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TABLE OF CONTENTS

October 24, 2003 Volume 27, Issue 43

PROPOSED RULES

NATURAL RESOURCES, DEPARTMENT OF
White-Tailed Deer Hunting by Use of Handguns
17 Ill. Adm. Code 68016216

PUBLIC HEALTH, ILLINOIS DEPARTMENT OF
Skilled Nursing and Intermediate Care Facilities Code
77 Ill. Adm. Code 30016220

ADOPTED RULES

HUMAN SERVICES, DEPARTMENT OF
Compulsive Gambling
77 Ill. Adm. Code 205916244

POLLUTION CONTROL BOARD
General Provisions
35 Ill. Adm. Code 90016247

Rules and Regulations for the Control of Noise from Motor
Racing Facilities, Repeal
35 Ill. Adm. Code 903.....16266

EMERGENCY RULES

PUBLIC AID, ILLINOIS DEPARTMENT OF
Hospital Services
89 Ill. Adm. Code 14816268

SECOND NOTICES RECEIVED

JOINT COMMITTEE ON ADMINISTRATIVE RULES
Second Notices Received16325

NOTICE OF PUBLICATION ERROR

JOINT COMMITTEE ON ADMINISTRATIVE RULES
OFFICE OF BANKS AND REAL ESTATE
Calculation, Assessment and Collection of Periodic Fees
38 Ill. Adm. Code 37516326

REGULATORY AGENDA

STATE UNIVERSITIES RETIREMENT SYSTEM
Universities Retirement
80 Ill. Adm. Code 160016328

NOTICE OF PUBLIC INFORMATION

BANKS AND REAL ESTATE, OFFICE OF
Notice of Fine Imposed Under The Residential Mortgage
License Act of 1987
Ill. Adm. Code16333

New Millenium Financial, Inc.
Notice of Fine Imposed Under The Residential Mortgage
License Act of 1987
Ill. Adm. Code16334

Universal American Mortgage Company, LLC Notice of Fine Imposed Under The Residential Mortgage License Act of 1987 Ill. Adm. Code	16335
Approved Financial, Inc.	

EXECUTIVE ORDERS AND PROCLAMATIONS

PROCLAMATIONS

Earth Charter Day Ill. Adm. Code	16336
Country Music Day Ill. Adm. Code	16336
Diversity Employment Day Ill. Adm. Code	16336
Domestic Violence Awareness Month Ill. Adm. Code	16337
National Martial Arts Day Ill. Adm. Code	16338
National Pharmacy Week Ill. Adm. Code	16338
Verb Extra Hour For Extra Action Day Ill. Adm. Code	16339
World Population Awareness Week Ill. Adm. Code	16340

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: White-Tailed Deer Hunting By Use of Handguns
- 2) Code Citation: 17 Ill. Adm. Code 680
- 3) Section Number: 680.40 Proposed Action: Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 1.3, 1.4, 1.13, 2.24, 2.25, 2.26 and 3.36 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 1.13, 2.24, 2.25, 2.26 and 3.36].
- 5) A Complete Description of the Subjects and Issues Involved: Pursuant to P.A. 93-0554, effective August 20, 2003, which amended Section 2.25 of the Wildlife Code [520 ILCS 5/2.25], this Part is being amended to add language regarding legal firearms and ammunition.
- 6) Will this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objective: This rulemaking does not affect units of local government.
- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice to:

Jack Price, Legal Counsel
Department of Natural Resources
One Natural Resources Way
Springfield IL 62702-1271
217/782-1809
- 12) Initial Regulatory Flexibility Analysis:
 - A) Types of small businesses, small municipalities and not for profit corporations affected: None

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENT

- 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: This rule was not listed on either of the two most recent Regulatory Agendas because: the Department did not anticipate that this program would be implemented for the 2004 Handgun deer season.

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

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENT

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER b: FISH AND WILDLIFEPART 680
WHITE-TAILED DEER HUNTING BY USE OF HANDGUNS

Section

680.10	Statewide Season
680.20	Statewide Deer Permit Requirements
680.30	Deer Permit Requirements – Group Hunt
680.40	Statewide Handgun Requirements for Deer Hunting
680.50	Statewide Deer Hunting Rules
680.60	Reporting Harvest
680.70	Rejection of Application/Revocation of Permits
680.80	Regulations at Various Department-Owned or -Managed Sites

AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 1.13, 2.24, 2.25, 2.26 and 3.36 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 1.13, 2.24, 2.25, 2.26 and 3.36].

SOURCE: Adopted at 15 Ill. Reg. 13353, effective September 3, 1991; amended at 16 Ill. Reg. 15446, effective September 28, 1992; amended at 17 Ill. Reg. 18810, effective October 19, 1993; amended at 18 Ill. Reg. 15739, effective October 18, 1994; amended at 19 Ill. Reg. 15422, effective October 26, 1995; amended at 20 Ill. Reg. 10906, effective August 5, 1996; amended at 21 Ill. Reg. 9128, effective June 26, 1997; amended at 22 Ill. Reg. 14875, effective August 3, 1998; amended at 24 Ill. Reg. 8975, effective June 19, 2000; amended at 26 Ill. Reg. 13820, effective September 5, 2002; amended at 28 Ill. Reg. _____, effective _____.

Section 680.40 Statewide Handgun Requirements for Deer Hunting

- a) The only legal firearms are centerfire revolvers or centerfire single-shot handgunshunting devices are centerfire handguns of .30 caliber or larger with a minimum barrel length of 4 inches and single-shot muzzleloading handguns (blackpowder handguns that are incapable of being loaded from the breech end) of .50 caliber or larger capable of producing at least 500 foot pounds of energy at the muzzle according to published ballistic tables of the manufacturer. It shall be unlawful to take or attempt to take white-tailed deer by the use of semi-automatic handguns, blackpowder revolvers or handguns altered to allow for shoulder firing.
- b) The only legal ammunition for a centerfire handgun is a bottleneck centerfire

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENT

cartridge of .30 caliber or larger with a case length not exceeding 1.4 inches or a straight-walled centerfire cartridge of .30 caliber or larger, both of which must be available with the published ballistic tables of the manufacturer showing a capability of at least 500 foot pounds of energy at the muzzle, that is available as a factory load with the published ballistic tables of the manufacturer showing a capability of at least 500 foot pounds of energy at the muzzle and whose case length does not exceed 1.4 inches. Single-shot muzzleloading handguns must use a projectile of .44 caliber or larger with sufficient blackpowder or "blackpowder substitute" (such as Pyrodex) to produce at least 500 foot pounds of energy at the muzzle. Modern smokeless powders (nitrocellulose-based) do not qualify as "blackpowder" substitutes. A wad or sleeve is not considered a projectile or part of a projectile. Non-expanding, military-style, full-metal jacket bullets cannot be used to harvest white-tailed deer; only soft point or expanding bullets (including copper/copper alloy rounds designed for hunting) are legal ammunition.

- c) It shall be unlawful to use or possess any other firearm or ammunition in the field while hunting white-tailed deer during the Handgun Deer Season. However, the lawful possession of firearms to take furbearing mammals and game mammals other than deer by persons other than handgun deer hunters shall not be prohibited during the handgun deer season as set in Section 680.10. ~~(Except that the otherwise lawful possession of firearms to take furbearing mammals and game mammals other than deer shall not be prohibited during the handgun deer season as set in Section 680.10.)~~ Violation is a Class B misdemeanor (see 520 ILCS 5/2.24).

(Source: Amended at 28 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Skilled Nursing and Intermediate Care Facilities Code
- 2) Code Citation: 77 Ill. Adm. Code 300
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
300.7000	New Section
300.7010	New Section
300.7020	New Section
300.7030	New Section
300.7040	New Section
300.7050	New Section
300.7060	New Section
300.7070	New Section
300.7080	New Section
- 4) Statutory Authority: Nursing Home Care Act [210 ILCS 45]
- 5) A complete description of the subjects and issues: This rulemaking adds a new Subpart U: Alzheimer's Special Care Unit or Center Providing Care to Persons with Alzheimer's Disease or Other Dementia. Subpart U is being added to implement Public Act 92-157, which required the Director of Public Health to appoint a Dementia Patient Care Advisory Committee to study appropriate care and staffing for dementia patients residing in long-term care facilities, and to make recommendations regarding appropriate standards of care and staffing. Subpart U applies to facilities and distinct parts (units) that are subject to the Alzheimer's Special Care Disclosure Act, which requires a facility that offers to provide care for persons with Alzheimer's disease through an Alzheimer's special care unit or center to disclose information to the Department and to clients concerning the services offered by the facility. The rules include admission criteria for the Alzheimer's unit; resident assessments and care planning; provision for ability-centered care; activity programming; staffing requirements; requirements for the environment of the unit; quality assessment and improvement; and variances to enhance residents' quality of life.

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 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>
300.120	Amendment	27 Ill. Reg. 14162
300.340	Amendment	27 Ill. Reg. 7597
300.2820	Amendment	27 Ill. Reg. 7597

- 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate.
- 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., 5th 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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: requirements for staff qualifications and training are set forth in the rules.
- 13) Regulatory Agenda on which this rulemaking was summarized: July 2002

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIESPART 300
SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

Section	
300.110	General Requirements
300.120	Application for License
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
300.286	Determination to Assess Penalties

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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 PROPOSED 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 PROPOSED 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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

300.2430 Sterilization of Equipment and Supplies

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

300.3080	Treatment and Personal Care
300.3090	Service Departments
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

Section	
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

Section	
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)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

300.3530	Dental Services (Repealed)
300.3540	Optometric Services (Repealed)
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
----------	---------------------------------------

SUBPART S: PROVIDING SERVICES TO PERSONS WITH SERIOUS MENTAL ILLNESS

Section

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
300.4090	Personnel for Providing Services to Persons with Serious Mental Illness for Facilities Subject to Subpart S

SUBPART T: FACILITIES PARTICIPATING IN ILLINOIS DEPARTMENT OF PUBLIC AID'S DEMONSTRATION PROGRAM FOR PROVIDING

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

SERVICES TO PERSONS WITH SERIOUS MENTAL ILLNESS

Section

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

SUBPART U: ALZHEIMER'S SPECIAL CARE UNIT OR CENTER PROVIDING CARE TO PERSONS WITH ALZHEIMER'S DISEASE OR OTHER DEMENTIA

Section

<u>300.7000</u>	<u>Applicability</u>
<u>300.7010</u>	<u>Admission Criteria</u>
<u>300.7020</u>	<u>Assessment and Care Planning</u>
<u>300.7030</u>	<u>Ability-Centered Care</u>
<u>300.7040</u>	<u>Activities</u>
<u>300.7050</u>	<u>Staffing</u>
<u>300.7060</u>	<u>Environment</u>
<u>300.7070</u>	<u>Quality Assessment and Improvement</u>
<u>300.7080</u>	<u>Variances to Enhance Residents' Quality of Life</u>

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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 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;

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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 days; emergency expired July 1, 2003; emergency amendment at 27 Ill. Reg. 5452, effective March 25, 2003, for a maximum of 150 days; emergency expired August 21, 2003; 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; amended at 27 Ill. Reg. 15855, effective September 25, 2003; amended at 28 Ill. Reg. _____, effective _____.

SUBPART U: ALZHEIMER'S SPECIAL CARE UNIT OR CENTER PROVIDING
CARE TO PERSONS WITH ALZHEIMER'S DISEASE OR OTHER DEMENTIA

Section 300.7000 Applicability

- a) This Subpart, in addition to the remainder of Part 300, as applicable, shall apply to facilities and distinct parts (units) that are subject to the Alzheimer's Special Care Disclosure Act.
- b) The facility shall comply with the Alzheimer's Special Care Disclosure Act in accordance with Section 300.163 of this Part for this unit.
- c) Facilities substantially in compliance with the requirements of this Subpart will receive written recognition from the Department. A location subsequently found not to be in substantial compliance shall immediately discontinue using the recognition, including, but not limited to, removing documentation of the

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

recognition that may have been posted and removing any mention of the recognition from written documentation provided to families or the community.

(Source: Added at 28 Ill. Reg. _____, effective _____)

Section 300.7010 Admission Criteria

- a) The unit shall have clearly defined admission, admission exclusion, and discharge criteria. This shall include a policy specifying the individuals whom the unit will admit and retain based on the stages of Alzheimer's disease, individuals' behaviors, or other definable needs. These criteria shall reflect the unit's mission and scope of services. A copy of these criteria shall be provided to the resident, resident's family, resident's representative, and prospective residents and their family/representative prior to admission.
- b) All unit residents shall have a diagnosis of Alzheimer's disease or other types of dementia.
- c) Unit staff shall complete a comprehensive pre-admission evaluation, which shall include, but not be limited to, the prospective resident's life-style, behavior, interests, and history. In addition to appropriate medical, behavioral, and social service professionals, the resident, the resident's family, the resident's representative, and the resident's most recent care giver shall have the opportunity to provide information for the pre-admission evaluation. This pre-admission information shall be available to staff before admission and shall be used in the assessment process after admission.
- d) A resident may be admitted to the unit without a pre-admission evaluation in situations where a sudden change in circumstances renders the primary care giver unable to continue to provide care (e.g., death or incapacitating illness of the care giver; treatment and release of the prospective resident from a hospital emergency room). A plan shall be put in place prior to admission to meet the resident's needs. In these situations, a pre-admission evaluation shall be initiated within 24 hours after admission and shall be completed within seven days after admission.
- e) The health and behavior of each resident shall be considered by the facility in assigning roommates, so that no resident's physical or mental health is adversely affected by his or her roommate. If a resident's health or behavior changes after admission to the unit, or staff receive new information about a resident's health or behavior that indicates that the current room assignment would be harmful to a

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

resident's health, rooms will be reassigned as necessary to protect the health of all residents on the unit.

(Source: Added at 28 Ill. Reg. _____, effective _____)

Section 300.7020 Assessment and Care Planning

- a) Resident assessments, in addition to requirements in other applicable State and federal regulations, shall include a standardized, functional, and objective evaluation of the resident's abilities, strengths, interests, and preferences.
- 1) Assessments shall include at least a behavioral and a functional assessment, as well as direct observations of the resident and interviews with the resident, the resident's family, the resident's representative, and recent and current direct care givers.
- 2) Assessments shall include at least the following:
- A) daily routine;
- B) dining, mealtime approaches, and non-mealtime nutrition and hydration needs;
- C) dressings, toileting, grooming, preference in bathing (e.g., bathing, showering, a.m./p.m.) and other personal care abilities;
- D) ambulation and transferring abilities;
- E) behavior triggers, effective calming approaches, and an analysis of each of the resident's patterns of dementia-related behaviors, such as wandering, agitation, anxiety, and safety issues; and
- F) adaptive equipment or activities that allow the resident to function at the highest practical level.
- 3) Assessments shall be conducted by a nurse, physical therapist, occupational therapist, social worker or unit director who has at least two years of experience working with residents with dementia and who has training in conducting behavioral or functional assessments.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 4) The assessment process shall be ongoing by direct care staff or other professionals, as needed, and shall include the assessment components in subsection (a)(2).
- b) The care plan shall be developed by an interdisciplinary team within 21 days after admission to the unit or center. The interdisciplinary team shall include, at least, the attending physician, a nurse with responsibility for the resident, other appropriate staff in disciplines as determined by the resident's needs, the resident, the resident's family, the resident's representative, and the certified nursing assistant (CNA) who is primarily responsible for this resident's direct care or an alternate, if needed, to provide input and gain insight into the care plan.
 - 1) The care plan shall be ability-centered in focus (see Section 300.7030) and shall define how the identified abilities, strengths, interests, and preferences will be encouraged and used by addressing the resident's physical and mental well-being; dignity, choice, security, and safety; use of retained skills and abilities; use of adaptive equipment; socialization and interaction with others; communication, on whatever level possible (verbal and nonverbal); healthful rest; personal expression; ambulation and physical exercise; and meaningful work.
 - 2) As new behaviors manifest, the behaviors shall be evaluated and addressed in the care plan.
 - 3) The resident's care plan shall be reviewed by the unit director 30 and 60 days after the initial care plan's development and shall be modified, as needed, with the participation of the interdisciplinary team.
 - 4) The care plan shall be reviewed at least quarterly.
 - 5) All appropriate staff shall have access to and shall use the information in the care plan in order to integrate the care plan into the daily care.
 - 6) The care plan shall be implemented and followed by staff who care for the resident.
 - 7) Revisions may be made to the care plan at any time, with input from the resident, resident's family, and resident's representative, the care coordinator, and the physician, if appropriate.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 8) The resident, resident's family, and the resident's representative shall be given the opportunity to participate in care plan development and modification with the resident's permission. If they are unable to attend, a copy or summary of the care plan or modifications shall be provided to the resident's family and resident's representative, with the approval of the resident.
- c) When a resident is moved within the facility or different direct care staff are newly assigned, discharging and receiving staff shall communicate verbally and with written documentation to the newly assigned staff about the care plan and the needs of the resident.
- d) The unit shall have and follow a written plan for communicating information within departments, between shifts, between units, and with resident's family and resident's representative.
- e) The unit shall have a procedure that is implemented and monitored for safeguarding residents' adaptive equipment, such as hearing aides, glasses, dentures, and feeding and ambulation equipment.

(Source: Added at 28 Ill. Reg. _____, effective _____)

Section 300.7030 Ability-Centered Care

- a) Ability-centered care programming, also called activity-focused programming, recognizes the resident's abilities and competencies in care planning. Tasks are adapted and modified to provide for the resident's involvement at the maximum level of the resident's ability. Ability-centered care programming embraces the following concepts: activities are every event, encounter, and exchange with a staff member, volunteer, relative, or other individuals; activities are redefined as traditional (i.e., work related, recreational) and nontraditional (i.e., bathing, eating, walking); both independent and structured events are used; flexibility is allowed in traditional staff roles; and staff are encouraged to develop relationships with residents.
- b) Unit directors and activity professionals for units established before January 1, 2004 shall participate in ability-centered care training before January 1, 2005. Unit director and activity professionals for units established after January 1, 2004 shall have had course work in ability-centered care programming.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- c) The unit shall use ability-centered care programming.
- d) Dining and mealtime approaches shall address the special needs of individuals with dementia.

(Source: Added at 28 Ill. Reg. _____, effective _____)

Section 300.7040 Activities

- a) The unit's activity program shall use ability-centered care programming.
- b) Families shall have access to activity supplies and materials and shall be welcome and encouraged to participate.
- c) Units of more than 40 residents shall have a full-time activity professional who meets the requirements of Section 300.1410(c). Units with 40 or fewer residents shall have an activity professional on duty at least 20 hours per week. This individual shall be responsible for providing activities and training staff in an ability-centered programming approach.
- d) Activity programming shall be planned and provided throughout the day and evening, at least 7 days a week for an average of 8 hours per day.
- e) Activities shall be adapted, as needed, to provide for the maximum participation by individual residents. If a particular resident does not participate in at least an average of 4 hours of activities per day over a one-week period, the unit director shall evaluate the resident's participation and have the available activities modified and/or consult with the interdisciplinary team.

(Source: Added at 28 Ill. Reg. _____, effective _____)

Section 300.7050 Staffing

- a) The unit shall have a full-time unit director.
 - 1) The director may have other responsibilities, within the unit, in units with fewer than 40 residents.
 - 2) The unit director shall have documented course work in dementia care and ability-centered care, and shall meet at least one of the following:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- A) Have an associate's or a bachelor's degree and/or be a registered nurse and have at least one year of experience working with persons with Alzheimer's disease and other dementia; or
 - B) Have a minimum of 5 years of experience working with persons with Alzheimer's disease and other dementia, at least two years of which are management experience working with persons with Alzheimer's disease and other dementia.
 - 3) The unit director shall obtain at least 12 hours of continuing education every year, especially related to serving residents with Alzheimer's disease and other dementia.
- b) The unit shall have assigned, consistent staff. There shall be enough staff to meet the scheduled and unscheduled needs of each resident, as defined in the care plan, taking into account the purpose of the setting, the severity of dementia, and the resident's physical abilities, behavior patterns, and social and medical needs.
- c) All staff who ever work on the unit (e.g., nurses, CNAs, housekeepers, social services and activities staff, and food service staff) shall receive at least four hours of dementia-specific orientation within the first 7 days of working on the unit. This orientation shall include:
 - 1) Basic information about the causes, progression, and management of Alzheimer's disease and other dementia;
 - 2) Techniques for creating an environment that minimizes challenging behavior from residents with Alzheimer's disease and other dementia;
 - 3) Methods of identifying and minimizing safety risks to residents with Alzheimer's disease and other dementia; and
 - 4) Techniques for successful communication with individuals with Alzheimer's disease and other dementia.
- d) Nurses, CNAs, and social service and activities staff who work on the unit at least 50 percent of the time that they work at the facility shall participate in a minimum of 12 additional hours of orientation within the first 45 days after employment, specifically related to the care of persons with Alzheimer's disease and other

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

dementia. This orientation shall be defined in facility policies and procedures; shall be in a form of classroom, return demonstration, and mentoring; and shall define to new staff the elements contained in Section 300.7050(e)(1)-(10).

- e) Nurses, CNAs, and social services and activities staff who work on the unit at least 50 percent of the time that they work at the facility shall attend at least 12 hours of continuing education every year, specifically related to serving residents with Alzheimer's disease and other dementia. (Completion of the 12 hours of orientation in accordance with subsection (d) of this Section may be counted as continuing education for the year in which this orientation is completed.) Topics shall include, but not be limited to:
- 1) Promoting the philosophy of an ability-centered care framework;
 - 2) Promoting resident dignity, independence, individuality, privacy and choice;
 - 3) Resident rights and principles of self-determination;
 - 4) Medical and social needs of residents with Alzheimer's disease and other dementia;
 - 5) Assessing resident capabilities and developing and implementing services plans;
 - 6) Planning and facilitating activities appropriate for a resident with Alzheimer's disease and other dementia;
 - 7) Communicating with families and others interested in the resident;
 - 8) Care of elderly persons with physical, cognitive, behavioral, and social disabilities;
 - 9) Common psychotropics and their side effects; and
 - 10) Local community resources.
- f) Within 6 months after the effective date of this amendatory rulemaking or within 6 months after hire, the facility administrator and director of nursing shall attend the orientation for staff who work on the unit at least 50 percent of the time in

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

accordance with subsection (d).

- g) Training requirements of this Section are in addition to requirements for nurse aide training. Orientation requirements of this Section are in addition to regular staff orientation.

(Source: Added at 28 Ill. Reg. _____, effective _____)

Section 300.7060 Environment

- a) The environment (cultural, social, and physical) shall support the functioning of cognitively impaired residents. It shall accommodate behaviors, maximize functional abilities, promote safety, and encourage residents' independence by compensating for losses resulting from the disease process in accordance with each resident's care plan.
- b) The unit shall use a variety of sensory cues to differentiate rooms, spaces, and uses.
- c) The unit shall be designed and maintained to ensure an appropriate range of environmental and sensory stimulation and information; e.g., using minimally distracting security, pager and safety systems.
- d) Visual supervision shall be provided of indoor and outdoor activity areas, supported by architectural design. Staff shall be present in activity areas when residents are in these areas.
- e) Resident rooms shall not contain more than two beds. Rooms containing more than 2 beds within units established prior to January 1, 2004 may retain more than 2 beds in those particular rooms.
- f) A method shall be provided to notify staff of fire, severe weather, or other emergencies without unnecessarily disrupting the residents.
- g) A secure out-of-doors space shall be provided in units established after January 1, 2004 and, whenever possible, in units established before January 1, 2004. If a secure out-of-doors space is not available, the facility shall implement a plan to provide residents with the opportunity for daily, routine outdoor activities, weather permitting.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- h) Social space appropriate to the needs of the individual with Alzheimer's disease and other dementia shall be provided. Social space is any space that is independently accessible to the resident, except for the resident's bedroom, the bathroom, or shower/bath rooms. Social space includes, but is not limited to, dining room, living room, family visitation areas, unit kitchen, and activity areas.
- 1) In facilities establishing a unit after January 1, 2004, this social space shall equal at least 40 square feet per resident bed.
- 2) Facilities where units were established before January 1, 2004, and that do not provide at least 40 square feet per resident of social space, shall develop a plan, by January 1, 2005, to provide at least 300 square feet of additional social space or 40 square feet per resident, whichever is less. This plan shall be met by January 1, 2007.

(Source: Added at 28 Ill. Reg. _____, effective _____)

Section 300.7070 Quality Assessment and Improvement

The unit shall have a written plan that is part of the facility's overall quality assurance plan to assess residents' quality of care, quality of life, and overall well-being.

- a) The licensee shall develop and implement a quality assessment and improvement program designed to meet at least the following goals:
- 1) Ongoing monitoring and evaluation of the quality of care and service provided at the facility, including, but not limited to:
- A) Admission of residents who are appropriate to the capabilities of the facility;
- B) Resident assessment;
- C) Development and implementation of appropriate individualized, ability-centered treatment plans;
- D) Resident satisfaction; and
- E) Infection control.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 2) Identification and analysis of problems.
 - 3) Identification and implementation of corrective action or changes in response to problems.
- b) The program shall operate pursuant to a written plan that shall include, but not be limited to:
- 1) A detailed statement of how problems will be identified, including procedures to elicit insights from residents, residents' families, and residents' representatives;
 - 2) The methodology and criteria that will be used to formulate action plans to address problems, which shall include the insights of residents, residents' families, and residents' representatives;
 - 3) Procedures for evaluating the effectiveness of action plans and revising action plans to prevent reoccurrence of problems;
 - 4) Procedures for documenting the activities of the program; and
 - 5) Identifying the persons responsible for administering the program.
- c) A copy of the plan shall be provided to residents, residents' families, or residents' representatives.

(Source: Added at 28 Ill. Reg. _____, effective _____)

Section 300.7080 Variances to Enhance Residents' Quality of Life

- a) The Department will consider requests for variances from this Part where the variance will enhance the residents' quality of life. The variance shall be requested in writing and shall contain the following information:
- 1) Facility contact person;
 - 2) The specific Section of this Part from which the applicant is requesting a variance;

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 3) The proposed alternative plan, service, or approach to meet the needs of the residents;
 - 4) The benefit to the residents if the variance is approved; and
 - 5) The facility plan to evaluate the effectiveness of the variance in meeting the residents' needs, including eliciting insights from residents, residents' families, and residents' representatives.
- b) The facility shall not implement the variance prior to receiving written approval from the Department.
 - c) The Department will advise the facility in writing if the variance is approved, denied or approved with conditions or limitations within 90 days after receipt of the request. The Department's decision to approve, deny, or approve the variance with conditions or limitations shall be based on whether the proposed alternative provides an equivalent level of care and safety to the residents.
 - d) Variances will not be granted for statutory requirements.

(Source: Added at 28 Ill. Reg. _____, effective _____)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULES

- 1) Heading of the Part: Compulsive Gambling
- 2) Code Citation: 77 Ill. Adm. Code 2059
- 3) Section Numbers: Adopted Action:
2059.101 New
2059.103 New
- 4) Statutory Authority: Implementing and authorized by Section 10.7 of the Illinois Lottery Law [20 ILCS 1605/10.7], Section 4.3 of the Illinois Bingo License and Tax Act [230 ILCS 25/4.3], Section 8.1 of the Illinois Gaming Act [230 ILCS 30/8.1], Section 34.1 of the Illinois Horse Racing Act [230 ILCS 5/34.1] and Section 13.1 of the Riverboat Gambling Act [230 ILCS 10/13.1].
- 5) Effective Date of rules: October 8, 2003
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rules, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: 26 Ill. Reg. 16899-11/22/02
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version:

Several grammatical changes were made throughout the rule.
 - A) The statutory citation for Riverboat Gambling Act was added to the Authority Note.
 - B) The telephone number 1-800-GAMBLER was added to the rule for gambling problem assistance in Section 2059.103.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULES

- 13) Will this rulemaking replace an emergency rulemaking currently in effect? No
- 14) Are there any other amendments pending on this Part? No
- 15) Summary and purpose of rulemaking: The adopted rulemaking creates this Part to meet the Department of Human Services responsibility to provide text and/or signs concerning assistance for compulsive gamblers.
- 16) Information and questions regarding this adopted rule shall be delivered to:

Ms. Tracie Drew, Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East, Third Floor
Springfield, Illinois 62762
Telephone: (217) 785-9772

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULES

TITLE 77: PUBLIC HEALTH
CHAPTER X: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER d: LICENSUREPART 2059
COMPULSIVE GAMBLING

Section

2059.101	Applicability
2059.103	Compulsive Gambling Text

AUTHORITY: Implementing and authorized by Section 10.7 of the Illinois Lottery Law [20 ILCS 1605/10.7], Section 4.3 of the Illinois Bingo License and Tax Act [230 ILCS 25/4.3], Section 8.1 of the Illinois Gaming Act [230 ILCS 30/8.1], Section 34.1 of the Illinois Horse Racing Act [230 ILCS 5/34.1] and Section 13.1 of the Riverboat Gambling Act [230 ILCS 10/13.1].

SOURCE: Adopted at 27 Ill. Reg. 16244, effective October 8, 2003.

Section 2059.101 Applicability

This Part shall apply to the Illinois Department of Human Services, Office of Alcoholism and Substance Abuse (OASA) related to its responsibility to provide text and/or signs concerning assistance for compulsive gambling to the Illinois Department of the Lottery, the Illinois Department of Revenue, the Illinois Racing Board and the Illinois Gaming Board.

Section 2059.103 Compulsive Gambling Text

- a) The text for applicable placards, signs and paper notices shall be as follows: "If you or someone you know has a gambling problem, crisis counseling and referral services can be accessed by calling 1-800-GAMBLER (1-800-426-2537)."
- b) OASA shall provide signs that display this text to the Illinois Department of Revenue, the Illinois Racing Board and the Illinois Gaming Board for use, distribution and placement.
- c) The Illinois Department of the Lottery shall utilize this text and its own designated toll-free telephone number on all placards and paper notices.

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: General Provisions
- 2) Code Citation: 35 Ill. Adm. Code 900
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
900.101	Amend
900.103	Amend
900.106	Add
- 4) Statutory Authority: 415 ILCS 5/27-5/28.
- 5) Effective Date of Amendments: October 8, 2003
- 6) Do these amendments contain an automatic repeal date? No
- 7) Do these amendments contain incorporation by reference? Yes. All the incorporations are pursuant to Section 6.02(a) of the Illinois Administrative Procedure Act.
- 8) A copy of the adopted amendments, including material incorporated by reference, is on file in the Board's office at 100 W. Randolph, Suite 11-500, Chicago, Illinois, and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: 27 Ill. Reg. 1889 (February 7, 2003)
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: In response to public comments, the Board added an incorporation by reference: ANSI document S12.9-1993 (R 1998) "American National Standard Quantities and Procedures for Description and Measurement of Environmental Sound, Part 3: Short-term Measurement with an Observer Present." Additionally, the Board modified the first notice proposal to reflect a ten-minute measurement period for steady sound, and made clarification changes to the definitions of "background sound level," "ambient," and "period of observation."
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will these amendments replace any emergency amendments currently in effect? No
- 14) Are there any amendments pending on this Part? No

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

- 15) Summary and Purpose of amendments: The noise regulations found in Part 900 are general provisions dealing with the definitions of acoustical terminology, prohibition against noise pollution, and sound measurements. The proposed changes involve the updating of definitions and sound measurement procedures. These definitions and measurement procedures were adopted in 1973 and have not been amended or changed since then. The basis for these changes is the American National Standards Institute updates from the years 1998-2001.

A more detailed description of the rule can be obtained from the address below by requesting the final notice opinion in R03-08 dated September 4, 2003.

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

William Murphy
Illinois Pollution Control Board
100 West Randolph
Suite 11-500
Chicago, IL 60601
(312) 814-6062

The full text of the adopted amendments begins on the following page:

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE H: NOISE
CHAPTER I: POLLUTION CONTROL BOARDPART 900
GENERAL PROVISIONS

Section

900.101	Definitions
900.102	Prohibition of Noise Pollution
900.103	Measurement Procedures
900.104	Burden of Persuasion Regarding Exceptions
900.105	Severability

900.106 Incorporations by ReferenceAPPENDIX A Old Rule Number Referenced ~~OLD RULE NUMBERS REFERENCED~~

AUTHORITY: Implementing Section 25 and authorized by Section 27 of the Environmental Protection Act [415 ILCS 5/25 and 27].

SOURCE: Originally filed as Part 1 of Chapter 8: Noise Pollution, effective August 10, 1973; amended at 2 Ill. Reg. 27, p. 223, effective June 26, 1978; amended at 5 Ill. Reg. 6371, effective June 1, 1981; amended at 5 Ill. Reg. 8533, effective August 10, 1981; amended at 6 Ill. Reg. 10960, effective September 1, 1982; codified at 7 Ill. Reg. 13579; amended in R83-7 at 11 Ill. Reg. 3121, effective January 28, 1987; amended in R03-8 at 27 Ill. Reg. 16247, effective October 8, 2003.

Section 900.101 Definitions

Except as ~~hereinafter~~ stated and unless a different meaning of a term is clear from its context, the definitions of terms used in this Chapter are shall be the same as those used in the Environmental Protection Act. All definitions of acoustical terminology ~~must shall~~ be in conformance with those contained in American National Standards Institute (ANSI) S1.1§1.1 – 199460 (R1999) "American National Standard Acoustical Terminology-" and S12.9-1988 (R1998) "American National Standard Quantities and Procedures for Description and Measurement of Environmental Sound – Part 1," incorporated by reference at Section 900.106. As used in 35 Ill. Adm. Code 900 through 910-905, the following terms mean:

A-Weighted Sound Level: 10 times the logarithm to the base 10 of the square of the ratio of the A-weighted (and time-averaged) dB(A), in decibels, a frequency weighted-sound pressure level, to the reference sound pressure of 20 micropascal.

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

~~The frequency and time weighting must be determined by the use of the metering characteristics and A-weighted network specified in accordance with ANSI S1.4-1983 (R2001)§1.4-1971 (R-1976) "American National Standard Specification for Sound Level Meters", incorporated by reference at Section 900.106 and the latest revisions thereof. The unit of sound level is the decibel (dB) with the letter (A) appended to the decibel unit symbol to indicate the weighting and written as dB(A).~~

~~AHRA: American Hot Rod Association or its successor body.~~

~~Ambient: the all-encompassing sound associated with a given environment without contributions from the noise source or sources of interest.~~

~~Angle of incidence: the orientation of the microphone relative to the sound source.~~

ANSI: American National Standards Institute or its successor bodies.

Antique vehicle: a motor vehicle that is more than 25 years of age or a bona fide replica thereof and which is driven on the highways only going to and returning from an antique auto show or an exhibition, or for servicing or demonstration, or a fire-fighting vehicle more than 20 years old which is not used as fire-fighting equipment but is used only for the purpose of exhibition or demonstration.

Background ~~ambient sound level~~ ~~Sound Level~~: ~~means the ambient the A-weighted~~ sound level, measured in accordance with the procedures specified in 35 Ill. Adm. Code 910. Section 900.103, which is exceeded 90 percent of the time during the period of observation, sounds from the sound source are inaudible. The period of observation need not necessarily be contiguous; however, the period of observation must be at least of 10 minutes duration.

Bus: every motor vehicle designed for carrying more than 10 passengers and used for the transportation of passengers; and every motor vehicle, other than a taxicab, designed and used for the transportation of persons for compensation.

C-weighted ~~sound level~~ ~~Sound Level~~: in decibels, a frequency-weighted sound pressure level, determined by the use of the metering characteristics and C-weighted network specified in ANSI S1.4-1983 document §1.4-1971 (R-2001) (1976) "American National Standard Specification for Sound Level Meters", incorporated by reference at Section 900.106.

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

Construction: on-site erection, fabrication, installation, alteration, demolition or removal of any structure, facility, or addition thereto, including all related activities including, but not restricted to, clearing of land, earth-moving, blasting and landscaping.

Daytime hours: 7:00 am to 10:00 pm, local time.

dB(A): see A-weighted sound level ~~Sound Level in decibels~~.

Dealer: every person engaged in the business of selling vehicles to persons who purchase such vehicles for purposes other than resale, and who has an established place of business for such activity in this state.

Decibel (dB): a unit of measure, on a logarithmic scale to the base 10, of the ratio of the magnitude of a particular sound pressure to a standard reference pressure, which, for purposes of this Chapter, shall be 20 micronewtons per square meter ($\mu\text{N}/\text{m}^2$) or 20 micropascals (μPa).

Discrete tone: a sound wave whose instantaneous sound pressure varies essentially as a simple sinusoidal function of time.

~~Drag racing: any acceleration contest between two racing vehicles racing from a standing start over a precisely measured, straight line course.~~

~~Drag racing facility: any motor racing facility upon which is conducted drag racing.~~

~~Drag racing vehicle: any racing vehicle which is participating in a drag race at a drag racing facility.~~

Exhaust system: the system comprised of a combination of components which provides for the enclosed flow of exhaust gas from engine parts to the atmosphere.

~~Existing motor racing facility: any motor racing facility, the construction of which commenced prior to August 10, 1973.~~

Existing property-line-noise-source: any property-line-noise-source, the construction or establishment of which commenced prior to August 10, 1973. For the purposes of this sub-section, any property-line-noise-source whose A, B or C land use classification changes, on or after August 10, 1973, is ~~shall not be~~ considered an existing property-line-noise-source.

Farm tractor: every motor vehicle designed and used primarily as a farm

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

implement for drawing wagons, plows, mowing machines and other implements of husbandry, and every implement of husbandry which is self-propelled.

Fast Dynamic Characteristic: the dynamic characteristic specified as fast in ANSI ~~§S1.4-1983~~1971 (R:~~2001~~1976) "American National Standard Specification for Sound Level Meters", ~~incorporated by reference at Section 900.106 and the latest revision thereof.~~

Fast meter response: as specified in ANSI ~~§1.4-1971~~, S1.4-1983 (R2001) "American National Standard Specification for Sound Level Meters", ~~incorporated by reference at Section 900.106 or subsequent revisions.~~

Fluctuating sound: a class of nonsteady sound where sound pressure level varies over a range greater than 6 decibels (dB) with the "slow" meter characteristic, and where the meter indication does not equal the ambient level more than once during the period of observation.

Frequency-weighted sound pressure: root mean square of the instantaneous sound pressure which is frequency-weighted (i.e., filtered) with a standard frequency characteristic (e.g., A or C) and exponentially time-weighted in accordance with the standardized characteristics slow (S), fast (F), impulse (I) or peak, with both weightings specified in accordance with ANSI S1.4-1983 (R2001) "American National Standard Specification for Sound Level Meters", incorporated by reference at Section 900.106. The frequency weighting used shall be specified explicitly (e.g., A, C or octave band). The unit frequency-weighted sound pressure is the pascal (Pa).

Gross Vehicle Weight (GVW): the maximum loaded weight for which a motor vehicle is registered or, for vehicles not so registered, the value specified by the manufacturer as the loaded weight of the vehicle.

Highly Impulsive Sound: either a single pressure peak or a single burst (multiple pressure peaks) for a duration usually less than one second. Examples of highly impulsive sound sources are drop forge hammer and explosive blasting.

Highway: the entire width between the boundary lines of every way publicly maintained when any part thereof is open to the use of the public for purposes of vehicular travel.

~~Impulsive sound: either a single pressure peak or single or burst (multiple pressure peaks) for a duration usually less than one second. Examples of~~

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

~~impulsive sound sources are a drop forge hammer and explosive blasting.~~

IHRA: International Hot Rod Association or its successor body.

Intermittent sound: a class of nonsteady sound where the meter indicates a sound pressure level equal to the ambient level two or more times during the measurement period. The period of time during which the level of the sound remains at a value different from that of the ambient is of the order of one second or more.

LBCS: the Land-Based Classification Standards which designate land use functions by means of numeric codes.

L_{eq} ~~Leq~~: equivalent continuous sound pressure in decibels: ~~10 ten~~ times the logarithm to the base ~~10 ten~~ of the ratio of a time mean square sound pressure, during the specified time period, to the square of reference sound pressure. The reference sound pressure is 20 micronewtons per square meter or equivalent continuous frequency-weighted sound pressure.

$L_{eq}(A)$: A-weighted time-average (equivalent-continuous) sound level.

L_{eq} (octave band-Hz): time-average (equivalent-continuous) sound level in the octave band specified by its center frequency e.g. $L_{eq}(125\text{-Hz})$.

Measurement Period: the time interval during which acoustical data are obtained. The measurement period is determined by the characteristics of the noise being measured and must be at least 10 times as long as the response time of the instrumentation. The greater the variation in indicated sound level, the longer must be the observation time for a given expected precision of the measurement.

~~Midget racing vehicle: a front engine, single seat, openwheel racing car smaller and of lesser engine displacement than standard cars of the type.~~

~~Motor racing facility: any facility or course upon which is conducted motor racing activities or events.~~

Motor driven cycle: every motorcycle, motor scooter, or bicycle with motor attached, with less than 150 cubic centimeter piston displacement.

Motor vehicle: every vehicle which is self-propelled and any combination of vehicles which are propelled or drawn by a vehicle which is self-propelled.

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

Motorcycle: every motor vehicle having a seat or saddle for the use of the rider and designed to travel on not more than 3 wheels in contact with the ground, but excluding a tractor.

~~Motorcycle racing: any racing event between two or more motorcycles.~~

~~Motorcycle racing facility: any motor racing facility upon which is conducted motorcycle racing, except oval racing facilities or drag racing facilities.~~

Muffler: a device for abating the sounds of escaping gases of an internal combustion engine.

~~NHRA: National Hot Rod Association or its successor body.~~

~~New motor racing facility: any motor racing facility, the construction of which commenced on or after August 10, 1973.~~

New snowmobile: a snowmobile, the equitable or legal title to which has never passed to a person who purchases it for purposes other than resale.

Nighttime hours: 10:00 pm to 7:00 am, local time.

Noise floor: the electrical noise (in decibels) of the sound measurement system. When the noise floor is determined by placing a calibrator over the microphone of the sound measurement system, the noise floor may include acoustic noise due to leakage around the calibrator.

Noise pollution: the emission of sound that unreasonably interferes with the enjoyment of life or with any lawful business or activity.

Non-steady sound: a sound whose sound pressure level shifts significantly during the measurement period. Meter variations are greater than +/-3 dB using the "slow" meter characteristic.

Octave band sound pressure level: the sound pressure level for the sound being measured contained within the specified octave band. The reference pressure is 20 micronewtons per square meter.

~~Oval racing: any contest between two or more racing vehicles on a closed or oval racing surface.~~

~~Oval racing facility: any motor racing facility, upon which is conducted oval racing.~~

~~Oval racing vehicle: any racing vehicle which is participating in an oval race at an oval racing facility.~~

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

Pascal (Pa): a unit of pressure. One pascal is equal to one newton per square meter.

Passenger car: a motor vehicle designed for the carrying of not more than ten persons, including a multi-purpose passenger vehicle, except any motor vehicle of the second division as defined in 625 ILCS 5/1-146-III. Rev. Stat. 1981, ch. 95½, par. 1-146, and except any motorcycle or motor driven cycle.

Person: any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, agency, political subdivision of this State, any other State or political subdivision or agency thereof or any legal successor, representative, agent or agency of the foregoing.

Preferred frequencies: those frequencies in Hertz preferred for acoustical measurements which, for the purposes of this Chapter, consist of the following set of values: 20, 25, 31.5, 40, 50, 63, 80, 100, 125, 160, 200, 250, 315, 400, 500, 630, 800, 1000, 1250, 1600, 2000, 2500, 3150, 4000, 5000, 6300, 8000, 10,000, 12,500.

Prominent discrete tone: sound, having a one-third octave band sound pressure level which, when measured in a one-third octave band at the preferred frequencies, exceeds the arithmetic average of the sound pressure levels of the two adjacent one-third octave bands on either side of such one-third octave band by:

5 dB for such one-third octave band with a center frequency from 500 Hertz to 10,000 Hertz, inclusive. Provided: such one-third octave band sound pressure level exceeds the sound pressure level of each adjacent one-third octave band, or;

8 dB for such one-third octave band with a center frequency from 160 Hertz to 400 Hertz, inclusive. Provided: such one-third octave band sound pressure level exceeds the sound pressure level of each adjacent one-third octave band, or;

15 dB for such one-third octave band with a center frequency from 25 Hertz to 125 Hertz, inclusive. Provided: such one-third octave band sound pressure level exceeds the sound pressure level of each adjacent one-third octave band.

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

Property-line-noise-source: any equipment or facility, or combination thereof, which operates within any land used as specified by 35 Ill. Adm. Code 901.101. Such equipment or facility, or combination thereof, must be capable of emitting sound beyond the property line of the land on which operated.

Quasi-steady sound: a train of two or more acoustical impulses. Examples of quasi-steady sound are that from riveting and pneumatic hammer.

~~Racing vehicle: every self-propelled device, in, upon or by which any person may be transported and which is participating in a motor racing activity or event at a motor racing facility.~~

Reflective surface: any building, hillside, or similar object (other than the flat ground surface) that reflects sufficient sound to affect the sound pressure level readings obtained from a noise source. Not included as reflective surfaces are small objects such as trees, posts, chain-linked fences, fire hydrants, vegetation such as bushes and shrubs, or any similar object.

Registered: a vehicle is registered when a current registration certificate or certificates and registration plates have been issued for it under the laws of any state pertaining to the registration of vehicles.

Residential dwelling unit: all land used as specified by the Land-Based Classification Standards (LBCS) Codes 1100 through 1340 Standard Land Use Coding Manual (SLUCM) Codes 110 through 190 and those portions of land used as specified by LBCS Code 6222 SLUCM Code 6741 used for sleeping.

SAE: Society of Automotive Engineers.

Slow Dynamic Characteristic: the dynamic characteristic specified as "Slow" in ANSI S1.4-1983 (R2001) document §1.4 1971 (R. 1976) "American National Standard Specification for Sound Level Meters:", incorporated by reference at Section 900.106.

~~SLUCM: the Standard Land Use Coding Manual (1969, United States Government Printing Office) which designates land activities by means of numerical codes.~~

Snowmobile: a self-propelled device designed for travel on snow or ice or natural terrain steered by skis or runners, and supported in part by skis, belts, or cleats.

Sound: a physical disturbance causing an oscillation in pressure in a medium

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

(e.g., air) that is capable of being detected by the human ear or a sound measuring instrument.

Sound exposure: time integral of squared, frequency-weighted instantaneous sound pressure over a given time interval. The time period of integration must be specified: when the sound exposure of the background noise is a significant contributor to the total sound exposure; or when the threshold sound level of the instrument (a level below which the instrument does not accumulate contributions to the integral) used is above the level of the background noise; or when such data is needed to identify a source; or when the time period of integration is otherwise useful. The customary unit for sound exposure is pascal-squared second ($\text{Pa}^2\text{-s}$).

Sound exposure level (SEL or L_{eT}): 10 times the logarithm to the base 10 of the ratio of sound exposure to the reference sound exposure (E_0) of 400 micropascal-squared seconds ($\mu\text{Pa}^2\text{-s}$). For a given measurement time period of T seconds, the sound exposure level (L_{eT}) is related to the time-average sound level (L_{pT}) as follows: $L_{eT} = L_{pT} + \log(T/t_0)$ where t_0 is the reference duration of 1 second. The time period of integration (T) must be specified. The frequency weighting used must be specified explicitly (e.g., A, C or octave band). The A-weighted SEL and C-weighted SEL are abbreviated ASEL and CSEL respectively. An octave band SEL is expressed in terms of the center frequency (e.g., SEL at 125-Hz). The unit for sound exposure level is decibel (dB).

Sound level (weighted sound pressure level): 20 times the logarithm to the base 10 of the ratio of the frequency-weighted (and time-averaged) sound pressure to the reference pressure of 20 micropascals. The frequency weighting used shall be specified explicitly (e.g., A, C or octave band). The unit for sound level is decibel (dB).~~in decibels, a weighted sound pressure level, determined by the use of metering characteristics and frequency weightings specified in ANSI S1.4-1971 "Specification for Sound Level Meters."~~

Sound pressure: the root mean square of the instantaneous sound pressures during a specified time interval in a stated frequency band. The unit for sound pressure is pascal (Pa).

Sound pressure level: ~~in decibels~~, 20 times the logarithm to the base 10 of the ratio of the ~~magnitude of a~~ particular sound pressure to the ~~standard~~ reference sound pressure of 20 micropascals. ANSI S12.9-1988 (R1998) "American National Standard Quantities and Procedures for Description and Measurement of Environmental Sound – Part 1," incorporated by reference at Section 900.106,

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

~~reserves the term sound pressure level to denote the unweighted sound pressure. The unit for sound pressure level is decibel (dB). The standard reference pressure is 20 micronewtons per square meter.~~

Special mobile equipment: every vehicle not designed or used primarily for the transportation of persons or property and only incidentally operated or moved over a highway, including but not limited to: ditch digging apparatus, well-boring apparatus and road construction and maintenance machinery such as asphalt spreaders, bituminous mixers, bucket loaders, tractors other than truck tractors, ~~leveling~~ ~~levelling~~ graders, finishing machines, motor graders, road rollers, scarifiers, earth-moving carryalls and scrapers, power shovels and drag lines, and self-propelled cranes and other earth-moving equipment.

~~Special motor racing event: any motor racing event held on two consecutive days or less in which a substantial number of out-of-state motor racing vehicles are competing and which has been designated as such a special motor racing event by the owner or operator of the motor racing facility.~~

~~Sports car: any automobile which meets the requirements and specifications of the General Competition Rules of the Sports Car Club of America, or its successor body, or any other sports car organization.~~

~~Sports car racing: any competitive event involving one or more sports cars.~~

~~Sports car racing facility: any motor racing facility upon which is conducted sports car racing.~~

~~Sports car racing vehicles: any racing vehicle which is participating in a sports car race at a sports car racing facility.~~

~~Sprint racing vehicle: a front engine open wheel racing car used especially on short dirt tracks.~~

~~Supercharged racing vehicle: a racing vehicle equipped with a blower or compressor for increasing the volume air charge of an internal combustion engine over that which would be drawn in through the pumping action of the pistons.~~

Steady sound: a sound whose sound pressure level remains essentially constant (that is, meter fluctuations are negligibly small) during the measurement period. Meter variations are less than or equal to +/-3 dB using the "slow" meter characteristic.

Tactical military vehicle: every vehicle operated by any federal or state military organization and designed for use in field operations, but not including vehicles such as staff cars and personnel carriers designed primarily for normal highway use.

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

Time-average sound level (or equivalent-continuous sound level or equivalent-continuous frequency-weighted sound pressure level): 20 times the logarithm to the base 10 of the ratio of the time-average (frequency-weighted) sound pressure to the reference pressure of 20 micropascal. The frequency weighting used must be specified explicitly (e.g., A, C or octave band). The unit of time-average sound level is the decibel (dB).

Time-average (frequency-weighted) sound pressure: square root of the quotient of the time integral of frequency-weighted squared instantaneous sound pressures divided by the time period of integration; or the square root of the quotient of the sound exposure, in pascal-squared seconds (Pa²-s), in a specified time period, divided by the time period of integration in seconds. The frequency weighting used must be specified explicitly (e.g., A, C or octave band). The unit of time-average sound pressure is the pascal (Pa).

Unregulated safety relief valve: a safety relief valve used and designed to be actuated by high pressure in the pipe or vessel to which it is connected and which is used and designed to prevent explosion or other hazardous reaction from pressure buildup, rather than being used and designed as a process pressure blowdown.

Used motor vehicle: a motor vehicle that is not a new motor vehicle.

Vehicle: every device in, upon, or by which any person or property is or may be transported or drawn upon a highway.

Weekday: any day which occurs during the period of time commencing at 10:00 p.m. Sunday and ending at 10:00 p.m. Friday during any particular week.

Weekend day: any day which occurs during the period of time commencing at 10:00 p.m. Friday and ending at 10:00 p.m. Sunday during any particular week.

Well-maintained muffler: any muffler which is free from defects which affect its sound reduction. Such muffler shall be free of visible defects such as holes and other acoustical leaks.

(Source: Amended at 27 Ill. Reg. 16247, effective October 8, 2003)

Section 900.103 Measurement Procedures

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

- a) Procedures Applicable to all of 35 Ill. Adm. Code: Subtitle H, Chapter I

The Agency may adopt procedures which set forth criteria for the measurement of sound ~~for all Parts except 35 Ill. Adm. Code 900 and 901.~~ Such procedures shall be in substantial conformity with standards and recommended practices established by the American National Standards Institute, Inc. (ANSI) or the Society of Automotive Engineers, Inc. (SAE), ~~incorporated by reference at Section 900.106 and the latest revisions thereof, including ANSI S1.1-1960, ANSI S1.8-1969, ANSI S1.2-1962, and SAE J-184.~~ Such procedures shall be revised from time to time to reflect current engineering judgment and advances in noise measurement techniques. Such procedures, and revisions, thereof, shall not become effective until filed with the Administrative Code Division of the Office of the Secretary of State as required by the Illinois Administrative Procedure Act ~~[5 ILCS 100]. Ill. Rev. Stat. 1985, ch. 127, par. 1001 et. seq.~~ Measurement Procedures for 35 Ill. Adm. Code 900 and 901 shall conform to 35 Ill. Adm. Code 910.

- b) Procedures Applicable only to 35 Ill. Adm. Code 901

1) All measurements and all measurement procedures to determine whether emissions, of sound comply with 35 Ill. Adm. Code 901 ~~shall be in substantial conformity with ANSI S1.6-1967, ANSI S1.4-1971—Type I Precision, ANSI S1.11-1966, and ANSI S1.13-1971 Field Method, and~~ shall, with the exception of measurements to determine whether emissions of sound comply with 35 Ill. Adm. Code 901.109, be based on L_{eq} averaging, as defined in 35 Ill. Adm. Code 900.101, using a reference time ~~as follows: of one hour.~~

A) Except as specified in subsection (b)(1)(B) for steady sound, a reference time of at least 1 hour shall be used for all sound measurements and measurement procedures.

B) For measurement of steady sound as defined in Section 101 of this Part, the reference time shall be at least 10 minutes.

2) All ~~such~~ measurements and ~~measurement~~ ~~measurements~~ procedures ~~under subsection (b)(1)(B) of this Section must~~ ~~shall~~ correct, or provide for the correction of such emissions for the presence of ambient or background noise ~~as defined in ANSI S1.13-1971.~~ in accordance with the procedures in 35 Ill. Adm. Code 910. All measurements must be in conformity with

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

the following ANSI standards, incorporated by reference at Section 900.106:

- A) ANSI S1.4-1983 (R2001) "American National Standard Specification for Sound Level Meters."
- B) ANSI S1.6-1984 (R2001) "American National Standard Preferred Frequencies, Frequency Levels, and Band Numbers for Acoustical Measurements."
- C) ANSI S1.11-1986 (R1998) "American National Standard Specification for Octave-Band and Fractional-Octave-Band Analog and Digital Filters."
- D) ANSI S1.13-1995 (R1999) "American National Standard Measurement of Sound Pressure Level in Air."
- E) ANSI S12.9-1993 (R1998) "American National Standard Quantities and Procedures for Description and Measurement of Environmental Sound – Part 3: Short-Term Measurements With an Observer Present."

c) Procedures Applicable only to 35 Ill. Adm. Code 902

- 1) Measurement procedures to determine whether emissions of sound comply with 35 Ill. Adm. Code 902.120 through 902.123 ~~must shall~~ be in ~~substantial~~ conformity with the following ANSI standards incorporated by reference at Section 900.106: ANSI S1.4-1971—Type I Precision or Type II General Purpose, and ANSI S1.13-1971 Field Method, provided that
 - A) ANSI S1.4-1983 (R2001) "American National Standard Specification for Sound Level Meters."
 - B) ANSI S1.13-1995 (R1999) "American National Standard Measurement of Sound Pressure Level in Air."
- 2) The procedures for sound measurement under 35 Ill. Adm. Code 902.123 must conform to the ANSI standards prescribed in subsection (c)(1), above, provided that the procedures are shall be in substantial conformity with those established by the U.S. Department of Transportation under 49

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

~~CFR 325 pursuant to~~ Section ~~17 18~~ of the Federal Noise Control Act of 1972, 42 ~~USC U.S.C. §~~ 4901 et seq.

- ~~32)~~ The ~~Board Agency~~ may provide for measurement at distances other than the 50 feet specified in 35 Ill. Adm. Code 902.120 through 902.123 provided that correction factors are applied so that the sound levels so determined are substantially equivalent to those measured at 50 feet and the measurement distance does not exceed 100 feet. The correction factors used shall be consistent with California Highway Patrol Sound Measurement Procedures HPH 83.1 (October 1, 1973, as amended November 9, 1975), incorporated by reference at Section 900.106.
- ~~d)~~ Procedures Applicable only to 35 Ill. Adm. Code 903
- ~~1)~~ Measurement procedures for 35 Ill. Adm. Code 903 shall be in substantial conformity with ANSI S1.4-1971 Type 1 Precision or Type 2 General Purpose and ANSI S1/13-1971 Field Method.
- ~~2)~~ The Agency may provide for measuring sound emission at distances other than 50 feet specified in 35 Ill. Adm. Code 903.162, provided that correction factors are applied so that the sound levels so determined are substantially equivalent to those measured at 50 feet.
- ~~d)e)~~ Procedures Applicable only to at-35 Ill. Adm. Code 905
- 1) Measurement procedures to determine whether emissions of sound comply with 35 Ill. Adm. Code 905.102(a) and 905.103(a)(1) ~~must shall~~ be in substantial conformity with the following standards incorporated by reference at Section 900.106: ANSI S1.4-1971 Type 1 Precision or Type 2 General Purpose and SAE Recommended Practice J192a, "Exterior Sound Level for Snowmobiles".
- A) ANSI S1.4-1983 (R2001) "American National Standard Specification for Sound Level Meters."
- B) SAE Recommended Practice J192 "Exterior Sound Level for Snowmobiles." March 1985.
- 2) Measurement procedures to determine whether emissions of sound comply with 35 Ill. Adm. Code 905.102(b) and 905.103(a)(2) shall be in substantial conformity with the following standards incorporated by reference at Section 900.106: ANSI S1.4-1971 Type 1 Precision or Type 2 General Purpose and SAE Recommended Practice J1161, "Operational

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

~~Sound Level Measurement Procedure for Snow Vehicles".~~

- A) ANSI S1.4-1983 (R2001) "American National Standard Specification for Sound Level Meters."
- B) SAE/ANSI Recommended Practice J1161 "Operational Sound Level Measurement Procedure for Snow Vehicles." March 1983.

- 3) The Agency may establish criteria for measuring at distances other than the 50 feet specified in 35 Ill. Adm. Code 905.102 and 905.103, provided that correction factors are applied so that the sound levels so determined are substantially equivalent to those measured at 50 feet. In adopting new or revised criteria, the Agency shall comply with the requirements of the Illinois Administrative Procedure Act ~~[5 ILCS 100], Ill. Rev. Stat. 1985, ch. 127, par. 1001 et seq.~~

(Source: Amended at 27 Ill. Reg. 16247, effective October 8, 2003)

Section 900.106 Incorporation by Reference

The Board incorporates the following material by reference. These incorporations include no later amendments or editions.

- a) American National Standards Institute, 25 West 43rd Street, 4th Fl., New York, New York 10036. (212)-642-4900.
 - 1) ANSI S1.1-1994 (R1999) "American National Standard Acoustical Terminology."
 - 2) ANSI S1.4-1983 (R2001) "American National Standard Specification for Sound Level Meters."
 - 3) ANSI S1.6-1984 (R2001) "American National Standard Preferred Frequencies, Frequency Levels, and Band Numbers for Acoustical Measurements."
 - 4) ANSI S1.8-1989 "American National Standard Reference Quantities for Acoustical Levels."

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

- 5) ANSI S1.11-1986 (R1998) "American National Standard Specification for Octave-Band and Fractional-Octave-Band Analog and Digital Filters."
 - 6) ANSI S1.13-1995 (R1999) "American National Standard Measurement of Sound Pressure Level in Air."
 - 7) ANSI S12.9-1988 (R1998) "American National Standard Quantities and Procedures for Description and Measurement of Environmental Sound – Part 1."
 - 8) ANSI S12.9-1993 (R1998) "American National Standard Quantities and Procedures for Description and Measurement of Environmental Sound – Part 3: Short-Term Measurements With an Observer Present."
 - 9) ANSI S12.31-1990 (R2001) "American National Standard Precision Methods for the Determination of Sound Power Levels of Broad-Band Noise Sources in Reverberation Rooms."
 - 10) ANSI S12.32-1990 (R2001) "American National Standard Precision Methods for the Determination of Sound Power Levels of Discrete-Frequency and Narrow-Band Noise Sources in Reverberation Rooms."
 - 11) International Electrotechnical Commission, IEC 804-2000 "Integrating/Averaging Sound Level Meters."
- b) Society of Automotive Engineers, 400 Commonwealth Drive, Warrendale, PA 15096. (877)606-7323.
- 1) SAE Recommended Practice J184 "Qualifying a Sound Data Acquisition System." November 1998.
 - 2) SAE Recommended Practice J192 "Exterior Sound Level for Snowmobiles." March 1985.
 - 3) SAE/ANSI Recommended Practice J1161 "Operational Sound Level Measurement Procedure for Snow Vehicles." March 1983.
- c) California Highway Patrol Sound Measurement Procedures HPH 83.1 (October 1, 1973, as amended November 9, 1975). Available at Illinois Pollution Control

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

[Board Clerk's Office, 100 W. Randolph Street, Suite 11-500, Chicago, IL 60601.
\(312\)814-3620.](#)

(Source: Added at 27 Ill. Reg. 16247, effective October 8, 2003)

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED REPEALER

- 1) Heading of the Part: Rules and Regulations for the Control of Noise from Motor Racing Facilities
- 2) Code Citation: 35 Ill. Adm. Code 903
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
903.101	Repeal
903.102	Repeal
903.120	Repeal
903.121	Repeal
903.122	Repeal
903.140	Repeal
903.141	Repeal
903.142	Repeal
903.160	Repeal
903.161	Repeal
903.162	Repeal
903.180	Repeal
903.181	Repeal
903.182	Repeal
903.200	Repeal
903.201	Repeal
903.APPENDIX A	Repeal
- 4) Statutory Authority: 415 ILCS 5/27-5/28
- 5) Effective Date of Rulemaking: October 8, 2003
- 6) Does this rulemaking contain an automatic repeal date: No
- 7) Does this repealer contain incorporations by reference? No
- 8) A copy of the adopted repealer is on file in the Board's office at 100 W. Randolph, Suite 11-500, Chicago, Illinois, and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: 27 Ill. Reg. 1909 (February 7, 2003)
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED REPEALER

- 11) Difference between proposal and final version: The Board did not make any changes to its proposal.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of rulemaking: The Board is repealing Part 903, which specifies rules and regulations for the control of noise from motor racing facilities. Since the adoption of these rules, Section 25 of the Environmental Protection Act has been modified to exclude organized sporting events, including motor racing facilities from the Board's noise regulations.

A more detailed description of the rule can be obtained from the address below by requesting the final notice opinion in R03-08 dated September 4, 2003.

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

William Murphy
Illinois Pollution Control Board
100 West Randolph
Suite 11-500
Chicago, IL 60601
(312) 814-6062

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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

<u>Section Numbers:</u>	<u>Emergency Action:</u>
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] and Public Act 93-0020
- 5) Effective Date: October 1, 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: None
- 7) Date Filed with the Index Department: September 30, 2003
- 8) A copy of the emergency amendments, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Reason for Emergency: These emergency amendments are being filed pursuant to the budget plan for Medicaid funded hospital services during fiscal year 2004, and in the case of Section 148.295, pursuant also to Public Act 93-0020. The changes are necessary to ensure adequate rates for necessary medical services to public assistance recipients, to maintain compliance with federal upper payment limitations, and to maximize federal matching funds for the State. Under the Critical Hospital Adjustment Payments, certain criteria have been expanded to allow additional high volume hospitals and hospitals providing specialty services to qualify for payments. Emergency rulemaking is specifically authorized for the implementation of the changes for fiscal year 2004 by Section 5-45 of Public Act 93-0020.
- 10) Complete Description of the Subjects and Issues Involved: These emergency 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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

Under Critical Hospital Adjustments (CHAP), certain criteria have been expanded to allow additional high volume Medicaid hospitals and hospitals 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 emergency changes will result in additional fiscal year 2004 spending of approximately \$8.3 million.

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

<u>Section Numbers:</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
148.120	Amendment	August 29, 2003 (27 Ill. Reg. 14090)
148.122	New Section	August 29, 2003 (27 Ill. Reg. 14090)
148.140	Amendment	July 18, 2003 (27 Ill. Reg. 10640)
148.160	Amendment	June 27, 2003 (27 Ill. Reg. 9549)
148.160	Amendment	July 18, 2003 (27 Ill. Reg. 10640)
148.170	Amendment	June 27, 2003 (27 Ill. Reg. 9549)
148.190	Amendment	June 27, 2003 (27 Ill. Reg. 9549)
148.290	Amendment	June 27, 2003 (27 Ill. Reg. 9549)
148.290	Amendment	August 29, 2003 (27 Ill. Reg. 14090)
148.295	Amendment	July 18, 2003 (27 Ill. Reg. 10640)
148.295	Amendment	August 29, 2003 (27 Ill. Reg. 14090)
148.310	Amendment	August 29, 2003 (27 Ill. Reg. 14090)

12) Statement of Statewide Policy Objectives: These emergency amendments neither create nor expand any state mandates affecting units of local government.13) Information and questions regarding this amendment shall be directed 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 full text of the emergency amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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

EMERGENCY148.122 Medicaid Percentage AdjustmentsEMERGENCY

148.126	Safety Net Adjustment Payments
148.130	Outlier Adjustments for Exceptionally Costly Stays
148.140	Hospital Outpatient and Clinic Services
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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- Hospital Act
- 148.175 Supplemental Disproportionate Share Payment Methodology for Hospitals Organized Under the Town Hospital Act
- 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
- EMERGENCY
- 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
- EMERGENCY
- 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
- 148.380 Rate Appeals for Subacute Alcoholism and Substance Abuse Treatment Services (Repealed)

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 148.390 Hearings
148.400 Special Hospital Reporting Requirements

SUBPART C: SEXUAL ASSAULT EMERGENCY TREATMENT PROGRAM

- Section
148.500 Definitions
148.510 Reimbursement

SUBPART D: STATE CHRONIC RENAL DISEASE PROGRAM

- Section
148.600 Definitions
148.610 Scope of the Program
148.620 Assistance Level and Reimbursement
148.630 Criteria and Information Required to Establish Eligibility
148.640 Covered Services

- 148.TABLE A Renal Participation Fee Worksheet
148.TABLE B Bureau of Labor Statistics Equivalence
148.TABLE C List of Metropolitan Counties by SMSA Definition

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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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. 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, 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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, 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 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 repealed at 26 Ill. Reg. 7786, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 7340, effective April 30, 2002, for a maximum of 150 days; amended 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 amendment repealed at 26 Ill. Reg. 16612, effective October 22, 2002; amended at 26 Ill. Reg. 12322, effective July 26, 2002; amended at 26 Ill. Reg. 13661, effective September 3, 2002; amended 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; amended 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; amended 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; emergency amendment at 27 Ill. Reg. 16185, effective October 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16268, effective October 1, 2003, for a maximum of 150 days

SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

Section 148.120 Disproportionate Share Hospital (DSH) Adjustments**EMERGENCY**

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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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.

- c) In making the determination described in ~~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)(4)(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 ~~subsections~~ ~~(a)(1) and (a)(4)(A)~~ of this Section. Submittal of a corrected cost report in support of ~~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)(4)(5)~~ of this Section.
 - C) In the event of extensions to the Medicare cost report filing

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

process, those hospitals that do not have an audited or unaudited base year Medicaid cost report on file with the Department by the 30th of April preceding the DSH determination are required to 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 30th 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 MIURa Medicaid inpatient utilization rate, as described in subsection ~~(k)(4)(k)(5)~~ of this Section, which is lower than the

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

services provided during the hospital's base fiscal year. If a hospital does not submit a log of 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:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 1) Total hospital net revenue for all patient services, both inpatient and outpatient, for the hospital's base fiscal year.
 - 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)(A)(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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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 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~~ 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~~

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- ~~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:

- 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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:
- 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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 Adjustor for Children's Hospitals. For a children's hospital, as defined in 89 Ill. Adm. Code 149.50(e)(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 Sections 148.160(f)(3) and 148.295(c)(2)(H) may be considered disproportionate share adjustments. Inpatient Adjustor for

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

~~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 ~~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 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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 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~~

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

~~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 Group (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 by emergency rulemaking at 27 Ill. Reg. 16268, effective October 1, 2003, for a maximum of 150 days)

Section 148.122 Medicaid Percentage Adjustments
EMERGENCY

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 that are deemed as a Medicaid percentage hospital by the Department.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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), that 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 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).

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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.
- 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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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 federal 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 (g)(2) 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 obstetrical 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 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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 that 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 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

in the Medicaid obstetrical inpatient utilization rate base year that 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 that 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 by emergency rulemaking at 27 Ill. Reg. 16268, effective October 1, 2003, for a maximum of 150 days)

Section 148.290 Adjustments and Reductions to Total Payments**EMERGENCY**

- a) Applicable Adjustments for DSH
The criteria and methodology for making applicable DSH adjustments to hospitals shall be in accordance with Section 148.120.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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:
 - A) "Available funds" means funds which have been deposited into the

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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, ~~2003~~1993, 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 by the aggregate annual increase in the national hospital market price proxies (DRI) hospital cost index (from the most recent publication of Health-Care Cost Review, published by Global Insight, located at 24 Hartwell Avenue, Lexington, MA.) from the MHVA rate period -

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

~~1993, as defined in 148.290(d)(4)(B), through the MHVA rate period 2003, and annually thereafter, by a percentage equal to the lesser of: 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 (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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

September 30 of the following year.

- 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 by emergency rulemaking at 27 Ill. Reg. 16268, effective October 1, 2003, for a maximum of 150 days)

Section 148.295 Critical Hospital Adjustment Payments (CHAP)**EMERGENCY**

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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

\$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
 - 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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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
- 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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- D) Illinois teaching hospitals, with more than 40 graduate medical education programs on July 1, 1999, not qualifying in subsection 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 (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 had 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:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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 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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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.
 - 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 ~~\$182.25~~\$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 ~~\$98.00~~\$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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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 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 ~~\$573.00~~~~\$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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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.
 - 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.
 - D) Hospitals qualifying under subsection (c)(1)(H) of this Section will receive a rate of \$268.00 per day.
 - JH) 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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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 described in subsection (c)(2) of this Section 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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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 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,

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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 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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- ~~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 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 by emergency rulemaking at 27 Ill. Reg. 16268, effective October 1, 2003, for a maximum of 150 days)

Section 148.310 Review Procedure**EMERGENCY**

- 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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 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:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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.
 - 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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.
- 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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 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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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 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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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.
 - 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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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 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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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 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.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 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.
- 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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.
 - 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

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

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 by emergency rulemaking at 27 Ill. Reg. 16268, effective October 1, 2003, for a maximum of 150 days)

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 October 7, 2003 through October 13, 2003 and have been scheduled for review by the Committee at its November 18, 2003 meeting in Springfield. 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>
11/21/03	<u>Department of Human Services, Administrative Hearings (89 Ill. Adm. Code 508)</u>	1/24/03 27 Ill. Reg. 1078	11/18/03
11/21/03	<u>Department of Natural Resources, Urban and Community Forestry Grant Program (17 Ill. Adm. Code 1538)</u>	8/22/03 27 Ill. Reg. 13971	11/18/03
11/22/03	<u>Department of Agriculture, Livestock Management Facility Regulations (8 Ill. Adm. Code 900)</u>	7/25/03 27 Ill. Reg. 11326	11/18/03

JOINT COMMITTEE ON ADMINISTRATIVE RULES

NOTICE OF PUBLICATION ERROR

OFFICE OF BANKS AND REAL ESTATE

- 1) Heading of the Part: Calculation, Assessment and Collection of Periodic Fees
- 2) Code Citation: 38 Ill. Adm. Code 375
- 3) Register citation of adopted rulemaking and other pertinent action: 27 Ill. Reg. 16024; October 10, 2003
- 4) Explanation: In Section 375.30, the third asset based call report fee for "17.85¢" was printed in error as "7.85¢", with the "1" digit missing. The Joint Committee on Administrative Rules regrets this error. On the next page is the section as it should have appeared in the *Illinois Register*.

JOINT COMMITTEE ON ADMINISTRATIVE RULES

NOTICE OF PUBLICATION ERROR

OFFICE OF BANKS AND REAL ESTATE

Section 375.30 Call Report Fees

Each state bank shall pay to the Commissioner a Call Report Fee which shall be paid in quarterly installments equal to one-fourth of the sum of the annual fixed fee of ~~\$3,060~~~~\$2,400~~, plus a variable fee based on the assets shown on the quarterly statement of condition delivered to the Commissioner in accordance with Section 47 of the Illinois Banking Act [205 ILCS 5/47] for the preceding quarter according to the following schedule:

~~21.675¢~~~~17¢~~ per \$1,000 of the first \$5,000,000 of total assets;

~~20.4¢~~~~16¢~~ per \$1,000 of the next \$20,000,000 of total assets;

~~17.85¢~~~~14¢~~ per \$1,000 of the next \$75,000,000 of total assets;

~~12.1125¢~~~~9.5¢~~ per \$1,000 of the next \$400,000,000 of total assets;

~~9.5625¢~~~~7.5¢~~ per \$1,000 of the next \$500,000,000 of total assets;

~~7.0125¢~~~~5.5¢~~ per \$1,000 of the next \$19,000,000,000 of total assets;

~~2.55¢~~~~2¢~~ per \$1,000 of the next \$30,000,000,000 of total assets;

~~1.275¢~~~~1¢~~ per \$1,000 of the next \$50,000,000,000 of total assets; and

~~.6375¢~~~~.5¢~~ per \$1,000 of all assets in excess of \$100,000,000,000 of the state bank.

The Call Report Fee shall be calculated by the Commissioner and billed to state banks for remittance at the time of the quarterly statements of condition provided for in Section 47 of the Act.

(Source: Amended at 28 Ill. Reg. _____, effective _____)

STATE UNIVERSITIES RETIREMENT SYSTEM
OF THE STATE OF ILLINOIS

JANUARY 2004 REGULATORY AGENDA

- a) Part(s) (Heading and Code Citation): Concurrent Service Adjustments (80 Ill. Adm. Code 1600.123)
- 1) Rulemaking: No docket number presently assigned.
- A) Description: Implementing a rule that would allow the adjustment of the average percent time worked calculations done with respect to concurrent service under Section 15-134.1.
- B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15-177.
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.
- D) Date agency anticipates First Notice: November 2003
- E) Effect on small businesses, small municipalities or not for profit corporations: None.
- F) Agency contact person for information:

Dan M. Slack, General Counsel
State Universities Retirement System
1901 Fox Drive
Champaign, IL 61820
(217) 378-8877
- G) Related rulemakings and other pertinent information: None
- b) Part(s) (Heading and Code Citation): Dependency of Beneficiaries (80 Ill. Adm. Code 1600.20)
- 1) Rulemaking: No docket number presently assigned.
- A) Description: Modification of current dependency rule to clarify elements of dependency and the burden of proof.

STATE UNIVERSITIES RETIREMENT SYSTEM
OF THE STATE OF ILLINOIS

JANUARY 2004 REGULATORY AGENDA

- B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15-177.
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.
- D) Date agency anticipates First Notice: November 2003
- E) Effect on small businesses, small municipalities or not for profit corporations: None.
- F) Agency contact person for information:

Dan M. Slack, General Counsel
State Universities Retirement System
1901 Fox Drive
Champaign, IL 61820
(217) 378-8877
- G) Related rulemakings and other pertinent information: None
- c) Part(s) (Heading and Code Citation): Debt collection. (80 Ill. Adm. Code 1600.135)
- 1) Rulemaking: No docket number presently assigned.
- A) Description: SURS has been exempted from the Debt Collection Board. SURS will promulgate rules as to its debt collection practices.
- B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15-177.
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.
- D) Date agency anticipates First Notice: November 2003

STATE UNIVERSITIES RETIREMENT SYSTEM
OF THE STATE OF ILLINOIS

JANUARY 2004 REGULATORY AGENDA

- E) Effect on small businesses, small municipalities or not for profit corporations: None.
- F) Agency contact person for information:

Dan M. Slack, General Counsel
State Universities Retirement System
1901 Fox Drive
Champaign, IL 61820
(217) 378-8877
- G) Related rulemakings and other pertinent information: None
- d) Part(s) (Heading and Code Citation): Beneficiary Designations; Powers of Attorney. (80 Ill. Adm. Code 1600.25)
- 1) Rulemaking: No docket number presently assigned.
- A) Description: SURS will promulgate a rule that clarifies the effectiveness of a beneficiary designation on file with the System. This rule will also describe when agents under a Power of Attorney are authorized to sign beneficiary designation forms and transact other business with the System.
- B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15-177.
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.
- D) Date agency anticipates First Notice: November 2003
- E) Effect on small businesses, small municipalities or not for profit corporations: None.
- F) Agency contact person for information:

Dan M. Slack, General Counsel
State Universities Retirement System

STATE UNIVERSITIES RETIREMENT SYSTEM
OF THE STATE OF ILLINOIS

JANUARY 2004 REGULATORY AGENDA

1901 Fox Drive
Champaign, IL 61820
(217) 378-8877

G) Related rulemakings and other pertinent information: None

e) Part(s) (Heading and Code Citation): QILDRO (80 Ill. Adm. Code 1600.151)

1) Rulemaking: No docket number presently assigned.

A) Description: Revision to the current QILDRO rule in order to explain the effect of an incomplete QILDRO or errors in the QILDRO received by the System. This revision will also include creating a QILDRO form to work with the defined contribution Self-Managed Plan.

B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15-177.

C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.

D) Date agency anticipates First Notice: November 2003

E) Effect on small businesses, small municipalities or not for profit corporations: None.

F) Agency contact person for information:

Dan M. Slack, General Counsel
State Universities Retirement System
1901 Fox Drive
Champaign, IL 61820
(217) 378-8877

G) Related rulemakings and other pertinent information: None

f) Part(s) (Heading and Code Citation): Election to Make Contributions Covering Leave of Absence at Less Than 50% Pay (80 Ill. Adm. Code 1600.40)

STATE UNIVERSITIES RETIREMENT SYSTEM
OF THE STATE OF ILLINOIS

JANUARY 2004 REGULATORY AGENDA

- 1) Rulemaking: No docket number presently assigned.
- A) Description: Revision to the current rule to refer to the “effective rate” of interest instead of the “prescribed rate” under paragraph c. Also change the heading to read: Election to Make Contributions Covering Eligible Leave of Absence.
- B) Statutory Authority: Article 15 of the Illinois Pension Code, 40 ILCS 5/15-177.
- C) Scheduled meeting/hearing dates: Written comments may be submitted during the 45-day public comment period following publication of the proposed rule in the *Illinois Register*. No public hearing is anticipated.
- D) Date agency anticipates First Notice: November 2003
- E) Effect on small businesses, small municipalities or not for profit corporations: None.
- F) Agency contact person for information:

Dan M. Slack, General Counsel
State Universities Retirement System
1901 Fox Drive
Champaign, IL 61820
(217) 378-8877
- G) Related rulemakings and other pertinent information: None

OFFICE OF BANKS AND REAL ESTATE

NOTICE OF PUBLIC INFORMATION

NOTICE OF FINE IMPOSED UNDER
THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 ("the Act") [205 ILCS 635/4-5(h)], notice is hereby given that the Commissioner of the Office of Banks and Real Estate of the State of Illinois has issued a fine of \$500 against New Millennium Financial, Inc., License No. 5721 of Santa Ana, CA a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective September 10, 2003.

OFFICE OF BANKS AND REAL ESTATE

NOTICE OF PUBLIC INFORMATION

NOTICE OF FINE IMPOSED UNDER
THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 ("the Act") [205 ILCS 635/4-5(h)], notice is hereby given that the Commissioner of the Office of Banks and Real Estate of the State of Illinois has issued a fine of \$500 against Universal American Mortgage Company, LLC., License No. 2095 of Miami, FL a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective September 10, 2003.

OFFICE OF BANKS AND REAL ESTATE

NOTICE OF PUBLIC INFORMATION

NOTICE OF FINE IMPOSED UNDER
THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987

Pursuant to Section 4-5(h) of the Residential Mortgage License Act of 1987 ("the Act") [205 ILCS 635/4-5 (h)], notice is hereby given that the Commissioner of the Office of Banks and Real Estate of the State of Illinois has issued a fine of \$1,000 against Approved Financial, Inc., License No. 5364 of Chicago, IL a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective September 15, 2003.

PROCLAMATIONS

2003-267**Earth Charter Day**

WHEREAS, the Earth Charter is a declaration of the fundamental principles for a sustainable future, and an urgent call to build a global partnership for development; and

WHEREAS, for over a decade, hundreds of groups and thousands of individuals throughout the world have been involved in the process of drafting an Earth Charter; and

WHEREAS, the principles of the Earth Charter present a conception of prolonged development and set forth fundamental guidelines for achieving it; and

WHEREAS, the Earth Charter is guided by an understanding that today's actions will impact future generations.

WHEREAS, the Earth Charter sets forth an integrated approach to community development, stressing the need to respect and care for the community of life, to secure Earth's abundance and beauty for present and future generations with ecological integrity, to build a just, sustainable and peaceful global society through social and economic justice, and to treat all living beings with respect using democracy, non-violence and peace:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim October 11, 2003 as EARTH CHARTER DAY in Illinois.

Issued by the Governor October 6, 2003.

Filed by the Secretary of State October 7, 2003.

2003-268**Country Music Day**

WHEREAS, the Illinois Country Music Association exists to promote Country, Gospel, Bluegrass and Western music in Illinois; and

WHEREAS, the Illinois Country Music Association promotes shows and benefits for various causes, and works in cooperation with the Illinois Country Music Museum and Hall of Fame; and

WHEREAS, the Illinois Country Music Association recognizes the musical achievements of country artists, in addition to encouraging new and established artists in their profession; and

WHEREAS, on October 19, 2003, the Illinois Country Music Association will hold their annual Country Music Awards Show, at which time 40 awards, including the Illinois Country Music Entertainer of the Year, will be announced:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim October 19, 2003 as COUNTRY MUSIC DAY in Illinois, and encourage all citizens to dust off their dancing shoes in recognition of the artistic talents of Illinois' country music artists.

Issued by the Governor October 9, 2003.

Filed by the Secretary of State October 10, 2003.

2003-269

PROCLAMATIONS

Diversity Employment Day

WHEREAS, a diverse workplace, where all employees are ensured equal opportunities for success, can be extremely good for business; and

WHEREAS, the communities of Illinois look to do business with and support those organizations that best reflect their diversity; and

WHEREAS, the Diversity Employment Day Career Fair in Chicago, sponsored by the Diversity Recruiter's Network and N'Digo Magapaper, will bring together Illinois' major employers with thousands of qualified diversity professionals; and

WHEREAS, the Diversity Employment Day Career Fair will offer employment opportunities and career guidance for professionals in accounting, administrative, healthcare, hardware and software engineering, finance, information technology, law enforcement, management, marketing, sales, network, data and telecommunications; and

WHEREAS, the Diversity Employment Day Career Fair will bring together the professional organizations comprised of diverse and multi-ethnic Illinois residents with corporations and candidates for the support of diversity in the workplace:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim October 14, 2003 as DIVERSITY EMPLOYMENT DAY in Illinois, and congratulate all participants for recognizing the business and social value in employing a diverse workforce.

Issued by the Governor October 9, 2003.

Filed by the Secretary of State October 10, 2003.

2003-270**Domestic Violence Awareness Month**

WHEREAS, more than 3,000 domestic violence homicides occur every year in the United States; and

WHEREAS, in Illinois, there were over 300,000 victims of domestic violence last year alone; and

WHEREAS, over 40 percent of female murder victims are killed by their husbands or partners; and

WHEREAS, medical expenses that are incurred as a result of domestic violence in this country total about \$5 billion annually; and

WHEREAS, businesses forfeit more than \$100 million per year in lost wages due to sick leave, non-productivity and absenteeism related to domestic violence; and

WHEREAS, a recent workplace study of the incidence of domestic violence indicated that about 15 percent of all employees had been physically abused in the past year; and

WHEREAS, the Illinois Department of Human Services funds 66 multi-service domestic violence programs throughout the state at no cost to the victims, offering 24 hour crisis hotlines, counseling and advocacy, legal assistance, and children's services and shelter; and

PROCLAMATIONS

WHEREAS, the Illinois Department of Human Services also supports services for perpetrators in an effort to reduce and prevent domestic violence; and

WHEREAS, throughout Domestic Violence Awareness Month, domestic violence service providers have planned special awareness and prevention activities for October in an effort to educate Illinois residents about this terrible crime:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim October 2003 as DOMESTIC VIOLENCE AWARENESS MONTH in Illinois, and urge all citizens to become aware of the tragedy of domestic violence, and support the ongoing efforts and activities of the Illinois Department of Human Services and domestic violence service providers who work to prevent domestic violence in this state.

Issued by the Governor October 9, 2003.

Filed by the Secretary of State October 10, 2003.

2003-271**National Martial Arts Day**

WHEREAS, the martial arts emphasizes on the values of self-discipline, focus and self-esteem, while enhancing non-violent conflict resolution, goal setting abilities, and strength of character to create productive, healthy individuals; and

WHEREAS, millions of people in the United States currently participate in the martial arts; and

WHEREAS, on October 18, 2003, thousands of martial arts schools across the country will be celebrating National Martial Arts Day in an effort to recognize the millions of Americans who currently participate in the martial arts, promote the benefits of martial arts training and, ultimately, to increase participation in the martial arts; and

WHEREAS, throughout the day, martial arts schools will be hosting open houses, charitable fundraisers, exhibitions, demonstrations, parties, picnics and other activities; and

WHEREAS, during the day, thousands of martial artists from across the country will be attempting to break the world record of most kicks executed in one hour simultaneously, a record that currently stands at 4.7 million; and

WHEREAS, the promoters of National Martial Arts Day will be working closely with the Project Action Foundation, a national children's charity whose mission is to prevent juvenile crime by providing disadvantaged and at-risk children with the opportunity to become involved in physical and cultural arts programs:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim October 18, 2003 as NATIONAL MARTIAL ARTS DAY in Illinois, and encourage all citizens to recognize the benefits of participating in the martial arts.

Issued by the Governor October 9, 2003.

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2003-272

PROCLAMATIONS

National Pharmacy Week

WHEREAS, the powerful medications of modern society require great attention to the manner in which they are used by different patient populations; and

WHEREAS, pharmacists in the United States work to ensure the rational and safe use of all medications; and

WHEREAS, there are nearly 200,000 practicing pharmacists and an estimated 55,000 pharmacies in the United States; and

WHEREAS, in Illinois, there are more than 8,000 pharmacists, who are working to ensure the health and well-being of our citizens; and

WHEREAS, the American Pharmaceutical Association first observed a National Pharmacy Week in 1925, as a way to promote the value of pharmacy services; and

WHEREAS, today, pharmacists have found that participating in this observance serves as an effective way to better educate their patients about medications, while also promoting their services and expertise; and

WHEREAS, the Illinois Pharmacists Association, “the voice for pharmacy in Illinois,” is dedicated to enhancing the standards of pharmacy practice, improving pharmacists’ effectiveness in assuring rational drug use in society, and leading in the resolution of public policy issues affecting pharmacists; and

WHEREAS, the Illinois Pharmacists Association works closely with the American Pharmaceutical Association in order to ensure that, during National Pharmacy Week, Illinois pharmacists are properly recognized for the great work they do, and that Illinois citizens are better educated on the merits of pharmaceutical services; and

WHEREAS, the theme for this year’s observance is “Know Your Medicines – Know Your Pharmacist:”

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim October 19 – 25, 2003 as NATIONAL PHARMACY WEEK in Illinois, and urge all citizens to acknowledge pharmacists as hard working health care professionals on the front lines of the health care delivery system providing affordable and beneficial pharmaceutical care services and products to all citizens.

Issued by the Governor October 9, 2003.

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2003-273**VERB™ Extra Hour For Extra Action Day**

WHEREAS, the national, multicultural “VERB.™ It’s what you do” Campaign, encourages all children to find a VERB™, or several VERBs™ that fit their personalities and interests, and to use them as a launching pad to better their health; and

WHEREAS, VERB™ is sponsored by the U.S. Department of Health and Human Services’ Centers for Disease Control and Prevention to promote physical activity among youth; and

PROCLAMATIONS

WHEREAS, the VERB™ campaign works closely with schools, youth-serving organizations and professional groups and, as campaign partners, they ensure that the positive messages of the campaign are carried out at the community level; and

WHEREAS, active involvement in the VERB™ Extra Hour for Extra Action Day in the State of Illinois, will make a positive impact on children's lives:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim October 25, 2003 as VERB™ EXTRA HOUR FOR EXTRA ACTION DAY in Illinois, and encourage Illinois children and families to participate in the program to create a healthier community.

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2003-274**World Population Awareness Week**

WHEREAS, the world's population of 6.3 billion is projected to rapidly continue to increase to nearly 9 billion before finally slowing down; and

WHEREAS, the population of the United States currently exceeds 291 million, and it is estimated to increase to nearly 600 million by the year 2100; and

WHEREAS, the Population Institute, founded in 1969, is an independent, educational, non-profit organization, dedicated to achieving a more equitable balance between the world's population, environment and resources; and

WHEREAS, since 1985, the Population Institute has organized World Population Awareness Week to create public awareness of the startling trends in population growth, the detrimental effects that rapid population growth has on our planet, and the urgent need for action; and

WHEREAS, the theme of World Population Awareness Week 2003 is "Water: Our Most Precious Natural Resource;" and

WHEREAS, water is fundamental to sustaining human life; and

WHEREAS, 20 percent of the world's population currently faces a water shortage, a figure expected to rise to 30 percent by the year 2025:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim October 20 – 25, 2003 as WORLD POPULATION AWARENESS WEEK, and urge all citizens to conserve water whenever and wherever they can, and further reflect on ways to ensure adequate safe water supplies for future generations..

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