equal to or greater than the Statewide mean Combined MIUR, but less than one standard deviation above the Statewide mean Combined MIUR, will receive \$69.00 per day for hospitals that do not provide obstetrical care and \$105.00 per day for hospitals that do provide obstetrical care.

ii) Hospitals that have a Combined MIUR that is equal to or

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greater than one standard deviation above the Statewide mean Combined MIUR, but less than one and one-half standard deviation above the Statewide mean Combined MIUR, will receive \$105.00 per day for hospitals that do not provide obstetrical care and \$142.00 per day for hospitals that do provide obstetrical care.

- iii) Hospitals that have a Combined MIUR that is equal to or greater than one and one-half standard deviation above the Statewide mean Combined MIUR, but less than two standard deviations above the Statewide mean Combined MIUR, will receive \$124.00 per day for hospitals that do not provide obstetrical care and \$160.00 per day for hospitals that do provide obstetrical care.
- iv) Hospitals that have a Combined MIUR that is equal to or greater than two standard deviations above the Statewide mean Combined MIUR will receive \$142.00 per day for hospitals that do not provide obstetrical care and \$179.00 per day for hospitals that do provide obstetrical care.

B) Hospitals qualifying under subsection (c)(1)(A) of this Section, will also receive the following rates:

- i) County owned hospitals as defined in Section 148.25 with more than 30,000 Total days will have their rate increased by \$455.00 per day.
- ii) Hospitals that are not county owned with more than 30,000 Total days will have their rate increased by \$330.00 per day.
- iii) Hospitals with more than 80,000 Total days will have their rate increased by an additional \$423.00 per day.
- iv) Hospitals with more than 4,500 Obstetrical days will have their rate increased by \$101.00 per day.
- v) Hospitals with more than 5,500 Obstetrical days will have their rate increased by an additional \$194.00 per day.

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- vi) Hospitals with an MIUR greater than 74 percent will have their rate increased by \$147.00 per day.
  - vii) Hospitals with an average length of stay less than 3.9 days will have their rate increased by \$41.00 per day.
  - viii) Hospitals with an MIUR greater than the statewide mean plus one standard deviation that are designated a Perinatal Level 2 Center and have one or more obstetrical graduate medical education programs as of July 1, 1999, will have their rate increased by \$227.00 per day.
  - ix) Hospitals receiving payments under subsection (c)(2)(A)(ii) of this Section that have an average length of stay less than four days will have their rate increased by \$110.00 per day.
  - x) Hospitals receiving payments under subsection (c)(2)(A)(ii) of this Section that have an MIUR greater than 60 percent will have their rate increased by \$202.00 per day.
  - xi) Hospitals receiving payments under subsection (c)(2)(A)(iv) of this Section that have an MIUR greater than 70 percent and have more than 20,000 days will have their rate increased by \$93.00 ~~\$11.00~~ per day.
- C) Hospitals qualifying under subsection (c)(1)(B) of this Section will receive the following rates:
- i) Qualifying hospitals will receive a rate of \$421.00 ~~\$303.00~~ per day.
  - ii) Qualifying hospitals with more than 1,500 Obstetrical days will have their rate increased by \$369.00 ~~\$262.00~~ per day.
- D) Hospitals qualifying under subsection (c)(1)(C) of this Section will receive the following rates:
- i) Hospitals will receive a rate of \$28.00 per day.
  - ii) Hospitals located in Illinois and outside of HSA 6 that have an MIUR greater than 60 percent will have their rate

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increased by \$55.00 per day.

- iii) Hospitals located in Illinois and inside HSA 6 that have an MIUR greater than 80 percent will have their rate increased by \$403.00 per day.
  - iv) Hospitals that are not located in Illinois that have an MIUR greater than 45 percent will have their rate increased by \$32.00 per day for hospitals that have fewer than 4,000 Total days; or \$246.00 per day for hospitals that have more than 4,000 Total days but fewer than 8,000 Total days; or \$178.00 per day for hospitals that have more than 8,000 Total days.
  - v) Hospitals with more than 3,200 Total admissions will have their rate increased by \$248.00 per day.
- E) Hospitals qualifying under subsection (c)(1)(D) of this Section will receive the following rates:
- i) Hospitals will receive a rate of \$41.00 per day.
  - ii) Hospitals with an MIUR between 18 percent and 19.75 percent will have their rate increased by an additional \$14.00 per day.
  - iii) Hospitals with an MIUR equal to or greater than 19.75 percent will have their rate increased by an additional \$87.00 per day.
  - iv) Hospitals with a combined MIUR that is equal to or greater than 35 percent will have their rate increased by an additional \$41.00 per day.
- F) Hospitals qualifying under subsection (c)(1)(E) of this Section will receive \$188.00 per day.
- G) Hospitals qualifying under subsection (c)(1)(F) of this Section will receive a rate of \$55.00 per day.

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- H) Hospitals that qualify under subsection (c)(1)(G) of this Section will receive the following rates:
- i) Hospitals with an MIUR greater than 19.75 percent will receive a rate of \$34.50 per day.
  - ii) Hospitals with an MIUR equal to or less than 19.75 percent will receive a rate of \$5.50 per day.
- I) Hospitals qualifying under subsection (c)(1)(H) of this Section will receive a rate of \$268.00 per day.
- J)H) Hospitals that qualify under subsection (c)(1)(A)(iii) of this Section will have their rates multiplied by a factor of two. The payments calculated under this Section to hospitals that qualify under subsection (c)(1)(A)(iii) of this Section may be adjusted by the Department to ensure compliance with aggregate and hospital specific federal payment limitations. A portion of the payments calculated under this Section may be classified as disproportionate share adjustments for hospitals qualifying under subsection (c)(1)(A)(iii) of this Section.
- 3) DHA Payments
- A) Payments under this subsection (c) will be made at least quarterly, beginning with the quarter ending December 31, 1999.
  - B) Payment rates will be multiplied by the Total days.
  - C) Total Payment Adjustments
    - i) For the CHAP rate period occurring in State fiscal year 2004 2003, total payments will equal the methodologies described in subsection (c)(2) of this Section. For the period October 1, 2003 2002, to June 30, 2004 2003, payment will equal the State fiscal year 2004 2003 amount less the amount the hospital received under DHA for the quarter ended September 30, 2003-2002.
    - ii) For CHAP rate periods occurring after State fiscal year 2004 2003, total payments will equal the methodologies

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described above.

d) Rural Critical Hospital Adjustment Payments (RCHAP)

RCHAP shall be made to rural hospitals, as described in 89 Ill. Adm. Code 140.80(j)(1), for certain inpatient admissions. The hospital qualifying under this subsection that has the highest number of Medicaid obstetrical care admissions during the CHAP base period shall receive \$367,179.00 per year. The Department shall also make an RCHAP to hospitals qualifying under this subsection at a rate that is the greater of:

- 1) the product of \$1,367.00 multiplied by the number of RCHAP Obstetrical Care Admissions in the CHAP base period, or
- 2) the product of \$138.00 multiplied by the number of RCHAP General Care Admissions in the CHAP base period.

e) Total CHAP Adjustments

Each eligible hospital's critical hospital adjustment payment shall equal the sum of the amounts described in subsections (a), (b), (c) and (d) of this Section. The critical hospital adjustment payments shall be paid at least quarterly.

f) Critical Hospital Adjustment Limitations

Hospitals that qualify for trauma center adjustments under subsection (a) of this Section shall not be eligible for the total trauma center adjustment if, during the CHAP rate period, the hospital is no longer recognized by the Illinois Department of Public Health as a Level I trauma center as required for the adjustment described in subsection (a)(1) of this Section, or a Level II trauma center as required for the adjustment described in subsection (a)(2) or (a)(3) of this Section. In these instances, the adjustments calculated shall be pro-rated, as applicable, based upon the date that such recognition ceased.

g) Critical Hospital Adjustment Payment Definitions

The definitions of terms used with reference to calculation of the CHAP required by this Section are as follows:

- 1) “Alzheimer days” means total paid days contained in the Department’s paid claims database with a ICD-9-CM diagnosis code of 331.0 for dates

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of service occurring in State fiscal year 2001 and adjudicated through June 30, 2002.

- 2)4) "CHAP base period" means State Fiscal Year 1994 for CHAP calculated for the July 1, 1995, CHAP rate period; State Fiscal Year 1995 for CHAP calculated for the July 1, 1996, CHAP rate period; etc.
- 3)2) "CHAP rate period" means, beginning July 1, 1995, the 12 month period beginning on July 1 of the year and ending June 30 of the following year.
- 4)3) "Combined MIUR" means the sum of Medicaid Inpatient Utilization Rate (MIUR) as of July 1, 1999, and as defined in Section 148.120(k)(5), plus the Medicaid obstetrical inpatient utilization rate, as described in Section 148.120(k)(6), as of July 1, 1999.
- 5)4) "Medicaid general care admission" means hospital inpatient admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, excluding admissions for normal newborns, Medicare/Medicaid crossover admissions, psychiatric and rehabilitation admissions.
- 6)5) "Medicaid Level I rehabilitation admissions" means those claims billed as Level I admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with an ICD-9-CM principal diagnosis code of: 054.3, 310.1 through 310.2, 320.1, 336.0 through 336.9, 344.0 through 344.2, 344.8 through 344.9, 348.1, 801.30, 803.10, 803.84, 806.0 through 806.19, 806.20 through 806.24, 806.26, 806.29 through 806.34, 806.36, 806.4 through 806.5, 851.06, 851.80, 853.05, 854.0 through 854.04, 854.06, 854.1 through 854.14, 854.16, 854.19, 905.0, 907.0, 907.2, 952.0 through 952.09, 952.10 through 952.16, 952.2, and V57.0 through V57.89, excluding admissions for normal newborns.
- 7)6) "Medicaid Level I rehabilitation inpatient day" means the days associated with the claims defined in subsection (g)(5) of this Section.
- 8)7) "Medicaid obstetrical care admission" means hospital inpatient admissions that were subsequently adjudicated by the Department through the last day

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of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of Social Security Act, with Diagnosis Related Grouping (DRG) of 370 through 375; and specifically excludes Medicare/Medicaid crossover claims.

- 9)8) "Medicaid trauma admission" means those claims billed as admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with an ICD-9-CM principal diagnosis code of: 800.0 through 800.99, 801.0 through 801.99, 802.0 through 802.99, 803.0 through 803.99, 804.0 through 804.99, 805.0 through 805.98, 806.0 through 806.99, 807.0 through 807.69, 808.0 through 808.9, 809.0 through 809.1, 828.0 through 828.1, 839.0 through 839.3, 839.7 through 839.9, 850.0 through 850.9, 851.0 through 851.99, 852.0 through 852.59, 853.0 through 853.19, 854.0 through 854.19, 860.0 through 860.5, 861.0 through 861.32, 862.8, 863.0 through 863.99, 864.0 through 864.19, 865.0 through 865.19, 866.0 through 866.13, 867.0 through 867.9, 868.0 through 868.19, 869.0 through 869.1, 887.0 through 887.7, 896.0 through 896.3, 897.0 through 897.7, 900.0 through 900.9, 902.0 through 904.9, 925, 926.8, 929.0 through 929.99, 958.4, 958.5, 990 through 994.99.
- 10)9) "Medicaid trauma admission percentage" means a fraction, the numerator of which is the hospital's Medicaid trauma admissions and the denominator of which is the total Medicaid trauma admissions in a given 12 month period for all Level II urban trauma centers.
- 11)10) "RCHAP general care admissions" means Medicaid General Care Admissions, as defined in subsection (g)(4) of this Section, less RCHAP Obstetrical Care Admissions, occurring in the CHAP base period.
- 12)11) "RCHAP obstetrical care admissions" means Medicaid Obstetrical Care Admissions, as defined in subsection (g)(7) of this Section, with a Diagnosis Related Grouping (DRG) of 370 through 375, occurring in the CHAP base period.
- 13)12) "Total admissions" means total paid admissions contained in the Department's paid claims database, including obstetrical admissions multiplied by two and excluding Medicare crossover admissions, for dates

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of service occurring in State fiscal year 1998 and adjudicated through June 30, 1999.

- ~~14)~~13) "Total days" means total paid days contained in the Department's paid claims database, including obstetrical days multiplied by two and excluding Medicare crossover days, for dates of service occurring in State fiscal year 1998 and adjudicated through June 30, 1999.
- ~~15)~~14) "Total obstetrical days" means hospital inpatient days for dates of service occurring in State fiscal year 1998 and adjudicated through June 30, 1999, with an ICD-9-CM principal diagnosis code of 640.0 through 648.9 with a 5th digit of 1 or 2; 650; 651.0 through 659.9 with a 5th digit of 1, 2, 3, or 4; 660.0 through 669.9 with a 5th digit of 1, 2, 3, or 4; 670.0 through 676.9 with a 5th digit of 1 or 2; V27 through V27.9; V30 through V39.9; or any ICD-9-CM principal diagnosis code that is accompanied with a surgery procedure code between 72 and 75.99; and specifically excludes Medicare/Medicaid crossover claims.

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

Section 148.310      Review Procedure

- a)      Inpatient Rate Reviews
- 1)      Hospitals shall be notified of their inpatient rate for the rate year and shall have an opportunity to request a review of any rate for errors in calculation made by the Department. Such a request must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its rates. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
  - 2)      Hospitals reimbursed in accordance with Sections 148.250 through 148.300 and 89 Ill. Adm. Code 149 with respect to per diem add-ons for capital may request that an adjustment be made to their base year costs to reflect significant changes in costs that have been mandated in order to meet State, federal or local health and safety standards, and that have occurred since the hospital's filing of the base year cost report. The allowable Medicare/Medicaid costs must be identified from the most recent audited cost report available. These costs must be significant, i.e., on a per unit basis, they must constitute one percent or more of the total

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allowable Medicaid/Medicare unit costs for the same time period. Appeals for base year cost adjustments must be submitted, in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its rates. Such request shall include a clear explanation of the cost change and documentation of the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

- b) Disproportionate Share (DSH) and Medicaid Percentage Adjustment (MPA) Determination Reviews
- 1) Hospitals shall be notified of their qualification for DSH and/or MPA payment adjustments and shall have an opportunity to request a review of the DSH and/or MPA add-on for errors in calculation made by the Department. Such a request must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its disproportionate share and/or Medicaid Percentage Adjustment qualification and add-on calculations. Such request shall include a clear explanation of the error and documentation of the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
  - 2) DSH and/or MPA determination reviews shall be limited to the following:
    - A) DSH and/or MPA Determination Criteria. The criteria for DSH determination shall be in accordance with Section 148.120. The criteria for MPA determination shall be in accordance with Section 148.122. Review shall be limited to verification that the Department utilized criteria in accordance with State regulations.
    - B) Medicaid Inpatient Utilization Rates.
      - i) Medicaid inpatient utilization rates shall be calculated pursuant to Section 1923 of the Social Security Act and as defined in Section 148.120(k)~~(4)(5)~~. Review shall be limited to verification that Medicaid inpatient utilization rates were calculated in accordance with federal and State regulations.

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- ii) Hospitals' Medicaid inpatient utilization rates, as defined in Section 148.120(k)~~(4)(5)~~, which have been derived from unaudited cost reports or HDSC forms, are not subject to the Review Procedure with the exception of errors in calculation by the Department. Pursuant to Section 148.120(c)(1)(B) and (c)(1)(C)(i) and (ii), hospitals shall have the opportunity to submit corrected information prior to the Department's final DSH and/or MPA determination.
- C) Low Income Utilization Rates. Low Income utilization rates shall be calculated in accordance with Section 1923 of the Social Security Act, ~~and~~ Section 148.120(a)(2) and (d), and Section 148.122(a)(2) and (c). Review shall be limited to verification that low income utilization rates were calculated in accordance with federal and State regulations.
- D) Federally Designated Health Manpower Shortage Areas (HMSAs). Illinois hospitals located in federally designated HMSAs shall be identified in accordance with 42 CFR 5 (1989) and Section 148.122(a)(3) ~~Section 148.120(a)(3)~~ based upon the methodologies utilized by, and the most current information available to, the Department from the federal Department of Health and Human Services as of June 30, 1992. Review shall be limited to hospitals in locations that have failed to obtain designation as federally designated HMSAs only when such a request for review is accompanied by documentation from the Department of Health and Human Services substantiating that the hospital was located in a federally designated HMSA as of June 30, 1992.
- E) Excess Beds. Excess bed information shall be determined in accordance with Public Act 86-268 (Section 148.122(a)(3) ~~148.120(a)(3)~~ and 77 Ill. Adm. Code 1100) based upon the methodologies utilized by, and the most current information available to, the Illinois Health Facilities Planning Board as of July 1, 1991. Reviews shall be limited to requests accompanied by documentation from the Illinois Health Facilities Planning Board substantiating that the information supplied to and utilized by the Department was incorrect.

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F) Medicaid Obstetrical Inpatient Utilization Rates. Medicaid obstetrical inpatient utilization rates shall be calculated in accordance with Section 148.122(a)(4), (h)(2), (h)(3) and (h)(4) ~~148.120(a)(4), (k)(4), (k)(6) and (k)(7)~~. Review shall be limited to verification that Medicaid obstetrical inpatient utilization rates were calculated in accordance with State regulations ~~Section 148.12~~.

c) Outlier Adjustment Reviews

The Department shall make outlier adjustments to payment amounts in accordance with 89 Ill. Adm. Code 149.105 or Section 148.130, whichever is applicable. Hospitals shall be notified of the specific information that shall be utilized in the determination of those services qualified for an outlier adjustment and shall have an opportunity to request a review of such specific information for errors in calculation made by the Department. Such a request must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of the specific information that shall be utilized in the determination of those services qualified for an outlier adjustment. Such request shall include a clear explanation of the error and documentation of the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

d) Cost Report Reviews

1) Cost reports are required from:

- A) All enrolled hospitals within the State of Illinois;
- B) All out-of-state hospitals providing 100 inpatient days of service per hospital fiscal year, to persons covered by the Illinois Medical Assistance Program; and
- C) All hospitals not located in Illinois that elect to be reimbursed under the methodology described in 89 Ill. Adm. Code 149 (the DRG PPS).

2) The completed cost statement with a copy of the hospital's Medicare cost report and audited financial statement must be submitted annually within 90 days after the close of the hospital's fiscal year. A one-time 30-day

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extension may be requested. Such a request for an extension shall be in writing and shall be received by the Department's Office of Health Finance prior to the end of the 90-day filing period. The Office of Health Finance shall audit the information shown on the Hospital Statement of Reimbursable Cost and Support Schedules. The audit shall be made in accordance with generally accepted auditing standards and shall include tests of the accounting and statistical records and applicable auditing procedures. Hospitals shall be notified of the results of the final audited cost report, which may contain adjustments and revisions that may have resulted from the audited Medicare Cost Report. Hospitals shall have the opportunity to request a review of the final audited cost report. Such a request must be received in writing by the Department within 45 days after the date of the Department's notice to the hospital of the results of the finalized audit. Such request shall include all items of documentation and analysis that support the request for review. No additional data shall be accepted after the 45 day period. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

- e) Trauma Center Adjustment Reviews
- 1) The Department shall make trauma care adjustments in accordance with Section 148.290(c). Hospitals shall have the right to appeal the trauma center adjustment calculations if it is believed that a technical error has been made in the calculation by the Department.
  - 2) Trauma level designation is obtained from the Illinois Department of Public Health as of the first day of July preceding the trauma center adjustment rate period. Review shall be limited to requests accompanied by documentation from the Illinois Department of Public Health, or the licensing agency in the state in which the hospital is located, substantiating that the information supplied to and utilized by the Department was incorrect.
  - 3) Appeals under this subsection (e) must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for trauma center adjustments and payment amounts. Such a request shall include a clear explanation of the reason for the appeal and documentation of the desired correction. The Department shall notify the hospital of the

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results of the review within 30 days after receipt of the hospital's request for review.

f) Medicaid High Volume Adjustment Reviews

The Department shall make Medicaid high volume adjustments in accordance with Section 148.290(d). Review shall be limited to verification that the Medicaid inpatient days were calculated in accordance with Section 148.120. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Medicaid high volume adjustments and payment amounts. Such a request shall include a clear explanation of the reason for the appeal and documentation of the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

g) Sole Community Hospital Designation Reviews

The Department shall make sole community hospital designations in accordance with 89 Ill. Adm. Code 149.125(b). Hospitals shall have the right to appeal the designation if the hospital believes that a technical error has been made in the determination. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notification of the designation. Such a request shall include a clear explanation of the reason for the appeal and documentation of the desired correction. The Department shall notify the hospital of the results of the review no later than 30 days after receipt of the hospital's request for review.

h) Geographic Designation Reviews

1) The Department shall make rural hospital designations in accordance with Section 148.25(g)(3). Hospitals shall have the right to appeal the designation if the hospital believes that a technical error has been made in the determination. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notification of the designation. Such a request shall include a clear explanation of the reason for the appeal and documentation of the desired correction. The Department shall notify the hospital of the results of the review no later than 30 days after receipt of the hospital's request for review.

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- 2) The Department shall make urban hospital designations in accordance with Section 148.25(g)(4). Hospitals shall have the right to appeal the designation if the hospital believes that a technical error has been made in the determination. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notification of the designation. Such a request shall include a clear explanation of the reason for the appeal and documentation of the desired correction. The Department shall notify the hospital of the results of the review no later than 30 days after receipt of the hospital's request for review.
- i) Critical Hospital Adjustment Payment (CHAP) Reviews
    - 1) The Department shall make CHAP in accordance with Section 148.295. Hospitals shall be notified in writing of the results of the CHAP determination and calculation, and shall have the right to appeal the CHAP calculation or their ineligibility for the CHAP if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for CHAP and payment adjustment amounts, or a letter of notification that the hospital does not qualify for the CHAP. Such a request shall include a clear explanation of the reason for the appeal and documentation of the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review. 2) CHAP determination reviews shall be limited to the following:
      - A) Federally Designated Health Professional Shortage Areas (HPSAs). Illinois hospitals located in federally designated HPSAs shall be identified in accordance with 42 CFR 5, and Section 148.295(a)(3)(B) and (b)(3) based upon the methodologies utilized by, and the most current information available to the Department from the federal Department of Health and Human Services as of the last day of June preceding the CHAP rate period. Review shall be limited to hospitals in locations that have failed to obtain designation as federally designated HPSAs only when such a request for review is accompanied by documentation from the Department of Health and Human Services substantiating that the

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hospital was located in a federally designated HPSA as of the last day of June preceding the CHAP rate period.

- B) Trauma level designation. Trauma level designation is obtained from the Illinois Department of Public Health as of the last day of June preceding the CHAP rate period. Review shall be limited to requests accompanied by documentation from the Illinois Department of Public Health, substantiating that the information supplied to and utilized by the Department was incorrect.
  - C) Accreditation of Rehabilitation Facilities. Accreditation of rehabilitation facilities shall be obtained from the Commission on Accreditation of Rehabilitation Facilities as of the last day of June preceding the CHAP rate period. Review shall be limited to requests accompanied by documentation from the Commission, substantiating that the information supplied to and utilized by the Department was incorrect.
  - D) Medicaid Inpatient Utilization Rates. Medicaid inpatient utilization rates shall be calculated pursuant to Section 1923 of the Social Security Act and as defined in Section 148.120(k)(5). Review shall be limited to verification that Medicaid inpatient utilization rates were calculated in accordance with federal and State regulations.
  - E) Graduate Medical Education Programs. Graduate Medical Education program information shall be obtained from the most recently published report of the American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral Training, or the American Dental Association Joint Commission on Dental Accreditation as of the last day of June preceding the CHAP rate period. Review shall be limited to requests accompanied by documentation from the above, substantiating that the information supplied to and utilized by the Department was incorrect.
- j) Tertiary Care Adjustment Payment Reviews. The Department shall make Tertiary Care Adjustment Payments in accordance with Section 148.296. Hospitals shall be notified in writing of the results of the Tertiary Care Adjustment Payments determination and calculation, and shall have the right to

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appeal the Tertiary Care Adjustment Payments calculation or their ineligibility for Tertiary Care Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Tertiary Care Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Tertiary Care Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

- k) Pediatric Outpatient Adjustment Payments. The Department shall make Pediatric Outpatient Adjustment payments in accordance with Section 148.297. Hospitals shall be notified in writing of the results of the determination and calculation, and shall have the right to appeal the calculation or their ineligibility for payments under Section 148.297 if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification under Section 148.297 and payment adjustment amounts, or a letter of notification that the hospital does not qualify for such payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- l) Pediatric Inpatient Adjustment Payments. The Department shall make Pediatric Inpatient Adjustment payments in accordance with Section 148.298. Hospitals shall be notified in writing of the results of the determination and calculation, and shall have the right to appeal the calculation or their ineligibility for payments under Section 148.298 if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification under Section 148.298 and payment adjustment amounts, or a letter of notification that the hospital does not qualify for such payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

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- m) Safety Net Adjustment Payment Reviews. The Department shall make Safety Net Adjustment Payments in accordance with Section 148.126. Hospitals shall be notified in writing of the results of the Safety Net Adjustment Payment determination and calculation, and shall have the right to appeal the Safety Net Adjustment Payment calculation or their ineligibility for Safety Net Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Safety Net Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Safety Net Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- n) Psychiatric Adjustment Payment. The Department shall make Psychiatric Adjustment Payments in accordance with Section 148.105. Hospitals shall be notified in writing of the results of the Psychiatric Adjustment Payments determination and calculation, and shall have a right to appeal the Psychiatric Adjustment Payments calculation or their ineligibility for Psychiatric Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department. The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Psychiatric Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Psychiatric Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- o) Rural Adjustment Payment. The Department shall make Rural Adjustment Payments in accordance with Section 148.115.
  - 1) Hospitals shall be notified in writing of the results of the Rural Adjustment Payments determination and calculation, and shall have a right to appeal the Rural Adjustment Payments calculation or their ineligibility for Rural Adjustment Payments if the hospital believes that a technical error has been made in the calculation by the Department.

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- 2) The designation of Critical Access Provider or Necessary Provider, which are qualifying criteria for Rural Adjustment Payments (see Section 148.115(a)), is obtained from the Illinois Department of Public Health (IDPH) as of the first day of July preceding the Rural Adjustment Payment rate period. Review shall be limited to requests accompanied by documentation from IDPH, substantiating that the information supplied to and utilized by the Department was incorrect.
- 3) The appeal must be submitted in writing to the Department and must be received or post marked within 30 days after the date of the Department's notice to the hospital of its qualification for Rural Adjustment Payments and payment adjustment amounts, or a letter of notification that the hospital does not qualify for Rural Adjustment Payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.
- p) For purposes of this Section, the term "post marked" means the date of processing by the United States Post Office or any independent carrier service.
- q) The review procedures provided for in this Section may not be used to submit any new or corrected information that was required to be submitted by a specific date in order to qualify for a payment or payment adjustment. In addition, only information that was submitted expressly for the purpose of qualifying for the payment or payment adjustment under review shall be considered by the Department. Information that has been submitted to the Department for other purposes will not be considered during the review process.

(Source: Amended at 27 Ill. \_\_\_\_\_, effective \_\_\_\_\_)

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NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Illinois Home Health Agency Code
- 2) Code Citation: 77 Ill. Adm. Code 245
- 3) Section Numbers:      Proposed Action:  
245.72                      Amendment
- 4) Statutory Authority: Home Health Agency Licensing Act [210 ILCS 55]
- 5) A complete description of the subjects and issues:

Section 245.72 implements the provisions of the Health Care Worker Background Check Act. The rules are being amended to make changes in the waiver review process, by which an individual convicted of a “disqualifying” crime receives a waiver from the Department that allows the individual to work in a direct care position in a health care facility. Minimum time frames are being added. Waivers will not be granted to individuals with certain convictions. Requirements that must be met by waiver applicants are being added. The rulemaking also adds examples of “other evidence” demonstrating the ability of the applicant or employee to perform the employment responsibilities competently and evidence that the applicant or employee does not pose a threat to the health or safety of residents. A provision is also being added whereby the Director may grant a waiver to an individual who does not meet these thresholds.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.

- 6) Will this rulemaking replace an emergency rule currently in effect?      No
- 7) Does this rulemaking contain an automatic repeal date?      No
- 8) Does this rulemaking contain any incorporations by reference?      No
- 9) Are there any other proposed amendments pending on this Part?      No
- 10) Statement of Statewide Policy Objectives: This rulemaking will not create or expand a State Mandate under the State Mandates Act [30 ILCS 805].
- 11) Time, place, and manner in which interested persons may comment on this rulemaking:

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Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the Illinois Register to:

Peggy Snyder  
Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson St., 5<sup>th</sup> Floor  
Springfield, Illinois 62761  
217/782-2043  
e-mail: rules@idph.state.il.us

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present its comments in writing to Peggy Snyder at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate its status as such, in writing, in its comments.

- 12) Initial Regulatory Flexibility Analysis:
- A) Type of small businesses, small municipalities and not-for-profit corporations affected: Home health agencies
  - 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 Amendments begins on the next page.

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## TITLE 77: PUBLIC HEALTH

## CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

## SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

## PART 245

## ILLINOIS HOME HEALTH AGENCY CODE

## SUBPART A: GENERAL PROVISIONS

Section	
245.10	Purpose
245.20	Definitions
245.25	Incorporated and Referenced Materials

## SUBPART B: OPERATIONAL REQUIREMENTS

Section	
245.30	Organization and Administration
245.40	Staffing and Staff Responsibilities
245.50	Services
245.60	Annual Financial Statement
245.70	Home Health Aide Training
245.72	Health Care Worker Background Check

## SUBPART C: LICENSURE PROCEDURES

Section	
245.80	Licensure Required
245.90	License Application
245.100	Provisional License
245.110	Inspections and Investigations
245.120	Violations
245.130	Adverse Licensure Actions
245.140	Penalties and Fines
245.150	Hearings

**AUTHORITY:** Implementing and authorized by the Home Health Agency Licensing Act [210 ILCS 55].

**SOURCE:** Adopted at 2 Ill. Reg. 31, p. 77, effective August 2, 1978; emergency amendment at 3 Ill. Reg. 38, p. 314, effective September 7, 1979, for a maximum of 150 days; amended at 3 Ill.

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Reg. 40, p. 153, effective October 6, 1979; emergency amendment at 4 Ill. Reg. 18, p. 129, effective April 21, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 40, p. 56, effective September 23, 1980; emergency amendment at 6 Ill. Reg. 5855, effective April 28, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11006, effective August 30, 1982; amended at 7 Ill. Reg. 13665, effective October 4, 1983; codified at 8 Ill. Reg. 16829; amended at 9 Ill. Reg. 4836, effective April 1, 1985; amended at 14 Ill. Reg. 2382, effective February 15, 1990; amended at 15 Ill. Reg. 5376, effective May 1, 1991; amended at 18 Ill. Reg. 2414, effective January 22, 1994; emergency amendments at 20 Ill. Reg. 488, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 3273, effective February 15, 1996; amended at 20 Ill. Reg. 10033, effective July 15, 1996; amended at 22 Ill. Reg. 3948, effective February 13, 1998; amended at 22 Ill. Reg. 22050, effective December 10, 1998; amended at 23 Ill. Reg. 1028, effective January 15, 1999; amended at 24 Ill. Reg. 17213, effective November 1, 2000; amended at 25 Ill. Reg. 6379, effective May 1, 2001; amended at 26 Ill. Reg. 11241, effective July 15, 2002; amended at 27 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART B: OPERATIONAL REQUIREMENTS

## Section 245.72 Health Care Worker Background Check

- a) The agency shall not *knowingly hire any individual in a position with duties involving direct care for patients* if that person *has been convicted of committing or attempting to commit one or more of the following offenses* (Section 25 of the Health Care Worker Background Check Act [225 ILCS 46/25]):
  - 1) Solicitation of murder, solicitation of murder for hire (Sections 8-1.1 and 8-1.2 of the Criminal Code of 1961 [720 ILCS 5/8-1.1 and 8-1.2] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 8-1.1 and 8-1.2));
  - 2) Murder, homicide, manslaughter or concealment of a homicidal death (Sections 9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2, and 9-3.3 of the Criminal Code of 1961 [720 ILCS 5/9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2 and 9-3.3] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2, and 9-3.3; Ill. Rev. Stat. 1985; ch. 38, par. 9-1.1; Ill. Rev. Stat. 1961, ch. 38, pars. 3, 236, 358, 360, 361, 362, 363, 364, 364a, 365, 370, 373, 373a, 417, and 474));
  - 3) Kidnaping or child abduction (Sections 10-1, 10-2, 10-5 and 10-7 of the Criminal Code of 1961 [720 ILCS 5/10-1, 10-2, 10-5, and 10-7] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 10-1, 10-2, 10-5, and 10-7; Ill. Rev. Stat. 1985, ch. 38, par. 10-6; Ill. Rev. Stat. 1961, ch. 38, pars. 384 to 386));

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- 4) Unlawful restraint or forcible detention (Sections 10-3, 10-3.1, and 10-4 of the Criminal Code of 1961 [720 ILCS 5/10-3, 10-3.1, and 10-4] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 10-3, 10-3.1, and 10-4; Ill. Rev. Stat. 1961, ch. 38, pars. 252, 252.1, and 252.4));
- 5) Indecent solicitation of a child, sexual exploitation of a child, exploitation of a child, child pornography (Sections 11-6, 11-9.1, 11-19.2, and 11-20.1 of the Criminal Code of 1961 [720 ILCS 5/11-6, 11-9.1, 11-19.2, and 11-20.1] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 11-6, 11-19.2, and 11-20.1; Ill. Rev. Stat. 1983, ch. 38, par. 11-20a; Ill. Rev. Stat. 1961, ch. 38, pars. 103 and 104));
- 6) Assault, battery, heinous battery, tampering with food, drugs or cosmetics, or infliction of great bodily harm (Sections 12-1, 12-2, 12-3, 12-3.1, 12-3.2, 12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.5, 12-4.6, and 12-4.7 of the Criminal Code of 1961 [720 ILCS 5/12-1, 12-2, 12-3, 12-3.1, 12-3.2, 12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.5, 12-4.6, and 12-4.7] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 12-1, 12-2, 12-3, 12-3.1, 12-3.2, 12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.5, 12-4.6, and 12-4.7; Ill. Rev. Stat. 1985, ch. 38, par. 9-1.1; Ill. Rev. Stat. 1961, ch. 38, pars. 55, 56, and 56a to 60b));
- 7) Aggravated stalking (Section 12-7.4 of the Criminal Code of 1961 [720 ILCS 5/12-7.4] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-7.4));
- 8) Home invasion (Section 12-11 of the Criminal Code of 1961 [720 ILCS 5/12-11] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-11));
- 9) Criminal sexual ~~Sexual~~ assault or criminal sexual abuse (Sections 12-13, 12-14, 12-14.1, 12-15, and 12-16 of the Criminal Code of 1961 [720 ILCS 5/12-13, 12-14, 12-14.1, 12-15, and 12-16] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 11-1, 11-2, 11-3, 11-4, 11-5, 12-13, 12-14, 12-15, and 12-16; Ill. Rev. Stat. 1985, ch. 38, pars. 11-1, 11-4, and 11-4.1; Ill. Rev. Stat. 1961, ch. 38, pars. 109, 141, 142, 490, and 491));
- 10) Abuse and ~~or~~ gross neglect of a long-term care facility resident (Section 12-19 of the Criminal Code of 1961 [720 ILCS 5/12-19] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-19));
- 11) Criminal abuse or neglect of an elderly or disabled person (Section 12-21 of the Criminal Code of 1961 [720 ILCS 5/12-21] (formerly Ill. Rev. Stat.

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1991, ch. 38, par. 12-21));

- 12) Endangering the life or health of a child (Section 12-21.6 of the Criminal Code of 1961 [720 ILCS 5/12-21.6] (formerly Ill. Rev. Stat. 1991, ch. 23, par. 2354; Ill. Rev. Stat. 1961, ch. 38, par. 95));
- 13) Ritual mutilation, ritualized abuse of a child (Sections 12-32 and 12-33 of the Criminal Code of 1961 [720 ILCS 5/12-32 and 12-33] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 12-32 and 12-33));
- 14) Theft, retail theft (Sections 16-1 and 16A-3 of the Criminal Code of 1961 [720 ILCS 5/16-1 and 16A-3] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 16-1 and 16A-3; Ill. Rev. Stat. 1961, ch. 38, pars. 62, 207 to 218, 240 to 244, 246, 253, 254.1, 258, 262, 262a, 273, 290, 291, 301a, 354, 387 to 388b, 389, 393 to 400, 404a to 404c, 438, 492 to 496));
- 15) Financial exploitation of an elderly ~~or disabled~~ person or a person with a disability (Section 16-1.3 of the Criminal Code of 1961 [720 ILCS 5/16-1.3] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 16-1.3));
- 16) Forgery (Section 17-3 of the Criminal Code of 1961 [720 ILCS 5/17-3] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 17-3; Ill. Rev. Stat. 1961, ch. 38, pars. 151 and 277 to 286));
- 17) Robbery, armed robbery (Sections 18-1 and 18-2 of the Criminal Code of 1961 [720 ILCS 5/18-1 and 18-2] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 18-1 and 18-2));
- 18) Vehicular hijacking, aggravated vehicular hijacking, aggravated robbery (Sections 18-3, 18-4, and 18-5 of the Criminal Code of 1961 [720 ILCS 5/18-3, 18-4, and 18-5]);
- 19) Burglary, residential burglary (Sections 19-1 and 19-3 of the Criminal Code of 1961 [720 ILCS 5/19-1 and 19-3] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 19-1 and 19-3; Ill. Rev. Stat. 1961, ch. 38, pars. 84 to 86, 88 and 501));
- 20) Criminal trespass to a residence (Section 19-4 of the Criminal Code of 1961 [720 ILCS 5/19-4] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 19-4));
- 21) Arson (Sections 20-1 and 20-1.1 of the Criminal Code of 1961 [720 ILCS

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- 5/20-1 and 20-1.1] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 20-1 and 20-1.1; Ill. Rev. Stat. 1961, ch. 38, Sections 48 to 53 and 236 to 238));
- 22) Unlawful use of weapons, aggravated discharge of a firearm, or reckless discharge of a firearm (Sections 24-1, 24-1.2 and 24-1.5 of the Criminal Code of 1961 [720 ILCS 5/24-1, 24-1.2, and 24-1.5] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 24-1 and 24-1.2; Ill. Rev. Stat. 1961, ch. 38, pars. 152, 152a, 155, 155a to 158b, 414a to 414c, 414e and 414g));
- 23) Armed violence - elements of the offense (Section 33A-2 of the Criminal Code of 1961 [720 ILCS 5/33A-2] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 33A-2));
- 24) Those provided in Section 4 of the Wrongs to Children Act (Section 4 of the Wrongs to Children Act [720 ILCS 150/4] (formerly Ill. Rev. Stat. 1991, ch. 23, par. 2354));
- 25) Cruelty to children (Section 53 of the Criminal Jurisprudence Act [720 ILCS 115/53] (formerly Ill. Rev. Stat. 1991, ch. 23, par. 2368));
- 26) Manufacture, delivery or trafficking of cannabis, delivery of cannabis on school grounds, ~~or~~ delivery to person under 18, violation by person under 18 (Sections 5, 5.1, 5.2, 7, and 9 of the Cannabis Control Act [720 ILCS 550/5, 5.1, 5.2, 7, and 9] (formerly Ill. Rev. Stat. 1991, ch. 56 1/2, pars. 705, 705.1, 705.2, 707 and 709)); or
- 27) Manufacture, delivery or trafficking of controlled substances (Sections 401, 401.1, 404, 405, 405.1, 407 and 407.1 of the Illinois Controlled Substances Act [720 ILCS 570/401, 401.1, 404, 405, 405.1, 407, and 407.1] (formerly Ill. Rev. Stat. 1991, ch. 56 1/2, pars. 1401, 1401.1, 1404, 1405, 1405.1, 1407, and 1407.1)).
- b) The agency shall not *knowingly employ or retain any individual in a position with duties involving direct care for patients* if that person *has been convicted of committing or attempting to commit one or more of the offenses listed in subsections (a)(1) to (27) of this Section unless the applicant, employee or employer obtains a waiver pursuant to subsections (m) and (o) of this Section.* (Section 25 of the Health Care Worker Background Check Act)
- c) The agency *shall not hire, employ, or retain any individual in a position with duties involving direct care of clients, patients, or residents if the agency becomes*

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*aware that the individual has been convicted in another state of committing or attempting to commit an offense that has the same or similar elements as an offense listed in subsections (a)(1) to (27) of this Section, as verified by court records, records from a State agency, or an FBI criminal history record check. This shall not be construed to mean that an agency has an obligation to conduct a criminal history records check in other states in which an employee has resided.* (Section 25(b) of the Act)

- d) For the purpose of this Section:
- 1) *"Applicant" means an individual seeking employment with an agency who has received a bona fide conditional offer of employment.*
  - 2) *"Conditional offer of employment" means a bona fide offer of employment by an agency to an applicant, which is contingent upon the receipt of a report from the Department of State Police indicating that the applicant does not have a record of conviction of any of the criminal offenses listed in subsections (a)(1) to (27) of this Section.*
  - 3) *"Direct care" means the provision of nursing care or assistance with feeding, dressing, movement, bathing, or other personal needs.*
  - 4) *"Initiate" means the obtaining of the authorization for a record check from a student, applicant, or employee. (Section 15 of the Health Care Worker Background Check Act)*
- e) For purposes of the Health Care Worker Background Check Act, the agency shall establish a policy defining which employees provide direct care. In making this determination the agency shall consider the following:
- 1) The employee's assigned job responsibilities as set forth in the employee's job description;
  - 2) Whether the employee is required to or has the opportunity to be alone with patients, with the exception of infrequent or unusual occasions;
  - 3) Whether the employee's responsibilities include physical contact with patients, for example to provide therapy or to draw blood.
- f) *Beginning January 1, 1996, when the agency makes a conditional offer of employment to an applicant who is not exempt under subsection (ws) of this*

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Section, *for a position with duties that involve direct care for patients, the employer must initiate or have initiated on its behalf a Uniform Conviction Information Act (UCIA) criminal history record check for that applicant.* (Section 30(c) of the Health Care Worker Background Check Act) If the applicant is on the Department's Nurse Aide Registry in good standing and has had a UCIA criminal history record check within the last 12 months, the employer need not initiate another check.

- g) *The facility shall transmit all necessary information and fees to the Illinois State Police within 10 working days after receipt of the authorization.* (Section 15 of the Health Care Worker Background Check Act)
- h) The agency may accept an authentic UCIA criminal history record check that has been conducted within the last 12 months rather than initiating a check as required in subsection (f) of this Section.
- i) *The request for a UCIA criminal history record check shall be made as prescribed by the Department of State Police. The applicant or employee must be notified of the following whenever a non-fingerprint-based UCIA criminal history record check is made:*
  - 1) *That the agency shall request or have requested on its behalf a non-fingerprint-based UCIA criminal history record check pursuant to the Health Care Worker Background Check Act.*
  - 2) *That the applicant or employee has a right to obtain a copy of the criminal records report from the agency, challenge the accuracy and completeness of the report, and request a waiver in accordance with ~~subsection (m)~~ of this Section.*
  - 3) *That the applicant, if hired conditionally, may be terminated if the non-fingerprint-based criminal records report indicates that the applicant has a record of conviction of any of the criminal offenses enumerated in subsections (a)(1) to (27) of this Section unless the applicant's identity is validated and it is determined that the applicant or employee does not have a disqualifying criminal history record based on a fingerprint-based records check pursuant to subsection (k) of this Section.*
  - 4) *That the applicant, if not hired conditionally, shall not be hired if the non-fingerprint-based criminal records report indicates that the applicant has a record of conviction of any of the criminal offenses enumerated in*

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subsections (a)(1) to (27) of this Section *unless the applicant's record is cleared based on a fingerprint-based records check pursuant to subsection (k) of this Section.*

- 5) *That the employee may be terminated if the criminal records report indicates that the employee has a record of conviction of any of the criminal offenses enumerated in subsections (a)(1) to (27) of this Section unless the employee's record is cleared based on a fingerprint-based records check pursuant to subsection (k) of this Section. (Section 30(e) and (f) of the Health Care Worker Background Check Act)*
- j) *An agency may conditionally employ an applicant to provide direct care for up to three months pending the results of a UCIA criminal history record check. (Section 30(g) of the Health Care Worker Background Check Act)*
- k) *An applicant or employee whose non-fingerprint-based UCIA criminal history record check indicates a conviction for committing or attempting to commit one or more of the offenses listed in subsections (a)(1) to (27) of this Section may request that the agency or its designee or the Department commence a fingerprint-based UCIA criminal records check by submitting any necessary fees and information in a form and manner prescribed by the Department of State Police. (Section 35 of the Health Care Worker Background Check Act)*
- l) *An agency having actual knowledge from a source other than a non-fingerprint check that an employee has been convicted of committing or attempting to commit one of the offenses enumerated in Section 25 of the Act must initiate a fingerprint-based background check within 10 working days ~~after~~ ~~of~~ acquiring that knowledge. The agency may continue to employ that individual in a direct care position, may reassign that individual to a non-direct care position, or may suspend the individual until the results of the fingerprint-based background check are received. (Section 30(d) of the Health Care Worker Background Check Act)*
- m) *An applicant, employee or employer may request a waiver to subsections (a), (b) or (c) of this Section by submitting the following to the Department within five working days after the receipt of the criminal records report :*
  - 1) *A completed fingerprint-based UCIA criminal records check form (Section 40(a) of the Health Care Worker Background Check Act) (which the Department will forward to the Department of Illinois State Police); and*

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- 2) A certified check, money order or agency check made payable to the Department of State Police for the amount of money necessary to initiate a fingerprint-based UCIA Criminal Records Check.
- n) *The Department may accept the results of the fingerprint-based UCIA criminal records check instead of the items required by subsections (m)(1) and (2) above.*
- o) An application for a waiver shall be denied unless the applicant meets the following requirements and submits documentation thereof with the waiver application:
- 1) Except in the instance of payment of court-imposed fines or restitution in which the applicant is adhering to a payment schedule, the applicant shall have met all obligations to the court and under terms of parole (i.e., probation has been successfully completed); and
  - 2) The applicant shall have satisfactorily completed a drug and/or alcohol recovery program, if drugs and/or alcohol were involved in the offense.
- p)⇒ The Department *may grant a waiver based on mitigating circumstances, which may include:*
- 1) *The age of the individual at which the crime was committed;*
  - 2) *The circumstances surrounding the crime;*
  - 3) *The length of time since the conviction;*
  - 4) *The applicant's or employee's criminal history since the conviction;*
  - 5) *The applicant's or employee's work history;*
  - 6) *The applicant's or employee's current employment references;*
  - 7) *The applicant's or employee's character references;*
  - 8) *Nurse Aide Registry records; and*
  - 9) *Other evidence demonstrating the ability of the applicant or employee to perform the employment responsibilities competently and evidence that the applicant or employee does not pose a threat to the health or safety of patients- , which may include, but is not limited to the applicant=s or*

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employee=s participation in a drug/alcohol rehabilitation program and continued involvement in recovery; the applicant=s or employee=s participation in anger management or domestic violence prevention programs; the applicant=s or employee=s status on nurse aide registries in other states; the applicant=s or employee=s criminal history in other states; or the applicant=s or employee=s successful completion of all outstanding obligations or responsibilities imposed by or to the court. (Section 40(b) of the Health Care Worker Background Check Act)

- q) Waivers will not be granted to individuals who have not met the following time frames. A Disqualifying@ refers to offenses listed in subsections (a)(1) to (27) of this Section:
- 1) Single disqualifying misdemeanor conviction - waiver consideration no earlier than one year after the conviction date;
  - 2) Two to three disqualifying misdemeanor convictions - waiver consideration no earlier than three years after the most recent conviction date;
  - 3) More than three disqualifying misdemeanor convictions - waiver consideration no earlier than five years after the most recent conviction date;
  - 4) Single disqualifying felony convictions - waiver consideration no earlier than three years after the conviction date;
  - 5) Two to three disqualifying felony convictions - waiver consideration no earlier than five years after the most recent conviction date;
  - 6) More than three disqualifying felony convictions - waiver consideration no earlier than ten years after the most recent conviction date.
- r) Waivers will not be granted to individuals who have been convicted of committing or attempting to commit one or more of the following offenses:
- 1) Solicitation of murder, solicitation of murder for hire (Sections 8-1.1 and 8-1.2 of the Criminal Code of 1961 [720 ILCS 5/8-1.1 and 8-1.2]);
  - 2) Murder, homicide, manslaughter, concealment of a homicidal death (Sections 9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2, and 9-3.3 of the Criminal

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Code of 1961 [720 ILCS 5/9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2, and 9-3.3]);

- 3) Kidnaping or aggravated kidnaping (Sections 10-1 and 10-2 of the Criminal Code of 1961 [720 ILCS 5/10-1 and 10-2]);
  - 4) Aggravated battery, heinous battery, or infliction of great bodily harm (Sections 12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.6, and 12-4.7 of the Criminal Code 1961 [720 ILCS 5/12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.6, and 12-4.7]);
  - 5) Criminal sexual assault or aggravated criminal sexual assault (Sections 12-13, 12-14, and 12-14.1 of the Criminal Code of 1961 [720 ILCS 5/12-13, 12-14, and 12-14.1 ]);
  - 6) Criminal sexual abuse or aggravated criminal sexual abuse (Sections 12-15 and 12-16 of the Criminal Code of 1961 [720 ILCS 5/12-15 and 12-16]);
  - 7) Abuse and gross neglect of a long-term care facility resident (Section 12-19 of the Criminal Code of 1961 [720 ILCS 5/12-19]);
  - 8) Criminal abuse or neglect of an elderly or disabled person (Section 12-21 of the Criminal Code of 1961 [720 ILCS 5/12-21]);
  - 9) Financial exploitation of an elderly person or a person with a disability (Section 16-1.3 of the Criminal Code of 1961 [720 ILCS 5/16-1.3]);
  - 10) Indecent solicitation of a child, sexual exploitation of a child, exploitation of a child, child pornography (Sections 11-6, 11-9.1, 11-19.2, and 11-20.1 of the Criminal Code of 1961 [720 ILCS 5/11-6, 11-9.1, 11-19.2, and 11-20.1]);
  - 11) Armed robbery (Section 18-2 of the Criminal Code of 1961 [720 ILCS 5/18-2]); and
  - 12) Aggravated vehicular hijacking, aggravated robbery (Sections 18-4 and 18-5 of the Criminal Code of 1961 [720 ILCS 5/18-4 and 18-5]).
- s) The Director of Public Health may grant a waiver to an individual who does not meet the requirements of subsection (o), (q), or (r), based on mitigating

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circumstances (see subsection (p)). (Section 40(b) of the Health Care Worker Background Check Act)

- ~~t)p~~ *An individual shall not be employed in a direct care position from the time that the employer receives the results of a non-fingerprint check containing disqualifying conditions until the time that the individual receives a waiver from the Department. If the individual challenges the results of the non-fingerprint check, the employer may continue to employ the individual in a direct care position if the individual presents convincing evidence to the employer that the non-fingerprint check is invalid. If the individual challenges the results of the non-fingerprint check, his or her identity shall be validated by a fingerprint-based records check in accordance with subsection (k) of this Section. (Section 40(d) of the Health Care Worker Background Check Act)*
- ~~u)q~~ *An agency is not obligated to employ or offer permanent employment to an applicant, or to retain an employee who is granted a waiver. (Section 40(f) of the Health Care Worker Background Check Act)*
- ~~v)r~~ *An agency may retain the individual in a direct care position if the individual presents clear and convincing evidence to the agency that the non-fingerprint-based criminal records report is invalid and if there is a good faith belief on the part of the employer that the individual did not commit an offense listed in subsections (a)(1) to (27) of this Section, pending positive verification through a fingerprint-based criminal records check. Such evidence may include, but not be limited to:*
- 1) certified court records;
  - 2) written verification from the State=s Attorney=s office that prosecuted the conviction at issue;
  - 3) written verification of employment during the time period during which the crime was committed or during the incarceration period stated in the report;
  - 4) a signed affidavit from the individual concerning the validity of the report;  
or
  - 5) documentation from a local law enforcement agency that the individual was not convicted of a disqualifying crime.

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~~w)s~~ This Section *shall not apply to:*

- 1) *An individual who is licensed by the Department of Professional Regulation or the Department of Public Health under another law of this State;*
- 2) *An individual employed or retained by a health care employer for whom a criminal background check is required by another law of this State; or*
- 3) *A student in a licensed health care field including, but not limited to, a student nurse, a physical therapy student, or a respiratory care student unless he or she is employed by a health care employer in a position with duties involving direct care for residents. (Section 20 of the Health Care Worker Background Check Act)*

~~x)t~~ *An employer need not initiate an additional criminal background check for an employee if the employer initiated a criminal background check for the employee after January 1, 1996 and prior to January 1, 1998. This subsection applies only to persons employed prior to January 1, 1998. Any person newly employed on or after January 1, 1998 must receive a background check as required by Section 30 of the Health Care Worker Background Check Act. (Section 25.1 of the Health Care Worker Background Check Act)*

~~y)u~~ The agency shall send a copy of the results of the UCIA criminal history record check to the State Nurse Aide Registry for those individuals who are on the Registry. The agency shall include the individual's Social Security number on the criminal history record check results.

~~z)v~~ *The agency shall retain on file for a period of 5 years, records of criminal records requests for all employees. The agency shall retain the results of the UCIA criminal history records check and waiver, if appropriate, for the duration of the individual's employment. The files shall be subject to inspection by the Department. A fine of \$500 shall be imposed for failure to maintain these records. (Section 50 of the Health Care Worker Background Check Act)*

~~aa)w~~ The agency shall maintain a copy of the employee's criminal history record check results and waiver, if applicable, in the personnel file or other secure location accessible to the Department.

(Source: Amended at 27 Ill Reg \_\_\_\_\_, effective \_\_\_\_\_)

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Skilled Nursing and Intermediate Care Facilities Code
- 2) Code Citation: 77 Ill. Adm. Code 300
- 3) Section Numbers:      Proposed Action:  
300.120                      Amendment
- 4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]
- 5) A complete description of the subjects and issues:

Section 300.120 (Application for License) is being amended to implement P.A. 93-0032, effective July 1, 2003, which amended Section 3-103 of the Nursing Home Care Act to increase licensing fees for long-term care facilities. The new fees are based on the licensed capacity of the facility. The legislation also eliminated the fee exemption for homes for the aged. Homes for the aged are defined in Section 300.330 as long term care facilities operated by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under, the General Not For Profit Corporation Act of 1986; or by a county; or pursuant to a trust or endowment established for nonprofit, charitable purposes. Section 3-110 of the Nursing Home Care Act allows the Department to prorate licensure fees based on the portion of the year for which a license is issued.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.

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

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Ill. Reg. Citation</u>
300.340	Amendment	27 Ill. Reg. 7597
300.661	Amendment	27 Ill. Reg. 4913
300.2820	Amendment	27 Ill. Reg. 7597

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENT

10) Statement of Statewide Policy Objectives: These amendments will affect licensees that are units of local government.

11) Time, place, and manner in which interested persons may comment on this rulemaking:

Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the Illinois Register to:

Peggy Snyder  
Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson St., 5<sup>th</sup> Floor  
Springfield, Illinois 62761  
217/782-2043  
e-mail: rules@idph.state.il.us

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present its comments in writing to Peggy Snyder at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate its status as such, in writing, in its comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of small businesses, small municipalities and not-for-profit corporations affected: skilled nursing and intermediate care 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 amendments were not included on either of the Department's most recent regulatory agendas because the need for the rulemaking was not apparent when the regulatory agendas were published.

The full text of the Proposed Amendments is the same as the text that appears in the Emergency Amendments published in this issue of the *Illinois Register* on page 14204.

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Sheltered Care Facilities Code
- 2) Code Citation: 77 Ill. Adm. Code 330
- 3) Section Numbers:      Proposed Action:  
330.120                      Amendment
- 4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]
- 5) A complete description of the subjects and issues:

Section 330.120 (Application for License) is being amended to implement P.A. 93-0032, effective July 1, 2003, which amended Section 3-103 of the Nursing Home Care Act to increase licensing fees for long-term care facilities. The new fees are based on the licensed capacity of the facility. The legislation also eliminated the fee exemption for homes for the aged. Homes for the aged are defined in Section 330.330 as long term care facilities operated by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under, the General Not For Profit Corporation Act of 1986; or by a county; or pursuant to a trust or endowment established for nonprofit, charitable purposes. Section 3-110 of the Nursing Home Care Act allows the Department to prorate licensure fees based on the portion of the year for which a license is issued.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.

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

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Ill. Reg. Citation</u>
330.340	Amendment	27 Ill. Reg. 7622
330.911	Amendment	27 Ill. Reg. 4956
330.3040	Amendment	27 Ill. Reg. 7622

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENT

10) Statement of Statewide Policy Objectives: These amendments will affect licensees that are units of local government.

11) Time, place, and manner in which interested persons may comment on this rulemaking:

Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the Illinois Register to:

Peggy Snyder  
Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson St., 5<sup>th</sup> Floor  
Springfield, Illinois 62761  
217/782-2043  
e-mail: rules@idph.state.il.us

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present its comments in writing to Peggy Snyder at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate its status as such, in writing, in its comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of small businesses, small municipalities and not-for-profit corporations affected: sheltered care 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 amendments were not included on either of the Department's most recent regulatory agendas because the need for the rulemaking was not apparent when the regulatory agendas were published.

The full text of the Proposed Amendments is the same as the text that appears in the Emergency Amendments published in this issue of the *Illinois Register* on page 14218.

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Illinois Veterans' Homes Code
- 2) Code Citation: 77 Ill. Adm. Code 340
- 3) Section Numbers:      Proposed Action:  
340.1120                      Amendment
- 4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]
- 5) A complete description of the subjects and issues:

Section 340.1120 (Application for License) is being amended to implement P.A. 93-0032, effective July 1, 2003, which amended Section 3-103 of the Nursing Home Care Act to increase licensing fees for long-term care facilities. The new fees are based on the licensed capacity of the facility. The legislation also eliminated the fee exemption for homes for the aged. Homes for the aged are defined in Section 340.330 as long term care facilities operated by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under, the General Not For Profit Corporation Act of 1986; or by a county; or pursuant to a trust or endowment established for nonprofit, charitable purposes. Section 3-110 of the Nursing Home Care Act allows the Department to prorate licensure fees based on the portion of the year for which a license is issued.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.

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

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Ill. Reg. Citation</u>
340.1010	Amendment	27 Ill. Reg. 7641
340.1377	Amendment	27 Ill. Reg. 4956

- 10) Statement of Statewide Policy Objectives: These amendments will affect licensees that

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are units of local government.

11) Time, place, and manner in which interested persons may comment on this rulemaking:

Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the Illinois Register to:

Peggy Snyder  
Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson St., 5<sup>th</sup> Floor  
Springfield, Illinois 62761  
217/782-2043  
e-mail: rules@idph.state.il.us

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present its comments in writing to Peggy Snyder at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate its status as such, in writing, in its comments.

12) Initial Regulatory Flexibility Analysis:

A) Type 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: These amendments were not included on either of the Department's most recent regulatory agendas because the need for the rulemaking was not apparent when the regulatory agendas were published.

The full text of the Proposed Amendments is the same as the text that appears in the Emergency Amendments published in this issue of the *Illinois Register* on page 14230.:

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Intermediate Care for the Developmentally Disabled Facilities Code
- 2) Code Citation: 77 Ill. Adm. Code 350
- 3) Section Numbers:      Proposed Action:  
350.120                      Amendment
- 4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]
- 5) A complete description of the subjects and issues:

Section 350.120 (Application for License) is being amended to implement P.A. 93-0032, effective July 1, 2003, which amended Section 3-103 of the Nursing Home Care Act to increase licensing fees for long-term care facilities. The new fees are based on the licensed capacity of the facility. The legislation also eliminated the fee exemption for homes for the aged. Homes for the aged are defined in Section 350.330 as long term care facilities operated by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under, the General Not For Profit Corporation Act of 1986; or by a county; or pursuant to a trust or endowment established for nonprofit, charitable purposes. Section 3-110 of the Nursing Home Care Act allows the Department to prorate licensure fees based on the portion of the year for which a license is issued.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.

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

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Ill. Reg. Citation</u>
350.340	Amendment	27 Ill. Reg. 7654
350.681	Amendment	27 Ill. Reg. 4973
350.2620	Amendment	27 Ill. Reg. 7654

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF PROPOSED AMENDMENT

10) Statement of Statewide Policy Objectives: These amendments will affect licensees that are units of local government.

11) Time, place, and manner in which interested persons may comment on this rulemaking:

Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the Illinois Register to:

Peggy Snyder  
Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson St., 5<sup>th</sup> Floor  
Springfield, Illinois 62761  
217/782-2043  
e-mail: rules@idph.state.il.us

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present its comments in writing to Peggy Snyder at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate its status as such, in writing, in its comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of small businesses, small municipalities and not-for-profit corporations affected: intermediate care facilities for the developmentally disabled

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 amendments were not included on either of the Department's most recent regulatory agendas because the need for the rulemaking was not apparent when the regulatory agendas were published.

The full text of the Proposed Amendments is the same as the text that appears in the Emergency Amendments published in this issue of the *Illinois Register* on page 14237.:

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Long-Term Care for Under Age 22 Facilities Code
- 2) Code Citation: 77 Ill. Adm. Code 390
- 3) Section Numbers:      Proposed Action:  
390.120                      Amendment
- 4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]
- 5) A complete description of the subjects and issues:

Section 390.120 (Application for License) is being amended to implement P.A. 93-0032, effective July 1, 2003, which amended Section 3-103 of the Nursing Home Care Act to increase licensing fees for long-term care facilities. The new fees are based on the licensed capacity of the facility. The legislation also eliminated the fee exemption for homes for the aged. Homes for the aged are defined in Section 390.330 as long term care facilities operated by a not-for-profit corporation incorporated under, or qualified as a foreign corporation under, the General Not For Profit Corporation Act of 1986; or by a county; or pursuant to a trust or endowment established for nonprofit, charitable purposes. Section 3-110 of the Nursing Home Care Act allows the Department to prorate licensure fees based on the portion of the year for which a license is issued.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.

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

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Ill. Reg. Citation</u>
390.340	Amendment	27 Ill. Reg. 7679
390.681	Amendment	27 Ill. Reg. 4995
390.2620	Amendment	27 Ill. Reg. 7679

DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF PROPOSED AMENDMENT

10) Statement of Statewide Policy Objectives: These amendments will affect licensees that are units of local government.

11) Time, place, and manner in which interested persons may comment on this rulemaking:

Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the Illinois Register to:

Peggy Snyder  
Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson St., 5<sup>th</sup> Floor  
Springfield, Illinois 62761  
217/782-2043  
e-mail: rules@idph.state.il.us

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present its comments in writing to Peggy Snyder at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate its status as such, in writing, in its comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of small businesses, small municipalities and not-for-profit corporations affected: long-term care facilities for under age 22

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 amendments were not included on either of the Department's most recent regulatory agendas because the need for the rulemaking was not apparent when the regulatory agendas were published.

The full text of the Proposed Amendments is the same as the text that appears in the Emergency Amendments published in this issue of the *Illinois Register* on page 14250.

## STATE POLICE MERIT BOARD

## NOTICE OF PROPOSED AMENDMENTS

- 1) The Heading of the Part: Procedures of the Department of State Police Merit Board
- 2) Code Citation: 80 Ill. Adm. Code 150
- 3) Section Numbers:      Proposed Action:  
150.665                      Amendment  
150.680                      Amendment
- 4) Statutory Authority: 20 ILCS 2610/13.
- 5) A Complete Description of the Subjects and Issues Involved:  
  
Sections 150.665 and 150.680 – These rule changes will allow the Hearing Officer sufficient time to respond to written arguments relating to the Finding of Facts, and will allow Board members sufficient time to make a decision once all arguments and comments have been filed.
- 6) Will these proposed amendments replace any Emergency Amendments currently in effect?              NO
- 7) Does this rulemaking contain an automatic repeal date:      \_\_\_\_\_ Yes        X   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:  
  
This rulemaking will not affect units of local government.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rule making: Interested persons may submit written comments within forty-five days after this issue of the Illinois Register to:  
  
Mr. James E. Seiber, Executive Director  
Department of State Police Merit Board  
3180 Adloff Lane, Suite 100  
Springfield, Illinois 62703  
217/786-6240
- 12) Initial Regulatory Flexibility Analysis:

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- A) Date rule was submitted to the Business Assistance office of the Department of Commerce and Community Affairs: None
  - B) Types of small businesses affected: None
  - C) Reporting, bookkeeping or other procedures required for compliance: None
  - D) Types of professional skills necessary for compliance: None
- 13) Regulatory Agenda on which this rulemaking was summarized:

This rule was not included on either of the 2 most recent Agendas because the Board has just recently voted on the changes.

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

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STATE POLICE MERIT BOARD

NOTICE OF PROPOSED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES  
SUBTITLE A: MERIT EMPLOYMENT SYSTEMS  
CHAPTER IV: DEPARTMENT OF STATE POLICE MERIT BOARD

PART 150  
PROCEDURES OF THE DEPARTMENT OF STATE POLICE MERIT BOARD

SUBPART A: DEFINITIONS

Section  
150.10 Definitions

SUBPART B: CERTIFICATION FOR APPOINTMENT

Section  
150.210 Qualifications  
150.220 Selection Procedures  
150.230 Recertification  
150.240 Probationary Period

SUBPART C: CLASSIFICATION OF RANKS

Section  
150.310 Ranks  
150.320 Interdivisional Transfers

SUBPART D: CERTIFICATION FOR PROMOTION

Section  
150.410 Board Responsibilities  
150.420 Eligibility  
150.430 Procedures  
150.440 Promotion Probationary Period (Repealed)

SUBPART E: DISCIPLINARY ACTION

Section  
150.510 Merit Board Jurisdiction  
150.520 Discipline Afforded the Deputy Director  
150.530 Notification to Suspended Officer  
150.540 Petition for Review

## STATE POLICE MERIT BOARD

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- 150.550 Form and Content of Petition for Review
- 150.560 Filing Procedures
- 150.565 Procedure for Processing Petition for Review
- 150.570 Director's Review
- 150.575 Discipline Afforded the Director
- 150.580 Complaint Procedures
- 150.585 Scheduling the Hearing
- 150.590 Notification to Officer

## SUBPART F: HEARINGS

## Section

- 150.610 Board Docket
- 150.620 Hearing Officer
- 150.630 Pre-hearing Conferences
- 150.640 Motions
- 150.650 Subpoenas
- 150.655 Request for Witnesses or Documents
- 150.660 Evidence Depositions
- 150.665 Hearing Procedures
- 150.670 Continuances and Extensions of Time
- 150.675 Computation of Time
- 150.680 Decisions of the Board
- 150.685 Service and Form of Papers
- 150.APPENDIX A Vision Standards (Repealed)
- 150.APPENDIX B Physical Fitness Standards

AUTHORITY: Implementing Sections 3 through 14 and authorized by Section 8 of the State Police Act [20 ILCS 2610/3 through 14].

SOURCE: Emergency rule adopted at 2 Ill. Reg. 10, p. 206, effective February 24, 1978, for a maximum of 150 days; emergency amendment at 2 Ill. Reg. 32, p. 37, effective July 27, 1978, for a maximum of 150 days; emergency amendments at 2 Ill. Reg. 51, p. 100, effective December 7, 1978, for a maximum of 150 days; adopted at 2 Ill. Reg. 52, p. 422, effective December 25, 1978; amended at 3 Ill. Reg. 47, p. 86, effective November 12, 1979; emergency amendment at 4 Ill. Reg. 6, p. 284, effective February 1, 1980, for a maximum of 150 days; amended at 5 Ill. Reg. 2739, effective March 2, 1981; amended at 6 Ill. Reg. 10954, effective August 31, 1982; codified at 7 Ill. Reg. 9900; amended at 7 Ill. Reg. 15018, effective November 2, 1983; emergency amendment at 8 Ill. Reg. 379, effective December 27, 1983, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 3038, effective February 23, 1984, for a

## STATE POLICE MERIT BOARD

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maximum of 150 days; amended at 8 Ill. Reg. 7894, effective May 23, 1984; amended at 9 Ill. Reg. 3721, effective March 13, 1985; amended at 9 Ill. Reg. 14328, effective September 6, 1985; recodified from the Department of Law Enforcement Merit Board to the Department of State Police Merit Board pursuant to Executive Order 85-3, effective July 1, 1985, at 10 Ill. Reg. 3283; amended at 10 Ill. Reg. 17752, effective October 1, 1986; amended at 11 Ill. Reg. 7760, effective April 14, 1987; amended at 11 Ill. Reg. 18303, effective October 26, 1987; amended at 12 Ill. Reg. 1118, effective December 24, 1987; amended at 12 Ill. Reg. 10736, effective June 13, 1988; amended at 13 Ill. Reg. 5201, effective April 3, 1989; emergency amendment at 13 Ill. Reg. 16607, effective September 29, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 19592, effective December 1, 1989; amended at 14 Ill. Reg. 3679, effective February 23, 1990; amended at 15 Ill. Reg. 11007, effective July 15, 1991; amended at 16 Ill. Reg. 11835, effective July 13, 1992; emergency amendment at 16 Ill. Reg. 17372, effective October 29, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 9716, effective June 10, 1993; expedited correction at 17 Ill. Reg. 14684, effective June 10, 1993; amended at 17 Ill. Reg. 21079, effective November 22, 1993; amended at 19 Ill. Reg. 6679, effective May 1, 1995; amended at 19 Ill. Reg. 7970, effective June 1, 1995; amended at 20 Ill. Reg. 404, effective December 22, 1995; emergency amendment at 20 Ill. Reg. 8062, effective June 4, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 13663, effective October 3, 1996; amended at 20 Ill. Reg. 14640, effective October 25, 1996; amended at 21 Ill. Reg. 14262, effective October 17, 1997; amended at 22 Ill. Reg. 5092, effective February 26, 1998; amended 22 Ill. Reg. 18076, effective September 28, 1998; amended at 24 Ill. Reg. 1276, effective January 5, 2000; emergency amendment at 24 Ill. Reg. 16103, effective October 12, 2000, for a maximum of 150 days; emergency expired March 11, 2001; amended at 25 Ill. Reg. 10853, effective August 10, 2001; amended at 26 Ill. Reg. 9968, effective June 19, 2002.

## SUBPART E: DISCIPLINARY ACTION

## Section 150.665 Hearing Procedures

- a) All hearings shall be public.
- b) At the time and place of the hearing, both the Director and sworn officer may be represented by counsel if they so desire.
- c) All proceedings before the Board during the conduct of the hearing shall be recorded by a reporter to be employed by the Board.
- d) The records of all hearings will not be transcribed by the reporter unless requested by the Board or any party of interest. All transcripts shall be paid for by the requesting party.

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- e) All witnesses shall be sworn prior to testifying.
- f) The matter will be decided by the Board on evidence presented at the hearing. The department shall be required to prove its case by preponderance of evidence.
- g) Each party may make an opening statement after which the Department will present its case. Thereafter, the officer may present and examine those witnesses the officer desires the Board to hear. All parties shall have the right to cross-examine witnesses presented by the opposite party.
- h) A copy of any rules and regulations certified by the Director or Deputy Director shall be received in evidence with the same effect as the original.
- i) In the hearing of any case, any party or his agent may be called and examined as if under cross-examination at the instance of any adverse party. The party calling for the examination is not concluded thereby, but may rebut the testimony thus given by counter-testimony and may impeach the witness by proof of prior inconsistent statements.
- j) If the Hearing Officer determines that a witness is hostile or unwilling, the witness may be examined by the party calling him as if under cross-examination. The party calling an occurrence witness may, upon showing that he called the witness in good faith but is surprised by his testimony, impeach the witness by proof of prior inconsistent statements.
- k) A proposal for decision by the Hearing Officer shall be mailed to the Board and the parties within 45 days after completion after hearing on the Complaint or Petition for Review. The parties may then file with the Board written comments or arguments within 15 days after receipt of the proposed findings. The filing of the parties' written comments or arguments shall be in accordance with Section 150.685 of this Part with a copy being mailed to the Hearing Officer. The Hearing Officer may then file a response to the comments or arguments of the parties within 15 days of receipt of any comments or arguments of the parties.

(Source: Amended at 26 Ill. Reg. 9968, effective June 19, 2002)

#### Section 150.680 Decisions of the Board

All decisions of the Board as to guilt or innocence will be announced within 30 days after receipt of the Hearing Officer's proposal for decision, or within 30 days of the Hearing Officer's response to the parties' comments or arguments, whichever is later, as outlined below:

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- a) After the hearing on a Complaint, the Board shall render a written decision outlining the findings of fact upon which the decision is based and mail it by either registered or certified mail, return receipt requested, to the officer charged. A copy of said decision shall be mailed to the Director. The decision will find the officer guilty, if the charges are established by a preponderance of the evidence, or not guilty. If the Board finds the officer guilty of any or all of the accusations included in the Complaint, the Board will promptly order the officer's discharge, demotion, or a suspension for a period of not more than 180 days, or recommend participation in a rehabilitative program, including but not limited to the State Employees Assistance Program, whichever in the opinion of the Board is most applicable. If the officer is found not guilty or has served a period of suspension greater than prescribed by the Board, the Board shall order that the officer receive compensation for the period involved. The award of compensation shall include interest at the rate of 7% per annum. This determination will be based on the final decision of the Board, the officer, and legal counsel after reviewing all pertinent information including, but not limited to, monies due to the state or to third parties involved in the charges, and income earned or received by the officer during the period involved. Officers are required to disclose any income earned or received (e.g., public assistance or unemployment compensation) during the period involved.
- b) After the hearing on a Petition for Review, the Board will render a written decision outlining the facts upon which the decision is based, and mail it by either registered or certified mail, return receipt requested, to the officer filing the Petition. A copy of said decision shall be mailed to the Director. The decision will find the officer guilty, if the contents of the Notice of Suspension are established by a preponderance of the evidence, or not guilty. If the Board finds the officer guilty of any or all of the contents of the Notice of Suspension, the Board may sustain, reduce, or reverse the action of the Director or Deputy Director; and in the event of reversal or reduction, the Board shall order that the officer receive the pay for the appropriate period involved. The award of compensation shall include interest at the rate of 7% per annum. The Board may not increase the extent of disciplinary measures upon appeal of a suspension of up to 30 days. Such decision shall be supported by a statement of findings of fact. A copy of said decision shall be mailed to the attorneys of record, the Director and the Deputy Director that initiated the action.
- c) The Director shall carry out the order of the Board, and if the accused officer refuses to abide by the order, the Director shall remove the officer forthwith.

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**STATE POLICE MERIT BOARD****NOTICE OF PROPOSED AMENDMENTS**

- d) If the Board finds that a party has made allegations or denials without reasonable cause or has engaged in frivolous litigation for the purpose of delay or needless increase in the cost of litigation, it may order that party to pay the other party's reasonable expenses, including costs and reasonable attorney's fees.

(Source: Amended at 26 Ill. Reg. 9968, effective June 19, 2002)

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- 1) Heading of the Part: Home Inspector License Act
- 2) Code Citation: 68 Ill. Adm. Code 1410
- 3) Section Numbers:                      Adopted Action:  
1410.200                                      Amended  
1410.260                                      Amended  
1410.300                                      Amended  
1410.500                                      Amended  
1410.520                                      Amended
- 4) Statutory Authority: Implementing and authorized by the Home Inspector License Act [225 ILCS 441].
- 5) Effective Date of Rule: August 15, 2003
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rule contain incorporations by reference? Yes
- 8) A copy of the adopted rule is on file in the Office of Banks and Real Estate's principal office and is available for public inspection.
- 9) Notice(s) of Proposal Published in Illinois Register:  
Volume 27, Issue 14 Ill. Reg. 5574 on April 4, 2003.
- 10) Has JCAR issued a Statement of Objections to this rule? If answer is "yes," please complete the following: No
- 11) Difference(s) 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 this rule replace an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rule:

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The purpose of the rule is to correct oversights which include: Standards of Practice, Disclosure of a Conflict of Interest, Grounds for Discipline, Education Provider Application; Requirements, and Pre-License Course Curriculum.

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

Jeff Riley  
Legislative Liaison  
Office of Banks and Real Estate  
500 E. Monroe Street  
Springfield, IL 62701  
217/782-6167

The full text of the adopted rule begins on the next page:

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TITLE 68: PROFESSIONS AND OCCUPATIONS  
CHAPTER VIII: OFFICE OF BANKS AND REAL ESTATEPART 1410  
HOME INSPECTOR LICENSE ACT

## SUBPART A: DEFINITIONS AND APPLICABILITY OF THIS PART

Section	
1410.10	Definitions
1410.20	Applicability of this Part

## SUBPART B: LICENSING AND EDUCATION REQUIREMENTS

Section	
1410.100	Application for a Home Inspector
1410.110	Application for a Home Inspector Entity License
1410.120	Application for Non-Resident Home Inspector License by Reciprocity
1410.130	Expiration of Home Inspector Licenses
1410.140	Renewal of Home Inspector Licenses
1410.150	Pre-License Education Requirements
1410.160	Continuing Education Requirements
1410.170	Issuance of Certificate of Licensure
1410.180	Exemptions

## SUBPART C: STANDARDS OF PRACTICE AND BUSINESS REQUIREMENTS

Section	
1410.200	Standards of Practice
1410.210	Notification of Name Change
1410.220	Assumed Name
1410.230	Address Change; Street Address
1410.240	Work Log of Inspections
1410.250	Entities must Utilize Licensed Home Inspectors
1410.260	Disclosure of a Conflict of Interest

## SUBPART D: ENFORCEMENT PROVISIONS

Section	
1410.300	Grounds for Discipline
1410.310	Felony Convictions; Discipline of Other Professional License; Notification

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- 1410.320 Cooperation Required with OBRE
- 1410.330 Administrative Warning Letter
- 1410.340 Additional Education; Reporting Requirements
- 1410.350 Suspension or Denial for Failure to Pay Taxes, Child Support or any Illinois-Guaranteed Student Loan

## SUBPART E: ADMINISTRATIVE PROVISIONS

## Section

- 1410.400 Fees
- 1410.410 Duties of the Liaison
- 1410.420 Granting of Variances

## SUBPART F: EDUCATION PROVIDER AND COURSE REQUIREMENTS

## Section

- 1410.500 Education Provider Application; Requirements
- 1410.510 Pre-License Education Course Requirements of Education Providers
- 1410.520 Pre-License Course Curriculum
- 1410.530 Example of Acceptable Pre-License Education Program
- 1410.540 Continuing Education Course Requirements of Education Providers
- 1410.550 Curriculum for Continuing Education Courses; Continuing Education Credit for Participation other than as a Student
- 1410.560 Distance Education
- 1410.570 Expiration Date and Renewal for Education Providers and Pre-License and Continuing Education Courses
- 1410.580 Continuing Education Reporting
- 1410.590 Transcript or Certificate of Completion

## SUBPART G: HEARINGS

## Section

- 1410.600 Hearings

**AUTHORITY:** Implementing and authorized by the Home Inspector License Act [225 ILCS 441].

**SOURCE:** Emergency rules adopted at 26 Ill. Reg. 13317, effective August 22, 2002, for a maximum of 150 days; adopted at 27 Ill. Reg. 1513, effective January 17, 2003; amended at 27 Ill. Reg. 14180, effective August 15, 2003.

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## SUBPART C: STANDARDS OF PRACTICE AND BUSINESS REQUIREMENTS

## Section 1410.200 Standards of Practice

- a) For the purposes of this Section, the terms listed below shall mean:
- 1) Alarm Systems: Warning devices, installed or free-standing, including but not limited to: carbon monoxide detectors, flue gas and other spillage detectors, security equipment, ejector pumps and smoke alarms.
  - 2) Client: A person or person who engages or seeks to engage the services of a home inspector for an inspection assignment.
  - 3) Component: A part of a system.
  - 4) Decorative: Ornamental; not required for the operation of the essential systems and components of a home.
  - 5) Describe: To report a system or component by its type or other observed, significant characteristics to distinguish it from other systems or components.
  - 6) Home Inspection: As defined in Section 1-10 of the Act.
  - 7) Home Inspection Report: A written evaluation prepared and issued by a home inspector upon completion of a home inspection, that meets the standards of practice as established by OBRE.
  - 8) Inspect: To visually examine readily accessible systems and components of a building in accordance with these Standards of Practice, using normal operating controls and opening readily accessible access panels.
  - 9) Roof Drainage Systems: Components used to carry water off a roof and away from a building.
  - 10) Significantly Deficient: Unsafe or not functioning.
  - 11) Solid Fuel Burning Appliances: A hearth and fire chamber or similar prepared place in which a fire may be built and which is built in conjunction with a chimney; or a listed assembly of a fire chamber, its chimney and related factory-made parts designed for unit assembly

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without requiring field construction.

- 12) Structural Component: A component that supports non-variable forces or weights (dead loads) and variable forces or weights (live loads).
  - 13) System: A combination of interacting or interdependent components, assembled to carry out one or more functions.
  - 14) Under Floor Crawl Space: The area within the confines of the foundation and between the ground and the underside of the floor.
  - 15) Unsafe: A condition in a system or component that ~~is poses~~ a significant risk of personal injury or property damage during normal, day-to-day use. The risk may be due to damage, deterioration, improper installation or a change in accepted residential construction standards.
- b) These Standards of Practice define the practice of home inspection in the State of Illinois and shall:
- 1) Provide home inspection guidelines; and
  - 2) Define certain terms relating to these home inspections.
- c) The purpose of these standards of practice is to establish a minimum and uniform standard for licensed home inspectors to provide the client with information regarding the condition of the systems and components of the home as inspected at the time of the home inspection.
- d) Home inspectors or home inspector entities shall enter into a written agreement with the client or duly authorized representative prior to the home inspection that includes at a minimum:
- 1) The purpose of the inspection;
  - 2) The date of the inspection;
  - 3) The name, address and license number of the home inspector or home inspector entity;
  - 4) The fee for services performed;

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- 5) A statement that the inspection will be performed in accordance with these Standards;
  - 6) A list of the systems and components to be inspected;
  - 7) Limitations or exclusions of systems or components being inspected; and
  - 8) The signature of the client or his or her duly authorized representative, and the signature of the home inspector or the duly authorized representative of a home inspector entity.
- e) At the conclusion of the home inspection, a home inspector shall submit a written report to the client or duly authorized representative within 48 hours that includes the home inspector's signature and license number and expiration date, and shall:
- 1) Describe the systems and components that were inspected;
  - 2) Report on those systems and components inspected that, in the opinion of the inspector, are significantly deficient; and
    - A) A reason why the system or component is significantly deficient.
    - B) Disclose any systems or components designated for inspection, that were present at the time of the home inspection, but were not inspected and a reason they were not inspected.
- f) These Standards are not intended to limit home inspectors from:
- 1) Including other inspection services, systems or components in addition to those defined in these standards of practice; and
  - 2) Excluding systems and components in the written agreement from the inspection.
- g) When, pursuant to written agreement with a client, the structural system/foundation is inspected, the home inspector shall:
- 1) Inspect the structural components including the foundation and framing; and
  - 2) Describe the foundation and report the methods used to inspect the under-floor crawl space, floor, wall, ceiling, roof, structure and report the

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methods used to inspect the attic.

- h) When, pursuant to the written agreement with a client, the exterior is inspected, the home inspector shall:
  - 1) Inspect the exterior wall covering, flashing, trim, all exterior doors, attached decks, balconies, stoops, steps, porches, and their associated railings, the eaves, soffits, and fascias where accessible from the ground level, the vegetation, grading, surface drainage, and retaining walls on the property when any of these are likely to adversely affect the building, walkways, patios, and driveways leading to dwelling entrances; and
  - 2) Describe the exterior wall covering.
- i) When, pursuant to the written agreement with a client, the roof system is inspected, the home inspector shall:
  - 1) Inspect the roof covering, the roof drainage systems, the flashings, the skylights, chimneys, and roof penetrations; and
  - 2) Describe the roof covering and report the methods used to inspect the roof.
- j) When, pursuant to the written agreement with a client, the plumbing system is observed, the home inspector shall describe in detail the interior water supply and distribution including all fixtures and faucets, drains ~~the drain~~, waste and vent systems including all fixtures, the water heating equipment, the vent systems, flues, and chimneys, the fuel storage and fuel distribution systems, the drainage sumps, sump pumps, and related piping, and the location of main water and main fuel shut-off valves.
- k) When, pursuant to the written agreement with a client, the electrical system is inspected, the home inspector shall:
  - 1) Inspect the service drop, the service entrance conductors, cables, and raceways, the service equipment and main disconnects, the service grounding, the interior components of service panels and sub panels, the conductors, the over-current protection devices, installed lighting fixtures, switches, and receptacles, the ground fault circuit interrupters;
  - 2) Describe the amperage and voltage rating of the service, the location of main disconnects and sub panels, the wiring methods; and

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- 3) Report on the presence of solid conductor aluminum branch circuit wiring and on the absence of smoke detectors.
- l) When, pursuant to the written agreement with a client, the heating system is inspected, the home inspector shall:
    - 1) Inspect the installed heating equipment, the vent systems, flues, and chimneys; and
    - 2) Describe the energy source, the heating method by its distinguishing characteristics.
  - m) When, pursuant to the written agreement with a client, the cooling system is inspected, the home inspector shall:
    - 1) inspect the installed central and through-wall cooling equipment; and
    - 2) describe the energy source, the cooling method by its distinguishing characteristics.
  - n) When, pursuant to the written agreement with a client, the interior is inspected, the home inspector shall inspect the walls, ceilings, and floors, the steps, stairways, and railings, the countertops, installed cabinets, doors and windows, garage doors and garage door operators.
  - o) When, pursuant to the written agreement with a client, the insulation and ventilation are inspected, the home inspector shall:
    - 1) inspect the insulation and vapor retarders in unfinished spaces, the ventilation of attics and foundation areas, the mechanical ventilation systems; and
    - 2) describe the insulation and vapor retarders in unfinished spaces, the absence of insulation in unfinished spaces at conditioned surfaces.
  - p) When, pursuant to the written agreement with a client, the fireplaces and solid fuel burning appliances are inspected, the home inspector shall:
    - 1) Inspect the system components, the vent systems, flues, and chimneys; and

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- 2) Describe the fireplaces, solid fuel burning appliances, and the chimneys.

(Source: Amended at 27 Ill. Reg. 14180, effective August 15, 2003)

## Section 1410.260 Disclosure of a Conflict of Interest

As set forth in Section 15-10(20) of the Act, a home inspector may provide services to a client in addition to a home inspection. The home inspector shall first, however, provide a written notice of the services intended and how such services may conflict with the home inspection services provided. Thereafter, the described additional services may only be performed upon securing the written consent of the client. The written notice of services and written consent shall not be contained in the written agreement with a client, but shall ~~must~~ be provided in a separate document.

(Source: Amended at 27 Ill. Reg. 14180, effective August 15, 2003)

## SUBPART D: ENFORCEMENT PROVISIONS

## Section 1410.300 Grounds for Discipline

A rebuttable presumption of dishonest, unethical or unprofessional conduct shall arise whenever a home inspector, while performing a home inspection or developing a home inspection report, commits one or more of the following acts or omissions and fails to provide a credible explanation upon request:

- a) The licensee expresses an opinion without being based on practical experience or education and honest conviction.
- b) The licensee fails to act in good faith in dealing with a client.
- c) The licensee discloses any information concerning the results of a home inspection without the approval of the client-~~clients~~.
- d) The licensee accepts compensation from more than one interested party for the same service without the consent of all interested parties.
- e) The licensee offers or accepts commissions or allowances, directly or indirectly, from other parties dealing with a client while providing a home inspection.
- f) The licensee fails to promptly disclose in writing to a client any interest in a business or the subject property that may affect or have the potential to affect the

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client.

- g) The licensee allows an interest in any business to affect the quality of the results of a home inspection.
- h) The licensee fails to disclose in writing to the client prior to the home inspection any limitations or exclusions of systems or components being inspected.
- i) The licensee aids or assists another in the violation of the Act or this Part.
- j) The licensee fails to satisfy a material term of a consent to administrative supervision order or consent order.
- k) The licensee aids, assists, or facilitates another to use or appropriate credentials or a license for the purpose of preparing a home inspection report knowing such person to be unlicensed.
- l) The licensee advises a client as to whether the client should or should not engage in a real estate transaction or provides an opinion of value regarding the residential real property that is the subject of the home inspection.

(Source: Amended at 27 Ill. Reg. 14180, effective August 15, 2003)

## SUBPART F: EDUCATION PROVIDER AND COURSE REQUIREMENTS

## Section 1410.500 Education Provider Application; Requirements

- a) In accordance with Section 20-5 of the Act, any person or entity seeking approval to provide pre-license and/or continuing education courses shall submit an application on forms provided by OBRE, that is signed by the applicant and fully completed along with the appropriate fee required by this Part.
- b) The program of pre-license and/or continuing education for a licensed education provider shall:
  - 1) be approved by the provider's governing and/or supervising body;
  - 2) utilize qualified instructors; and
  - 3) offer courses that are approved and licensed, and conform to the standards established in this Subpart.

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- c) Facilities
- 1) An education provider must provide an office for the maintenance of all records, office equipment and office space necessary for customer service.
  - 2) The premises, equipment and facilities of the education provider shall comply with applicable community, state or federal fire codes, building codes, and health and safety standards.
  - 3) The education provider is subject to inspection prior to approval or at any time thereafter by authorized representatives of OBRE. Inspections shall be conducted during regular business hours, with at least 48 hours advance notice.
  - 4) No education provider shall maintain an office, or conduct education courses in a private residence, except practical lab instruction may be given in a private residence.
  - 5) An education provider shall only conduct education courses in locations that are conducive to learning.
- d) Administration
- 1) No licensed education provider shall advertise that it is endorsed, recommended, or accredited by OBRE. The education provider may indicate that it is licensed by and the course of study has been approved and licensed by OBRE.
  - 2) Each education provider shall provide a prospective student prior to enrollment with information that specifies the course of study to be offered, the tuition, the provider's policy regarding refund policies, any additional fee for supplies, materials or books, and other matters that are material to the relationship between the provider and the student.
  - 3) Each education provider shall maintain for each student a record that shall include the course of study undertaken, dates of attendance, and a transcript of courses satisfactorily completed. All records shall be maintained by the education provider for a period of 5 years and shall be made available to the student or to OBRE upon request during regular business hours. An education provider may charge a student the cost of reproducing copies of a transcript.

## OFFICE OF BANKS AND REAL ESTATE

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- 4) Each education provider shall upon request by OBRE, provide evidence of financial resources available to equip and maintain its program, as documented by, for example, a current balance sheet or an income statement.
- 5) Any out-of-state education providers shall reimburse OBRE for all reasonable expenses incurred by OBRE while inspecting its facilities.
- 6) Each education provider shall notify OBRE of all proposed changes in ownership of the education provider at least 30 ~~thirty~~ (30) days prior to the change in ownership.

(Source: Amended at 27 Ill. Reg. 14180, effective August 15, 2003)

## Section 1410.520 Pre-License Course Curriculum

- a) Pre-license education course work to obtain a license as a home inspector shall consist of a minimum of 60 hours of instruction, of which no less than 40 hours shall be classroom instruction and no less than 10 hours shall be practical lab instruction. The content for pre-license instruction courses shall not be repetitive and shall represent a progression of instruction in that the home inspector's knowledge is increased in the following topics, including but not limited to:
  - 1) Exteriors: Exterior study must contain the following as a minimum.
    - A) Identification and inspection of exposed foundations.
    - B) Identification and inspection of siding and exterior wall covering material, flashing, and trim including: Aluminum, brick, vinyl, steel Asphalt, hardboard, stucco, wood, exterior insulation finish system.
    - C) Identification and inspection of gutter and drainage control systems.
    - D) Inspection of porches steps and rails including the structural composition.
    - E) Identification and implications on vegetation, grading and surface drainage including: retaining walls, walk ways and driveways leading to a dwelling entrance.

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- 2) Interiors: Interior study must contain the following as a minimum:
  - A) Identification and inspection of wall, ceiling and floor defects.
  - B) Identification and inspection of step, stair and railing defects.
  - C) Identification and inspection of countertop, cabinet and island defects as it pertains to a kitchen or other type room.
  - D) Identification and inspection of interior and exterior door defects.
  - E) Identification and inspection of window defects and operation.
  - F) Identification and inspection of garage door defects, garage door opener defects, and garage structure defects including fire safety and habitability.
- 3) Roofing: Roofing study must contain the following as a minimum:
  - A) Identification of the type and style of roofs.
  - B) Identification and inspection of the roofing materials used including: asphalt, cedar shake, cedar shingle, tar, residential rolled roofing, clay and concrete tiles, slate, metal, and asbestos.
  - C) Identification and inspection of skylights and flashing.
  - D) Identification of chimneys and other penetrations, including proper height and composition.
- 4) Plumbing: Plumbing study must contain the following as a minimum:
  - A) Identification and description ~~inspection~~ of the main distribution system including all fixtures and faucets and materials.
  - B) Identification and description ~~inspection~~ of all drain, waste and vent systems including all fixtures and materials.
  - C) Identification and description ~~inspection~~ of water heating systems.
  - D) Identification and description ~~inspection~~ of fuel distribution systems and materials.

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- E) Description ~~Inspection~~ and identification of all drainage control devices, including sump pumps, ejector pumps or other related piping.
  - F) Identification of water source and sewer distribution.
- 5) Electrical: Electrical study must contain the following as a minimum:
- A) Identification and inspection of the main service, including the size, location, over current protection, such as a breaker or a fuse, service, entrance conductors, cables, and raceways.
  - B) Identification and inspection of the branch distribution, including fuse boxes, breaker boxes, and sub-panels.
  - C) Identification and inspection of all over current protection devices and wire type identification.
  - D) Identification and inspection of installed lighting fixtures, switches, and receptacles.
  - E) Identification and inspection of safety devices, including ground fault circuit interrupters.
- 6) Heating, ventilation and air conditioning (HVAC): HVAC study must include the following as a minimum:
- A) Identification and inspection of the installed heating equipment, including: gas forced air, fuel oil forced air, heat pumps, electric forced air, and hydronic heating equipment as well and the distribution related to the various types.
  - B) Identification and inspection of fuel sources and distribution.
  - C) Identification and inspection of flue pipes and spent gas removal systems.
  - D) Identification and inspection of all related safety devices.
  - E) Identification and inspection of installed cooling systems, including central and window mounted systems.

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- 7) Structural: Structural study must contain the following as a minimum:
  - A) Identification and inspection of all structural components, including floor and wall framing.
  - B) Identification and inspection of all foundation support systems, including: poured concrete, concrete block, brick, stone, wood and all related perimeter footing systems.
  - C) Identification and inspection of water related or seepage related sources.
  - D) Identification and inspection of flood control devices.
  - E) Identification and inspection of roof structure and systems related to composition.
  - F) Identification and inspection of under roof and under floor ventilation.
  - G) Identification and inspection of insulation and vapor protection systems.
- 8) Miscellaneous Appliances: Appliance study must contain the following as a minimum:
  - A) Identification of all fireplaces, solid fuel burning appliances, chimneys and vents.
  - B) Identification and inspection of all major appliances, including, but not limited to range, stove, oven, refrigerator, window air conditioner, washer, drier, trash compactor, and garbage disposal, and other appliances that may be a part of a transaction.
- 9) Applicable laws: Illinois specific law study must contain at a minimum:
  - A) Specific knowledge and understanding of the Illinois Home Inspector License Act and Administrative Rule.
  - B) General knowledge and understanding of Illinois Human Rights Act.

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- C) General knowledge and understanding of contract law.
- 10) Standards of Practice: Standards of practice study must contain the following as a minimum:
- A) Required disclosures to a client.
  - B) Required report content.
  - C) Competent report writing.
  - D) Specific knowledge of business practices and standards of practice.

(Source: Amended at 27 Ill. Reg. 14180, effective August 15, 2003)

## DEPARTMENT OF AGRICULTURE

## NOTICE OF EMERGENCY AMENDMENT

- 1) Heading of Part: Meat and Poultry Inspection Act
- 2) Code Citation: 8 Ill. Adm. Code 125
- 3) Section Number:      Emergency Action:  
125.145                      Add
- 4) Statutory Authority: The Meat and Poultry Inspection Act [225 ILCS 650] and Section 16 of the Civil Administrative Code of Illinois [20 ILCS 5/16]
- 5) Effective Date of Amendment: August 15, 2003
- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: The amendment will expire at the end of the 150-day period.
- 7) Date Filed with the Index Department: August 15, 2003
- 8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Reason for Emergency: To ensure that meat and poultry products prepared are wholesome, non-adulterated and properly marked. The Food Safety and Inspection Service (FSIS) has had this rulemaking in place since January 9, 2003.
- 10) A Complete Description of the Subjects and Issues Involved: In order to maintain an "equal to" status with the federal meat and poultry products inspection programs as required by the Federal Meat Inspection Act and the Poultry Products Inspection Act and in accordance with Section 16 of the Meat and Poultry Inspection Act, the Department is proposing to adopt amendments of the federal meat and poultry products inspection rules as published at 66 FR 1750, January 9, 2001.

FSIS is issuing regulations to limit the amount of water retained by raw, single-ingredient meat and poultry products as a result of post-evisceration processing, such as carcass washing and chilling. Raw livestock and poultry carcasses and parts will not be permitted to retain water resulting from post-evisceration processing unless the establishment preparing those carcasses and parts demonstrates to FSIS, with data collected in accordance with a written protocol, that any water retained in the carcasses and parts is an inevitable consequence of the process used to meet applicable food safety requirements.

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In addition, the establishment will be required to disclose on the labeling of the meat or poultry products the maximum percentage of retained water in the raw product. The required labeling statement will help consumers of raw meat and poultry products to make informed purchasing decisions. Establishments having data demonstrating that there is no retained water in their products can choose not to label the products with the retained-water statement or to make a no-retained-water claim on the product label.

- 11) Are there any proposed amendments to this Part pending? No
- 12) Statement of Statewide Policy Objectives: Rulemaking does not affect units of local governments.
- 13) Information and questions regarding this amendment shall be directed to:

Linda Rhodes  
Illinois Department of Agriculture  
State Fairgrounds, P.O.Box 19281  
Springfield, Illinois 62794-9281  
Telephone: 217/785-5713  
Fax: 217/785-4505

The full text of the emergency amendment begins on the next page:

## DEPARTMENT OF AGRICULTURE

## NOTICE OF EMERGENCY AMENDMENT

TITLE 8: AGRICULTURE AND ANIMALS  
CHAPTER I: DEPARTMENT OF AGRICULTURE  
SUBCHAPTER c: MEAT AND POULTRY INSPECTION ACTPART 125  
MEAT AND POULTRY INSPECTION ACTSUBPART A: GENERAL PROVISIONS FOR BOTH MEAT AND/OR  
POULTRY INSPECTION

Section	
125.10	Definitions
125.20	Incorporation by Reference of Federal Rules
125.30	Application for License; Approval
125.40	Official Number
125.50	Inspections; Suspension or Revocation of License
125.60	Administrative Hearings; Appeals (Repealed)
125.70	Assignment and Authority of Program Employees
125.80	Schedule of Operations; Overtime
125.90	Official Marks of Inspection, Devices and Certificates
125.100	Records and Reports
125.110	Exemptions
125.120	Disposal of Dead Animals and Poultry
125.130	Reportable Animal and Poultry Diseases
125.140	Detention; Seizure; Condemnation
125.141	Sanitation Standard Operating Procedures (SOP's)
125.142	Hazard Analysis and Critical Control Point (HACCP) Systems
125.143	Imported Products
125.144	Preparation and Processing Operations
<u>125.145</u>	<u>Consumer Protection Standards: Raw Products</u>
<u>EMERGENCY</u>	

## SUBPART B: MEAT INSPECTION

Section	
125.150	Livestock and Meat Products Entering Official Establishments
125.160	Equine and Equine Products
125.170	Facilities for Inspection
125.180	Sanitation
125.190	Ante-Mortem Inspection

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125.200	Post-Mortem Inspection
125.210	Disposal of Diseased or Otherwise Adulterated Carcasses and Parts
125.220	Humane Slaughter of Animals
125.230	Handling and Disposal of Condemned or Other Inedible Products at Official Establishment
125.240	Rendering or Other Disposal of Carcasses and Parts Passed for Cooking
125.250	Marking Products and Their Containers
125.260	Labeling, Marking and Containers
125.270	Entry into Official Establishment; Reinspection and Preparation of Product
125.280	Meat Definitions and Standards of Identity or Composition
125.290	Transportation
125.295	Imported Products (Repealed)
125.300	Special Services Relating to Meat and Other Products
125.305	Exotic Animal Inspection

## SUBPART C: POULTRY INSPECTION

Section	
125.310	Application of Inspection
125.320	Facilities for Inspection
125.330	Sanitation
125.340	Operating Procedures
125.350	Ante-Mortem Inspection
125.360	Post-Mortem Inspection; Disposition of Carcasses and Parts
125.370	Handling and Disposal of Condemned or Inedible Products at Official Establishments
125.380	Labeling and Containers
125.390	Entry of Articles Into Official Establishments; Processing Inspection and Other Reinspections; Processing Requirements
125.400	Definitions and Standards of Identity or Composition
125.410	Transportation; Sale of Poultry or Poultry Products

**AUTHORITY:** Implementing and authorized by the Meat and Poultry Inspection Act [225 ILCS 650] and Section 16 of the Civil Administrative Code of Illinois [20 ILCS 5/16].

**SOURCE:** Adopted at 9 Ill. Reg. 1782, effective January 24, 1985; peremptory amendment at 9 Ill. Reg. 2337, effective January 28, 1985; peremptory amendment at 9 Ill. Reg. 2980, effective February 20, 1985; peremptory amendment at 9 Ill. Reg. 4856, effective April 1, 1985; peremptory amendment at 9 Ill. Reg. 9240, effective June 5, 1985; peremptory amendment at 9 Ill. Reg. 10102, effective June 13, 1985; peremptory amendment at 9 Ill. Reg. 11673, effective

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July 17, 1985; peremptory amendment at 9 Ill. Reg. 13748, effective August 23, 1985; peremptory amendment at 9 Ill. Reg. 15575, effective October 2, 1985; peremptory amendment at 9 Ill. Reg. 19759, effective December 5, 1985; peremptory amendment at 10 Ill. Reg. 447, effective December 23, 1985; peremptory amendment at 10 Ill. Reg. 1307, effective January 7, 1986; peremptory amendment at 10 Ill. Reg. 3318, effective January 24, 1986; peremptory amendment at 10 Ill. Reg. 3880, effective February 7, 1986; peremptory amendment at 10 Ill. Reg. 11478, effective June 25, 1986; peremptory amendment at 10 Ill. Reg. 14858, effective August 22, 1986; peremptory amendment at 10 Ill. Reg. 15305, effective September 10, 1986; peremptory amendment at 10 Ill. Reg. 16743, effective September 19, 1986; peremptory amendment at 10 Ill. Reg. 18203, effective October 15, 1986; peremptory amendment at 10 Ill. Reg. 19818, effective November 12, 1986; peremptory amendment at 11 Ill. Reg. 1696, effective January 5, 1987; peremptory amendment at 11 Ill. Reg. 2930, effective January 23, 1987; peremptory amendment at 11 Ill. Reg. 9645, effective April 29, 1987; peremptory amendment at 11 Ill. Reg. 10321, effective May 15, 1987; peremptory amendment at 11 Ill. Reg. 11184, effective June 5, 1987; peremptory amendment at 11 Ill. Reg. 14830, effective August 25, 1987; peremptory amendment at 11 Ill. Reg. 18799, effective November 3, 1987; peremptory amendment at 11 Ill. Reg. 19805, effective November 19, 1987; peremptory amendment at 12 Ill. Reg. 2154, effective January 6, 1988; amended at 12 Ill. Reg. 3417, effective January 22, 1988; peremptory amendment at 12 Ill. Reg. 4879, effective February 25, 1988; peremptory amendment at 12 Ill. Reg. 6313, effective March 21, 1988; peremptory amendment at 12 Ill. Reg. 6819, effective March 29, 1988; peremptory amendment at 12 Ill. Reg. 13621, effective August 8, 1988; peremptory amendment at 12 Ill. Reg. 19116, effective November 1, 1988; peremptory amendment at 12 Ill. Reg. 20894, effective December 21, 1988; peremptory amendment at 13 Ill. Reg. 228, effective January 11, 1989; peremptory amendment at 13 Ill. Reg. 2160, effective February 13, 1989; amended at 13 Ill. Reg. 3696, effective March 13, 1989; peremptory amendment at 13 Ill. Reg. 15853, effective October 5, 1989; peremptory amendment at 13 Ill. Reg. 16838, effective October 11, 1989; peremptory amendment at 13 Ill. Reg. 17495, effective January 18, 1990; amended at 14 Ill. Reg. 3424, effective February 26, 1990; peremptory amendment at 14 Ill. Reg. 4953, effective March 23, 1990; peremptory amendment at 14 Ill. Reg. 11401, effective July 6, 1990; peremptory amendment at 14 Ill. Reg. 13355, effective August 20, 1990; peremptory amendment at 14 Ill. Reg. 16064, effective September 24, 1990; peremptory amendment at 14 Ill. Reg. 21060, effective May 29, 1991; peremptory amendment at 15 Ill. Reg. 620, effective January 2, 1991; peremptory amendment withdrawn at 15 Ill. Reg. 1574, effective January 2, 1991; peremptory amendment at 15 Ill. Reg. 3117, effective September 3, 1991; peremptory amendment at 15 Ill. Reg. 8714, effective May 29, 1991; amended at 15 Ill. Reg. 8801, effective June 7, 1991; peremptory amendment at 15 Ill. Reg. 13976, effective September 20, 1991; peremptory amendment at 16 Ill. Reg. 1899, effective March 2, 1992; amended at 16 Ill. Reg. 8349, effective May 26, 1992, peremptory amendment at 16 Ill. Reg. 11687, effective July 10, 1992; peremptory amendment at 16 Ill. Reg. 11963, effective July 22, 1992; peremptory amendment at 16 Ill. Reg. 12234, effective July 24, 1992;

## DEPARTMENT OF AGRICULTURE

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peremptory amendment at 16 Ill. Reg. 16337, effective October 19, 1992; peremptory amendment at 16 Ill. Reg. 17165, effective October 21, 1992; peremptory amendment at 17 Ill. Reg. 2063, effective February 12, 1993; peremptory amendment at 17 Ill. Reg. 15725, effective September 7, 1993; peremptory amendment at 17 Ill. Reg. 16238, effective September 8, 1993; peremptory amendment at 17 Ill. Reg. 18215, effective October 5, 1993; peremptory amendment at 18 Ill. Reg. 304, effective December 23, 1993; peremptory amendment at 18 Ill. Reg. 2164, effective January 24, 1994; amended at 18 Ill. Reg. 4622, effective March 14, 1994; peremptory amendment at 18 Ill. Reg. 6442, effective April 18, 1994; peremptory amendment at 18 Ill. Reg. 8493, effective May 27, 1994; amended at 18 Ill. Reg. 11489, effective July 7, 1994; peremptory amendment at 18 Ill. Reg. 12546, effective July 29, 1994; peremptory amendment at 18 Ill. Reg. 14475, effective September 7, 1994; amended at 18 Ill. Reg. 14924, effective September 26, 1994; peremptory amendment at 18 Ill. Reg. 15452, effective September 27, 1994; peremptory amendment at 19 Ill. Reg. 1342, effective January 27, 1995; peremptory amendment at 19 Ill. Reg. 4765, effective March 13, 1995; peremptory amendment at 19 Ill. Reg. 7067, effective May 8, 1995; peremptory amendment at 19 Ill. Reg. 14896, effective October 6, 1995; peremptory amendment at 19 Ill. Reg. 15766, effective November 10, 1995; peremptory amendment at 19 Ill. Reg. 16866, effective December 22, 1995; peremptory amendment at 20 Ill. Reg. 5091, effective March 19, 1996; peremptory amendment at 20 Ill. Reg. 10403, effective July 17, 1996; amended at 20 Ill. Reg. 11928, effective September 1, 1996; peremptory amendment at 20 Ill. Reg. 12634, effective September 5, 1996; peremptory amendment at 20 Ill. Reg. 15371, effective November 13, 1996; peremptory amendment at 21 Ill. Reg. 1221, effective January 14, 1997; peremptory amendment at 21 Ill. Reg. 1719, effective January 28, 1997; peremptory amendment at 21 Ill. Reg. 6609, effective May 20, 1997; amended at 21 Ill. Reg. 11494, effective August 1, 1997; peremptory amendment at 21 Ill. Reg. 11788, effective August 8, 1997; peremptory amendment at 21 Ill. Reg. 12686, effective August 28, 1997; peremptory amendment at 21 Ill. Reg. 14575, effective October 22, 1997; peremptory amendment at 22 Ill. Reg. 3602, effective February 2, 1998; peremptory amendment at 22 Ill. Reg. 5740, effective March 5, 1998; peremptory amendment at 22 Ill. Reg. 9384, effective May 15, 1998; peremptory amendment at 22 Ill. Reg. 20645, effective November 16, 1998; amended at 23 Ill. Reg. 450, effective January 1, 1999; peremptory amendment at 23 Ill. Reg. 3851, effective March 11, 1999; peremptory amendment at 23 Ill. Reg. 10880, effective August 19, 1999; peremptory amendment at 24 Ill. Reg. 3933, effective February 22, 2000; peremptory amendment at 24 Ill. Reg. 5699, effective March 14, 2000; peremptory amendment at 24 Ill. Reg. 6734, effective April 14, 2000; amended at 24 Ill. Reg. 7197, effective April 27, 2000; peremptory amendment at 24 Ill. Reg. 14074, effective August 30, 2000; peremptory amendment at 24 Ill. Reg. 14451, effective September 15, 2000; peremptory amendment at 25 Ill. Reg. 7341, effective April 26, 2001; peremptory amendment at 25 Ill. Reg. 12434, effective September 13, 2001; peremptory amendment at 25 Ill. Reg. 15444, effective November 19, 2001; peremptory amendment at 26 Ill. Reg. 980, effective January 11, 2002; peremptory amendment at 26 Ill. Reg. 7750, effective May 10, 2002; amended at 27 Ill. Reg. 10205, effective July 1, 2003; peremptory amendment at 27 Ill. Reg.

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## NOTICE OF EMERGENCY AMENDMENT

13634, effective July 28, 2003; emergency amendment at 27 Ill. Reg.14197, effective August 15, 2003, for a maximum of 150 days.

SUBPART A: GENERAL PROVISIONS FOR BOTH MEAT AND/OR  
POULTRY INSPECTIONSection 125.145 Consumer Protection Standards: Raw Products  
EMERGENCY

The Department incorporates by reference 9 CFR 441 (2001).

(Source: Emergency amendment at 27 Ill. Reg.14197, effective August 15, 2003, for a maximum of 150 days)



DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF EMERGENCY AMENDMENTS

the year for which a license is issued.

- 11) Are there any other amendments on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
300.340	Amendment	27 Ill. Reg. 7597
300.661	Amendment	27 Ill. Reg. 4913
300.2820	Amendment	27 Ill. Reg. 7597

- 12) Statement of Statewide Policy Objectives: These emergency amendments will affect licensees that are units of local government.

- 13) Information and questions regarding these emergency amendments shall be directed to:

Peggy Snyder  
Division of Legal Services  
Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, Illinois 62761  
217/782-2043  
e-mail: [rules@idph.state.il.us](mailto:rules@idph.state.il.us)

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

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## TITLE 77: PUBLIC HEALTH

## CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

## SUBCHAPTER c: LONG-TERM CARE FACILITIES

## PART 300

## SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE

## SUBPART A: GENERAL PROVISIONS

## Section

300.110 General Requirements

300.120 Application for License

EMERGENCY

300.130 Licensee

300.140 Issuance of an Initial License for a New Facility

300.150 Issuance of an Initial License Due to a Change of Ownership

300.160 Issuance of a Renewal License

300.163 Alzheimer's Special Care Disclosure

300.165 Criteria for Adverse Licensure Actions

300.170 Denial of Initial License

300.175 Denial of Renewal of License

300.180 Revocation of License

300.190 Experimental Program Conflicting With Requirements

300.200 Inspections, Surveys, Evaluations and Consultation

300.210 Filing an Annual Attested Financial Statement

300.220 Information to Be Made Available to the Public By the Department

300.230 Information to Be Made Available to the Public By the Licensee

300.240 Municipal Licensing

300.250 Ownership Disclosure

300.260 Issuance of Conditional Licenses

300.270 Monitor and Receivership

300.271 Presentation of Findings

300.272 Determination to Issue a Notice of Violation or Administrative Warning

300.274 Determination of the Level of a Violation

300.276 Notice of Violation

300.277 Administrative Warning

300.278 Plans of Correction

300.280 Reports of Correction

300.282 Conditions for Assessment of Penalties

300.284 Calculation of Penalties

## DEPARTMENT OF PUBLIC HEALTH

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300.286	Determination to Assess Penalties
300.288	Reduction or Waiver of Penalties
300.290	Quarterly List of Violators (Repealed)
300.300	Alcoholism Treatment Programs In Long-Term Care Facilities
300.310	Department May Survey Facilities Formerly Licensed
300.315	Supported Congregate Living Arrangement Demonstration
300.320	Waivers
300.330	Definitions
300.340	Incorporated and Referenced Materials

## SUBPART B: ADMINISTRATION

Section	
300.510	Administrator

## SUBPART C: POLICIES

Section	
300.610	Resident Care Policies
300.615	Determination of Need Screening
300.620	Admission and Discharge Policies
300.630	Contract Between Resident and Facility
300.640	Residents' Advisory Council
300.650	Personnel Policies
300.655	Initial Health Evaluation for Employees
300.660	Nursing Assistants
300.661	Health Care Worker Background Check
300.662	Resident Attendants
300.663	Registry of Certified Nursing Assistants
300.665	Student Interns
300.670	Disaster Preparedness
300.680	Restraints
300.682	Nonemergency Use of Physical Restraints
300.684	Emergency Use of Physical Restraints
300.686	Unnecessary, Psychotropic, and Antipsychotic Drugs
300.690	Serious Incidents and Accidents
300.695	Contacting Local Law Enforcement

## SUBPART D: PERSONNEL

Section

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

- 300.810 General
- 300.820 Categories of Personnel
- 300.830 Consultation Services
- 300.840 Personnel Policies

## SUBPART E: MEDICAL AND DENTAL CARE OF RESIDENTS

## Section

- 300.1010 Medical Care Policies
- 300.1020 Communicable Disease Policies
- 300.1025 Tuberculin Skin Test Procedures
- 300.1030 Medical Emergencies
- 300.1035 Life-Sustaining Treatments
- 300.1040 Behavior Emergencies (Repealed)
- 300.1050 Dental Standards

## SUBPART F: NURSING AND PERSONAL CARE

## Section

- 300.1210 General Requirements for Nursing and Personal Care
- 300.1220 Supervision of Nursing Services
- 300.1230 Staffing
- 300.1240 Additional Requirements

## SUBPART G: RESIDENT CARE SERVICES

## Section

- 300.1410 Activity Program
- 300.1420 Specialized Rehabilitation Services
- 300.1430 Work Programs
- 300.1440 Volunteer Program

## SUBPART H: MEDICATIONS

## Section

- 300.1610 Medication Policies and Procedures
- 300.1620 Compliance with Licensed Prescriber's Orders
- 300.1630 Administration of Medication
- 300.1640 Labeling and Storage of Medications
- 300.1650 Control of Medications

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## SUBPART I: RESIDENT AND FACILITY RECORDS

## Section

- 300.1810 Resident Record Requirements
- 300.1820 Content of Medical Records
- 300.1830 Records Pertaining to Residents' Property
- 300.1840 Retention and Transfer of Resident Records
- 300.1850 Other Resident Record Requirements
- 300.1860 Staff Responsibility for Medical Records
- 300.1870 Retention of Facility Records
- 300.1880 Other Facility Record Requirements

## SUBPART J: FOOD SERVICE

## Section

- 300.2010 Director of Food Services
- 300.2020 Dietary Staff in Addition to Director of Food Services
- 300.2030 Hygiene of Dietary Staff
- 300.2040 Diet Orders
- 300.2050 Meal Planning
- 300.2060 Therapeutic Diets (Repealed)
- 300.2070 Scheduling Meals
- 300.2080 Menus and Food Records
- 300.2090 Food Preparation and Service
- 300.2100 Food Handling Sanitation
- 300.2110 Kitchen Equipment, Utensils, and Supplies

## SUBPART K: MAINTENANCE, HOUSEKEEPING, AND LAUNDRY

## Section

- 300.2210 Maintenance
- 300.2220 Housekeeping
- 300.2230 Laundry Services

## SUBPART L: FURNISHINGS, EQUIPMENT, AND SUPPLIES

## Section

- 300.2410 Furnishings
- 300.2420 Equipment and Supplies
- 300.2430 Sterilization of Equipment and Supplies

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## SUBPART M: WATER SUPPLY AND SEWAGE DISPOSAL

## Section

300.2610	Codes
300.2620	Water Supply
300.2630	Sewage Disposal
300.2640	Plumbing

SUBPART N: DESIGN AND CONSTRUCTION STANDARDS  
FOR NEW INTERMEDIATE CARE AND SKILLED NURSING FACILITIES

## Section

300.2810	Applicability of these Standards
300.2820	Codes and Standards
300.2830	Preparation of Drawings and Specifications
300.2840	Site
300.2850	Administration and Public Areas
300.2860	Nursing Unit
300.2870	Dining, Living, Activities Rooms
300.2880	Therapy and Personal Care
300.2890	Service Departments
300.2900	General Building Requirements
300.2910	Structural
300.2920	Mechanical Systems
300.2930	Plumbing Systems
300.2940	Electrical Systems

SUBPART O: DESIGN AND CONSTRUCTION STANDARDS  
FOR EXISTING INTERMEDIATE CARE AND SKILLED NURSING FACILITIES

## Section

300.3010	Applicability
300.3020	Codes and Standards
300.3030	Preparation of Drawings and Specifications
300.3040	Site
300.3050	Administration and Public Areas
300.3060	Nursing Unit
300.3070	Living, Dining, Activities Rooms
300.3080	Treatment and Personal Care
300.3090	Service Departments

## DEPARTMENT OF PUBLIC HEALTH

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300.3100	General Building Requirements
300.3110	Structural
300.3120	Mechanical Systems
300.3130	Plumbing Systems
300.3140	Electrical Requirements

## SUBPART P: RESIDENT'S RIGHTS

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300.3210	General
300.3220	Medical and Personal Care Program
300.3230	Restraints (Repealed)
300.3240	Abuse and Neglect
300.3250	Communication and Visitation
300.3260	Resident's Funds
300.3270	Residents' Advisory Council
300.3280	Contract With Facility
300.3290	Private Right of Action
300.3300	Transfer or Discharge
300.3310	Complaint Procedures
300.3320	Confidentiality
300.3330	Facility Implementation

## SUBPART Q: SPECIALIZED LIVING FACILITIES FOR THE MENTALLY ILL

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300.3410	Application of Other Sections of These Minimum Standards (Repealed)
300.3420	Administrator (Repealed)
300.3430	Policies (Repealed)
300.3440	Personnel (Repealed)
300.3450	Resident Living Services Medical and Dental Care (Repealed)
300.3460	Resident Services Program (Repealed)
300.3470	Psychological Services (Repealed)
300.3480	Social Services (Repealed)
300.3490	Recreational and Activities Services (Repealed)
300.3500	Individual Treatment Plan (Repealed)
300.3510	Health Services (Repealed)
300.3520	Medical Services (Repealed)
300.3530	Dental Services (Repealed)
300.3540	Optometric Services (Repealed)

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300.3550	Audiometric Services (Repealed)
300.3560	Podiatric Services (Repealed)
300.3570	Occupational Therapy Services (Repealed)
300.3580	Nursing and Personal Care (Repealed)
300.3590	Resident Care Services (Repealed)
300.3600	Record Keeping (Repealed)
300.3610	Food Service (Repealed)
300.3620	Furnishings, Equipment and Supplies (New and Existing Facilities) (Repealed)
300.3630	Design and Construction Standards (New and Existing Facilities) (Repealed)

## SUBPART R: DAYCARE PROGRAMS

## Section

300.3710	Day Care in Long-Term Care Facilities
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## SUBPART S: PROVIDING SERVICES TO PERSONS WITH SERIOUS MENTAL ILLNESS

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300.4000	Applicability of Subpart S
300.4010	Comprehensive Assessments for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S
300.4020	Reassessments for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S
300.4030	Individualized Treatment Plan for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S
300.4040	General Requirements for Facilities Subject to Subpart S
300.4050	Psychiatric Rehabilitation Services for Facilities Subject to Subpart S
300.4060	Discharge Plans for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S
300.4070	Work Programs for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S
300.4080	Community-Based Rehabilitation Programs for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S
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## SUBPART T: FACILITIES PARTICIPATING IN ILLINOIS DEPARTMENT OF PUBLIC AID'S DEMONSTRATION PROGRAM FOR PROVIDING SERVICES TO PERSONS WITH SERIOUS MENTAL ILLNESS

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300.6000	Applicability of Subpart T
300.6005	Quality Assessment and Improvement for Facilities Subject to Subpart T
300.6010	Comprehensive Assessments for Residents of Facilities Subject to Subpart T
300.6020	Reassessments for Residents of Facilities Subject to Subpart T
300.6030	Individualized Treatment Plan for Residents of Facilities Subject to Subpart T
300.6040	General Requirements for Facilities Subject to Subpart T
300.6045	Serious Incidents and Accidents in Facilities Subject to Subpart T
300.6047	Medical Care Policies for Facilities Subject to Subpart T
300.6049	Emergency Use of Restraints for Facilities Subject to Subpart T
300.6050	Psychiatric Rehabilitation Services for Facilities Subject to Subpart T
300.6060	Discharge Plans for Residents of Facilities Subject to Subpart T
300.6070	Work Programs for Residents of Facilities Subject to Subpart T
300.6080	Community-Based Rehabilitation Programs for Residents of Facilities Subject to Subpart T
300.6090	Personnel for Providing Services to Residents of Facilities Subject to Subpart T
300.6095	Training and Continuing Education for Facilities Subject to Subpart T
300.APPENDIX A	Interpretation, Components, and Illustrative Services for Intermediate Care Facilities and Skilled Nursing Facilities (Repealed)
300.APPENDIX B	Classification of Distinct Part of a Facility for Different Levels of Service (Repealed)
300.APPENDIX C	Federal Requirements Regarding Patients'/Residents' Rights (Repealed)
300.APPENDIX D	Forms for Day Care in Long-Term Care Facilities
300.APPENDIX E	Criteria for Activity Directors Who Need Only Minimal Consultation (Repealed)
300.APPENDIX F	Guidelines for the Use of Various Drugs
300.APPENDIX G	Facility Report
300.TABLE A	Sound Transmission Limitations in New Skilled Nursing and Intermediate Care Facilities
300.TABLE B	Pressure Relationships and Ventilation Rates of Certain Areas for New Intermediate Care Facilities and Skilled Nursing Facilities
300.TABLE C	Construction Types and Sprinkler Requirements for Existing Skilled Nursing Facilities/Intermediate Care Facilities
300.TABLE D	Heat Index Table/Apparent Temperature

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 1066, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 311, effective July 28, 1980; emergency amendment at 6 Ill. Reg. 3229, effective March 8, 1982, for a maximum of 150 days; amended at

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6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 6454, effective May 14, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 11631, effective September 14, 1982; amended at 6 Ill. Reg. 14550 and 14554, effective November 8, 1982; amended at 6 Ill. Reg. 14684, effective November 15, 1982; amended at 7 Ill. Reg. 285, effective December 22, 1982; amended at 7 Ill. Reg. 1972, effective January 28, 1983; amended at 7 Ill. Reg. 8579, effective July 11, 1983; amended at 7 Ill. Reg. 15831, effective November 10, 1983; amended at 7 Ill. Reg. 15864, effective November 15, 1983; amended at 7 Ill. Reg. 16992, effective December 14, 1983; amended at 8 Ill. Reg. 15599, 15603, and 15606, effective August 15, 1984; amended at 8 Ill. Reg. 15947, effective August 17, 1984; amended at 8 Ill. Reg. 16999, effective September 5, 1984; codified at 8 Ill. Reg. 19766; amended at 8 Ill. Reg. 24186, effective November 29, 1984; amended at 8 Ill. Reg. 24668, effective December 7, 1984; amended at 8 Ill. Reg. 25102, effective December 14, 1984; amended at 9 Ill. Reg. 132, effective December 26, 1984; amended at 9 Ill. Reg. 4087, effective March 15, 1985; amended at 9 Ill. Reg. 11049, effective July 1, 1985; amended at 11 Ill. Reg. 16927, effective October 1, 1987; amended at 12 Ill. Reg. 1052, effective December 24, 1987; amended at 12 Ill. Reg. 16811, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 4684, effective March 24, 1989; amended at 13 Ill. Reg. 5134, effective April 1, 1989; amended at 13 Ill. Reg. 20089, effective December 1, 1989; amended at 14 Ill. Reg. 14950, effective October 1, 1990; amended at 15 Ill. Reg. 554, effective January 1, 1991; amended at 16 Ill. Reg. 681, effective January 1, 1992; amended at 16 Ill. Reg. 5977, effective March 27, 1992; amended at 16 Ill. Reg. 17089, effective November 3, 1992; emergency amendment at 17 Ill. Reg. 2420, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 8026, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15106, effective September 3, 1993; amended at 17 Ill. Reg. 16194, effective January 1, 1994; amended at 17 Ill. Reg. 19279, effective October 26, 1993; amended at 17 Ill. Reg. 19604, effective November 4, 1993; amended at 17 Ill. Reg. 21058, effective November 20, 1993; amended at 18 Ill. Reg. 1491, effective January 14, 1994; amended at 18 Ill. Reg. 15868, effective October 15, 1994; amended at 19 Ill. Reg. 11600, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 567, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10142, effective July 15, 1996; amended at 20 Ill. Reg. 12208, effective September 10, 1996; amended at 21 Ill. Reg. 15000, effective November 15, 1997; amended at 22 Ill. Reg. 4094, effective February 13, 1998; amended at 22 Ill. Reg. 7218, effective April 15, 1998; amended at 22 Ill. Reg. 16609, effective September 18, 1998; amended at 23 Ill. Reg. 1103, effective January 15, 1999; amended at 23 Ill. Reg. 8106, effective July 15, 1999; amended at 24 Ill. Reg. 17330, effective November 1, 2000; amended at 25 Ill. Reg. 4911, effective April 1, 2001; amended at 26 Ill. Reg. 3113, effective February 15, 2002; amended at 26 Ill. Reg. 4846, effective April 1, 2002; amended at 26 Ill. Reg. 10523, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 2181, effective February 1, 2003, for a maximum of 150

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days; emergency expired July 1, 2003; emergency amendment at 27 Ill. Reg. 5452 effective March 25, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 5862, effective April 1, 2003; emergency amendment at 27 Ill. Reg. 14204, effective August 15, 2003, for a maximum of 150 days.

## SUBPART A: GENERAL PROVISIONS

Section 300.120      Application for License  
EMERGENCY

- e) Any person acting individually or jointly with other persons who proposes to build, own, establish, or operate an intermediate care facility or skilled nursing facility shall submit application information on forms provided by the Department. The Department shall be furnished a written description of the proposed program to be provided, and other such information as it may require in order to determine the appropriate level of care for which the facility should be licensed. Application forms and other required information shall be submitted and approved prior to surveys of the physical plant or review of building plans and specifications.
- f) An application for a new facility shall be accompanied by a permit as required by the Illinois Health Facilities Planning Act (~~Ill. Rev. Stat. 1991, ch. 111 1/2, par. 1151 et seq.~~) [20 ILCS 3960].
- g) *Application for a license to establish or operate an intermediate care facility or skilled nursing facility shall be made in writing and submitted, with other such information as the Department may require, on forms provided by the Department. (Section 3-103(1) of the Act)*
- d) *All license applications shall be accompanied with an application fee. The fee for an annual license shall be based on the licensed capacity of the facility and shall be determined as follows: 0-49 licensed beds, a flat fee of \$500; 50-99 licensed beds, a flat fee of \$750; and for any facility with 100 or more licensed beds, a fee of \$1,000 plus \$10 per licensed bed. The fee for a 2-year license shall be double the fee for the annual license. (Section 3-103(2) of the Act)*
- ~~e)d) All applications, except those of homes for the aged, shall be accompanied by an application fee of \$200 for an annual license and \$400 for a 2 year license. The application shall be under oath and the submission of false or misleading information shall be a class A misdemeanor. The application shall contain the following information:~~

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- 1) *The name and address of the applicant if an individual, and if a firm, partnership, or association, of every member thereof, and in the case of a corporation, the name and address thereof and of its officers and its registered agent, and in the case of a unit of local government, the name and address of its chief executive officer;*
  - 2) *The name and location of the facility for which a license is sought;*
  - 3) *The name of the person or persons under whose management or supervision the facility will be conducted;*
  - 4) *The number and type of residents for which maintenance, personal care, or nursing is to be provided; and*
  - 5) *Such information relating to the number, experience, and training of the employees of the facility, any management agreements for the operation of the facility, and of the moral character of the applicant and employees as the Department may deem necessary. (Section 3-103(2) of the Act)*
- ~~f~~e) Ownership Change or Discontinuation
- 6) The license is not transferable. It is issued to a specific licensee and for a specific location. The license and the valid current renewal certificate immediately become void and shall be returned to the Department when the facility is sold; or leased; ~~or~~ when operation is discontinued; ~~or~~ when operation is moved to a new location; ~~or~~ when the licensee (if an individual) dies; ~~or~~ when the licensee (if a corporation or partnership) dissolves or terminates; or when the licensee (whatever the entity) ceases to be.
  - 7) A license issued to a corporation shall become null, void and of no further effect upon the dissolution of the corporation. The license shall not be revived if the corporation is subsequently reinstated. A new license must be obtained in such cases.
- ~~g~~f) *Each initial application shall be accompanied by a financial statement setting forth the financial condition of the applicant and by a statement from the unit of local government having zoning jurisdiction over the facility's location stating that the location of the facility is not in violation of a zoning ordinance. An initial application for a new facility shall be accompanied by a permit as required by the Illinois Health Facilities Planning Act. After the application is approved, the*

## DEPARTMENT OF PUBLIC HEALTH

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*applicant shall advise the Department every six months of any changes in the information originally provided in the application. (Section 3-103(3) of the Act)*

hg) The Department *may issue licenses or renewals for periods of not less than six (6) months nor more than ~~eighteen (18)~~ months for facilities with annual licenses and not less than 18 months nor more than 30 months for facilities with 2-year licenses in order to distribute the expiration dates of such licenses throughout the calendar year. The fees for such licenses shall be pro-rated on the basis of the portion of the year for which they are issued. (Section 3-110 of the Act) The prorated fee will be as follows:*

- 1) ~~Six (6) months to less than twelve (12) months—\$150.00;~~
- 2) ~~Twelve (12) months to less than eighteen (18) months—\$200.00;~~
- 3) ~~Eighteen (18) months to less than twenty four (24) months—\$350.00;~~
- 4) ~~Twenty four (24) months to thirty (30) months—\$400.00.~~

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 14204, effective August 15, 2003, for a maximum of 150 days)



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the year for which a license is issued.

- 11) Are there any other amendments on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
330.340	Amendment	27 Ill. Reg. 7622
330.911	Amendment	27 Ill. Reg. 4956
330.3040	Amendment	27 Ill. Reg. 7622

- 12) Statement of Statewide Policy Objectives: These emergency amendments will affect licensees that are units of local government.

- 13) Information and questions regarding these emergency amendments shall be directed to:

Peggy Snyder  
Division of Legal Services  
Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, Illinois 62761  
217/782-2043  
e-mail: [rules@idph.state.il.us](mailto:rules@idph.state.il.us)

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

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIESPART 330  
SHELTERED CARE FACILITIES CODE

## SUBPART A: GENERAL PROVISIONS

## Section

330.110 General Requirements

330.120 Application for License

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330.130 Licensee

330.140 Issuance of an Initial License For a New Facility

330.150 Issuance of an Initial License Due to a Change of Ownership

330.160 Issuance of a Renewal License

330.163 Alzheimer's Special Care Disclosure

330.165 Criteria for Adverse Licensure Actions

330.170 Denial of Initial License

330.175 Denial of Renewal of License

330.180 Revocation of License

330.190 Experimental Program Conflicting With Requirements

330.200 Inspections, Surveys, Evaluations and Consultation

330.210 Filing an Annual Attested Financial Statement

330.220 Information to be Made Available to the Public By the Department

330.230 Information to be Made Available to the Public By the Licensee

330.240 Municipal Licensing

330.250 Ownership Disclosure

330.260 Issuance of Conditional Licenses

330.270 Monitoring and Receivership

330.271 Presentation of Findings

330.272 Determination to Issue a Notice of Violation or Administrative Warning

330.274 Determination of the Level of a Violation

330.276 Notice of Violation

330.277 Administrative Warning

330.278 Plans of Correction

330.280 Reports of Correction

330.282 Conditions for Assessment of Penalties

330.284 Calculation of Penalties

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## NOTICE OF EMERGENCY AMENDMENTS

330.286	Determination to Assess Penalties
330.288	Reduction or Waiver of Penalties
330.290	Quarterly List of Violators (Repealed)
330.300	Alcoholism Treatment Programs In Long-Term Care Facilities
330.310	Department May Survey Facilities Formerly Licensed
330.315	Supported Congregate Living Arrangement Demonstration
330.320	Waivers
330.330	Definitions
330.340	Incorporated and Referenced Materials

## SUBPART B: ADMINISTRATION

Section	
330.510	Administrator

## SUBPART C: POLICIES

Section	
330.710	Resident Care Policies
330.720	Admission and Discharge Policies
330.730	Contract Between Resident and Facility
330.740	Residents' Advisory Council
330.750	General Policies
330.760	Personnel Policies
330.765	Initial Health Evaluation for Employees
330.770	Disaster Preparedness
330.780	Serious Incidents and Accidents
330.785	Contacting Local Law Enforcement

## SUBPART D: PERSONNEL

Section	
330.910	Personnel
330.911	Health Care Worker Background Check
330.913	Nursing and Personal Care Assistants (Repealed)
330.916	Student Interns (Repealed)
330.920	Consultation Services
330.930	Personnel Policies

## SUBPART E: HEALTH SERVICES AND MEDICAL CARE OF RESIDENTS

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## Section

330.1110	Medical Care Policies
330.1120	Personal Care
330.1125	Life Sustaining Treatments
330.1130	Communicable Disease Policies
330.1135	Tuberculin Skin Test Procedures
330.1140	Behavior Emergencies (Repealed)
330.1145	Restraints
330.1150	Emergency Use of Physical Restraints
330.1155	Unnecessary, Psychotropic, and Antipsychotic Drugs

## SUBPART F: RESTORATIVE SERVICES

## Section

330.1310	Activity Program
330.1320	Work Programs
330.1330	Written Policies for Restorative Services
330.1340	Volunteer Program

## SUBPART G: MEDICATIONS

## Section

330.1510	Medication Policies
330.1520	Administration of Medication
330.1530	Labeling and Storage of Medications

## SUBPART H: RESIDENT AND FACILITY RECORDS

## Section

330.1710	Resident Record Requirements
330.1720	Content of Medical Records
330.1730	Records Pertaining to Residents' Property
330.1740	Retention and Transfer of Resident Records
330.1750	Other Resident Record Requirements
330.1760	Retention of Facility Records
330.1770	Other Facility Record Requirements

## SUBPART I: FOOD SERVICE

## Section

330.1910	Director of Food Services
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330.1920	Dietary Staff in Addition to Director of Food Services
330.1930	Hygiene of Dietary Staff
330.1940	Diet Orders
330.1950	Meal Planning
330.1960	Therapeutic Diets (Repealed)
330.1970	Scheduling of Meals
330.1980	Menus and Food Records
330.1990	Food Preparation and Service
330.2000	Food Handling Sanitation
330.2010	Kitchen Equipment, Utensils, and Supplies

## SUBPART J: MAINTENANCE, HOUSEKEEPING AND LAUNDRY

Section	
330.2210	Maintenance
330.2220	Housekeeping
330.2230	Laundry Services

## SUBPART K: FURNISHINGS, EQUIPMENT, AND SUPPLIES

Section	
330.2410	Furnishings
330.2420	Equipment and Supplies

## SUBPART L: WATER SUPPLY AND SEWAGE DISPOSAL

Section	
330.2610	Codes
330.2620	Water Supply
330.2630	Sewage Disposal
330.2640	Plumbing

SUBPART M: DESIGN AND CONSTRUCTION STANDARDS FOR NEW  
SHELTERED CARE FACILITIES

Section	
330.2810	Applicable Requirements (Repealed)
330.2820	Applicability of These Standards
330.2830	Submission of a Program Narrative
330.2840	New Constructions, Additions, Conversions, and Alterations
330.2850	Preparation and Submission of Drawings and Specifications

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330.2860	First Stage Drawings
330.2870	Second Stage Drawings
330.2880	Architectural Drawings
330.2890	Structural Drawings
330.3000	Mechanical Drawings
330.3010	Electrical Drawings
330.3020	Additions to Existing Structures
330.3030	Specifications
330.3040	Building Codes
330.3050	Site
330.3060	General Building Requirements
330.3070	Administration
330.3080	Corridors
330.3090	Bath and Toilet Rooms
330.3100	Living, Dining, Activity Rooms
330.3110	Bedrooms
330.3120	Special Care Room
330.3130	Kitchen
330.3140	Laundry
330.3150	Housekeeping, Service, and Storage
330.3160	Plumbing
330.3170	Heating
330.3180	Electrical

SUBPART N: FIRE PROTECTION STANDARDS FOR NEW  
SHELTERED CARE FACILITIES

Section	
330.3310	Applicable Requirements (Repealed)
330.3320	Applicability of These Standards
330.3330	Fire Protection
330.3340	Fire Department Service and Water Supply
330.3350	General Building Requirements
330.3360	Exit Facilities and Subdivision of Floor Areas
330.3370	Stairways, Vertical Openings, and Doorways
330.3380	Corridors
330.3390	Exit Lights and Directional Signs
330.3400	Hazardous Areas and Combustible Storage
330.3410	Fire Alarm and Detection System
330.3420	Fire Extinguishers, Electric Wiring, and Miscellaneous

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330.3430 Use of Fire Extinguishers, Evacuation Plan, and Fire Drills

SUBPART O: DESIGN AND CONSTRUCTION STANDARDS FOR  
EXISTING SHELTERED CARE FACILITIES

## Section

330.3610 Site  
330.3620 General Building Requirements  
330.3630 Administration  
330.3640 Corridors  
330.3650 Bath and Toilet Rooms  
330.3660 Living, Dining, and Activity Rooms  
330.3670 Bedrooms  
330.3680 Special Care Room  
330.3690 Kitchen  
330.3700 Laundry Room  
330.3710 Housekeeping and Service Rooms and Storage Space  
330.3720 Plumbing and Heating  
330.3730 Electrical

SUBPART P: FIRE PROTECTION STANDARDS FOR EXISTING  
SHELTERED CARE FACILITIES

## Section

330.3910 Fire Protection  
330.3920 Fire Department Service and Water Supply  
330.3930 Occupancy and Fire Areas  
330.3940 Exit Facilities and Subdivision of Floor Areas  
330.3950 Stairways, Vertical Openings, and Doorways  
330.3960 Exit and Fire Escape Lights and Directional Signs  
330.3970 Hazardous Areas and Combustible Storage  
330.3980 Fire Alarm and Detection System  
330.3990 Fire Extinguishers, Electric Wiring, and Miscellaneous  
330.4000 Use of Fire Extinguishers, Evacuation Plan, and Fire Drills

SUBPART Q: RESIDENT'S RIGHTS

## Section

330.4210 General  
330.4220 Medical and Personal Care Program  
330.4230 Restraints (Repealed)

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## NOTICE OF EMERGENCY AMENDMENTS

330.4240	Abuse and Neglect
330.4250	Communication and Visitation
330.4260	Resident's Funds
330.4270	Residents' Advisory Council
330.4280	Contract With Facility
330.4290	Private Right of Action
330.4300	Transfer or Discharge
330.4310	Complaint Procedures
330.4320	Confidentiality
330.4330	Facility Implementation

## SUBPART R: DAY CARE PROGRAMS

## Section

330.4510	Day Care In Long-Term Care Facilities
330.APPENDIX A	Interpretation, Components, and Illustrative Services for Sheltered Care Facilities (Repealed)
330.APPENDIX B	Classification of Distinct Part of a Facility For Different Levels of Service (Repealed)
330.APPENDIX C	Forms for Day Care in Long-Term Care Facilities
330.APPENDIX D	Criteria for Activity Directors Who Need Only Minimal Consultation (Repealed)
330.APPENDIX E	Guidelines for the Use of Various Drugs
330.TABLE A	Heat Index Table/Apparent Temperature

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 807, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 933, effective July 28, 1980; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 14547, effective November 8, 1982; amended at 6 Ill. Reg. 14681, effective November 15, 1982; amended at 7 Ill. Reg. 1963, effective January 28, 1983; amended at 7 Ill. Reg. 6973, effective May 17, 1983; amended at 7 Ill. Reg. 15825, effective November 15, 1983; amended at 8 Ill. Reg. 15596, effective August 15, 1984; amended at 8 Ill. Reg. 15941, effective August 17, 1984; codified at 8 Ill. Reg. 19790; amended at 8 Ill. Reg. 24241, effective November 28, 1984; amended at 8 Ill. Reg. 24696, effective December 7, 1984; amended at 9 Ill. Reg. 2952, effective February 25, 1985; amended at 9 Ill. Reg. 10974, effective July 1, 1985; amended at 11 Ill. Reg. 16879, effective October 1, 1987; amended at 12 Ill. Reg. 1017, effective December 24, 1987; amended at 12 Ill. Reg. 16870, effective October 1, 1988; emergency

## DEPARTMENT OF PUBLIC HEALTH

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amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6562, effective April 17, 1989; amended at 13 Ill. Reg. 19580, effective December 1, 1989; amended at 14 Ill. Reg. 14928, effective October 1, 1990; amended at 15 Ill. Reg. 516, effective January 1, 1991; amended at 16 Ill. Reg. 651, effective January 1, 1992; amended at 16 Ill. Reg. 14370, effective September 3, 1992; emergency amendment at 17 Ill. Reg. 2405, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 8000, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15089, effective September 3, 1993; amended at 17 Ill. Reg. 16180, effective January 1, 1994; amended at 17 Ill. Reg. 19258, effective October 26, 1993; amended at 17 Ill. Reg. 19576, effective November 4, 1993; amended at 17 Ill. Reg. 21044, effective November 20, 1993; amended at 18 Ill. Reg. 1475, effective January 14, 1994; amended at 18 Ill. Reg. 15851, effective October 15, 1994; amended at 19 Ill. Reg. 11567, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 552, effective January 1, 1996, for a maximum of 150 days; emergency expired on May 29, 1996; amended at 20 Ill. Reg. 10125, effective July 15, 1996; amended at 20 Ill. Reg. 12160, effective September 10, 1996; amended at 22 Ill. Reg. 4078, effective February 13, 1998; amended at 22 Ill. Reg. 7203, effective April 15, 1998; amended at 22 Ill. Reg. 16594, effective September 18, 1998; amended at 23 Ill. Reg. 1085, effective January 15, 1999; amended at 23 Ill. Reg. 8064, effective July 15, 1999; amended at 24 Ill. Reg. 17304, effective November 1, 2000; amended at 25 Ill. Reg. 4901, effective April 1, 2001; amended at 26 Ill. Reg. 4859, effective April 1, 2002; amended at 26 Ill. Reg. 10559, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 2202, effective February 1, 2003, for a maximum of 150 days; emergency expired July 1, 2003; emergency amendment at 27 Ill. Reg. 5473, effective March 25, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 5886, effective April 1, 2003; emergency amendment at 27 Ill. Reg. 14218, effective August 15, 2003, for a maximum of 150 days.

## SUBPART A: GENERAL PROVISIONS

Section 330.120      Application for License  
EMERGENCY

- h) Any person acting individually or jointly with other persons who proposes to build, own, establish, or operate a sheltered care facility shall submit application information on forms provided by the Department. The Department shall be furnished a written description of the proposed program to be provided, and other such information as it may require in order to determine the appropriate level of care for which the facility should be licensed. The application form and other required information shall be submitted and approved prior to surveys of the physical plant or review of building plans and specifications.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

- i) An application for a new facility shall be accompanied by a permit as required by the Illinois Health Facilities Planning Act (~~Ill. Rev. Stat. 1991, ch. 111 1/2, par. 1151 et seq.~~) [20 ILCS 3960].
- j) *Application for a license to establish or operate a sheltered care facility shall be made in writing and submitted, with other such information as the Department may require, on forms provided by the Department. (Section 3-103(l) of the Act)*
- d) *All license applications shall be accompanied with an application fee. The fee for an annual license shall be based on the licensed capacity of the facility and shall be determined as follows: 0-49 licensed beds, a flat fee of \$500; 50-99 licensed beds, a flat fee of \$750; and for any facility with 100 or more licensed beds, a fee of \$1,000 plus \$10 per licensed bed. The fee for a 2-year license shall be double the fee for the annual license. (Section 3-103(2) of the Act)*
- ~~ed)~~ *All applications, except those of homes for the aged, shall be accompanied by an application fee of \$200 for an annual license and \$400 for a 2-year license. The application shall be under oath and the submission of false or misleading information shall be a class A misdemeanor. The application shall contain the following information:*
- 1) *The name and address of the applicant if an individual, and if a firm, partnership, or association, of every member thereof, and in the case of a corporation, the name and address thereof and of its officers and its registered agent, and in the case of a unit of local government, the name and address of its chief executive officer;*
  - 2) *The name and location of the facility for which a license is sought;*
  - 3) *The name of the person or persons under whose management or supervision the facility will be conducted;*
  - 4) *The number and type of residents for which maintenance, personal care, or nursing is to be provided; and*
  - 5) *Such information relating to the number, experience, and training of the employees of the facility, any management agreements for the operation of the facility, and of the moral character of the applicant and employees as the Department may deem necessary. (Section 3-103(2) of the Act)*
- ~~fe)~~ Ownership Change or Discontinuation

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

- 6) The license is not transferable. It is issued to a specific licensee and for a specific location. The license and the valid current renewal certificate immediately become void and shall be returned to the Department when the facility is sold, or leased; ~~or~~ when operation is discontinued; ~~or~~ when operation is moved to a new location; ~~or~~ when the licensee (if an individual) dies; ~~or~~ when the licensee (if a corporation or partnership) dissolves or terminates; or when the licensee (whatever the entity) ceases to be.
- 7) A license issued to a corporation shall become null, void and of no further effect upon the dissolution of the corporation. The license shall not be revived if the corporation is subsequently reinstated. A new license must be obtained in such cases.
- gf) *Each initial application shall be accompanied by a financial statement setting forth the financial condition of the applicant and by a statement from the unit of local government having zoning jurisdiction over the facility's location stating that the location of the facility is not in violation of a zoning ordinance. An initial application for a new facility shall be accompanied by a permit as required by the Illinois Health Facilities Planning Act. After the application is approved, the applicant shall advise the Department every six months of any changes in the information originally provided in the application. (Section 3-103(3) of the Act)*
- hg) *The Department may issue licenses or renewals for periods of not less than six ~~(6)~~ months nor more than ~~eighteen (18)~~ months for facilities with annual licenses and not less than 18 months nor more than 30 months for facilities with 2-year licenses in order to distribute the expiration dates of such licenses throughout the calendar year. The fees for such licenses shall be pro-rated on the basis of the portion of the year for which they are issued. (Section 3-110 of the Act) ~~The pro-rated fee will be as follows:~~*
- 1) ~~Six (6) months to less than twelve (12) months — \$150.00;~~
  - 2) ~~Twelve (12) months to less than eighteen (18) months — \$200.00;~~
  - 3) ~~Eighteen (18) months to less than twenty four (24) months — \$350.00;~~
  - 4) ~~Twenty four (24) months to thirty (30) months — \$400.00.~~

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 14218, effective August 15, 2003, for a maximum of 150 days)



## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

340.1010	Amendment	27 Ill. Reg. 7641
340.1377	Amendment	27 Ill. Reg. 4956

12) Statement of Statewide Policy Objectives: These emergency amendments will affect licensees that are units of local government.

13) Information and questions regarding these emergency amendments shall be directed to:

Peggy Snyder  
Division of Legal Services  
Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, Illinois 62761  
217/782-2043  
e-mail: [rules@idph.state.il.us](mailto:rules@idph.state.il.us)

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

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIESPART 340  
ILLINOIS VETERANS' HOMES CODE

## SUBPART A: GENERAL PROVISIONS

## Section

340.1000	Definitions
340.1010	Incorporated and Referenced Materials
340.1110	General Requirements
340.1115	Federal Veterans' Regulations
340.1120	Application for License
<u>EMERGENCY</u>	
340.1125	Alzheimer's Special Care Disclosure
340.1130	Criteria for Adverse Licensure Actions
340.1140	Denial of Initial License
340.1150	Revocation or Denial of Renewal of License
340.1160	Inspections, Surveys, Evaluations, and Consultations
340.1170	Presentation of Findings by the Department
340.1190	Ownership Disclosure
340.1200	Monitor and Receivership
340.1210	Determination of a Violation
340.1220	Determination of the Level of a Violation
340.1230	Plans of Correction and Reports of Correction
340.1240	Calculation of Penalties
340.1245	Conditions for Assessment of Penalties
340.1250	Reduction or Waiver of Penalties
340.1255	Supported Congregate Living Arrangement Demonstration
340.1260	Waivers

## SUBPART B: POLICIES AND FACILITY RECORDS

## Section

340.1300	Facility Policies
340.1310	Admission and Discharge Policies
340.1320	Disaster Preparedness
340.1330	Serious Incidents and Accidents

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

340.1335	Infection Control
340.1340	Facility Record Requirements
340.1350	Personnel Policies
340.1360	Initial Health Evaluation for Employees
340.1370	Administrator
340.1375	Personnel Requirements
340.1376	Registry of Certified Nursing Assistants
340.1377	Health Care Worker Background Check
340.1378	Resident Attendants
340.1380	Contacting Local Law Enforcement

## SUBPART C: RESIDENT RIGHTS

Section	
340.1400	Implementation of Resident Rights and Facility Responsibilities
340.1410	General
340.1420	Contract Between Resident and Facility
340.1430	Residents' Advisory Council
340.1440	Abuse and Neglect
340.1450	Communication and Visitation
340.1460	Resident's Funds
340.1470	Transfer or Discharge
340.1480	Complaint Procedures
340.1490	Private Right of Action

## SUBPART D: HEALTH SERVICES

Section	
340.1500	Medical Care Policies
340.1505	Medical, Nursing and Restorative Services
340.1510	Communicable Disease Policies
340.1520	Tuberculin Skin Test Procedures
340.1530	Physician Services
340.1535	Dental Programs
340.1540	Life-Sustaining Treatments
340.1550	Obstetrical and Gynecological Care
340.1560	Nursing Personnel
340.1570	Personal Care
340.1580	Restraints
340.1590	Nonemergency Use of Physical Restraints

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

- 340.1600 Emergency Use of Physical Restraints
- 340.1610 Unnecessary, Psychotropic, and Antipsychotic Drugs
- 340.1620 Medication Administration (Repealed)
- 340.1630 Self-Administration of Medication (Renumbered)

## SUBPART E: MEDICATIONS

## Section

- 340.1650 Medication Policies and Procedures
- 340.1655 Compliance with Licensed Prescriber's Orders
- 340.1660 Administration of Medication
- 340.1665 Control of Medication
- 340.1670 Labeling and Storage of Medication
- 340.1675 Self-Administration of Medication

## SUBPART F: RESIDENT LIVING SERVICES

## Section

- 340.1700 Recreational and Activity Programs
- 340.1710 Social Services
- 340.1720 Work Programs
- 340.1730 Volunteer Program

## SUBPART G: RESIDENT RECORDS

## Section

- 340.1800 Resident Record Requirements
- 340.1810 Content of Medical Records
- 340.1820 Records Pertaining to Resident's Property
- 340.1830 Retention, Transfer, and Inspection of Records
- 340.1840 Confidentiality of Resident's Records

## SUBPART H: FOOD SERVICE

## Section

- 340.1900 Food Service Staff
- 340.1910 Diet Orders
- 340.1920 Meal Planning
- 340.1930 Therapeutic Diets (Repealed)
- 340.1940 Menus and Food Records
- 340.1950 Food Preparation and Service

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340.1960 Kitchen Equipment, Utensils and Supplies

SUBPART I: PHYSICAL PLANT SERVICES,  
FURNISHINGS, EQUIPMENT AND SUPPLIES

Section

340.2000	Maintenance
340.2010	Water Supply, Sewage Disposal and Plumbing
340.2020	Housekeeping
340.2030	Laundry Services
340.2040	Furnishings
340.2050	Equipment and Supplies
340.TABLE A	Heat Index Table/Apparent Temperature
340.TABLE B	Guidelines for the Use of Various Drugs

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Emergency rule adopted at 18 Ill. Reg. 10391, effective June 21, 1994, for a maximum of 150 days; emergency rule expired November 18, 1994; adopted at 19 Ill. Reg. 5679, effective April 3, 1995; emergency amendments at 20 Ill. Reg. 496, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10045, effective July 15, 1996; amended at 20 Ill. Reg. 12013, effective September 10, 1996; amended at 22 Ill. Reg. 3959, effective February 13, 1998; amended at 22 Ill. Reg. 7162, effective April 15, 1998; amended at 23 Ill. Reg. 1038, effective January 15, 1999; amended at 23 Ill. Reg. 7931, effective July 15, 1999; amended at 24 Ill. Reg. 17225, effective November 1, 2000; amended at 25 Ill. Reg. 4869, effective April 1, 2001; amended at 26 Ill. Reg. 4870, effective April 1, 2002; amended at 26 Ill. Reg. 10589, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 2222, effective February 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 5903, effective April 1, 2003; emergency amendment at 27 Ill. Reg. 14230, effective August 15, 2003, for a maximum of 150 days.

SUBPART A: GENERAL PROVISIONS

Section 340.1120 Application for License

EMERGENCY

- k) Application for a license to establish or operate a facility shall be made in writing and submitted, with other such information as the Department may require, on forms provided by the Department.
- l) The license is not transferable. It is issued to a specific licensee and for a specific

## DEPARTMENT OF PUBLIC HEALTH

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location. The license and the valid current renewal certificate immediately become void and shall be returned to the Department when a new license is issued to operate the facility; or when operation is discontinued; or when operation is moved to a new location; or when the licensee (if an individual) dies; or when the licensee (if a corporation or partnership) dissolves or terminates; or when the licensee (whatever the entity) ceases to be.

- c) All license applications shall be accompanied with an application fee. The fee for an annual license shall be based on the licensed capacity of the facility and shall be determined as follows: 0-49 licensed beds, a flat fee of \$500; 50-99 licensed beds, a flat fee of \$750; and for any facility with 100 or more licensed beds, a fee of \$1,000 plus \$10 per licensed bed. The fee for a 2-year license shall be double the fee for the annual license. (Section 3-103(2) of the Act)
- d) The Department may issue licenses or renewals for periods of not less than six months nor more than 18 months for facilities with annual licenses and not less than 18 months nor more than 30 months for facilities with 2-year licenses in order to distribute the expiration dates of such licenses throughout the calendar year. Fees for such licenses shall be prorated on the basis of the portion of a year for which they are issued. (Section 3-110 of the Act) ~~The prorated fee will be as follows:~~
- 1) ~~Six months to less than 12 months — \$150;~~
  - 2) ~~Twelve months to 18 months — \$200;~~
  - 3) ~~Eighteen months to less than 24 months — \$350;~~
  - 4) ~~Twenty four months to 30 months — \$400.~~
- e) The licensee shall qualify for issuance of a two-year license if the licensee has met the criteria contained in Section 3-110(b) of the Act for the last 24 consecutive months.
- f) A renewal application shall not be approved unless the applicant has provided to the Department an accurate disclosure document in accordance with the Alzheimer's Special Care Disclosure Act [220 ILCS 4] and Section 340.1125 of this Part, if applicable. (Section 3-115 of the Act)

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 14230, effective August 15, 2003, for a maximum of 150 days)



DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF EMERGENCY AMENDMENTS

the year for which a license is issued.

- 11) Are there any other amendments on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
350.340	Amendment	27 Ill. Reg. 7659
350.681	Amendment	27 Ill. Reg. 4973
350.2620	Amendment	27 Ill. Reg. 7654

- 12) Statement of Statewide Policy Objectives: These emergency amendments will affect licensees that are units of local government.

- 13) Information and questions regarding these emergency amendments shall be directed to:

Peggy Snyder  
Division of Legal Services  
Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, Illinois 62761  
217/782-2043  
e-mail: [rules@idph.state.il.us](mailto:rules@idph.state.il.us)

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

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES

## PART 350

## INTERMEDIATE CARE FOR THE DEVELOPMENTALLY DISABLED FACILITIES CODE

## SUBPART A: GENERAL PROVISIONS

## Section

350.110	General Requirements
350.120	Application for License
<u>EMERGENCY</u>	
350.130	Licensee
350.140	Issuance of an Initial License for a New Facility
350.150	Issuance of an Initial License Due to a Change of Ownership
350.160	Issuance of a Renewal License
350.165	Criteria for Adverse Licensure Actions
350.170	Denial of Initial License
350.175	Denial of Renewal of License
350.180	Revocation of License
350.190	Experimental Program Conflicting With Requirements
350.200	Inspections, Surveys, Evaluations and Consultation
350.210	Filing an Annual Attested Financial Statement
350.220	Information to Be Made Available to the Public By the Department
350.230	Information to Be Made Available to the Public By the Licensee
350.240	Municipal Licensing
350.250	Ownership Disclosure
350.260	Issuance of Conditional Licenses
350.270	Monitor and Receivership
350.271	Presentation of Findings
350.272	Determination to Issue a Notice of Violation or Administrative Warning
350.274	Determination of the Level of a Violation
350.276	Notice of Violation
350.277	Administrative Warning
350.278	Plans of Correction
350.280	Reports of Correction
350.282	Conditions for Assessment of Penalties
350.284	Calculation of Penalties
350.286	Determination to Assess Penalties

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350.288	Reduction or Waiver of Penalties
350.290	Quarterly List of Violators (Repealed)
350.300	Alcoholism Treatment Programs In Long-Term Care Facilities
350.310	Department May Survey Facilities Formerly Licensed
350.315	Supported Congregate Living Arrangement Demonstration
350.320	Waivers
350.330	Definitions
350.340	Incorporated and Referenced Materials

## SUBPART B: ADMINISTRATION

Section	
350.510	Administrator

## SUBPART C: POLICIES

Section	
350.610	Management Policies
350.620	Resident Care Policies
350.625	Determination of Need Screening
350.630	Admission and Discharge Policies
350.640	Contract Between Resident and Facility
350.650	Residents' Advisory Council
350.660	General Policies
350.670	Personnel Policies
350.675	Initial Health Evaluation for Employees
350.680	Developmental Disabilities Aides
350.681	Health Care Worker Background Check
350.682	Resident Attendants
350.683	Registry of Developmental Disabilities Aides
350.685	Student Interns
350.690	Disaster Preparedness
350.700	Serious Incidents and Accidents
350.750	Contacting Local Law Enforcement

## SUBPART D: PERSONNEL

Section	
350.810	Personnel
350.820	Consultation Services
350.830	Personnel Policies (Repealed)

## DEPARTMENT OF PUBLIC HEALTH

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## SUBPART E: RESIDENT LIVING SERVICES

## Section

350.1010	Service Programs
350.1020	Psychological Services
350.1030	Social Services
350.1040	Speech Pathology and Audiology Services
350.1050	Recreational and Activities Services
350.1055	Volunteer Program
350.1060	Training and Habilitation Services
350.1070	Training and Habilitation Staff
350.1080	Restraints
350.1082	Nonemergency Use of Physical Restraints
350.1084	Emergency Use of Physical Restraints
350.1086	Unnecessary, Psychotropic, and Antipsychotic Drugs

## SUBPART F: HEALTH SERVICES

## Section

350.1210	Health Services
350.1220	Physician Services
350.1223	Communicable Disease Policies
350.1225	Tuberculin Skin Test Procedures
350.1230	Nursing Services
350.1235	Life-Sustaining Treatments
350.1240	Dental Services
350.1250	Physical and Occupational Therapy Services

## SUBPART G: MEDICATIONS

## Section

350.1410	Medication Policies and Procedures
350.1420	Compliance with Licensed Prescriber's Orders
350.1430	Administration of Medication
350.1440	Labeling and Storage of Medications
350.1450	Control of Medications

## SUBPART H: RESIDENT AND FACILITY RECORDS

## Section

350.1610	Resident Record Requirements
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## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

350.1620	Content of Medical Records
350.1630	Confidentiality of Resident's Records
350.1640	Records Pertaining to Residents' Property
350.1650	Retention and Transfer of Resident Records
350.1660	Other Resident Record Requirements
350.1670	Staff Responsibility for Medical Records
350.1680	Retention of Facility Records
350.1690	Other Facility Record Requirements

## SUBPART I: FOOD SERVICE

Section	
350.1810	Director of Food Services
350.1820	Dietary Staff in Addition to Director of Food Services
350.1830	Hygiene of Dietary Staff
350.1840	Diet Orders
350.1850	Meal Planning
350.1860	Therapeutic Diets (Repealed)
350.1870	Scheduling Meals
350.1880	Menus and Food Records
350.1890	Food Preparation and Service
350.1900	Food Handling Sanitation
350.1910	Kitchen Equipment, Utensils, and Supplies

## SUBPART J: MAINTENANCE, HOUSEKEEPING AND LAUNDRY

Section	
350.2010	Maintenance
350.2020	Housekeeping
350.2030	Laundry Services

## SUBPART K: FURNISHINGS, EQUIPMENT, AND SUPPLIES

Section	
350.2210	Furnishings
350.2220	Equipment and Supplies

## SUBPART L: WATER SUPPLY AND SEWAGE DISPOSAL

Section	
350.2410	Codes

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

- 350.2420 Water Supply
- 350.2430 Sewage Disposal
- 350.2440 Plumbing

SUBPART M: CONSTRUCTION STANDARDS FOR NEW INTERMEDIATE CARE  
FACILITIES FOR THE DEVELOPMENTALLY DISABLED

## Section

- 350.2610 Applicability of These Standards
- 350.2620 Codes and Standards
- 350.2630 Preparation of Drawings and Specifications
- 350.2640 Site
- 350.2650 Administration and Public Areas
- 350.2660 Nursing Unit
- 350.2670 Dining, Living, Activities Rooms
- 350.2680 Therapy and Personal Care
- 350.2690 Service Departments
- 350.2700 General Building Requirements
- 350.2710 Structural
- 350.2720 Mechanical Systems
- 350.2730 Plumbing Systems
- 350.2740 Electrical Systems

SUBPART N: CONSTRUCTION STANDARDS FOR EXISTING INTERMEDIATE CARE  
FACILITIES FOR THE DEVELOPMENTALLY DISABLED

## Section

- 350.2910 Applicability
- 350.2920 Codes and Standards
- 350.2930 Preparation of Drawings and Specifications
- 350.2940 Site
- 350.2950 Administration and Public Areas
- 350.2960 Nursing Unit
- 350.2970 Living, Dining, Activities Rooms
- 350.2980 Treatment and Personal Care
- 350.2990 Service Department
- 350.3000 General Building Requirements
- 350.3010 Structural
- 350.3020 Mechanical Systems
- 350.3030 Plumbing Systems

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

350.3040 Electrical Requirements

## SUBPART O: RESIDENT'S RIGHTS

## Section

350.3210 General  
350.3220 Medical and Personal Care Program  
350.3230 Restraints (Repealed)  
350.3240 Abuse and Neglect  
350.3250 Communication and Visitation  
350.3260 Resident's Funds  
350.3270 Residents' Advisory Council  
350.3280 Contract With Facility  
350.3290 Private Right of Action  
350.3300 Transfer or Discharge  
350.3310 Complaint Procedures  
350.3320 Confidentiality  
350.3330 Facility Implementation

SUBPART P: SPECIAL STANDARDS FOR INTERMEDIATE CARE FACILITIES FOR  
THE DEVELOPMENTALLY DISABLED OF 16 BEDS OR LESS

## Section

350.3710 Applicability of Other Provisions of this Part  
350.3720 Administration  
350.3730 Admission and Discharge Policies  
350.3740 Personnel  
350.3750 Consultation Services and Nursing Services  
350.3760 Medication Policies  
350.3770 Food Services  
350.3780 Codes and Standards  
350.3790 Administration and Public Areas  
350.3800 Bedrooms  
350.3810 Nurses Station  
350.3820 Bath and Toilet Rooms  
350.3830 Utility Rooms  
350.3840 Living, Dining, Activity Rooms  
350.3850 Therapy and Personal Care  
350.3860 Kitchen  
350.3870 Laundry Room

## DEPARTMENT OF PUBLIC HEALTH

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350.3880	General Building Requirements
350.3890	Corridors
350.3900	Special Care Room
350.3910	Exit Facilities and Subdivision of Floor Areas
350.3920	Stairways, Vertical Openings and Doorways
350.3930	Hazardous Areas and Combustible Storage
350.3940	Mechanical Systems
350.3950	Heating, Cooling, and Ventilating Systems
350.3960	Plumbing Systems
350.3970	Electrical Systems
350.3980	Fire Alarm and Detection System
350.3990	Emergency Electrical System
350.4000	Fire Protection
350.4010	Construction Types
350.4020	Equivalencies
350.4030	New Construction Requirements

## SUBPART Q: DAY CARE PROGRAMS

## Section

350.4210	Day Care in Long-Term Care Facilities
350.APPENDIX A	Classification of Distinct Part of a Facility for Different Levels of Service (Repealed)
350.APPENDIX B	Federal Requirements Regarding Residents' Rights (Repealed)
350.APPENDIX C	Seismic Zone Map
350.APPENDIX D	Forms For Day Care in Long-Term Care Facilities
350.APPENDIX E	Guidelines for the Use of Various Drugs
350.TABLE A	Sound Transmission Limitations in New Intermediate Care Facilities for the Developmentally Disabled
350.TABLE B	Pressure Relationships and Ventilation Rate of Certain Areas for the New Intermediate Care Facilities for the Developmentally Disabled
350.TABLE C	Construction Types and Sprinkler Requirements for Existing Intermediate Care Facilities for the Developmentally Disabled
350.TABLE D	Food Service Sanitation Rules, 77 Illinois. Adm. Code 750, 1983 Applicable for New Intermediate Care Facilities for the Developmentally Disabled of Sixteen (16) Beds or Less
350.TABLE E	Construction Types and Sprinkler Requirements for New Intermediate Care Facilities for the Developmentally Disabled of Sixteen (16) Beds or Less

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## 350.TABLE F Heat Index Table/Apparent Temperature

**AUTHORITY:** Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

**SOURCE:** Emergency rules adopted at 4 Ill. Reg. 10, p. 495, effective March 1, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 30, p. 1, effective July 28, 1980; amended at 5 Ill. Reg. 1657, effective February 4, 1981; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 6453, effective May 14, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 14544, effective November 8, 1982; amended at 6 Ill. Reg. 14675, effective November 15, 1982; amended at 6 Ill. Reg. 15556, effective December 15, 1982; amended at 7 Ill. Reg. 278, effective December 22, 1982; amended at 7 Ill. Reg. 1919 and 1945, effective January 28, 1983; amended at 7 Ill. Reg. 7963, effective July 1, 1983; amended at 7 Ill. Reg. 15817, effective November 15, 1983; amended at 7 Ill. Reg. 16984, effective December 14, 1983; amended at 8 Ill. Reg. 15574 and 15578 and 15581, effective August 15, 1984; amended at 8 Ill. Reg. 15935, effective August 17, 1984; amended at 8 Ill. Reg. 16980, effective September 5, 1984; codified at 8 Ill. Reg. 19806; amended at 8 Ill. Reg. 24214, effective November 29, 1984; amended at 8 Ill. Reg. 24680, effective December 7, 1984; amended at 9 Ill. Reg. 142, effective December 26, 1984; amended at 9 Ill. Reg. 331, effective December 28, 1984; amended at 9 Ill. Reg. 2964, effective February 25, 1985; amended at 9 Ill. Reg. 10876, effective July 1, 1985; amended at 11 Ill. Reg. 14795, effective October 1, 1987; amended at 11 Ill. Reg. 16830, effective October 1, 1987; amended at 12 Ill. Reg. 979, effective December 24, 1987; amended at 12 Ill. Reg. 16838, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18705, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6040, effective April 17, 1989; amended at 13 Ill. Reg. 19451, effective December 1, 1989; amended at 14 Ill. Reg. 14876, effective October 1, 1990; amended at 15 Ill. Reg. 466, effective January 1, 1991; amended at 16 Ill. Reg. 594, effective January 1, 1992; amended at 16 Ill. Reg. 13910, effective September 1, 1992; amended at 17 Ill. Reg. 2351, effective February 10, 1993; emergency amendment at 17 Ill. Reg. 2373, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 7948, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; emergency amendment at 17 Ill. Reg. 9105, effective June 7, 1993, for a maximum of 150 days; emergency expired on November 4, 1993; amended at 17 Ill. Reg. 15056, effective September 3, 1993; amended at 17 Ill. Reg. 16153, effective January 1, 1994; amended at 17 Ill. Reg. 19210, effective October 26, 1993; amended at 17 Ill. Reg. 19517, effective November 4, 1993; amended at 17 Ill. Reg. 21017, effective November 20, 1993; amended at 18 Ill. Reg. 1432, effective January 14, 1994; amended at 18 Ill. Reg. 15789, effective October 15, 1994; amended at 19 Ill. Reg. 11481, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 512, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10065, effective July 15, 1996; amended at 20 Ill. Reg. 12049, effective September 10, 1996; amended at 21 Ill. Reg. 14990,

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effective November 15, 1997; amended at 22 Ill. Reg. 4040, effective February 13, 1998; amended at 22 Ill. Reg. 7172, effective April 15, 1998; amended at 22 Ill. Reg. 16557, effective September 18, 1998; amended at 23 Ill. Reg. 1052, effective January 15, 1999; amended at 23 Ill. Reg. 7970, effective July 15, 1999; amended at 24 Ill. Reg. 17254, effective November 1, 2000; amended at 25 Ill. Reg. 4879, effective April 1, 2001; amended at 25 Ill. Reg. 6499, effective May 15, 2001; amended at 26 Ill. Reg. 4878, effective April 1, 2002; amended at 26 Ill. Reg. 10611, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 2238, effective February 1, 2003, a maximum of 150 days; emergency expired July 1, 2003; emergency amendment at 27 Ill. Reg. 5489, effective March 25, 2003, for a maximum 150 days; amended at 27 Ill. Reg. 5924, effective April 1, 2003; emergency amendment at 27 Ill. Reg. 14237, effective August 15, 2003, for a maximum of 150 days.

## SUBPART A: GENERAL PROVISIONS

Section 350.120      Application for License  
EMERGENCY

- a) Any person acting individually or jointly with other persons who proposes to build, own, establish, or operate an intermediate care facility or skilled nursing facility shall submit application information on forms provided by the Department. The Department shall be furnished a written description of the proposed program to be provided, and other such information as it may require in order to determine the appropriate level of care for which the facility should be licensed. The application form and other required information shall be submitted and approved prior to surveys of the physical plant or review of building plans and specifications.
- b) An application for a new facility shall be accompanied by a permit as required by the Illinois Health Facilities Planning Act (~~Ill. Rev. Stat. 1991, ch. 111 1/2, par. 1151 et seq.~~) [20 ILCS 3960].
- c) *Application* for a license to establish or *operate* an intermediate care facility for persons with developmental disabilities *shall be made* in writing and submitted, with other such information as the Department may require, *on forms* provided by the Department. (Section 3-103(1) of the Act)
- d) All license applications shall be accompanied with an application fee. The fee for an annual license shall be based on the licensed capacity of the facility and shall be determined as follows: 0-49 licensed beds, a flat fee of \$500; 50-99 licensed beds, a flat fee of \$750; and for any facility with 100 or more licensed beds, a fee

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

of \$1,000 plus \$10 per licensed bed. The fee for a 2-year license shall be double the fee for the annual license. (Section 3-103(2) of the Act)

~~ed)~~ All applications, except those of homes for the aged, shall be accompanied by an application fee of \$200 for an annual license and \$400 for a 2-year license. The application shall be under oath and the submission of false or misleading information shall be a class A misdemeanor. The application shall contain the following information:

- 1) The name and address of the applicant if an individual, and if a firm, partnership, or association, of every member thereof, and in the case of a corporation, the name and address thereof and of its officers and its registered agent, and in the case of a unit of local government, the name and address of its chief executive officer;
- 2) The name and location of the facility for which a license is sought;
- 3) The name of the person or persons under whose management or supervision the facility will be conducted;
- 4) The number and type of residents for which maintenance, personal care, or nursing is to be provided; and
- 5) Such information relating to the number, experience, and training of the employees of the facility, any management agreements for the operation of the facility, and of the moral character of the applicant and employees as the department may deem necessary. (Section 3-103(2) of the Act)

~~fe)~~ Ownership Change or Discontinuation

- 6) The license is not transferable. It is issued to a specific licensee and for a specific location. The license and the valid current renewal certificate immediately become void and shall be returned to the Department when the facility is sold; or leased; ~~or~~ when operation is discontinued; ~~or~~ when operation is moved to a new location; ~~or~~ when the licensee (if an individual) dies; ~~or~~ when the licensee (if a corporation or partnership) dissolves or terminates; or when the licensee (whatever the entity) ceases to be.
- 7) A license issued to a corporation shall become null, void and of no further effect upon the dissolution of the corporation. The license shall not be

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

revived if the corporation is subsequently reinstated. A new license must be obtained in such cases.

*gf) Each initial application shall be accompanied by a financial statement setting forth the financial condition of the applicant and by a statement from the unit of local government having zoning jurisdiction over the facility's location stating that the location of the facility is not in violation of a zoning ordinance. An initial application for a new facility shall be accompanied by a permit as required by the Illinois Health Facilities Planning Act. After the application is approved, the applicant shall advise the Department every six months of any changes in the information originally provided in the application. (Section 3-103(3) of the Act)*

*hg) The Department may issue licenses or renewals for periods of not less than six ~~(6)~~ months nor more than ~~eighteen (18)~~ months for facilities with annual licenses and not less than 18 months nor more than 30 months for facilities with 2-year licenses in order to distribute the expiration dates of such licenses throughout the calendar year. The fees for such licenses shall be pro-rated on the basis of the portion of the year for which they are issued. (Section 3-110 of the Act) ~~The prorated fee will be as follows:~~*

- 1) ~~Six (6) months to less than twelve (12) months — \$150.00;~~*
- 2) ~~Twelve (12) months to less than eighteen (18) months — \$200.00;~~*
- 3) ~~Eighteen (18) months to less than twenty four (24) months — \$350.00;~~*
- 4) ~~Twenty four (24) months to thirty (30) months — \$400.00.~~*

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 14237, effective August 15, 2003, for a maximum of 150 days)



DEPARTMENT OF PUBLIC HEALTH  
NOTICE OF EMERGENCY AMENDMENTS

the year for which a license is issued.

- 11) Are there any other amendments on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
390.340	Amendment	27 Ill. Reg. 7679
390.681	Amendment	27 Ill. Reg. 4995
390.2620	Amendment	27 Ill. Reg. 7679

- 12) Statement of Statewide Policy Objectives: These emergency amendments will affect licensees that are units of local government.

- 13) Information and questions regarding these emergency amendments shall be directed to:

Peggy Snyder  
Division of Legal Services  
Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, Illinois 62761  
217/782-2043  
e-mail: [rules@idph.state.il.us](mailto:rules@idph.state.il.us)

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

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIESPART 390  
LONG-TERM CARE FOR UNDER AGE 22 FACILITIES CODE

## SUBPART A: GENERAL PROVISIONS

## Section

390.110	General Requirements
390.120	Application for License
<u>EMERGENCY</u>	
390.130	Licensee
390.140	Issuance of an Initial License for a New Facility
390.150	Issuance of an Initial License Due to a Change of Ownership
390.160	Issuance of a Renewal License
390.165	Criteria for Adverse Licensure Actions
390.170	Denial of Initial License
390.175	Denial of Renewal of License
390.180	Revocation of License
390.190	Experimental Program Conflicting With Requirements
390.200	Inspections, Surveys, Evaluations and Consultation
390.210	Filing an Annual Attested Financial Statement
390.220	Information to be Made Available to the Public by the Department
390.230	Information to Be Made Available to the Public By the Licensee
390.240	Municipal Licensing
390.250	Ownership Disclosure
390.260	Issuance of Conditional Licenses
390.270	Monitor and Receivership
390.271	Presentation of Findings
390.272	Determination to Issue a Notice of Violation or Administrative Warning
390.274	Determination of the Level of a Violation
390.276	Notice of Violation
390.277	Administrative Warning
390.278	Plans of Correction
390.280	Reports of Correction
390.282	Conditions for Assessment of Penalties
390.284	Calculation of Penalties
390.286	Determination to Assess Penalties

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

390.288	Reduction or Waiver of Penalties
390.290	Quarterly List of Violators (Repealed)
390.300	Alcoholism Treatment Programs in Long-Term Care Facilities
390.310	Department May Survey Facilities Formerly Licensed
390.315	Supported Congregate Living Arrangement Demonstration
390.320	Waivers
390.330	Definitions
390.340	Incorporated and Referenced Materials

## SUBPART B: ADMINISTRATION

Section	
390.500	Administrator

## SUBPART C: POLICIES

Section	
390.610	Management Policies
390.620	Resident Care Policies
390.630	Admission and Discharge Policies
390.640	Contract Between Resident and Facility
390.650	Residents' Advisory Council
390.660	General Policies
390.670	Personnel Policies
390.675	Initial Health Evaluation for Employees
390.680	Child Care/Habilitation Aides
390.681	Health Care Worker Background Check
390.682	Resident Attendants
390.683	Registry of Child Care/Habilitation Aides
390.685	Student Interns
390.690	Disaster Preparedness
390.700	Serious Incidents and Accidents
390.750	Contacting Local Law Enforcement

## SUBPART D: PERSONNEL

Section	
390.810	General
390.820	Categories of Personnel
390.830	Consultation Services

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

## SUBPART E: HEALTH AND DEVELOPMENTAL SERVICES

## Section

390.1010	Service Programs
390.1020	Medical Services
390.1025	Life-Sustaining Treatments
390.1030	Physician Services
390.1035	Tuberculin Skin Test Procedures
390.1040	Nursing Services
390.1050	Dental Care Services
390.1060	Physical and Occupational Therapy Services
390.1070	Psychological Services
390.1080	Social Services
390.1090	Speech Pathology and Audiology Services
390.1100	Recreational and Activity Services
390.1110	Educational Services
390.1120	Work Activity and Prevocational Training Services

## SUBPART F: RESTRAINTS AND BEHAVIOR MANAGEMENT

## Section

390.1310	Restraints
390.1312	Nonemergency Use of Physical Restraints
390.1314	Emergency Use of Physical Restraints
390.1316	Unnecessary, Psychotropic, and Antipsychotic Drugs
390.1320	Behavior Management
390.1330	Behavior Emergencies (Repealed)

## SUBPART G: MEDICATIONS

## Section

390.1410	Medication Policies and Procedures
390.1420	Compliance with Licensed Prescriber's Orders
390.1430	Administration of Medication
390.1440	Labeling and Storage of Medications
390.1450	Control of Medications

## SUBPART H: RESIDENT AND FACILITY RECORDS

## Section

390.1610	Resident Record Requirements
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## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

390.1620	Content of Medical Records
390.1630	Confidentiality of Resident's Records
390.1640	Records Pertaining to Residents' Property
390.1650	Retention and Transfer of Resident Records
390.1660	Other Resident Record Requirements
390.1670	Staff Responsibility for Medical Records
390.1680	Retention of Facility Records
390.1690	Other Facility Record Requirements

## SUBPART I: FOOD SERVICE

Section	
390.1810	Director of Food Services
390.1820	Dietary Staff in Addition to Director of Food Services
390.1830	Hygiene of Dietary Staff
390.1840	Diet Orders
390.1850	Meal Planning
390.1860	Infant and Therapeutic Diets
390.1870	Scheduling Meals
390.1880	Menus and Food Records
390.1890	Food Preparation and Service
390.1900	Preparation of Infant Formula
390.1910	Food Handling Sanitation
390.1920	Kitchen Equipment, Utensils, and Supplies

## SUBPART J: MAINTENANCE, HOUSEKEEPING, AND LAUNDRY

Section	
390.2010	Maintenance
390.2020	Housekeeping
390.2030	Laundry Services

## SUBPART K: FURNISHINGS, EQUIPMENT, AND SUPPLIES

Section	
390.2210	Furnishings
390.2220	Equipment and Supplies
390.2230	Sterilization of Supplies and Equipment

## SUBPART L: WATER SUPPLY AND SEWAGE DISPOSAL

## DEPARTMENT OF PUBLIC HEALTH

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## Section

390.2410	Codes
390.2420	Water Supply
390.2430	Sewage Disposal
390.2440	Plumbing

## SUBPART M: DESIGN AND CONSTRUCTION STANDARDS FOR NEW FACILITIES

## Section

390.2610	Applicability of these Standards
390.2620	Codes and Standards
390.2630	Preparation of Drawings and Specifications
390.2640	Site
390.2650	Administration and Public Areas
390.2660	Nursing Unit
390.2670	Dining, Play, Activity/Program Rooms
390.2680	Therapy and Personal Care
390.2690	Service Departments
390.2700	General Building Requirements
390.2710	Structural
390.2720	Mechanical Systems
390.2730	Plumbing Systems
390.2740	Electrical Systems

## SUBPART N: DESIGN AND CONSTRUCTION STANDARDS FOR EXISTING FACILITIES

## Section

390.2910	Applicability
390.2920	Codes and Standards
390.2930	Preparation of Drawings and Specifications
390.2940	Site
390.2950	Administration and Public Areas
390.2960	Nursing Unit
390.2970	Play, Dining, Activity/Program Rooms
390.2980	Treatment and Personal Care
390.2990	Service Department
390.3000	General Building Requirements
390.3010	Structural
390.3020	Mechanical Systems

## DEPARTMENT OF PUBLIC HEALTH

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- 390.3030 Plumbing Systems
- 390.3040 Electrical Requirements

## SUBPART O: RESIDENT'S RIGHTS

## Section

- 390.3210 General
- 390.3220 Medical and Personal Care Program
- 390.3230 Restraints (Repealed)
- 390.3240 Abuse and Neglect
- 390.3250 Communication and Visitation
- 390.3260 Resident's Funds
- 390.3270 Residents' Advisory Council
- 390.3280 Contract With Facility
- 390.3290 Private Right of Action
- 390.3300 Transfer or Discharge
- 390.3310 Complaint Procedures
- 390.3320 Confidentiality
- 390.3330 Facility Implementation

## SUBPART P: DAY CARE PROGRAMS

## Section

- 390.3510 Day Care in Long-Term Care Facilities
  
- 390.APPENDIX A Interpretation and Illustrative Services for Long-Term Care Facility for Residents Under 22 Years of Age (Repealed)
- 390.APPENDIX B Forms for Day Care in Long-Term Care Facilities
- 390.APPENDIX C Guidelines for the Use of Various Drugs
- 390.TABLE A Infant Feeding
- 390.TABLE B Daily Nutritional Requirements By Age Group
- 390.TABLE C Sound Transmissions Limitations
- 390.TABLE D Pressure Relationships and Ventilation Rates of Certain Areas for New Long-Term Care Facilities for Persons Under Twenty-Two (22) Years of Age
- 390.TABLE E Sprinkler Requirements
- 390.TABLE F Heat Index Table/Apparent Temperature

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Adopted at 6 Ill. Reg. 1658, effective February 1, 1982; emergency amendment at 6

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

Ill. Reg. 3223, effective March 8, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11622, effective September 14, 1982; amended at 6 Ill. Reg. 14557 and 14560, effective November 8, 1982; amended at 6 Ill. Reg. 14678, effective November 15, 1982; amended at 7 Ill. Reg. 282, effective December 22, 1982; amended at 7 Ill. Reg. 1927, effective January 28, 1983; amended at 7 Ill. Reg. 8574, effective July 11, 1983; amended at 7 Ill. Reg. 15821, effective November 15, 1983; amended at 7 Ill. Reg. 16988, effective December 14, 1983; amended at 8 Ill. Reg. 15585, 15589, and 15592, effective August 15, 1984; amended at 8 Ill. Reg. 16989, effective September 5, 1984; codified at 8 Ill. Reg. 19823; amended at 8 Ill. Reg. 24159, effective November 29, 1984; amended at 8 Ill. Reg. 24656, effective December 7, 1984; amended at 8 Ill. Reg. 25083, effective December 14, 1984; amended at 9 Ill. Reg. 122, effective December 26, 1984; amended at 9 Ill. Reg. 10785, effective July 1, 1985; amended at 11 Ill. Reg. 16782, effective October 1, 1987; amended at 12 Ill. Reg. 931, effective December 24, 1987; amended at 12 Ill. Reg. 16780, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18243, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6301, effective April 17, 1989; amended at 13 Ill. Reg. 19521, effective December 1, 1989; amended at 14 Ill. Reg. 14904, effective October 1, 1990; amended at 15 Ill. Reg. 1878, effective January 25, 1991; amended at 16 Ill. Reg. 623, effective January 1, 1992; amended at 16 Ill. Reg. 14329, effective September 3, 1992; emergency amendment at 17 Ill. Reg. 2390, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 7974, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15073, effective September 3, 1993; amended at 17 Ill. Reg. 16167, effective January 1, 1994; amended at 17 Ill. Reg. 19235, effective October 26, 1993; amended at 17 Ill. Reg. 19547, effective November 4, 1993; amended at 17 Ill. Reg. 21031, effective November 20, 1993; amended at 18 Ill. Reg. 1453, effective January 14, 1994; amended at 18 Ill. Reg. 15807, effective October 15, 1994; amended at 19 Ill. Reg. 11525, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 535, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10106, effective July 15, 1996; amended at 20 Ill. Reg. 12101, effective September 10, 1996; amended at 22 Ill. Reg. 4062, effective February 13, 1998; amended at 22 Ill. Reg. 7188, effective April 15, 1998; amended at 22 Ill. Reg. 16576, effective September 18, 1998; amended at 23 Ill. Reg. 1069, effective January 15, 1999; amended at 23 Ill. Reg. 8021, effective July 15, 1999; amended at 24 Ill. Reg. 17283, effective November 1, 2000; amended at 25 Ill. Reg. 4890, effective April 1, 2001; amended at 26 Ill. Reg. 4890, effective April 1, 2002; amended at 26 Ill. Reg. 10645, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 2258, effective February 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 5509, effective March 25, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 5947, effective April 1, 2003; emergency amendment at 27 Ill. Reg. 14250, effective August 15, 2003 for a maximum of 150 days.

## SUBPART A: GENERAL PROVISIONS

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## NOTICE OF EMERGENCY AMENDMENTS

Section 390.120 Application for License  
EMERGENCY

- d) Any person acting individually or jointly with other persons who proposes to build, own, establish, or operate an intermediate care facility or skilled nursing facility shall submit application information on forms provided by the Department. The Department shall be furnished a written description of the proposed program to be provided, and other such information as it may require in order to determine the appropriate level of care for which the facility should be licensed. The application form and other required information shall be submitted and approved prior to surveys of the physical plant or review of building plans and specifications.
- e) An application for a new facility shall be accompanied by a permit as required by the Illinois Health Facilities Planning Act (~~Ill. Rev. Stat. 1991, ch. 111 1/2, par. 1151 et seq.~~) [20 ILCS 3960].
- f) *Application* for a license to establish or *operate* an intermediate care facility or skilled nursing *facility shall be made* in writing and submitted, with other such information as the Department may require, on forms provided by the Department. (Section 3-103(1) of the Act)
- ~~d) All license applications shall be accompanied with an application fee. The fee for an annual license shall be based on the licensed capacity of the facility and shall be determined as follows: 0-49 licensed beds, a flat fee of \$500; 50-99 licensed beds, a flat fee of \$750; and for any facility with 100 or more licensed beds, a fee of \$1,000 plus \$10 per licensed bed. The fee for a 2-year license shall be double the fee for the annual license. (Section 3-103(2) of the Act)~~
- ~~ed) All applications, except those of homes for the aged, shall be accompanied by an application fee of 200 dollars for an annual license and \$400 for a 2-year license. The application shall be under oath and the submission of false or misleading information shall be a class A misdemeanor. The application shall contain the following information:~~
- 1) *The name and address of the applicant if an individual, and if a firm, partnership, or association, of every member thereof, and in the case of a corporation, the name and address thereof and of its officers and its registered agent, and in the case of a unit of local government, the name and address of its chief executive officer;*

## DEPARTMENT OF PUBLIC HEALTH

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- 2) *The name and location of the facility for which a license is sought;*
  - 3) *The name of the person or persons under whose management or supervision the facility will be conducted;*
  - 4) *The number and type of residents for which maintenance, personal care, or nursing is to be provided; and*
  - 5) *Such information relating to the number, experience, and training of the employees of the facility, any management agreements for the operation of the facility, and of the moral character of the applicant and employees as the Department may deem necessary. (Section 3-103(2) of the Act)*
- fe) Ownership Change or Discontinuation
- 6) The license is not transferable. It is issued to a specific licensee and for a specific location. The license and the valid current renewal certificate immediately become void and shall be returned to the Department when the facility is sold, or leased; ~~or~~ when operation is discontinued; ~~or~~ when operation is moved to a new location; ~~or~~ when the licensee (if an individual) dies; ~~or~~ when the licensee (if a corporation or partnership) dissolves or terminates; or when the licensee (whatever the entity) ceases to be.
  - 7) A license issued to a corporation shall become null, void and of no further effect upon the dissolution of the corporation. The license shall not be revived if the corporation is subsequently reinstated. A new license must be obtained in such cases.
- gf) *Each initial application shall be accompanied by a financial statement setting forth the financial condition of the applicant and by a statement from the unit of local government having zoning jurisdiction over the facility's location stating that the location of the facility is not in violation of a zoning ordinance. An initial application for a new facility shall be accompanied by a permit as required by the Illinois Health Facilities Planning Act. After the application is approved, the applicant shall advise the Department every six months of any changes in the information originally provided in the application. (Section 3-103(3) of the Act)*
- hg) The Department may issue licenses or renewals for periods of not less than six ~~(6)~~ months nor more than ~~eighteen (18)~~ months for facilities with annual licenses and not less than 18 months for facilities with 2-year licenses in order for the

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EMERGENCY AMENDMENTS

*Department to distribute the expiration dates of such licenses throughout the calendar year. The fees for such licenses shall be pro-rated on the basis of the portion of the year for which they are issued. (Section 3-110 the Act) ~~The pro-rated fee will be as follows:~~*

- 1) ~~Six (6) months to less than twelve (12) months — \$150.00;~~
- 2) ~~Twelve (12) months to less than eighteen (18) months — \$200.00;~~
- 3) ~~Eighteen (18) months to less than twenty four (24) months — \$350.00;~~
- 4) ~~Twenty four (24) months to thirty (30) months — \$400.00.~~

(Source: Amended by emergency rulemaking at 27 Ill. Reg. 14250, effective August 15, 2003, for a maximum of 150 days)

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF EXPEDITED CORRECTION

- 1) Heading of the Part: Food Stamps
- 2) Code Citation: 89 Ill. Adm. Code 121
- 3) Section Numbers: 121.59
- 4) Date Proposal published in Illinois Register  
August 2, 2002, 26 Ill. Reg. 11706
- 5) Date Adoption published in Illinois Register:  
February 21, 2003, 27 Ill. Reg. 2889
- 6) Date Request for Expedited Correction published in Illinois Register:  
March 21, 2003, 27 Ill. Reg. 5065
- 7) Adoption Effective Date: February 7, 2003
- 8) Correction Effective Date: February 7, 2003
- 9) Reason for Approval of Expedited Correction:

The proposed text of Section 121.59 as originally published state "\$3,000 for all households with a qualifying member, as defined in Section 121.61 one or more members 60 years of age or older" for one of 3 asset disregards listed. However, the text the Department adopted stated "\$3,000 for all households with a disabled member or one or more members 60 years of age or older". The Department wishes to correct this mistake as the text that was originally proposed is the correct adopted text.

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Secretary

Date

The full text of the Corrected Rules begins on the following page.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF EXPEDITED CORRECTION

TITLE 89: SOCIAL SERVICES  
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES  
SUBCHAPTER b: ASSISTANCE PROGRAMSPART 121  
FOOD STAMPS

## SUBPART A: APPLICATION PROCEDURES

## Section

- 121.1 Application for Assistance
- 121.2 Time Limitations on the Disposition of an Application
- 121.3 Approval of an Application and Initial Authorization of Assistance
- 121.4 Denial of an Application
- 121.5 Client Cooperation
- 121.6 Emergency Assistance
- 121.7 Expedited Service
- 121.10 Interviews

## SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

## Section

- 121.18 Work Requirement
- 121.19 Ending a Voluntary Quit Disqualification (Repealed)
- 121.20 Citizenship
- 121.21 Residence
- 121.22 Social Security Numbers
- 121.23 Work Registration/Participation Requirements
- 121.24 Individuals Exempt from Work Registration Requirements
- 121.25 Failure to Comply with Work Provisions
- 121.26 Period of Sanction
- 121.27 Voluntary Job Quit/Reduction in Work Hours
- 121.28 Good Cause for Voluntary Job Quit/Reduction in Work Hours
- 121.29 Exemptions from Voluntary Quit/Reduction in Work Hours Rules

## SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

## Section

- 121.30 Unearned Income
- 121.31 Exempt Unearned Income

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF EXPEDITED CORRECTION

121.32	Education Benefits
121.33	Unearned Income In-Kind
121.34	Lump Sum Payments and Income Tax Refunds
121.40	Earned Income
121.41	Budgeting Earned Income
121.50	Exempt Earned Income
121.51	Income from Work/Study/Training Programs
121.52	Earned Income from Roomer and Boarder
121.53	Income From Rental Property
121.54	Earned Income In-Kind
121.55	Sponsors of Aliens
121.57	Assets
121.58	Exempt Assets
121.59	Asset Disregards

## SUBPART D: ELIGIBILITY STANDARDS

Section	
121.60	Net Monthly Income Eligibility Standards
121.61	Gross Monthly Income Eligibility Standards
121.62	Income Which Must Be Annualized
121.63	Deductions From Monthly Income
121.64	Food Stamp Benefit Amount

## SUBPART E: HOUSEHOLD CONCEPT

Section	
121.70	Composition of the Assistance Unit
121.71	Living Arrangement
121.72	Nonhousehold Members
121.73	Ineligible Household Members
121.74	Strikers
121.75	Students
121.76	Households Receiving AFDC, SSI, Interim Assistance and/or GA – Categorical Eligibility

## SUBPART F: MISCELLANEOUS PROGRAM PROVISIONS

Section	
121.80	Fraud Disqualification (Renumbered)
121.81	Initiation of Administrative Fraud Hearing (Repealed)

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF EXPEDITED CORRECTION

- 121.82 Definition of Fraud (Renumbered)
- 121.83 Notification To Applicant Households (Renumbered)
- 121.84 Disqualification Upon Finding of Fraud (Renumbered)
- 121.85 Court Imposed Disqualification (Renumbered)
- 121.90 Monthly Reporting and Retrospective Budgeting (Repealed)
- 121.91 Monthly Reporting (Repealed)
- 121.92 Budgeting
- 121.93 Issuance of Food Stamp Benefits
- 121.94 Replacement of the EBT Card or Food Stamp Benefits
- 121.95 Restoration of Lost Benefits
- 121.96 Uses For Food Coupons
- 121.97 Supplemental Payments
- 121.98 Client Training for the Electronic Benefits Transfer (EBT) System
- 121.105 State Food Program (Repealed)
- 121.107 New State Food Program
- 121.120 Recertification of Eligibility
- 121.130 Residents of Shelters for Battered Women and their Children
- 121.131 Fleeing Felons and Probation/Parole Violators
- 121.135 Incorporation By Reference
- 121.140 Small Group Living Arrangement Facilities and Drug/Alcoholic Treatment Centers
- 121.145 Quarterly Reporting

## SUBPART G: INTENTIONAL VIOLATIONS OF THE PROGRAM

## Section

- 121.150 Definition of Intentional Violations of the Program
- 121.151 Penalties for Intentional Violations of the Program
- 121.152 Notification To Applicant Households
- 121.153 Disqualification Upon Finding of Intentional Violation of the Program
- 121.154 Court Imposed Disqualification

## SUBPART H: FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM

## Section

- 121.160 Persons Required to Participate
- 121.162 Program Requirements
- 121.163 Vocational Training
- 121.164 Orientation (Repealed)
- 121.165 Community Work

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF EXPEDITED CORRECTION

121.166	Assessment and Employability Plan (Repealed)
121.167	Counseling/Prevention Services
121.170	Job Search Activity
121.172	Basic Education Activity
121.174	Job Readiness Activity
121.176	Work Experience Activity
121.177	Illinois Works Component (Repealed)
121.178	Job Training Component (Repealed)
121.179	JTPA Employability Services Component (Repealed)
121.180	Grant Diversion Component (Repealed)
121.182	Earnfare Activity
121.184	Sanctions for Non-cooperation with Food Stamp Employment and Training
121.186	Good Cause for Failure to Cooperate
121.188	Supportive Services
121.190	Conciliation
121.200	Types of Claims (Recodified)
121.201	Establishing a Claim for Intentional Violation of the Program (Recodified)
121.202	Establishing a Claim for Unintentional Household Errors and Administrative Errors (Recodified)
121.203	Collecting Claim Against Households (Recodified)
121.204	Failure to Respond to Initial Demand Letter (Recodified)
121.205	Methods of Repayment of Food Stamp Claims (Recodified)
121.206	Determination of Monthly Allotment Reductions (Recodified)
121.207	Failure to Make Payment in Accordance with Repayment Schedule (Recodified)
121.208	Suspension and Termination of Claims (Recodified)

## SUBPART I: WORK REQUIREMENT FOR FOOD STAMPS

Section	
121.220	Work Requirement Components (Repealed)
121.221	Meeting the Work Requirement with the Earnfare Component (Repealed)
121.222	Volunteer Community Work Component (Repealed)
121.223	Work Experience Component (Repealed)
121.224	Supportive Service Payments to Meet the Work Requirement (Repealed)
121.225	Meeting the Work Requirement with the Illinois Works Component (Repealed)
121.226	Meeting the Work Requirement with the JTPA Employability Services Component (Repealed)

AUTHORITY: Implementing Sections 12-4.4 through 12-4.6 and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-4.4 through 12-4.6 and 12-13].

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF EXPEDITED CORRECTION

SOURCE: Adopted December 30, 1977; amended at 3 Ill. Reg. 5, p. 875, effective February 2, 1979; amended at 3 Ill. Reg. 31, p. 109, effective August 3, 1979; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 41, p. 165, effective October 11, 1979; amended at 3 Ill. Reg. 42, p. 230, effective October 9, 1979; amended at 3 Ill. Reg. 44, p. 173, effective October 19, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 3, p. 49, effective January 9, 1980; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 23, 1980; amended at 4 Ill. Reg. 10, p. 253, effective February 27, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 17, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1131, effective January 16, 1981; amended at 5 Ill. Reg. 4586, effective April 15, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 12736, effective October 29, 1981; amended at 6 Ill. Reg. 1653, effective January 17, 1982; amended at 6 Ill. Reg. 2707, effective March 2, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10208, effective August 9, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 5715, effective May 1, 1983; amended at 7 Ill. Reg. 8118, effective June 24, 1983; peremptory amendment at 7 Ill. Reg. 12899, effective October 1, 1983; amended at 7 Ill. Reg. 13655, effective October 4, 1983; peremptory amendment at 7 Ill. Reg. 16067, effective November 18, 1983; amended at 7 Ill. Reg. 16169, effective November 22, 1983; amended at 8 Ill. Reg. 5673, effective April 18, 1984; amended at 8 Ill. Reg. 7249, effective May 16, 1984; peremptory amendment at 8 Ill. Reg. 10086, effective July 1, 1984; amended at 8 Ill. Reg. 13284, effective July 16, 1984; amended at 8 Ill. Reg. 17900, effective September 14, 1984; amended (by adding Section being codified with no substantive change) at 8 Ill. Reg. 17898; peremptory amendment at 8 Ill. Reg. 19690, effective October 1, 1984; peremptory amendment at 8 Ill. Reg. 22145, effective November 1, 1984; amended at 9 Ill. Reg. 302, effective January 1, 1985; amended at 9 Ill. Reg. 6804, effective May 1, 1985; amended at 9 Ill. Reg. 8665, effective May 29, 1985; peremptory amendment at 9 Ill. Reg. 8898, effective July 1, 1985; amended at 9 Ill. Reg. 11334, effective July 8, 1985; amended at 9 Ill. Reg. 14334, effective September 6, 1985; peremptory amendment at 9 Ill. Reg. 15582, effective October 1, 1985; amended at 9 Ill. Reg. 16889, effective October 16, 1985; amended at 9 Ill. Reg. 19726, effective December 9, 1985; amended at 10 Ill. Reg. 229, effective December 20, 1985; peremptory amendment at 10 Ill. Reg. 7387, effective April 21, 1986; peremptory amendment at 10 Ill. Reg. 7941, effective May 1, 1986; amended at 10 Ill. Reg. 14692, effective August 29, 1986; peremptory amendment at 10 Ill. Reg. 15714, effective

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF EXPEDITED CORRECTION

October 1, 1986; Sections 121.200 thru 121.208 recodified to 89 Ill. Adm. Code 165 at 10 Ill. Reg. 21094; preemptory amendment at 11 Ill. Reg. 3761, effective February 11, 1987; emergency amendment at 11 Ill. Reg. 3754, effective February 13, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 9968, effective May 15, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 10269, effective May 22, 1987; amended at 11 Ill. Reg. 10621, effective May 25, 1987; preemptory amendment at 11 Ill. Reg. 11391, effective July 1, 1987; preemptory amendment at 11 Ill. Reg. 11855, effective June 30, 1987; emergency amendment at 11 Ill. Reg. 12043, effective July 6, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 13635, effective August 1, 1987; amended at 11 Ill. Reg. 14022, effective August 10, 1987; emergency amendment at 11 Ill. Reg. 15261, effective September 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 15480, effective September 4, 1987; amended at 11 Ill. Reg. 15634, effective September 11, 1987; amended at 11 Ill. Reg. 18218, effective October 30, 1987; preemptory amendment at 11 Ill. Reg. 18374, effective October 30, 1987; amended at 12 Ill. Reg. 877, effective December 30, 1987; emergency amendment at 12 Ill. Reg. 1941, effective December 31, 1987, for a maximum of 150 days; amended at 12 Ill. Reg. 4204, effective February 5, 1988; amended at 12 Ill. Reg. 9678, effective May 23, 1988; amended at 12 Ill. Reg. 9922, effective June 1, 1988; amended at 12 Ill. Reg. 11463, effective June 30, 1988; amended at 12 Ill. Reg. 12824, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 14045, effective August 19, 1988, for a maximum of 150 days; preemptory amendment at 12 Ill. Reg. 15704, effective October 1, 1988; preemptory amendment at 12 Ill. Reg. 16271, effective October 1, 1988; amended at 12 Ill. Reg. 20161, effective November 30, 1988; amended at 13 Ill. Reg. 3890, effective March 10, 1989; amended at 13 Ill. Reg. 13619, effective August 14, 1989; preemptory amendment at 13 Ill. Reg. 15859, effective October 1, 1989; amended at 14 Ill. Reg. 729, effective January 1, 1990; amended at 14 Ill. Reg. 6349, effective April 13, 1990; amended at 14 Ill. Reg. 13202, effective August 6, 1990; preemptory amendment at 14 Ill. Reg. 15158, effective October 1, 1990; amended at 14 Ill. Reg. 16983, effective September 30, 1990; amended at 15 Ill. Reg. 11150, effective July 22, 1991; amended at 15 Ill. Reg. 11957, effective August 12, 1991; preemptory amendment at 15 Ill. Reg. 14134, effective October 1, 1991; emergency amendment at 16 Ill. Reg. 757, effective January 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 10011, effective June 15, 1992; amended at 16 Ill. Reg. 13900, effective August 31, 1992; emergency amendment at 16 Ill. Reg. 16221, effective October 1, 1992, for a maximum of 150 days; preemptory amendment at 16 Ill. Reg. 16345, effective October 1, 1992; amended at 16 Ill. Reg. 16624, effective October 23, 1992; amended at 17 Ill. Reg. 644, effective December 31, 1992; amended at 17 Ill. Reg. 4333, effective March 19, 1993; amended at 17 Ill. Reg. 14625, effective August 26, 1993; emergency amendment at 17 Ill. Reg. 15149, effective September 7, 1993, for a maximum 150 days; preemptory amendment at 17 Ill. Reg. 17477, effective October 1, 1993; expedited correction at 17 Ill. Reg. 21216, effective October 1, 1993; amended at 18 Ill. Reg. 2033, effective January 21, 1994; emergency amendment at 18 Ill. Reg. 2509, effective January 27, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 3427, effective February 28, 1994; amended at 18 Ill. Reg. 8921,

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF EXPEDITED CORRECTION

effective June 3, 1994; amended at 18 Ill. Reg. 12829, effective August 5, 1994; amended at 18 Ill. Reg. 14103, effective August 26, 1994; amended at 19 Ill. Reg. 5626, effective March 31, 1995; amended at 19 Ill. Reg. 6648, effective May 5, 1995; emergency amendment at 19 Ill. Reg. 12705, effective September 1, 1995, for a maximum of 150 days; peremptory amendment at 19 Ill. Reg. 13595, effective October 1, 1995; amended at 20 Ill. Reg. 1593, effective January 11, 1996; peremptory amendment at 20 Ill. Reg. 2229, effective January 17, 1996; amended at 20 Ill. Reg. 7902, effective June 1, 1996; amended at 20 Ill. Reg. 11935, effective August 14, 1996; emergency amendment at 20 Ill. Reg. 13381, effective October 1, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 13668, effective October 8, 1996, for a maximum of 150 days; amended at 21 Ill. Reg. 3156, effective February 28, 1997; amended at 21 Ill. Reg. 7733, effective June 4, 1997; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; emergency amendment at 22 Ill. Reg. 1954, effective January 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 5502, effective March 4, 1998; amended at 22 Ill. Reg. 7969, effective May 15, 1998; emergency amendment at 22 Ill. Reg. 10660, effective June 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 12167, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16230, effective September 1, 1998; amended at 22 Ill. Reg. 19787, effective October 28, 1998; emergency amendment at 22 Ill. Reg. 19934, effective November 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 20099, effective November 1, 1998; emergency amendment at 23 Ill. Reg. 2601, effective February 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 3374, effective March 1, 1999; amended at 23 Ill. Reg. 7285, effective June 18, 1999; emergency amendment at 23 Ill. Reg. 13253, effective October 13, 1999, for a maximum of 150 days; emergency amendment at 24 Ill. Reg. 3871, effective February 24, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 4180, effective March 2, 2000; amended at 24 Ill. Reg. 10198, effective June 27, 2000; amended at 24 Ill. Reg. 15428, effective October 10, 2000; emergency amendment at 24 Ill. Reg. 15468, effective October 1, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 845, effective January 5, 2001; amended at 25 Ill. Reg. 2423, effective January 25, 2001; emergency amendment at 25 Ill. Reg. 2439, effective January 29, 2001, for a maximum of 150 days; emergency amendment at 25 Ill. Reg. 3707, effective March 1, 2001, for a maximum of 150 days; emergency expired July 28, 2001; amended at 25 Ill. Reg. 7720, effective June 7, 2001; amended at 25 Ill. Reg. 10823, effective August 12, 2001; amended at 25 Ill. Reg. 11856, effective August 31, 2001; emergency amendment at 25 Ill. Reg. 13309, effective October 1, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 151, effective January 1, 2002; amended at 26 Ill. Reg. 2025, effective February 1, 2002; amended at 26 Ill. Reg. 13530, effective September 3, 2002; peremptory amendment at 26 Ill. Reg. 15099, effective October 1, 2002; amended at 26 Ill. Reg. 16484, effective October 25, 2002; amended at 27 Ill. Reg. 2889, effective February 7, 2003; amended at 27 Ill. Reg. 4583, effective February 28, 2003; amended at 27 Ill. Reg. 7273, effective April 07, 2003; expedited correction at 27 Ill. Reg. 14262, effective February 7, 2003.

## DEPARTMENT OF HUMAN SERVICES

## NOTICE OF EXPEDITED CORRECTION

## SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

## Section 121.59 Asset Disregards

- a) Households which are categorically eligible, as defined in Section 121.76, do not have to meet the asset limits in this Section.
- b) \$3,000 for all households with a qualifying member, as defined in Section 121.61  
~~one or more members 60 years of age or older.~~
- c) \$2,000 for all other households.

(Source: Expedited Correction at 27 Ill. Reg. 14262, effective February 7, 2003)

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EXPEDITED CORRECTION

- 1) Heading of the Part: Health Care Professional Credentials Data Collection Code
- 2) Code Citation: 77 Ill. Adm. Code 965
- 3) Section numbers: 77 Ill. Adm. Code 965.300
- 4) Date Proposal published in Illinois Register:  
June 7, 2002 , 26 Ill. Reg. 8293  
(issue date)
- 5) Date Adoption published in Illinois Register:  
December 27, 2002 , 26 Ill. Reg. 18416  
(issue date)
- 6) Date Request for Expedited Correction published in Illinois Register:  
April 4, 2003 , 27 Ill. Reg. 6004  
(issue date)
- 7) Adoption Effective Date: December 15, 2002
- 8) Correction Effective Date: December 15, 2002
- 9) Reason for Approval of Expedited Correction: On December 15, 2002, amendments to 77 Ill. Adm. Code 965, Health Care Professional Credentials Data Collection Code, became effective. However, information needed to determine the single credentialing cycle was inadvertently omitted from the adopted text even though the information was in the proposed text and remained unchanged throughout the rulemaking process. Therefore, expedited correction is needed for Section 965.300 (e)(2), (3), and (4).

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Agency Director

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Date

The full text of the Corrected Rules begins on the following page.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EXPEDITED CORRECTION

## TITLE 77: PUBLIC HEALTH

## CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

## SUBCHAPTER u: MISCELLANEOUS PROGRAMS AND SERVICES

## PART 965

## HEALTH CARE PROFESSIONAL CREDENTIALS DATA COLLECTION CODE

## SUBPART A: GENERAL

Section	
965.110	Definitions
965.120	Referenced Materials
965.130	Use of Uniform Credentialing Forms
965.140	Required Policies and Procedures

## SUBPART B: ENFORCEMENT ACTION

Section	
965.210	Complaints
965.220	Notice of Violation
965.230	Adverse Action
965.240	Fines and Penalties
965.250	Hearings
965.300	Single Credentialing Cycle
965.310	Waiver from Single Credentialing Cycle

APPENDIX A	Health Care Professional Credentialing and Business Data Gathering Form
APPENDIX B	Health Care Professional Recredentialing and Business Data Gathering Form
APPENDIX C	Health Care Professional Update Data Gathering Form

AUTHORITY: Implementing and authorized by the Health Care Professionals Data Collection Act [410 ILCS 517].

SOURCE: Adopted at 24 Ill. Reg. 11476, effective August 24, 2001; amended at 26 Ill. Reg. 18416, effective December 15, 2002; expedited correction at 27 Ill. Reg. 14271, effective December 15, 2002.

## SUBPART B: ENFORCEMENT ACTION

Section 965.300 Single Credentialing Cycle



## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EXPEDITED CORRECTION

August	OPEN
September	OPEN
October	OPEN
November	OPEN
December	OPEN

- 2) For the years 2003/2006/2009...

January	Notification (0's)
February	Collection of data
March	Collection of data
April	Notification (1's)
May	Collection of data
June	Collection of data
July	Notification (2's)
August	Collection of data
September	Collection of data
October	Notification (3's)
November	Collection of data
December	Collection of data

- 3) For the years 2004/2007/2010...

January	Notification (4's)
February	Collection of data
March	Collection of data
April	Notification (5's)
May	Collection of data
June	Collection of data
July	Notification (6's)
August	Collection of data
September	Collection of data
October	Notification (7's)
November	Collection of data
December	Collection of data

- 4) For the years 2005/2008/2011

January	Notification (8's)
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## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF EXPEDITED CORRECTION

February	Collection of data
March	Collection of data
April	Notification (9's)
May	Collection of data
June	Collection of data

- i) Once recredentialing is begun in accordance with the single credentialing cycle, a health care entity or health care plan may continue to request data from a health care professional outside of the published single credentialing cycle if it is not submitted by the deadline date published in the schedule.
- j) Nothing in this Section shall be construed to preclude, or otherwise exempt, a health care plan from monitoring, on an ongoing basis, in between recredentialing cycles, information on sanctions, limitations on licensure, and complaints against health care professionals consistent with guidelines issued by any entity that provides private accreditation to health care plans, or from meeting any quality assurance requirement of the entity related to credentialing for the purpose of accreditation or otherwise.
- k) The requirements of this Section apply only to health care plans and health care entities as defined in the Act [410 ILCS 517/5].

(Source: Expedited correction at 27 Ill. Reg. 14271, effective December 15, 2002)

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 August 12, 2003 through August 18, 2003 and have been scheduled for review by the Committee at its September 9, 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.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start Of First Notice</u>	<u>JCAR Meeting</u>
9/26/03	<u>Department of Public Health</u> , Postsurgical Recovery Center Demonstration Program Code (77 Ill. Adm. Code 210)	5/2/03 27 Ill. Reg. 7589	9/9/03
9/26/03	<u>Department of Public Health</u> , Alzheimer's Disease Management Center Demonstration Program Code (77 Ill. Adm. Code 225)	5/2/03 27 Ill. Reg. 7593	9/9/03
9/26/03	<u>Department of Public Health</u> , Children's Respite Care Center Demonstration Program Code (77 Ill. Adm. Code 260)	5/2/03 27 Ill. Reg. 7595	9/9/03
9/26/03	<u>Department of Public Health</u> , Assisted Living and Shared Housing Establishment Code (77 Ill. Adm. Code 295)	4/11/03 27 Ill. Reg. 6163	9/9/03
9/26/03	<u>Department of Public Health</u> , Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300)	5/2/03 27 Ill. Reg. 7597	9/9/03
9/26/03	<u>Department of Public Health</u> , Sheltered Care Facilities Code (77 Ill. Adm. Code 330)	5/2/03 27 Ill. Reg. 7622	9/9/03
9/26/03	<u>Department of Public Health</u> , Illinois Veterans' Homes Code (77 Ill. Adm. Code 340)	5/2/03 27 Ill. Reg. 7641	9/9/03

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

## SECOND NOTICES RECEIVED

9/26/03	<u>Department of Public Health</u> , Intermediate Care for the Developmentally Disabled Facilities Code (77 Ill. Adm. Code 350)	5/2/03 27 Ill. Reg. 7654	9/9/03
9/26/03	<u>Department of Public Health</u> , Community Living Facilities Code (77 Ill. Adm. Code 370)	5/2/03 27 Ill. Reg. 7677	9/9/03
9/26/03	<u>Department of Public Health</u> , Long-Term Care for Under Age 22 Facilities Code (77 Ill. Adm. Code 390)	5/2/03 27 Ill. Reg. 7679	9/9/03
9/26/03	<u>Department of Children and Family Services</u> , Services Delivered by the Department (89 Ill. Adm. Code 302)	2/7/03 27 Ill. Reg. 1804	9/9/03
9/26/03	<u>Department of Children and Family Services</u> , Licensing Standards for Day Care Homes (89 Ill. Adm. Code 406)	1/10/03 27 Ill. Reg. 388	9/9/03
9/26/03	<u>Department of Children and Family Services</u> , Licensing Standards for Group Day Care Homes (89 Ill. Adm. Code 408)	1/24/03 27 Ill. Reg. 1006	9/9/03
9/26/03	<u>Department of Children and Family Services</u> , Confidentiality of Personal Information of Persons Served by the Department of Children and Family Services (89 Ill. Adm. Code 431)	1/24/03 27 Ill. Reg. 1061	9/9/03
9/28/03	<u>Illinois Emergency Management Agency</u> , Safe Operation of Nuclear Facility Boilers and Pressure Vessels (32 Ill. Adm. Code 505)	6/20/03 27 Ill. Reg. 9409	9/9/03
9/28/03	<u>Illinois Gaming Board</u> , Riverboat Gambling (86 Ill. Adm. Code 3000)	4/4/03 27 Ill. Reg. 5640	9/9/03

## DEPARTMENT OF INSURANCE

## NOTICE OF PUBLICATION ERROR

- 1) Heading of the Part: Preferred Provider Program Administrators
- 2) Code Citation: 50 Ill. Adm. Code 2051.55
- 3) Register citation of proposed or adopted rulemaking and other pertinent action:  
December 9, 1997, 21 Ill. Reg. 16364
- 4) Explanation: Section 2051.55(c)(2)(j) was inadvertently published differently from the filed version and the agency wishes the filed version to be recognized as the correct version.

Published as:

J) A provision stating that the rights and responsibilities under the contract cannot be sold, leased, assigned or otherwise delegated by either party and without the prior written and informed consent of the administrator.

Should be:

J) A provision stating that the rights and responsibilities under the contract cannot be sold, leased, assigned or otherwise delegated by either party and without the prior written and informed consent of the other party.

# ILLINOIS ADMINISTRATIVE CODE

## Issue Index - With Effective Dates

Rules acted upon in Volume 27, Issue 35 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquires about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

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