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INTRODUCTION

The Illinois Register is the official state document for publishing public notice of rulemaking activity initiated by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category.

Rulemaking activity consists of proposed or adopted new rules; amendments to or repealers of existing rules; and rules promulgated by emergency or peremptory action. Executive Orders and Proclamations issued by the Governor; notices of public information required by State Statute; and activities (meeting agendas; Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State Agencies; is also published in the Register.

The Register is a weekly update of the Illinois Administrative Code (a compilation of the rules adopted by State agencies). The most recent edition of the Code, along with the Register, comprise the most current accounting of State agencies' rulemakings.

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

ILLINOIS REGISTER PUBLICATION SCHEDULE FOR 2014

Issue#	Rules Due Date	Date of Issue
1	December 23, 2013	January 3, 2014
2	December 30, 2013	January 10, 2013
3	January 6, 2014	January 17, 2014
4	January 13, 2014	January 24, 2014
5	January 21, 2014	January 31, 2014
6	January 27, 2014	February 7, 2014
7	February 3, 2014	February 14, 2014
8	February 10, 2014	February 21, 2014
9	February 18, 2014	February 28, 2014
10	February 24, 2014	March 7, 2014
11	March 3, 2014	March 14, 2014
12	March 10, 2014	March 21, 2014
13	March 17, 2014	March 28, 2014
14	March 24, 2014	April 4, 2014
15	March 31, 2014	April 11, 2014
16	April 7, 2014	April 18, 2014
17	April 14, 2014	April 25, 2014
18	April 21, 2014	May 2, 2014

19	April 28, 2014	May 9, 2014
20	May 5, 2014	May 16, 2014
21	May 12, 2014	May 23, 2014
22	May 19, 2014	May 30, 2014
23	May 27, 2014	June 6, 2014
24	June 2, 2014	June 13, 2014
25	June 9, 2014	June 20, 2014
26	June 16, 2014	June 27, 2014
27	June 23, 2014	July 7, 2014
28	June 30, 2014	July 11, 2014
29	July 7, 2014	July 18, 2014
30	July 14, 2014	July 25, 2014
31	July 21, 2014	August 1, 2014
32	July 28, 2014	August 8, 2014
33	August 4, 2014	August 15, 2014
34	August 11, 2014	August 22, 2014
35	August 18, 2014	August 29, 2014
36	August 25, 2014	September 5, 2014
37	September 2, 2014	September 12, 2014
38	September 8, 2014	September 19, 2014
39	September 15, 2014	September 26, 2014
40	September 22, 2014	October 3, 2014
41	September 29, 2014	October 10, 2014
42	October 6, 2014	October 17, 2014
43	October 14, 2014	October 24, 2014
44	October 20, 2014	October 31, 2014
45	October 27, 2014	November 7, 2014
46	November 3, 2014	November 14, 2014
47	November 10, 2014	November 21, 2014
48	November 17, 2014	December 1, 2014
49	November 24, 2014	December 5, 2014
50	December 1, 2014	December 12, 2014
51	December 8, 2014	December 19, 2014
52	December 15, 2014	December 26, 2014

Editor's Note: The Secretary of State Index Department is providing this opportunity to remind you that the next filing period for your Regulatory Agenda will occur from October 15, 2014 until January 2, 2015.

DEPARTMENT OF AGRICULTURE

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: General Operations of the State Fairs and Fairgrounds
- 2) Code Citation: 8 Ill. Adm. Code 270
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
270.35	Amendment
270.40	Amendment
270.50	Repealed
270.135	Amendment
270.140	Amendment
270.150	Amendment
270.165	Amendment
- 4) Statutory Authority: Implementing and authorized by the State Fair Act [20 ILCS 210]; implementing Section 40.14 and authorized by Section 16 of the Civil Administrative Code of Illinois [20 ILCS 5/16 and 40.14]
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking assists in the efficient running of the Illinois State Fair by establishing clear standards for applying, reapplying, and paying for space rentals. This rulemaking establishes operational hours for buildings and concessionaires and addresses guidelines for percentage rental contracts.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rule in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: A 45-day written comment period will begin on the day the Notice of

DEPARTMENT OF AGRICULTURE

NOTICE OF PROPOSED AMENDMENTS

Proposed Amendment appears in the Illinois Register. Please mail written comments on the proposed rulemaking to the attention of:

Susan Baatz
Illinois Department of Agriculture
State Fairgrounds, P. O. Box 19281
Springfield IL 62794-9281

217/524-6905
217/785-4505 (fax)

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
 - B) Reporting, bookkeeping or other procedures required for compliance: No additional reporting, bookkeeping or other procedures are necessary.
 - C) Types of professional skills necessary for compliance: The types of professional skills necessary for compliance are identical to what is already in effect.
- 14) Regulatory agenda on which this rulemaking was summarized: July 2014

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

DEPARTMENT OF AGRICULTURE

NOTICE OF PROPOSED AMENDMENTS

TITLE 8: AGRICULTURE AND ANIMALS
CHAPTER I: DEPARTMENT OF AGRICULTURE
SUBCHAPTER j: FAIRS

PART 270

GENERAL OPERATIONS OF THE STATE FAIRS AND FAIRGROUNDS

SUBPART A: DEFINITIONS: POLICY: VIOLATION

Section	
270.10	Definitions
270.15	Policy
270.20	Violation of Rules; Administrative Hearings

SUBPART B: CONCESSIONS AND EXHIBITS AT THE STATE FAIR

Section	
270.25	Categories of Exhibits
270.30	Privilege to Operate a Concession or Exhibit
270.35	Application for Reassignment of Space
270.40	New Applications for Space Rental
270.45	Substitute Locations or Discontinuance of Contracts
270.50	Reassignment of Space by Department (Repealed)
270.55	Number of Stands Permitted
270.60	Policy Governing Exhibits/Concessions and Approval to Conduct Business
270.65	Policy of Permitting Space Without Monetary Charge
270.70	Exercising Constitutional Freedoms
270.75	Assignment of Contracts
270.80	Inspection of Premises
270.85	Removal or Denial of Acceptance
270.90	Concessions and Exhibits Prohibited
270.95	Liquified Petroleum Gas
270.100	Merchandising Permits
270.105	Measuring Space
270.110	Electricity
270.115	Broadcasting Devices
270.120	Display of Exhibit or Concession Number
270.125	Protection of the Public and Lessee's Property
270.130	Distributing Literature or Display Advertising

DEPARTMENT OF AGRICULTURE

NOTICE OF PROPOSED AMENDMENTS

270.135	Payment of Space Rental Contract
270.140	Operational Hours
270.145	Sales Prior to the State Fair
270.150	Sales During the State Fair
270.155	Property Shipped to the State Fair
270.160	Removal of Property
270.165	Gambling, Raffles, Prizes, Games of Chance, Intoxicating Beverages
270.170	Inside Exhibits
270.175	Posting Food Prices
270.180	Clean-Up
270.185	Public Health
270.190	Food and/or Drink Service Operations
270.195	Release Procedure
270.200	Security
270.205	Liability
270.210	Concessionaire's or Exhibitor's Trailers
270.215	Failure to Abide by Rules or Contract Provisions
270.220	Lessee's General Standard of Conduct
270.221	Emergency Closing

SUBPART C: HORSE RACING AT THE STATE FAIR

Section	
270.225	Categories of Horse Racing
270.230	State Fair Colt Stakes Races
270.235	Review Futurity Races
270.240	Illinois Trotting and Pacing Colt Races
270.245	Quarter Horse Races

SUBPART D: PREMIUMS AND RULES GOVERNING EXHIBITS OR EVENTS

Section	
270.250	Premiums Offered
270.255	Premium Books
270.260	Payment of Premiums
270.261	Land of Lincoln Breeders Awards for Purebred or Registered Livestock

SUBPART E: JUDGES: STATE FAIR

DEPARTMENT OF AGRICULTURE

NOTICE OF PROPOSED AMENDMENTS

- Section
- 270.265 Professional and Artistic Contracts
- 270.270 Judge's Salary
- 270.275 Selection of Judges

SUBPART F: CERTIFICATES OF AWARD: STATE FAIR

- Section
- 270.280 Certificates, Ribbons and Trophies

SUBPART G: FEES FOR ADMISSION TO THE STATE FAIR

- Section
- 270.285 Daily Admission Charge
- 270.290 Special Events
- 270.295 Designated Days
- 270.300 Gate Admission Charge Waived
- 270.305 Schedule of Admission Charges and Fees
- 270.310 Admission of Motor Vehicles
- 270.315 Employees of Exhibitor/Concessionaire

SUBPART H: TRAFFIC CONTROL, PARKING AND CAMPING: STATE FAIR

- Section
- 270.320 Camping Location
- 270.325 Fee for Camping
- 270.330 Camping Sticker
- 270.335 Removal of Illegally Parked Vehicles
- 270.340 Extension Cords
- 270.345 Traffic Control and Parking; Spraying Livestock Trucks

SUBPART I: MISCELLANEOUS RULES GOVERNING
THE OPERATION OF THE STATE FAIR

- Section
- 270.350 Pets
- 270.355 Structures of Lessee
- 270.360 Restrictions
- 270.365 Intoxicating Beverages

DEPARTMENT OF AGRICULTURE

NOTICE OF PROPOSED AMENDMENTS

- 270.370 Tickets/Refunds
270.371 Leasing Facilities During the State Fair

SUBPART J: NON-FAIR SPACE RENTAL:
BASIC RULES APPLICABLE TO ALL RENTALS

Section

- 270.375 Non-Fair Availability Dates
270.380 Application for Space
270.385 Reassignment
270.390 Compliance with State Law and Regulations
270.395 Removal Rights or Denial of Acceptance
270.400 Assigned Space
270.405 Inspection
270.410 Payment
270.415 Tickets
270.420 Facility Availability
270.425 Parking
270.430 Security
270.435 Fire Regulations
270.440 Tables and Chairs
270.445 Clean-Up
270.450 Alterations
270.455 Insurance
270.460 Discrimination
270.465 Camping (Repealed)
270.470 Concessions
270.475 Delinquency
270.480 Gambling, Raffles, Prizes, Games of Chance, Intoxicating Beverages
270.485 Non-Exclusivity (Repealed)
270.490 Lessee's General Standard of Conduct
270.495 Criteria for Grant of Privileges
270.500 Waiver of Applicable Rules (Repealed)
270.505 Rate Schedules
270.510 Limit on Duration of Contract
270.515 Liquefied Petroleum Gas

SUBPART K: NON-FAIR CONCESSIONS

DEPARTMENT OF AGRICULTURE

NOTICE OF PROPOSED AMENDMENTS

Section	
270.520	Renter Rights (Repealed)
270.525	Contract
270.530	Interests of the Public
270.535	Liability
270.540	Health Laws
270.545	Rates
270.550	Inspection
270.555	Payment Due

SUBPART L: CAMPING: NON-FAIR

Section	
270.560	Who May Camp
270.565	Location
270.570	Fee
270.575	Camping Facilities
270.580	Permit
270.585	Penalty
270.590	Extension Cords

SUBPART M: BACKSTRETCH CAMPING: NON-FAIR

Section	
270.595	Eligibility
270.600	Misconduct
270.605	Liability
270.610	Rent and Rates for Other Services
270.615	Payment Method

SUBPART N: BACKSTRETCH STALL AND
TACK ROOM RENTAL: NON-FAIR

Section	
270.620	Horse Stabling Space Rental and Rates
270.625	Rent Payable
270.630	General Stabling Rules (Non-Contractual Events)
270.635	Reporting
270.640	Lessee Collection of Fees (Repealed)

DEPARTMENT OF AGRICULTURE

NOTICE OF PROPOSED AMENDMENTS

270.645	Stall Use
270.650	Restriction to Assigned Space
270.655	Trailer Storage
270.660	Inspection
270.665	Restrictions
270.670	Quarantine Provisions
270.675	Dogs
270.680	General Misconduct
270.685	Track Usage
270.690	Restrictions on Barn Use

AUTHORITY: Implementing and authorized by the State Fair Act [20 ILCS 210]; implementing Section 40.14 and authorized by Section 16 of the Civil Administrative Code of Illinois [20 ILCS 5/16 and 40.14].

SOURCE: Adopted at 4 Ill. Reg. 25, p. 34, effective June 11, 1980; amended at 5 Ill. Reg. 1332, effective January 29, 1981; codified at 5 Ill. Reg. 10532; amended at 6 Ill. Reg. 8958, effective July 9, 1982; amended at 8 Ill. Reg. 6103, effective April 25, 1984; emergency amendments at 10 Ill. Reg. 13370, effective July 28, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 14282, effective August 20, 1986; amended at 10 Ill. Reg. 20468, effective November 26, 1986; amended at 11 Ill. Reg. 2228, effective January 20, 1987; amended at 15 Ill. Reg. 455, effective January 2, 1991; amended at 18 Ill. Reg. 9400, effective June 12, 1994; amended at 19 Ill. Reg. 9400, effective June 29, 1995; amended at 21 Ill. Reg. 5530, effective April 22, 1997; amended at 22 Ill. Reg. 11374, effective June 22, 1998; amended at 34 Ill. Reg. 8996, effective July 1, 2010; amended at 35 Ill. Reg. 19143, effective December 1, 2011; amended at 37 Ill. Reg. 780, effective February 1, 2013; amended at 39 Ill. Reg. _____, effective _____.

SUBPART B: CONCESSIONS AND EXHIBITS AT THE STATE FAIR

Section 270.35 Application for Reassignment of Space

Application for reassignment of space will be provided in the following manner:

- a) Following the close of the most recent State Fair, all concessionaires/exhibitors will be evaluated with regard to performance (i.e., payment of fees, violation of public health rules (if applicable), appearance of concession/exhibit, revenue generated, compliance with State Fair rules (Subparts A through I of this Part, as applicable), and any formal written complaints from the public arising out of the performance of activities on the fairgrounds.

DEPARTMENT OF AGRICULTURE

NOTICE OF PROPOSED AMENDMENTS

- b) Those ~~concessionaires~~~~concessionaires/exhibitors~~ that perform in an acceptable manner based on the criteria described in this Section shall be mailed information regarding the next fair. The information will include a letter of intent to return for the next fair an application and to reapply for reassignment to the same space or relocation of space. ~~This information~~~~An application~~ will be mailed ~~to by the Space Rental Office~~ at the address on file with the Department ~~as of not later than~~ December ~~15~~4 preceding the next year's State Fair. It shall be the responsibility of ~~the concessionaire to respond, indicating its interest in returning. No later than February 1, the concessionaire may request discussion with the Space Rental Office as to reassignment or relocation.~~ ~~each concessionaire/exhibitor desiring reassignment or relocation of space to return its application to the Space Rental Office no later than February 1.~~ Failure to receive the information from the Department~~application~~ for reassignment or relocation of space shall not relieve the ~~concessionaire~~~~concessionaire/exhibitor~~ from its responsibility to request reassignment or relocation of space prior to the February 1 deadline.
- c) After evaluating reapplication for space submitted pursuant to subsection (a) of this Section, and after spaces have been assigned by the Director or a designated representative, all new applications for space rental will be evaluated.

(Source: Amended at 39 Ill. Reg. _____, effective _____)

Section 270.40 New Applications for Space Rental

~~Applications for new concessionaires will be available on-line or by contacting the Space Rental Office. These applications for new concessionaires will be considered after February 1 at the close of the reapplication process. New applications for space rental shall be filed no earlier than September 1 and shall be accepted no later than June 30. New applications for space rental will be considered after February 1 at the close of the reapplication period. New applications for space rental shall be processed in the following manner:~~

- a) All new applications for space rental shall be sent to the Division and shall be accompanied by a photograph or drawing of the concession/exhibit. If the proposed concession/exhibit differs significantly from the photograph or drawing submitted with the application, the Department reserves the right to reconsider the application for space. Factors that would affect the approval of the application would be physical limitations and restrictions, the general appearance of the structure, possible interference with existing structures, power sources, sewage,

DEPARTMENT OF AGRICULTURE

NOTICE OF PROPOSED AMENDMENTS

and water service.

- b) All new applications for space rental will be classified by the Department as to type of concession/exhibit that will be operated.
- c) All new applications for space rental will be considered after all reapplications and relocations have been completed pursuant to Section 270.35.
- d) Granting the privilege to operate a concession/exhibit shall be based on the following criteria:
 - 1) the Department at all times shall attempt to promote the current theme of the State Fair;
 - 2) the current number of similar concessions/exhibits operating on the grounds;
 - 3) the general appearance of the concession/exhibit, revenue potential to the Department, stand design, structure, sanitation requirements and physical constraints.

(Source: Amended at 39 Ill. Reg. _____, effective _____)

Section 270.50 Reassignment of Space by Department (Repealed)

~~After a site is contracted for, there shall not be any change in location unless such change is necessary in accordance with Section 270.45 or this rule. In the event the same space is sold to two or more concessionaires/exhibitors, the space shall be reassigned by lottery. The lottery shall be conducted by the Director or a duly authorized designated representative.~~

(Source: Repealed at 39 Ill. Reg. _____, effective _____)

Section 270.135 Payment of Space Rental Contract

- a) Inside Concessionaires: The signed contract (front and back) must be accompanied by payment in full for space and electric, if applicable, no later than July 1. If a new concessionaire is approved later than July 1, the full payment is due at the time of contract submission.

DEPARTMENT OF AGRICULTURE

NOTICE OF PROPOSED AMENDMENTS

- b) Outside Concessionaires: The signed contract (front and back) must be accompanied by $\frac{1}{3}$ space rental payment due and electrical, if applicable, no later than July 1. The remaining $\frac{2}{3}$ payment is due no later than the Monday of the Illinois State Fair. These figures and dates are shown on the front side of the contract. If a new concessionaire is approved later than July 1, $\frac{1}{3}$ payment is due at the time of contract submission, with the remaining $\frac{2}{3}$ due no later than Monday of the Illinois State Fair.
- c) Payment of fees shall be in the form of personal or business checks, cash, money orders, or certified or cashier checks. All fees for space rental shall be paid in full upon the signing of the contract. A signed contract and full payment must be returned to the Space Rental Office prior to July 1. Failure to return said contract and fees shall make the contract void. Payment of fees shall be in the form of cash, a money order, or a certified, cashier, or company check. No personal checks will be accepted.

(Source: Amended at 39 Ill. Reg. _____, effective _____)

Section 270.140 Operational Hours

All outdoor concessionaires (vendors and exhibitors)~~exhibits and concessions~~ shall be ready in Springfield by ~~10:00~~10:00 a.m. and in DuQuoin by 10:00 a.m. on the opening day of the annual State Fair. Buildings shall be open at 9:00 a.m. and shall close at 9:00 p.m. daily. If the situation warrants an earlier closing (e.g., electrical failure, natural disaster, adverse weather conditions), it may be allowed but permission to do so must be granted by the State Fair Manager~~Superintendent of the Division~~ or a duly authorized representative.

(Source: Amended at 39 Ill. Reg. _____, effective _____)

Section 270.150 Sales During the State Fair

For those persons subject to a percentage rental contract, the State of Illinois shall be entitled to a percent of all gross sales during the State Fair. The percentage rate shall be subject to a negotiated written contract between the concessionaire and the Department. ~~The percentage rate in the contract shall be based on the following factors: cost of operation of the concession, profit margin, anticipated gross revenue of the concessionaire, previous experience, selling price, and other factors which could influence the negotiated rate.~~

(Source: Amended at 39 Ill. Reg. _____, effective _____)

DEPARTMENT OF AGRICULTURE

NOTICE OF PROPOSED AMENDMENTS

Section 270.165 Gambling, Raffles, Prizes, Games of Chance, Intoxicating Beverages

- a) ~~No roving gambling, games of chance or skill, raffles, selling tickets or taking donations on a chance to win a prize will be permitted.~~
- ~~a~~b) The lessee will neither use nor permit to be used any games of chance or skill, raffles, selling tickets, taking donations, gambling devices, or intoxicating beverages, unless approved in writing by the Superintendent of the Division. Such approval shall be granted if the lessee's activities are not prohibited by Article 28 of the Criminal Code of ~~2012~~1961 (Ill. Rev. Stat. 1991, ch. 38, pars. 28-1 et seq.) [720 ILCS 5/Art. 28] and if the lessee agrees to abide by subsection ~~(b)~~(c) of this Section. A raffle means when a person purchases a ticket for the purpose of winning a specific item. A drawing means when a person is entitled to win a specific item without purchasing a ticket for such purpose.
- ~~b~~e) The lessee shall abide by the following requirements when permitted to solicit at the State Fair for prizes to be given through drawings:
- 1) The ~~drawings~~drawing(s) and solicitation must be approved in advance of the starting of the State Fair by the Superintendent of the Division or a duly authorized representative. Approval of the drawing time, place and date will be based on the fact that there is no conflict with nor a detrimental effect on other events or exhibits.
 - 2) The ~~prizes~~prize(s) shall be on display the entire length of the State Fair.
 - 3) The date and time of the drawing shall be advertised in advance so the participants and other interested persons may witness the drawing.
 - 4) In the event of inquiry by the public, the Department shall require the lessee who held the ~~drawings~~drawing(s) to furnish to the Space Rental Office, the name, address, and telephone number of the ~~winners~~winner(s).

(Source: Amended at 39 Ill. Reg. _____, effective _____)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Special Eligibility Groups
- 2) Code Citation: 89 Ill. Adm. Code 118
- 3) Section Number: 118.700 Proposed Action:
New Section
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Complete Description of the Subjects and Issues Involved: This rulemaking is pursuant to PA 98-651 that authorizes under certain criteria kidney transplantation for non-citizens with end-stage renal dialysis effective for dates of outpatient services and inpatient discharges on and after October 1, 2014.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rule currently in effect? Yes
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

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

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

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

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 118

SPECIAL ELIGIBILITY GROUPS

SUBPART A: DISABLED ADULT CHILDREN

Section
118.100 Disabled Adult Children

SUBPART B: PERSONS WITH ACQUIRED IMMUNODEFICIENCY
SYNDROME (AIDS) OR AIDS RELATED COMPLEXES (ARC)

Section
118.150 Continuation of Health Insurance Coverage
118.200 Drugs to Prolong the Lives of Persons With Acquired Immunodeficiency
Syndrome (AIDS) or AIDS Related Complexes (ARC)

SUBPART C: WIDOWS AND WIDOWERS

Section
118.300 Widows and Widowers

SUBPART D: MISCELLANEOUS PROGRAM PROVISIONS

Section
118.400 Incorporation by Reference

SUBPART E: CERTAIN NON-CITIZEN CHILDREN

Section
118.500 Medical Services for Certain Non-Citizen Children

SUBPART F: FAMILYCARE ELIGIBILITY

Section
118.600 Limited FamilyCare Expansion (Repealed)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

SUBPART G: KIDNEY TRANSPLANTATION FOR
NONCITIZENS WITH END-STAGE RENAL DISEASESection118.700Kidney Transplantation for Noncitizens with End-Stage Renal Disease

AUTHORITY: Implementing Articles III, IV, VI and Section 5-18 and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI, 5-18 and 12-13].

SOURCE: Emergency rule adopted at 12 Ill. Reg. 3037, effective January 15, 1988, for a maximum of 150 days; adopted at 12 Ill. Reg. 6301, effective March 18, 1988; amended at 12 Ill. Reg. 8068, effective April 26, 1988; amended at 13 Ill. Reg. 3950, effective March 10, 1989; amended at 14 Ill. Reg. 10442, effective June 20, 1990; emergency amendment at 15 Ill. Reg. 8708, effective June 1, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 11607, effective July 15, 1992; emergency amendment at 17 Ill. Reg. 11217, effective July 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19956, effective November 12, 1993; amended at 19 Ill. Reg. 7959, effective June 5, 1995; emergency amendment at 22 Ill. Reg. 15724, effective August 12, 1998, for a maximum of 150 days; amended at 23 Ill. Reg. 562, effective December 24, 1998; recodified from Department of Public Aid to the Department of Healthcare and Family Services at 29 Ill. Reg. 5601, effective July 1, 2005; emergency amendment at 30 Ill. Reg. 10129, effective May 17, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 16966, effective October 13, 2006; emergency amendment at 33 Ill. Reg. 10780, effective June 30, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 15702, effective November 2, 2009; emergency amendment at 36 Ill. Reg. 10223, effective July 1, 2012 through June 30, 2013; amended at 37 Ill. Reg. 10201, effective June 27, 2013; emergency amendment at 38 Ill. Reg. 19799, effective October 1, 2014, for a maximum of 150 days; amended at 39 Ill. Reg. _____, effective _____.

SUBPART G: KIDNEY TRANSPLANTATION FOR
NONCITIZENS WITH END-STAGE RENAL DISEASESection 118.700 Kidney Transplantation for Noncitizens with End-Stage Renal Disease

Pursuant to Public Act 98-651, which amended Section 5-5 of the Public Aid Code, effective for dates of outpatient services and inpatient discharges on and after October 1, 2014, notwithstanding Section 1-11 of the Code and any citizenship or immigration requirements under Title 89, any noncitizen is eligible for kidney transplantation when each of the following criteria are met:

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- a) The noncitizen:
- 1) has end-stage renal disease;
 - 2) is enrolled with the Department with coverage limited to renal dialysis services;
 - 3) is not eligible for comprehensive medical benefits under any government funded or private insurance plan;
 - 4) otherwise meets the income, asset and categorical requirements of the medical assistance program;
 - 5) meets the residency requirements of Section 5-3 of the Code and 89 Ill. Adm. Code 120.311; and
 - 6) is not a migrant worker as defined by Section 5-3 of the Code.
- b) Notwithstanding any other provisions of this Title 89, providers, including transplant centers, providing kidney transplantation services under this Subpart shall be pre-certified by the Department and meet all provider requirements consistent with 89 Ill. Adm. Code 148.82. Only providers, including transplant centers, enrolled in the medical assistance program and located in the State of Illinois shall be allowed to perform the kidney transplantation and conduct the medically necessary care identified in subsection (c).
- c) The kidney transplantation shall be medically necessary and shall be prior approved by the Department. Only medically necessary services associated with kidney transplantation shall be covered, including but not limited to donor and recipient transplant surgeries (including facility, surgical and anesthesia services), recommended pre-op evaluation and screening, assessment for evaluation of recipient's ability to comply with medical and follow-up instructions, acquisition and harvesting, hospitalization, medical follow-up and testing, rehabilitative and home nursing services, pharmacy costs, including anti-rejection and anti-infective medicines, and incidental costs for care of complications in the peri-operative period.

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- d) Requests for repeat kidney transplantation shall be considered in exceptional circumstances and shall require prior approval by the Department.
- e) Transplantation of organs other than kidneys shall not be a covered service under this Subpart.
- f) Clinical trials shall not be a covered service under this Subpart.
- g) Experimental procedures shall not be a covered service under this Subpart.
- h) Notwithstanding any other provisions of Title 89, reports, including patient's progress, kidney function tests, complications, if any, and a list of current medications shall be submitted to the Department from the transplant center and transplant surgeon at three months after surgery and at the anniversary date of transplantation annually for five years.
- i) Notwithstanding any other provisions of this Title, payment for services rendered under this Subpart shall be at a single bundled rate, which shall be payment in full for all medically necessary services associated with the transplantation under this Subpart, with the exception of immunosuppressant drugs. The bundled rate shall have two components. First, the inpatient stay during which the transplant takes place will be priced using the Department's hospital rate methodology (see 89 Ill. Adm. Code 149.100) and, second, the Department will add \$15,000 to this price to cover all ancillary services covered in subsection (c) except immunosuppressant drugs. These two components will comprise the single bundled rate for the transplant.
- j) Drugs paid for under this Subpart shall be subject to all the Department's pharmaceutical protocols and procedures, including but not limited to placement on the prior approval list, preferred drug list, generic drug preference, and utilization controls, except:
 - 1) drugs may not be shipped to any address outside the State of Illinois; and
 - 2) immunosuppressant drugs shall be paid for at the Department's prevailing rates under 89 Ill. Adm. Code 140 to a pharmacy provider approved specifically for this program. Immunosuppressant drugs paid for under this Subpart shall be covered by the Department as long as medically

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necessary and as long as the noncitizen remains eligible under this Subpart.

(Source: Added at 39 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Supplemental Nutrition Assistance Program (SNAP)
- 2) Code Citation: 89 Ill. Adm. Code 121
- 3) Section Number: Proposed Action:
121.7 Amendment
- 4) Statutory Authority: Implementing Sections 12-4.4 through 12-4.6 and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-4.4 through 12-4.6 and 12-13]
- 5) A Complete Description of the Subjects and Issues involved: This rule change is the result of a waiver approval from the Food and Nutrition Service (FNS). The approval of this waiver allows DHS to waive federal regulations at 7 CFR 273.2(i)(3)(iii) and 7 CFR 273.2(i)(4)(iii)(A) and (B), which require households to complete an interview prior to approval for expedited benefits. FNS has approved this waiver request for a period of one year, effective March 1, 2015 through February 29, 2016.

Under the waiver, households that meet expedited service criteria and whose identity can be verified can receive Supplemental Nutrition Assistance Program (SNAP) benefits for up to two months without an interview, provided that staff has attempted but has been unable to contact the applicant. Households that apply on or before the 15th of the month must complete the interview, provide necessary verification and have their applications processed by the end of the month of application in order to receive ongoing benefits. Households that apply after the 15th of the month must complete the interview, provide necessary verification, and have their applications processed prior to the end of the month following application in order to receive ongoing benefits.

FNS has approved DHS' request in order to simplify the administration of SNAP and to improve customer service for expedited service households. FNS recognizes that the need for additional measures to manage rapid caseload growth and better serve the increasing number of SNAP applicants. The approval of this waiver may reduce the burden on households entitled to expedited service.

- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rule currently in effect? No

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- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days after the date of this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

Tracie Drew, Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
Harris Building, 3rd Floor
Springfield IL 62762

217/785-9772

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 14) Regulatory agenda on which this rulemaking was summarized: July 2014

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

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TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 121
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

SUBPART A: APPLICATION PROCEDURES

Section

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

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section

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

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section

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

SUBPART D: ELIGIBILITY STANDARDS

Section	
121.60	Net Monthly Income Eligibility Standards
121.61	Gross Monthly Income Eligibility Standards
121.62	Income Which Must Be Annualized
121.63	Deductions from Monthly Income
121.64	Supplemental Nutrition Assistance Program (SNAP) Benefit Amount

SUBPART E: HOUSEHOLD CONCEPT

Section	
121.70	Composition of the Assistance Unit
121.71	Living Arrangement
121.72	Nonhousehold Members
121.73	Ineligible Household Members
121.74	Strikers
121.75	Students
121.76	Categorically Eligible Households

SUBPART F: MISCELLANEOUS PROGRAM PROVISIONS

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Section	
121.80	Fraud Disqualification (Renumbered)
121.81	Initiation of Administrative Fraud Hearing (Repealed)
121.82	Definition of Fraud (Renumbered)
121.83	Notification To Applicant Households (Renumbered)
121.84	Disqualification Upon Finding of Fraud (Renumbered)
121.85	Court Imposed Disqualification (Renumbered)
121.90	Monthly Reporting and Retrospective Budgeting (Repealed)
121.91	Monthly Reporting (Repealed)
121.92	Budgeting
121.93	Issuance of Food Stamp Benefits
121.94	Replacement of the EBT Card or SNAP Benefits
121.95	Restoration of Lost Benefits
121.96	Uses for SNAP Benefits
121.97	Supplemental Payments
121.98	Client Training Brochure for the Electronic Benefits Transfer (EBT) System
121.105	State Food Program (Repealed)
121.107	New State Food Program
121.108	Transitional Food Stamp (TFS) Benefits
121.117	Farmers' Market Technology Improvement Program
121.120	Redetermination of Eligibility
121.125	Simplified Reporting Redeterminations
121.130	Residents of Shelters for Battered Women and their Children
121.131	Fleeing Felons and Probation/Parole Violators
121.135	Incorporation By Reference
121.136	Food and Nutrition Act of 2008
121.140	Small Group Living Arrangement Facilities and Drug/Alcoholic Treatment Centers
121.145	Quarterly Reporting (Repealed)

SUBPART G: INTENTIONAL VIOLATIONS OF THE PROGRAM

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

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SUBPART H: FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM

Section

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

SUBPART I: WORK REQUIREMENT FOR FOOD STAMPS

Section

121.220	Work Requirement Components (Repealed)
121.221	Meeting the Work Requirement with the Earnfare Component (Repealed)

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

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

SOURCE: Adopted December 30, 1977; amended at 3 Ill. Reg. 5, p. 875, effective February 2, 1979; amended at 3 Ill. Reg. 31, p. 109, effective August 3, 1979; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 41, p. 165, effective October 11, 1979; amended at 3 Ill. Reg. 42, p. 230, effective October 9, 1979; amended at 3 Ill. Reg. 44, p. 173, effective October 19, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; preemptory amendment at 4 Ill. Reg. 3, p. 49, effective January 9, 1980; preemptory amendment at 4 Ill. Reg. 9, p. 259, effective February 23, 1980; amended at 4 Ill. Reg. 10, p. 253, effective February 27, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 17, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1131, effective January 16, 1981; amended at 5 Ill. Reg. 4586, effective April 15, 1981; preemptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; preemptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 12736, effective October 29, 1981; amended at 6 Ill. Reg. 1653, effective January 17, 1982; amended at 6 Ill. Reg. 2707, effective March 2, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10208, effective August 9, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 5715, effective May 1, 1983; amended at 7 Ill. Reg. 8118, effective June 24, 1983; preemptory amendment at 7 Ill. Reg. 12899, effective October 1, 1983; amended at 7 Ill. Reg. 13655, effective October 4, 1983; preemptory amendment at 7 Ill. Reg. 16067, effective November 18, 1983; amended at 7 Ill. Reg. 16169, effective November 22, 1983; amended at 8 Ill. Reg. 5673, effective April 18, 1984; amended at 8 Ill. Reg. 7249, effective May 16, 1984; preemptory amendment at 8 Ill. Reg. 10086, effective July 1, 1984; amended at 8 Ill. Reg. 13284, effective July 16, 1984; amended at 8 Ill. Reg. 17900, effective September 14, 1984; amended (by adding Section being codified with

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no substantive change) at 8 Ill. Reg. 17898; preemptory amendment at 8 Ill. Reg. 19690, effective October 1, 1984; preemptory amendment at 8 Ill. Reg. 22145, effective November 1, 1984; amended at 9 Ill. Reg. 302, effective January 1, 1985; amended at 9 Ill. Reg. 6804, effective May 1, 1985; amended at 9 Ill. Reg. 8665, effective May 29, 1985; preemptory amendment at 9 Ill. Reg. 8898, effective July 1, 1985; amended at 9 Ill. Reg. 11334, effective July 8, 1985; amended at 9 Ill. Reg. 14334, effective September 6, 1985; preemptory amendment at 9 Ill. Reg. 15582, effective October 1, 1985; amended at 9 Ill. Reg. 16889, effective October 16, 1985; amended at 9 Ill. Reg. 19726, effective December 9, 1985; amended at 10 Ill. Reg. 229, effective December 20, 1985; preemptory amendment at 10 Ill. Reg. 7387, effective April 21, 1986; preemptory amendment at 10 Ill. Reg. 7941, effective May 1, 1986; amended at 10 Ill. Reg. 14692, effective August 29, 1986; preemptory amendment at 10 Ill. Reg. 15714, effective October 1, 1986; Sections 121.200 thru 121.208 recodified to 89 Ill. Adm. Code 165 at 10 Ill. Reg. 21094; preemptory amendment at 11 Ill. Reg. 3761, effective February 11, 1987; emergency amendment at 11 Ill. Reg. 3754, effective February 13, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 9968, effective May 15, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 10269, effective May 22, 1987; amended at 11 Ill. Reg. 10621, effective May 25, 1987; preemptory amendment at 11 Ill. Reg. 11391, effective July 1, 1987; preemptory amendment at 11 Ill. Reg. 11855, effective June 30, 1987; emergency amendment at 11 Ill. Reg. 12043, effective July 6, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 13635, effective August 1, 1987; amended at 11 Ill. Reg. 14022, effective August 10, 1987; emergency amendment at 11 Ill. Reg. 15261, effective September 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 15480, effective September 4, 1987; amended at 11 Ill. Reg. 15634, effective September 11, 1987; amended at 11 Ill. Reg. 18218, effective October 30, 1987; preemptory amendment at 11 Ill. Reg. 18374, effective October 30, 1987; amended at 12 Ill. Reg. 877, effective December 30, 1987; emergency amendment at 12 Ill. Reg. 1941, effective December 31, 1987, for a maximum of 150 days; amended at 12 Ill. Reg. 4204, effective February 5, 1988; amended at 12 Ill. Reg. 9678, effective May 23, 1988; amended at 12 Ill. Reg. 9922, effective June 1, 1988; amended at 12 Ill. Reg. 11463, effective June 30, 1988; amended at 12 Ill. Reg. 12824, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 14045, effective August 19, 1988, for a maximum of 150 days; preemptory amendment at 12 Ill. Reg. 15704, effective October 1, 1988; preemptory amendment at 12 Ill. Reg. 16271, effective October 1, 1988; amended at 12 Ill. Reg. 20161, effective November 30, 1988; amended at 13 Ill. Reg. 3890, effective March 10, 1989; amended at 13 Ill. Reg. 13619, effective August 14, 1989; preemptory amendment at 13 Ill. Reg. 15859, effective October 1, 1989; amended at 14 Ill. Reg. 729, effective January 1, 1990; amended at 14 Ill. Reg. 6349, effective April 13, 1990; amended at 14 Ill. Reg. 13202, effective August 6, 1990; preemptory amendment at 14 Ill. Reg. 15158, effective October 1, 1990; amended at 14 Ill. Reg. 16983, effective September 30, 1990; amended at 15 Ill. Reg. 11150, effective July 22, 1991; amended at 15 Ill. Reg. 11957, effective August 12, 1991; preemptory amendment at 15 Ill. Reg. 14134, effective October 1, 1991;

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emergency amendment at 16 Ill. Reg. 757, effective January 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 10011, effective June 15, 1992; amended at 16 Ill. Reg. 13900, effective August 31, 1992; emergency amendment at 16 Ill. Reg. 16221, effective October 1, 1992, for a maximum of 150 days; preemptory amendment at 16 Ill. Reg. 16345, effective October 1, 1992; amended at 16 Ill. Reg. 16624, effective October 23, 1992; amended at 17 Ill. Reg. 644, effective December 31, 1992; amended at 17 Ill. Reg. 4333, effective March 19, 1993; amended at 17 Ill. Reg. 14625, effective August 26, 1993; emergency amendment at 17 Ill. Reg. 15149, effective September 7, 1993, for a maximum of 150 days; preemptory amendment at 17 Ill. Reg. 17477, effective October 1, 1993; expedited correction at 17 Ill. Reg. 21216, effective October 1, 1993; amended at 18 Ill. Reg. 2033, effective January 21, 1994; emergency amendment at 18 Ill. Reg. 2509, effective January 27, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 3427, effective February 28, 1994; amended at 18 Ill. Reg. 8921, effective June 3, 1994; amended at 18 Ill. Reg. 12829, effective August 5, 1994; amended at 18 Ill. Reg. 14103, effective August 26, 1994; amended at 19 Ill. Reg. 5626, effective March 31, 1995; amended at 19 Ill. Reg. 6648, effective May 5, 1995; emergency amendment at 19 Ill. Reg. 12705, effective September 1, 1995, for a maximum of 150 days; preemptory amendment at 19 Ill. Reg. 13595, effective October 1, 1995; amended at 20 Ill. Reg. 1593, effective January 11, 1996; preemptory amendment at 20 Ill. Reg. 2229, effective January 17, 1996; amended at 20 Ill. Reg. 7902, effective June 1, 1996; amended at 20 Ill. Reg. 11935, effective August 14, 1996; emergency amendment at 20 Ill. Reg. 13381, effective October 1, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 13668, effective October 8, 1996, for a maximum of 150 days; amended at 21 Ill. Reg. 3156, effective February 28, 1997; amended at 21 Ill. Reg. 7733, effective June 4, 1997; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; emergency amendment at 22 Ill. Reg. 1954, effective January 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 5502, effective March 4, 1998; amended at 22 Ill. Reg. 7969, effective May 15, 1998; emergency amendment at 22 Ill. Reg. 10660, effective June 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 12167, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16230, effective September 1, 1998; amended at 22 Ill. Reg. 19787, effective October 28, 1998; emergency amendment at 22 Ill. Reg. 19934, effective November 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 20099, effective November 1, 1998; emergency amendment at 23 Ill. Reg. 2601, effective February 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 3374, effective March 1, 1999; amended at 23 Ill. Reg. 7285, effective June 18, 1999; emergency amendment at 23 Ill. Reg. 13253, effective October 13, 1999, for a maximum of 150 days; emergency amendment at 24 Ill. Reg. 3871, effective February 24, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 4180, effective March 2, 2000; amended at 24 Ill. Reg. 10198, effective June 27, 2000; amended at 24 Ill. Reg. 15428, effective October 10, 2000; emergency amendment at 24 Ill. Reg. 15468, effective October 1, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 845, effective January 5, 2001; amended at 25 Ill. Reg. 2423, effective

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January 25, 2001; emergency amendment at 25 Ill. Reg. 2439, effective January 29, 2001, for a maximum of 150 days; emergency amendment at 25 Ill. Reg. 3707, effective March 1, 2001, for a maximum of 150 days; emergency expired July 28, 2001; amended at 25 Ill. Reg. 7720, effective June 7, 2001; amended at 25 Ill. Reg. 10823, effective August 12, 2001; amended at 25 Ill. Reg. 11856, effective August 31, 2001; emergency amendment at 25 Ill. Reg. 13309, effective October 1, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 151, effective January 1, 2002; amended at 26 Ill. Reg. 2025, effective February 1, 2002; amended at 26 Ill. Reg. 13530, effective September 3, 2002; preemptory amendment at 26 Ill. Reg. 15099, effective October 1, 2002; amended at 26 Ill. Reg. 16484, effective October 25, 2002; amended at 27 Ill. Reg. 2889, effective February 7, 2003; expedited correction at 27 Ill. Reg. 14262, effective February 7, 2003; amended at 27 Ill. Reg. 4583, effective February 28, 2003; amended at 27 Ill. Reg. 7273, effective April 7, 2003; amended at 27 Ill. Reg. 12569, effective July 21, 2003; preemptory amendment at 27 Ill. Reg. 15604, effective October 1, 2003; amended at 27 Ill. Reg. 16108, effective October 6, 2003; amended at 27 Ill. Reg. 18445, effective November 20, 2003; amended at 28 Ill. Reg. 1104, effective December 31, 2003; amended at 28 Ill. Reg. 3857, effective February 13, 2004; amended at 28 Ill. Reg. 10393, effective July 6, 2004; preemptory amendment at 28 Ill. Reg. 13834, effective October 1, 2004; emergency amendment at 28 Ill. Reg. 15323, effective November 10, 2004, for a maximum of 150 days; emergency expired April 8, 2005; amended at 29 Ill. Reg. 2701, effective February 4, 2005; amended at 29 Ill. Reg. 5499, effective April 1, 2005; preemptory amendment at 29 Ill. Reg. 12132, effective July 14, 2005; emergency amendment at 29 Ill. Reg. 16042, effective October 4, 2005, for a maximum of 150 days; emergency expired March 2, 2006; preemptory amendment at 29 Ill. Reg. 16538, effective October 4, 2005; emergency amendment at 30 Ill. Reg. 7804, effective April 6, 2006, for a maximum of 150 days; emergency expired September 2, 2006; amended at 30 Ill. Reg. 11236, effective June 12, 2006; amended at 30 Ill. Reg. 13863, effective August 1, 2006; amended at 30 Ill. Reg. 15681, effective September 12, 2006; preemptory amendment at 30 Ill. Reg. 16470, effective October 1, 2006; amended at 31 Ill. Reg. 6991, effective April 30, 2007; amended at 31 Ill. Reg. 10482, effective July 9, 2007; amended at 31 Ill. Reg. 11318, effective July 23, 2007; preemptory amendment at 31 Ill. Reg. 14372, effective October 1, 2007; amended at 32 Ill. Reg. 2813, effective February 7, 2008; amended at 32 Ill. Reg. 4380, effective March 12, 2008; amended at 32 Ill. Reg. 4813, effective March 18, 2008; amended at 32 Ill. Reg. 9621, effective June 23, 2008; preemptory amendment at 32 Ill. Reg. 16905, effective October 1, 2008; preemptory amendment to Sections 121.94(c), 121.96(d)(2) and 121.150(b) suspended at 32 Ill. Reg. 18908, effective November 19, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at 33 Ill. Reg. 200, effective February 5, 2009; preemptory amendment repealed by emergency rulemaking at 33 Ill. Reg. 3514, effective February 5, 2009, for a maximum of 150 days; preemptory amendment at 32 Ill. Reg. 18092, effective November 15, 2008; emergency amendment at 33 Ill. Reg. 4187, effective February 24, 2009, for a maximum of 150 days; emergency expired July 23, 2009; preemptory amendment at 33 Ill. Reg. 5537,

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effective April 1, 2009; emergency amendment at 33 Ill. Reg. 11322, effective July 20, 2009, for a maximum of 150 days; emergency expired December 16, 2009; amended at 33 Ill. Reg. 12802, effective September 3, 2009; amended at 33 Ill. Reg. 14121, effective September 22, 2009; emergency amendment at 33 Ill. Reg. 14627, effective October 13, 2009, for a maximum of 150 days; emergency expired March 11, 2010; amended at 33 Ill. Reg. 16875, effective November 30, 2009; amended at 33 Ill. Reg. 17350, effective December 14, 2009; amended at 34 Ill. Reg. 4777, effective March 17, 2010; amended at 34 Ill. Reg. 5295, effective April 12, 2010; amended at 34 Ill. Reg. 5823, effective April 19, 2010; emergency amendment at 34 Ill. Reg. 6967, effective May 1, 2010, for a maximum of 150 days; emergency expired September 27, 2010; amended at 34 Ill. Reg. 7265, effective May 10, 2010; amended at 34 Ill. Reg. 7685, effective May 18, 2010; amended at 34 Ill. Reg. 12547, effective August 11, 2010; preemptory amendment at 34 Ill. Reg. 15543, effective October 1, 2010; amended at 35 Ill. Reg. 1042, effective December 28, 2010; amended at 35 Ill. Reg. 7688, effective April 29, 2011; amended at 35 Ill. Reg. 10119, effective June 7, 2011; preemptory amendment at 35 Ill. Reg. 16118, effective October 1, 2011; preemptory amendment at 35 Ill. Reg. 16904, effective October 1, 2011; amended at 35 Ill. Reg. 17120, effective October 5, 2011; amended at 35 Ill. Reg. 18780, effective October 28, 2011; amended at 35 Ill. Reg. 19278, effective November 8, 2011; amended at 35 Ill. Reg. 19778, effective December 5, 2011; preemptory amendment at 36 Ill. Reg. 15148, effective October 1, 2012; emergency amendment at 37 Ill. Reg. 15423, effective September 9, 2013, for a maximum of 150 days; preemptory amendment at 37 Ill. Reg. 16016, effective October 1, 2013; emergency amendment at 37 Ill. Reg. 16845, effective October 1, 2013, for a maximum of 150 days; preemptory amendment at 37 Ill. Reg. 17983, effective November 1, 2013; amended at 38 Ill. Reg. 5382, effective February 7, 2014; emergency amendment at 38 Ill. Reg. 8414, effective April 1, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 17616, effective August 8, 2014; preemptory amendment at 38 Ill. Reg. 19831, effective October 1, 2014; amended at 39 Ill. Reg. _____, effective _____.

SUBPART A: APPLICATION PROCEDURES

Section 121.7 Expedited Service

- a) Households in need of immediate food assistance shall be provided expedited service if the household:
 - 1) has liquid assets (such as, cash on hand, checking or savings accounts) of no more than \$100, and has gross monthly income for the fiscal month of application of less than \$150; or
 - 2) has liquid assets of no more than \$100, and contains a migrant or seasonal

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farmworker who is destitute. A migrant or seasonal farmworker household meeting one of the following criteria is considered destitute:

- A) Migrant or seasonal farmworker households whose only income for the fiscal month of application was received prior to the date of application and was from a terminated source are considered destitute.
 - i) Income is considered as coming from a terminated source if it is received monthly or more frequently and will not be received again from the same source during the fiscal month of application or during the month following application, or it is normally received less often than monthly and will not be received in the month the next payment is normally received.
 - ii) A household member who changes jobs but continues to work for the same employer is considered as still receiving income from the same source.
 - iii) Migrant households which have received their last wages from a grower, food processor, livestock, nursery or other employer are considered destitute.

- B) Income from a New Source
 - i) Migrant or seasonal farmworker households whose only income, for the fiscal month in which the application is filed, is from a new source are considered destitute if income of more than \$25 will not be received from the new source by the 10th calendar day following the date of application.
 - ii) Income is considered as coming from a new source if it is normally received on a monthly basis or more frequently and more than \$25 has not been received from the source within 30 days prior to the date the application was filed, or it is normally received less often than monthly and income of more than \$25 was not received within the last normal

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interval between regular payments.

- C) Households may receive income from a terminated source prior to the date of application and income from a new source after the date of application. Such households may be considered destitute if they receive no other income in the fiscal month of application and income of more than \$25 from the new source will not be received by the 10th calendar day after the date of initial application.
 - D) The receipt of a wage advance for the travel costs of a new employee does not affect the determination of whether subsequent payments from the employer are from a new source of income or whether a household is to be considered destitute.
- 3) has combined gross monthly income and liquid resources which are less than the household's monthly rent or mortgage and utility costs.
- b) A household may be entitled to expedited service but factors of eligibility (see subsection (e) ~~of this Section~~) may make the household ineligible to receive SNAP benefits or eligible for an amount less than the maximum monthly benefit amount for the household size.
 - c) If a household is not entitled to expedited service, the Department will continue to process the application using the regular application procedures (found at Section 121.2). The application will only be denied if the household is ineligible under regular processing standards.
 - d) Processing Time Standard
 - 1) The first day of the time standard is the calendar day following the day the signed application was filed. The date of application is the day the signed application is received in the correct local office.
 - 2) The Department shall process applications for eligible households entitled to expedited service within the following processing time standards:
 - A) If entitlement for expedited service is discovered at the date of application, benefits shall be made available to the household no later than the fifth calendar day following the date of application.

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- B) If entitlement to expedited service is discovered during normal processing of the application, benefits shall be made available no later than the fifth calendar day following the day entitlement to expedited service was discovered.
- e) Households entitled to expedited service shall be interviewed no later than the work day following the date of application.
- 1) When unsuccessful attempts have been made to contact the applicant to conduct the interview on the day of application or the following day and identity can be verified, the household will receive SNAP benefits based on the information provided on the application and any other readily available information for one month for households applying on or before the 15th of the month or two months for households applying after the 15th of the month. An interview appointment will be mailed, along with a request for any necessary verification.
- A) If the applicant participates in the interview and provides the necessary verification to retain eligibility, the remainder of the certification period will be authorized.
- B) If the applicant does not respond to the interview request and/or provide the necessary verifications, no further action will be taken on the case.
- 2) When unsuccessful attempts have been made to contact the applicant on the day of application or the following day and identity cannot be verified, an interview will be scheduled. ~~Households entitled to expedited service are given an interview appointment on the day the signed application is filed.~~ If the applicant fails to appear for the scheduled interview, the time frame for expedited service no longer applies (see Section 121.2 for the time limitations of the disposition of an application). The applicant's application will be processed using the regular processing standards found at Section 121.2.
- f) When a migrant household is entitled to expedited service and a two-month certification period is assigned, the Department shall authorize the second month's benefits without requiring verification which must be obtained from another state.

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However, the out-of-state verification must be obtained before additional benefits will be authorized in a new certification period. Migrant households shall be entitled to postpone out-of-state verifications for a second month only once each season.

- g) Prior to certification for expedited service, only the applicant's identity (for example, driver's license and voter registration card) must be verified. Income (for example, pay stubs) and residency (for example, driver's license and voter registration card) shall be verified if verification will not cause benefits to be delayed.
- h) SNAP units applying for recertification between the 15th and the last day of the last month of their current certification period are not entitled to expedited service.

(Source: Amended at 39 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Issuance of Licenses
- 2) Code Citation: 92 Ill. Adm. Code 1030
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
1030.75	Amendment
1030.Appendix C	Amendment
- 4) Statutory Authority: 625 ILCS 5/6-105.1(c) and 625 ILCS 5/6-113(g)
- 5) A Complete Description of the Subjects and Issues Involved: PA 98-746 and PA 98-747, effective January 1, 2015 allows the Secretary of State to issue a nighttime driving instruction permit to a person who uses telescopic lenses. This rulemaking sets forth the requirements to obtain this permit. This rule also removes the requirement from Appendix C regarding a letter from the Social Security Administration so that Appendix C will be consistent with 1030.7, Procedure for obtaining a non-visa status temporary visitor's driver's license (TVDL), where the applicant affirms on the TVDL application that he/she, at the time of application, is ineligible for a social security number.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace an emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
1030.92	Amendment	38 Ill. Reg. 18148; August 29, 2014
- 11) Statement of Statewide Policy Objective: The rulemaking will not create or enlarge a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Text of the prepared amendments is posted on the Secretary of State's website, www.sos.il.us/departments/index/home as part of the *Illinois Register*. Interested

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persons may present their comments concerning this proposed rulemaking in writing within 45 days after publication of this Notice to:

Jennifer Egizii
Office of the Secretary of State
Driver Services Department
2701 South Dirksen Parkway
Springfield IL 62723

217/557-4462

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: None
 - B) Reporting, bookkeeping or other procedures required for compliance: Applicants for a nighttime driving instruction permit will be required to submit vision specialist reports.
 - C) Types of Professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: This Rulemaking was not included on either of the two most recent agendas because the need for this rulemaking was not anticipated at the time the agendas were prepared.

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

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TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATEPART 1030
ISSUANCE OF LICENSES

Section	
1030.1	Definitions
1030.5	Procedure for Obtaining a Driver's License
1030.6	Procedure for Obtaining a Visa Status Temporary Visitor's Driver's License Pursuant to IVC Section 6-105.1(a)
1030.7	Procedure for Obtaining a Non-Visa Status Temporary Visitor's Driver's License Pursuant to IVC Section 6-105.1(a-5)
1030.10	What Persons Shall Not be Licensed or Granted Permits
1030.11	Procedure for Obtaining a Driver's License/Temporary Visitor's Driver's License (Renumbered)
1030.12	Identification Cards for the Homeless
1030.13	Denial of License or Permit
1030.14	Emergency Contact Database
1030.15	Cite for Re-testing
1030.16	Physical and Mental Evaluation
1030.17	Errors in Issuance of Driver's License/Cancellation
1030.18	Medical Criteria Affecting Driver Performance
1030.20	Classification of Drivers – References (Repealed)
1030.22	Medical Examiner's Certificate – CDL Holders
1030.25	Safe Driver License Renewals
1030.30	Classification Standards
1030.40	Fifth Wheel Equipped Trucks
1030.50	Bus Driver's Authority, Religious Organization and Senior Citizen Transportation
1030.55	Commuter Van Driver Operating a For-Profit Ridesharing Arrangement
1030.60	Third-Party Certification Program
1030.63	Religious Exemption for Social Security Numbers (Repealed)
1030.65	Instruction Permits
1030.66	Adult Driver Education
1030.70	Driver's License Testing/Vision Screening
1030.75	Driver's License Testing/Vision Screening With Vision Aid Arrangements Other Than Standard Eye Glasses or Contact Lenses
1030.80	Driver's License Testing/Written Test
1030.81	Endorsements
1030.82	Charter Bus Driver Endorsement Requirements

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- 1030.83 Hazardous Material Endorsement
- 1030.84 Vehicle Inspection
- 1030.85 Driver's License Testing/Road Test
- 1030.86 Multiple Attempts – Written and/or Road Tests
- 1030.88 Exemption of Facility Administered Road Test
- 1030.89 Temporary Driver's Licenses and Temporary Instruction Permits
- 1030.90 Requirement for Photograph and Signature of Licensee on Driver's License
- 1030.91 Person with a Disability Identification Card
- 1030.92 Restrictions
- 1030.93 Restricted Local Licenses
- 1030.94 Duplicate or Corrected Driver's License or Instruction Permit
- 1030.95 Consular Licenses (Repealed)
- 1030.96 Seasonal Restricted Commercial Driver's License
- 1030.97 Invalidation of a Driver's License, Permit and/or Driving Privilege
- 1030.98 School Bus Endorsement or Instruction Permit
- 1030.100 Anatomical Gift Donor (Repealed)
- 1030.110 Emergency Medical Information Card
- 1030.115 Change-of-Address
- 1030.120 Issuance of a Probationary License
- 1030.130 Grounds for Cancellation of a Probationary License
- 1030.140 Use of Captured Images

- 1030.APPENDIX A Questions Asked of a Driver's License Applicant
- 1030.APPENDIX B Acceptable Identification Documents – Applicants for a Driver's License, Instruction Permit, Visa Status Temporary Visitor's Driver's License Pursuant to IVC Section 6-105.1(a) or Visa Status Temporary Visitor's Instruction Permit
- 1030.APPENDIX C Acceptable Identification Documents – Applicants for a Non-Visa Status Temporary Visitor's Driver's License or Non-Visa Status Temporary Visitor's Instruction Permit Pursuant to IVC Section 6-105.1(a-5)

AUTHORITY: Implementing Article I of the Illinois Driver Licensing Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 6, Art. I] and authorized by Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5/2-104(b)].

SOURCE: Filed March 30, 1971; amended at 3 Ill. Reg. 7, p. 13, effective April 2, 1979; amended at 4 Ill. Reg. 27, p. 422, effective June 23, 1980; amended at 6 Ill. Reg. 2400, effective February 10, 1982; codified at 6 Ill. Reg. 12674; amended at 9 Ill. Reg. 2716, effective February 20, 1985; amended at 10 Ill. Reg. 303, effective December 24, 1985; amended at 10 Ill. Reg.

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15130, effective September 2, 1986; amended at 10 Ill. Reg. 18182, effective October 14, 1986; amended at 11 Ill. Reg. 9331, effective April 28, 1987; amended at 11 Ill. Reg. 18292, effective October 23, 1987; amended at 12 Ill. Reg. 3027, effective January 14, 1988; amended at 12 Ill. Reg. 13221, effective August 1, 1988; amended at 12 Ill. Reg. 16915, effective October 1, 1988; amended at 12 Ill. Reg. 19777, effective November 15, 1988; amended at 13 Ill. Reg. 5192, effective April 1, 1989; amended at 13 Ill. Reg. 7808, effective June 1, 1989; amended at 13 Ill. Reg. 12880, effective July 19, 1989; amended at 13 Ill. Reg. 12978, effective July 19, 1989; amended at 13 Ill. Reg. 13898, effective August 22, 1989; amended at 13 Ill. Reg. 15112, effective September 8, 1989; amended at 13 Ill. Reg. 17095, effective October 18, 1989; amended at 14 Ill. Reg. 4570, effective March 8, 1990; amended at 14 Ill. Reg. 4908, effective March 9, 1990; amended at 14 Ill. Reg. 5183, effective March 21, 1990; amended at 14 Ill. Reg. 8707, effective May 16, 1990; amended at 14 Ill. Reg. 9246, effective May 16, 1990; amended at 14 Ill. Reg. 9498, effective May 17, 1990; amended at 14 Ill. Reg. 10111, effective June 11, 1990; amended at 14 Ill. Reg. 10510, effective June 18, 1990; amended at 14 Ill. Reg. 12077, effective July 5, 1990; amended at 14 Ill. Reg. 15487, effective September 10, 1990; amended at 15 Ill. Reg. 15783, effective October 18, 1991; amended at 16 Ill. Reg. 2182, effective January 24, 1992; emergency amendment at 16 Ill. Reg. 12228, effective July 16, 1992, for a maximum of 150 days; emergency expired on December 13, 1992; amended at 16 Ill. Reg. 18087, effective November 17, 1992; emergency amendment at 17 Ill. Reg. 1219, effective January 13, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 2025, effective February 1, 1993; amended at 17 Ill. Reg. 7065, effective May 3, 1993; amended at 17 Ill. Reg. 8275, effective May 24, 1993; amended at 17 Ill. Reg. 8522, effective May 27, 1993; amended at 17 Ill. Reg. 19315, effective October 22, 1993; amended at 18 Ill. Reg. 1591, effective January 14, 1994; amended at 18 Ill. Reg. 7478, effective May 2, 1994; amended at 18 Ill. Reg. 16457, effective October 24, 1994; amended at 19 Ill. Reg. 10159, effective June 29, 1995; amended at 20 Ill. Reg. 3891, effective February 14, 1996; emergency amendment at 20 Ill. Reg. 8358, effective June 4, 1996, for a maximum of 150 days; emergency amendment repealed in response to an objection of the Joint Committee on Administrative Rules at 20 Ill. Reg. 14279; amended at 21 Ill. Reg. 6588, effective May 19, 1997; amended at 21 Ill. Reg. 10992, effective July 29, 1997; amended at 22 Ill. Reg. 1466, effective January 1, 1998; emergency amendment at 23 Ill. Reg. 9552, effective August 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13947, effective November 8, 1999; amended at 24 Ill. Reg. 1259, effective January 7, 2000; emergency amendment at 24 Ill. Reg. 1686, effective January 13, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 6955, effective April 24, 2000; emergency amendment at 24 Ill. Reg. 13044, effective August 10, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 18400, effective December 4, 2000; amended at 25 Ill. Reg. 959, effective January 5, 2001; amended at 25 Ill. Reg. 7742, effective June 5, 2001; amended at 25 Ill. Reg. 12646, effective September 24, 2001; emergency amendment at 25 Ill. Reg. 12658, effective September 24, 2001, for a maximum of 150 days; emergency expired February 20, 2002; amended at 26 Ill. Reg. 9961, effective June 24, 2002; amended at 27 Ill. Reg. 855, effective January 3, 2003; emergency amendment at 27 Ill. Reg.

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7340, effective April 14, 2003, for a maximum of 150 days; emergency expired September 10, 2003; emergency amendment at 27 Ill. Reg. 16968, effective October 17, 2003, for a maximum of 150 days; emergency expired March 14, 2004; emergency amendment at 28 Ill. Reg. 384, effective January 1, 2004, for a maximum of 150 days; emergency expired May 29, 2004; amended at 28 Ill. Reg. 8895, effective June 14, 2004; amended at 28 Ill. Reg. 10776, effective July 13, 2004; amended at 29 Ill. Reg. 920, effective January 1, 2005; emergency amendment at 29 Ill. Reg. 2469, effective January 31, 2005, for a maximum of 150 days; emergency expired June 29, 2005; amended at 29 Ill. Reg. 9488, effective June 17, 2005; amended at 29 Ill. Reg. 12519, effective July 28, 2005; amended at 29 Ill. Reg. 13237, effective August 11, 2005; amended at 29 Ill. Reg. 13580, effective August 16, 2005; amended at 30 Ill. Reg. 910, effective January 6, 2006; amended at 30 Ill. Reg. 5621, effective March 7, 2006; amended at 30 Ill. Reg. 11365, effective June 15, 2006; emergency amendment at 30 Ill. Reg. 11409, effective June 19, 2006, for a maximum of 150 days; emergency expired November 15, 2006; amended at 31 Ill. Reg. 4782, effective March 12, 2007; amended at 31 Ill. Reg. 5096, effective March 15, 2007; amended at 31 Ill. Reg. 5864, effective March 29, 2007; amended at 31 Ill. Reg. 6370, effective April 12, 2007; amended at 31 Ill. Reg. 7643, effective May 16, 2007; amended at 31 Ill. Reg. 11342, effective July 18, 2007; amended at 31 Ill. Reg. 14547, effective October 9, 2007; amended at 31 Ill. Reg. 14849, effective October 22, 2007; amended at 31 Ill. Reg. 16543, effective November 27, 2007; amended at 31 Ill. Reg. 16843, effective January 1, 2008; emergency amendment at 32 Ill. Reg. 208, effective January 2, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. 6544, effective April 4, 2008; amended at 33 Ill. Reg. 2391, effective January 21, 2009; amended at 33 Ill. Reg. 8489, effective June 5, 2009; amended at 33 Ill. Reg. 9794, effective June 29, 2009; amended at 33 Ill. Reg. 11620, effective July 22, 2009; amended at 33 Ill. Reg. 14185, effective September 28, 2009; amended at 34 Ill. Reg. 563, effective December 22, 2009; amended at 34 Ill. Reg. 9457, effective June 23, 2010; amended at 34 Ill. Reg. 15418, effective September 22, 2010; amended at 34 Ill. Reg. 19071, effective November 22, 2010; amended at 35 Ill. Reg. 2197, effective January 21, 2011; amended at 35 Ill. Reg. 4692, effective March 3, 2011; amended at 35 Ill. Reg. 19664, effective November 23, 2011; amended at 36 Ill. Reg. 3924, effective February 27, 2012; amended at 36 Ill. Reg. 7255, effective April 26, 2012; amended at 36 Ill. Reg. 14755, effective September 18, 2012; amended at 37 Ill. Reg. 7776, effective May 22, 2013; amended at 37 Ill. Reg. 14176, effective September 1, 2013; amended at 37 Ill. Reg. 19342, effective November 28, 2013; amended at 38 Ill. Reg. 7946, effective March 28, 2014; emergency amendment at 38 Ill. Reg. 8429, effective April 4, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 12515, effective July 1, 2014; amended at 38 Ill. Reg. 16366, effective July 21, 2014; amended at 38 Ill. Reg. 20039, effective October 1, 2014; amended at 39 Ill. Reg. _____, effective _____.

Section 1030.75 Driver's License Testing/Vision Screening With Vision Aid Arrangements Other Than Standard Eye Glasses or Contact Lenses

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- a) A vision specialist report form, when submitted by an applicant who uses a prescription spectacle mounted telescopic lens arrangement, shall contain the following statement:
- 1) The applicant has been fitted for a prescription spectacle mounted telescopic lens arrangement that the applicant has in his possession at least 60 days prior to the current application date for a driver's license.
 - 2) The applicant has clinically demonstrated the ability to locate stationary objects within the telescopic field by aligning the object directly below the telescopic lens and simultaneously moving his or her head down and eyes up.
 - 3) The applicant has clinically demonstrated the ability to locate a moving object in a large field of vision by anticipating future movement by moving the head and eyes in a coordinated fashion and is able to locate the moving object within the telescopic field.
 - 4) The applicant has clinically demonstrated the ability to recall what was observed after a brief exposure, with the duration of the exposure progressively diminished to simulate reduced observation time while driving.
 - 5) The applicant has clinically experienced levels of illumination that may be encountered during inclement weather, or when driving from daylight into areas of shadow or artificial light, and the applicant is visually able to successfully adjust to such changes.
 - 6) The applicant has experienced both being a driver and a passenger in a motor vehicle, so that he/she has practical experience of motion while objects are changing position.
- b) A driver, for an initial or renewal driver's license, who uses a telescopic lens arrangement or other vision aid other than standard eye glasses or contact lenses must submit a current and favorable telescopic lens vision specialist report to the Department.
- 1) A favorable telescopic lens vision specialist report contains a professional opinion that the applicant is safe to operate a motor vehicle, the monocular or binocular acuity reading through the telescopic lenses is 20/40 or better

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in both eyes, monocular or binocular acuity readings through the carrier lenses is 20/100 or better in both eyes, the peripheral readings meet Illinois vision standards, in accordance with Section 1030.70, and with the lens arrangement in place and without the use of field enhancements, the applicant has had and been using the telescopic lenses at least 60 days prior to the date the examination is completed by the licensed vision specialist and the power of the telescopic lenses does not exceed 3.0 X wide angle or 2.2 X standard.

- 2) If a current and favorable telescopic lens vision specialist report is submitted, and the driver has satisfactorily completed the written requirements and has at least three years of licensed driving experience prior to the date of application, with or without the use of a telescopic lens arrangement, the driver must complete a road test accompanied by a Driver Services Facility representative designated by the Department with the telescopic lens arrangement in place. Upon successful completion of the road test, a driver's license with the proper restrictions will be issued in accordance with Section 1030.92.
- 3) If a current and favorable telescopic lens report is submitted and the driver has satisfactorily completed the written requirements and does not have at least three years licensed driving experience prior to the date of application, with or without the use of a telescopic lens arrangement, the driver must complete a traffic environmental screening with the telescopic lens arrangement in place. This traffic environmental screening shall consist of four parts as follows: stationary driver identifying a stationary object; stationary driver identifying a moving object; moving driver identifying a stationary object; and moving driver identifying a moving object. Upon successful completion of the traffic environmental screening, an instruction permit shall be issued with the proper restrictions in accordance with Section 1030.92. At the end of the six- month period following the date the instruction permit was issued, the driver's driving record will be reviewed. If the record is void of any suspensions, revocations or cancellations, either in effect or pending, a road test by a Drivers Services Facility representative will be administered. Upon successful completion of the road test, a driver's license will be issued. If the record reflects any suspensions, revocations or cancellations, either in effect or pending, the driver will not be eligible for a road test until the driving privileges have been reinstated.

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- 4) If the telescopic lens vision specialist report is incomplete or not current, a request shall be made to the driver for the necessary information required to process the report.
 - A) If the Department requests additional information from the driver and the Department does not receive this information within 45 days after the request, the Department shall cancel or deny the issuance or renewal of the person's driver's license/privileges pursuant to IVC Sections 6-103(8) and 6-201.
 - B) If a cancellation order is entered based upon an incomplete telescopic lens report or one that is not current and a favorable telescopic lens vision specialist report is subsequently received, a rescind order shall be entered, provided an unfavorable report is not received.
- 5) If the Department receives an unfavorable telescopic lens report, the Department shall cancel or medically deny the driver's license/privileges pursuant to IVC Sections 6-103(3) and 6-201(a)(5).
 - A) If the Department receives a subsequent favorable telescopic lens vision specialist report, the Department shall rescind the unfavorable telescopic lens report cancellation order and allow the driver to make application for a new driver's license pursuant to IVC Sections 1-110, 6-106 and 6-109.
 - B) Drivers who qualify to drive with the use of a telescopic lens arrangement shall be restricted to the following:
 - i) Driving during daylight hours only;
 - ii) Eligible for a Class D driver's license only;
 - iii) Periodic review of the driving record by the Department in accordance with IVC Section 6-109.
- 6) A current telescopic lens vision specialist report shall be submitted annually.
 - A) If a current report is not received by the last day of the month the

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updated report is due, the driving privileges shall be canceled or a driver's license denied.

- B) If driving privileges are canceled pursuant to this subsection and a current report is subsequently received, the cancellation shall be rescinded, provided an unfavorable report is not received.

~~7) A driver requesting nighttime driving privileges who has been driving with telescopic lenses for a period of one year and who wants to use a telescopic lens arrangement to operate a motor vehicle during nighttime hours must submit a current and favorable telescopic lens specialist report or a statement provided in lieu of that form to the Department. The vision specialist form shall contain a statement from the licensed vision specialist that the driver is safe to operate a motor vehicle during nighttime hours while using a telescopic lens arrangement.~~

~~7)8) A telescopic lens driver requesting nighttime driving privileges for the first time must:~~

- A) Possess a valid Class D driver's license with the proper restrictions and have operated a motor vehicle during daylight hours for a period of 12 months or held a telescopic nighttime training permit for 6 months immediately prior to making application while using vision aid arrangements other than standard eyeglasses or contact lenses.
- B) Have a driving record that does not include any traffic accidents that occurred during nighttime hours for which the driver has been found to be at fault during the 12 months before applying for the special restricted license.
- C) Successfully complete a road test administered during nighttime hours.
- D) Submit a current and favorable telescopic lens specialist report to the Department that contains a statement from the licensed vision specialist that the driver is safe to operate a motor vehicle during nighttime hours while using a telescopic lens arrangement.

~~8)9) A telescopic lens driver wanting to renew nighttime driving privileges~~

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must:

- A) Have a driving record that does not include any traffic accidents that occurred during nighttime hours for which the driver has been found to be at fault during the 12 months before applying for the special restricted license.
 - B) Successfully complete a road test every 48 months administered during nighttime hours. If the renewal applicant refused to submit to a nighttime drive test, the applicant's nighttime driving privileges shall be canceled.
- ~~910)~~ If a driver with nighttime telescopic driving privileges is found to be at fault in an accident that occurred between dusk and dawn, the nighttime telescopic driving privileges will be withdrawn~~and canceled~~. The Department shall:
- ~~11)~~ ~~If a driver's license with the appropriate restriction is canceled and the driver submits to the drive test, the cancellation shall be rescinded.~~
- A) Provide written notification to the driver at the last known address indicated on the Department's driving record file to appear at a Driver Services Facility to have the appropriate restriction placed on the driver's license allowing daytime privileges only.
 - B) If the driver fails to appear, a final notice shall be sent and shall state that failure to comply will result in the driver's license/privileges being canceled in accordance with Section 1030.15 and IVC Section 6-109(a)(5).
 - C) Allow the driver to reapply for nighttime driving privileges as outlined in subsection (b)(7).
- 10) A telescopic lens driver may apply for a telescopic nighttime training permit allowing, for a period of 6 months, the operation of a motor vehicle between sunset and 10:00 p.m. provided the driver is accompanied by a person holding a valid driver's license without nighttime operation restrictions. The driver must:

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- A) Possess a valid driver's license and have operated a motor vehicle during daylight hours for a period of 6 months using vision aid arrangements other than standard eyeglasses or contact lenses immediately prior to making application for the special training permit.
 - B) Submit to the Department a current favorable telescopic lens report including a statement from the licensed vision specialist that the driver is safe to operate a motor vehicle during nighttime hours while using a telescopic lens arrangement.
 - C) Have a driving record that does not include any traffic accidents that occurred during nighttime hours for which the driver has been found to be at fault during the 6 months before applying for the telescopic nighttime training permit.
- 11) If a driver holding a telescopic nighttime training permit is found to be at fault for an accident that occurred between dusk and 10:00 p.m., the Department shall:
- A) Notify the driver that the telescopic nighttime training permit will be withdrawn in 10 days. The driver may continue to operate a motor vehicle during daytime hours only.
 - B) Allow the driver to apply for nighttime driving privileges as outlined in subsection (b)(7).
- 12) A telescopic nighttime training permit shall expire 6 months from the date of issue.
- A) Upon the expiration of the telescopic nighttime training permit, the driver is restricted to daylight driving only.
 - B) In order to regain nighttime driving privileges, the driver must:
 - i) Apply for a new telescopic nighttime training permit by submitting a current and favorable telescopic lens specialist report to the Department that contains a statement from the licensed vision specialist that the driver is safe to operate a

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motor vehicle during nighttime hours while using a
telescopic lens arrangement; or

- ii) Apply for full nighttime privileges as outlined in subsection
(b)(8) of this Section.

(Source: Amended at 39 Ill. Reg. _____, effective _____)

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Section 1030.APPENDIX C Acceptable Identification Documents – Applicants for a Non-Visa Status Temporary Visitor's Driver's License or Non-Visa Status Temporary Visitor's Instruction Permit Pursuant to IVC Section 6-105.1(a-5)

- a) Except as provided in subsection (c), applicants for an original, renewal, duplicate or corrected non-Visa status temporary visitor's driver's license (TVDL) pursuant to IVC Section 6-105.1(a-5) shall submit the following:
- 1) One document to prove written signature;
 - 2) One document to prove name and date of birth;
 - 3) Two documents to prove current Illinois residence address;
 - 4) One document to prove Illinois residency in excess of one year; and
 - ~~5) Verification of Residency form;~~
 - ~~5)6) Valid unexpired passport from the applicant's country of citizenship or a valid unexpired consular identification document issued by the applicant's country of citizenship pursuant to Section 5 of the Consular Identification Document Act [5 ILCS 230/5]; and~~
 - ~~7) A letter on Social Security Administration letterhead, issued within 90 days prior to the date of application for a TVDL, verifying ineligibility for a social security number. All documents presented must be valid and unexpired. Photocopies of documents will not be accepted. Acceptance of documents not listed in this Appendix must be approved by the Director of Driver Services or his or her designee.~~
- b) Applicants for an original non-Visa status TVDL shall be required to submit a verification of residency form.
- c) Applicants for a renewal, duplicate or corrected TVDL do not have to submit a verification of residency form.
- d) A TVDL holder who requests a change in name, date of birth or gender must provide acceptable identification to create a link pertaining to the change between the previous name, date of birth or gender and the new name, date of birth or gender.

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- e) Documents that are acceptable for the purpose of obtaining a TVDL:
- 1) Written Signature:
 - Consular Identification Document
 - Cooperative Driver Certificate
 - Court Order
 - Credit Card – Major Brand
 - Driver's License or Identification Card (issued by another state of the United States)
 - Foreign Passport (with complete date of birth: day, month and year)
 - Mexican Electoral Card
 - Mortgage or Installment Loan Agreement
 - United States Federal, State or Local Government ID Card
 - 2) Name and Date of Birth:
 - Consular Identification Document
 - Foreign Passport (with complete date of birth: day, month and year)
 - 3) Current Illinois Residence Address:
 - Bank Statement (dated within 90 days prior to application)
 - Certified Grade School/High School/College/University Transcript
 - Consular Identification Document
 - Credit Report Issued by Experian, Equifax or TransUnion (dated within 90 days prior to application)

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Deed/Title, Mortgage, Rental/Lease Agreement

Homestead Exemption Receipt

Insurance Policy (homeowner's or renter's)

Medical Claim or Statement of Benefits from Private Insurance Company or Public (government) Agency (dated within 90 days prior to application)

Official Mail from a State, County, City, Village or Federal Agency (that includes the applicant's first and last name and complete address)

Pension or Retirement Statement

Report Card from Grade School/High School/College/University

Selective Service Card

Tuition Invoice or Other Official Mail from a College or University (dated within 90 days prior to application)

Utility Bill (electric, water, refuse, telephone (land or cell), cable or gas; dated within 90 days prior to application)

- 4) Illinois Residency in Excess of One Year (all documents must be dated at least 12 months prior to the date of application):

Bank Statement

Certified Grade School/High School/College/University Transcript

Deed/Title, Mortgage, Rental/Lease Agreement

Homestead Exemption Receipt

Insurance Policy (homeowner's or renter's)

Medical Claim or Statement of Benefits from Private Insurance Company or Public (government) Agency

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Official Mail from a State, County, City, Village or Federal Agency (that includes the applicant's first and last name and complete address)

Pension or Retirement Statement

Report Card from Grade School/High School/College/University

Tuition Invoice or Other Official Mail from a College or University

Utility Bill (electric, water, refuse, telephone (land or cell), cable or gas)

e) After review of all identification presented, Driver Services or Secretary of State management has the right to accept or refuse any document.

f) Unacceptable identification documents include, but are not limited to:

Bond Receipt or Bail/Bond Card

Business Cards

Check Cashing Cards

Club or Fraternal Membership Cards

College or University Identification Cards

Commercially Produced (non-State or unofficial) ID Cards

Fishing License

HFS (Healthcare and Family Services) Cards

Handwritten ID or Employment Cards

Hunting License

Instruction Permit/Receipts

Insurance Card

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Library Card

Personal Mail

Temporary Driver's License

Traffic Citation (Arrest Ticket)

Video Club Membership Cards

Wallet IDs

Unlicensed Financial Institution Loan Papers

g) All documents presented must be valid and unexpired. Photocopies of documents will not be accepted. Acceptance of documents not listed in this Appendix must be approved by the Director of Driver Services or his or her designee.

(Source: Amended at 39 Ill. Reg. _____, effective _____)

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NOTICE OF PROPOSED AMENDMENT

- a) Heading of the Part: School Bus Driver Permit
- b) Code Citation: 92 Ill. Adm. Code 1035
- c) Section Number: 1035.45 Proposed Action: Amendment
- d) Statutory Authority: 625 ILCS 5/2-104(b) and 625 ILCS 5/6-106.1
- e) A Complete Description of the Subjects and Issues Involved: This rulemaking corrects a typographical error in the citation of a federal rule.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace an emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: The rulemaking will not create or enlarge a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Text of the prepared amendments is posted on the Secretary of State's website, www.sos.il.us/departments/index/home as part of the *Illinois Register*. Interested persons may present their comments concerning this proposed rulemaking in writing within 45 days after publication of this Notice to:

Jennifer Egizii
Office of the Secretary of State
Driver Services Department
2701 South Dirksen Parkway
Springfield IL 62723

217/557-4462

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- 13) Initial Regulatory Flexibility Analysis:
- i) Types of small businesses, small municipalities and not-for-profit corporations affected: None, as all school bus companies and school districts already comply with the correctly cited federal rule.
 - ii) Reporting, bookkeeping or other procedures required for compliance: None
 - iii) Types of Professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the most recent regulatory agendas because: the Department did not anticipate this rulemaking at the time the agendas were filed.

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

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TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATEPART 1035
SCHOOL BUS DRIVER PERMIT

Section

1035.10	Definitions
1035.15	Requirements of Applicants for a School Bus Driver Permit
1035.20	Annual Medical Examination and Certificate
1035.25	Permit Application Process
1035.30	Training
1035.32	Random Drug Testing for Alcohol and Controlled Substances
1035.35	Denial, Cancellation, or Suspension of a School Bus Driver Permit
1035.40	Notice
1035.45	Employer Responsibility
1035.46	Military Deferrals
1035.50	Hearings

AUTHORITY: Implementing Section 6-106.1 and authorized by Section 6-521 of the Illinois Vehicle Code [625 ILCS 5/6-521].

SOURCE: Adopted at 19 Ill. Reg. 10716, effective July 11, 1995; amended at 24 Ill. Reg. 1269, effective January 10, 2000; amended at 24 Ill. Reg. 12092, effective July 31, 2000; amended at 26 Ill. Reg. 12045, effective July 22, 2002; amended at 33 Ill. Reg. 17093, effective December 1, 2009; amended at 34 Ill. Reg. 7750, effective May 20, 2010; amended at 34 Ill. Reg. 19082, effective November 22, 2010; amended at 35 Ill. Reg. 7412, effective April 21, 2011; amended at 36 Ill. Reg. 2384, effective January 30, 2012; amended at 39 Ill. Reg. _____, effective _____.

Section 1035.45 Employer Responsibility

It shall be the responsibility of a prospective or current employer of an applicant or holder of a school bus driver permit to:

- a) conduct a pre-employment interview with the prospective school bus driver applicant;
- b) distribute school bus driver permit applications and medical forms;

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NOTICE OF PROPOSED AMENDMENT

- c) insure that applicants submit to a fingerprint-based criminal background investigation;
- d) certify in writing to the Secretary of State that an applicant has successfully completed all pre-employment conditions;
- e) notify the Secretary of State in writing that the employer has certified the removal from service of a school bus driver whose permit has been canceled or suspended by the Secretary of State, prior to the start of that school bus driver's next work shift;
- f) upon receipt of notification from an MRO that an employee has had a positive drug test or refused to be tested, immediately notify the Secretary of State of that result. Notification to the Secretary of State shall include a copy of the CCF form, medical examiner's certificate, positive drug results or notation of failure to complete testing. This information shall be privileged and maintained for use by the Secretary of State;
- g) notify the Secretary of State within 48 hours of a school bus driver that has failed a reasonable suspicion drug or alcohol test or refused to be tested in accordance with IVC Section 6-106.1c;
- h) notify the Secretary of State in writing, within 10 working days, of the employment or termination of a school bus driver permit holder;
- i) notify the Secretary of State that a school bus driver has failed to perform the pre-trip and/or post-trip inspection process;
- j) notify the Secretary of State as soon as possible, but not later than within one business day, whenever a school bus is involved in an accident and the driver is required to submit to the post-accident testing requirements set forth in [49349](#) CFR 382.303;
- k) maintain records of certifications for a period of 2 years; these records shall be available for inspection by the Secretary of State.

(Source: Amended at 39 Ill. Reg. _____, effective _____)

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: The Administration and Operation of the Teachers' Retirement System
- 2) Code Citation: 80 Ill. Adm. Code 1650
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
1650.1111	Amendment
1650.1112	Amendment
1650.1113	Amendment
1650.1114	Amendment
1650.1124	Amendment
- 4) Statutory Authority: Implementing and authorized by Article 16 of the Illinois Pension Code [40 ILCS 5/Art. 16]
- 5) A Complete Description of the Subjects and Issues Involved: The proposed amendments 1650.1111 – 1650.1114 relate to Qualified Illinois Domestic Relations Orders, (QILDROs) and deal with a change in the treatment of Social Security numbers (SSNs) in QILDROs. The QILDRO law requires SSNs in QILDROs and Calculation Orders. TRS needs SSNs to comply with tax reporting obligations associated with payment of benefits and refunds. With increasing concern about identity theft, and because court files are generally available for public inspection, many courts have instituted rules prohibiting SSNs in any document that will be part of the court file. The proposed amendments incorporate the Notice of Confidential Information Within Court Filing form, which protects SSNs from public disclosure because it is not filed with the court order in the public court file, but is sent to TRS along with the QILDRO.

1650.1124 incorporates a technical wording change dealing with income tax reporting for QILDROs. The term "exclusion ratio" is more accurately stated as the "non-taxable portion of the member's benefit."
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

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- 10) Are there any other rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate under the State Mandates Act [30 ILCS 805].
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed amendments may be submitted in writing for a period of 45 days following publication of this Notice to:

Cynthia M. Fain
Sr. Asst. General Counsel
Teachers' Retirement System
2815 West Washington
P. O. Box 19253
Springfield IL 62794-9253

217/753-0375

- 13) Initial Regulatory Flexibility Analysis: These rules will not affect small businesses.
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: N/A

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

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NOTICE OF PROPOSED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES

SUBTITLE D: RETIREMENT SYSTEMS

CHAPTER III: TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

PART 1650

THE ADMINISTRATION AND OPERATION OF THE
TEACHERS' RETIREMENT SYSTEM

SUBPART A: REPORTS BY BOARD OF TRUSTEES

Section

1650.10 Annual Financial Report (Repealed)

SUBPART B: BASIC RECORDS AND ACCOUNTS

Section

1650.110 Membership Records
1650.120 Claims Records (Repealed)
1650.130 Individual Accounts (Repealed)
1650.140 Ledger and Accounts Books (Repealed)
1650.150 Statistics (Repealed)
1650.160 Confidentiality of Records
1650.180 Filing and Payment Requirements
1650.181 Early Retirement Incentive Payment Requirements (Repealed)
1650.182 Waiver of Additional Amounts Due
1650.183 Definition of Employer's Normal Cost

SUBPART C: FILING OF CLAIMS

Section

1650.201 Disability Benefits – Application Procedure; Effective Date
1650.202 Disability Benefits – Definitions
1650.203 Disability Retirement Annuity – Definitions
1650.204 Gainful Employment – Consequences
1650.205 Medical Examinations and Investigation of Disability Claims
1650.206 Physician Certificates
1650.207 Disability Due to Pregnancy
1650.208 Disability Payments
1650.209 Computation of Annual Salary When Member Has Different Semester Salary

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF PROPOSED AMENDMENTS

	Rates (Repealed)
1650.210	Claim Applications
1650.211	Disability Recipient Eligible to Receive an Age or Disability Retirement Annuity
1650.220	Reclassification of Disability Claim (Repealed)
1650.221	When Member Becomes Annuitant
1650.222	Death Out of Service
1650.230	Medical Examinations and Investigations of Claims (Repealed)
1650.240	Refunds; Canceled Service; Repayment
1650.250	Death Benefits
1650.260	Evidence of Age
1650.270	Reversionary Annuity – Evidence of Dependency
1650.271	Evidence of Parentage
1650.272	Eligible Child Dependent By Reason of a Physical or Mental Disability
1650.280	Evidence of Marriage
1650.290	Offsets

SUBPART D: MEMBERSHIP AND SERVICE CREDITS

Section	
1650.301	Early Retirement Without Discount – Return to Teaching from a Break in Service
1650.310	Effective Date of Membership
1650.315	Verifying Service Credit
1650.320	Method of Calculating Service Credits
1650.325	Method of Calculating Service Credit for Recipients of a Disability Benefit or Occupational Disability Benefit
1650.330	Duplicate Service Credit
1650.335	Unreported Regular Service Credit and Earnings
1650.340	Service Credit for Leaves of Absence
1650.341	Service Credit for Involuntary Layoffs
1650.345	Service Credit for Periods Away From Teaching Due to Pregnancy
1650.346	Service Credit for Periods Away From Teaching Due to Adoption
1650.350	Service Credit for Unused Accumulated Sick Leave Upon Retirement
1650.351	Employer Contribution for Excess Sick Leave
1650.355	Purchase of Optional Service – Required Minimum Payment
1650.356	Payroll Deduction Program (Repealed)
1650.357	Employer Payment of Member's Optional Service and/or Upgrade Contribution Balance (Repealed)
1650.360	Settlement Agreements and Judgments
1650.370	Calculation of Average Salary (Renumbered)

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF PROPOSED AMENDMENTS

- 1650.380 Definition of Actuarial Equivalent (Repealed)
- 1650.390 Independent Contractors
- 1650.391 Optional 2.2 Upgrade of Earned and Credited Service
- 1650.392 2.2 Upgrade of Optional Service Not Credited at Initial Upgrade

SUBPART E: CONTRIBUTION CREDITS AND PAYMENTS

Section

- 1650.410 Return of Contributions for Duplicate or Excess Service
- 1650.415 Return of Optional Increase in Retirement Annuity Contributions
- 1650.416 Optional Increase in Retirement Annuity – 1% Contribution Reduction
- 1650.417 Mandatory Distributions Pursuant to Section 401(a)(9) of the Internal Revenue Code
- 1650.420 Interest on Deficiencies (Repealed)
- 1650.430 Installment Payments (Repealed)
- 1650.440 Small Deficiencies, Credits or Death Benefit Payments (Repealed)
- 1650.450 Compensation Recognized As "Salary"
- 1650.451 Reporting of Conditional Payments
- 1650.460 Calculation of Average Salary
- 1650.470 Rollover Distributions
- 1650.480 Rollovers to the System
- 1650.481 Employer Contribution Required for Salary Increases in Excess of 6%
- 1650.482 Contracts and Collective Bargaining Agreements – Loss of Exemption from Employer Contributions
- 1650.483 Employer Contributions for Salary Increases in Excess of 6% and Excess Sick Leave Exemption from Contributions
- 1650.484 Members Not Covered by Collective Bargaining Agreements or Employment Contracts
- 1650.485 Employer Contributions for Salary Increases in Excess of 6% – Receipt of Bill

SUBPART F: ANNUITANTS AND BENEFICIARIES

Section

- 1650.505 Beneficiary (Repealed)
- 1650.510 Re-entry Into Service (Repealed)
- 1650.511 Separation from Service
- 1650.512 Verification of Compliance with Post-Retirement Employment Limitations
- 1650.520 Suspension of Benefits
- 1650.530 Power of Attorney

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

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1650.540	Conservators/Guardians
1650.550	Presumption of Death
1650.560	Benefits Payable on Death
1650.561	Valid Beneficiary Designations
1650.570	Survivors' Benefits
1650.571	Payment of Monthly Survivor Benefits to a Trust
1650.575	Full-time Student – Receipt of Survivors Benefits Until Age 22
1650.580	Evidence of Eligibility
1650.590	Comptroller Offset
1650.595	Overpayments

SUBPART G: ATTORNEY GENERALS' OPINION

Section

1650.605	Policy of the Board Concerning Attorney Generals' Opinion (Repealed)
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SUBPART H: ADMINISTRATIVE REVIEW

Section

1650.610	Staff Responsibility
1650.620	Right of Appeal
1650.630	Form of Written Request
1650.635	Presiding Hearing Officer – Duties and Responsibilities
1650.640	Prehearing Procedure
1650.641	Claims Hearing Committee Hearing Packet
1650.650	Hearing Procedure
1650.660	Rules of Evidence (Repealed)

SUBPART I: AMENDMENTS TO BYLAWS AND RULES

Section

1650.710	Amendments
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SUBPART J: RULES OF ORDER

Section

1650.810	Parliamentary Procedure
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SUBPART K: PUBLIC RECORD REQUESTS

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

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Section

1650.910	Summary and Purpose (Repealed)
1650.920	Definitions (Repealed)
1650.930	Submission of Requests
1650.940	Form and Content of FOIA Requests (Repealed)
1650.950	Appeal of a Denial (Repealed)
1650.960	Executive Director's Response to Appeal (Repealed)
1650.970	Response to FOIA Requests (Repealed)
1650.980	Inspection of Records at System Office
1650.990	Copies of Public Records
1650.995	Materials Immediately Available

SUBPART L: BOARD ELECTION PROCEDURES

Section

1650.1000	Nomination of Candidates
1650.1001	Elections Date/Election Day – Defined
1650.1010	Petitions
1650.1020	Eligible Voters
1650.1030	Election Materials
1650.1040	Marking of Ballots
1650.1050	Return of Ballots
1650.1060	Observation of Ballot Counting
1650.1070	Certification of Ballot Counting
1650.1080	Challenges to Ballot Counting
1650.1090	Special Election to Fill Un-Expired Term of Elected Trustee

SUBPART M: QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDERS

Section

1650.1110	Definitions
1650.1111	Requirements for a Valid Qualified Illinois Domestic Relations Order
1650.1112	Requirements for a Valid QILDRO Calculation Order
1650.1113	Required Forms
1650.1114	Filing a QILDRO or a Calculation Order with the System
1650.1115	Benefits Affected by a QILDRO
1650.1116	Effect of a Valid QILDRO
1650.1117	QILDROs Against Persons Who Became Members Prior to July 1, 1999

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

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1650.1118	Alternate Payee's Address
1650.1119	Electing Form of Payment
1650.1120	Automatic Annual Increases
1650.1121	Reciprocal Systems QILDRO Policy Statement (Repealed)
1650.1122	Providing Benefit Information for Divorce Purposes
1650.1123	Suspension and Expiration of a QILDRO
1650.1124	Income Tax Reporting
1650.1125	Lump-Sum Death Benefit Allocation to Alternate Payee

SUBPART N: PAYROLL DEDUCTION PROGRAM

Section	
1650.1200	Payroll Deduction Program Guidelines
1650.1201	Employer Responsibility Under the Payroll Deduction Program
1650.1202	Payroll Deduction Agreements – Suspensions and Terminations
1650.1203	Payroll Deduction Program – Full Time Employment Defined
1650.1204	Payroll Deduction Program – Disability Defined
1650.1205	Employer Payment of Member's Optional Service, Refund and/or Upgrade Contribution Balance

SUBPART O: RETIREMENT BENEFITS

Section	
1650.2900	Excess Benefit Arrangement

SUBPART P: COMPETITIVE SELECTION PROCEDURES
FOR INVESTMENT SERVICES

Section	
1650.3000	Summary and Purpose
1650.3005	Definitions
1650.3010	Public Markets Manager Database
1650.3015	Emerging Investment Managers
1650.3020	Public Market Searches
1650.3025	Small and Mid Cap Equity Searches
1650.3030	Private Market and Commingled Fund Searches
1650.3032	Co-Investment Opportunities
1650.3035	Private Market Real Estate Separate Account Searches
1650.3040	Consultant Searches

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

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1650.3045 Evaluation by Investment Committee

SUBPART Q: PLAN QUALIFICATION

Section

1650.3100	Summary and Purpose
1650.3105	Exclusive Benefit Rule
1650.3110	USERRA (Uniformed Services Employment and Reemployment Rights Act (38 USC 4301-4335)) Compliance
1650.3115	Required Minimum Distributions
1650.3120	Federal Contribution and Benefit Limitations
1650.3125	Mortality Tables and Interest Rates

AUTHORITY: Implementing and authorized by Articles 1 and 16 of the Illinois Pension Code [40 ILCS 5/Arts. 1 and 16]; Freedom of Information Act [5 ILCS 140]; Internal Revenue Code (26 USC 1 et seq.); Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100/5-15].

SOURCE: Filed June 20, 1958; emergency rules adopted at 2 Ill. Reg. 49, p. 249, effective November 29, 1978, for a maximum of 150 days; adopted at 3 Ill. Reg. 9, p. 1, effective March 3, 1979; codified at 8 Ill. Reg. 16350; amended at 9 Ill. Reg. 20885, effective December 17, 1985; amended at 12 Ill. Reg. 16896, effective October 3, 1988; amended at 14 Ill. Reg. 18305, effective October 29, 1990; amended at 15 Ill. Reg. 16731, effective November 5, 1991; amended at 17 Ill. Reg. 1631, effective January 22, 1993; amended at 18 Ill. Reg. 6349, effective April 15, 1994; emergency amendment at 18 Ill. Reg. 8949, effective May 24, 1994, for a maximum of 150 days; emergency modified at 18 Ill. Reg. 12880; amended at 18 Ill. Reg. 15154, effective September 27, 1994; amended at 20 Ill. Reg. 3118, effective February 5, 1996; emergency amendment at 21 Ill. Reg. 483, effective January 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 2422, effective January 31, 1997; amended at 21 Ill. Reg. 4844, effective March 27, 1997; emergency amendment at 21 Ill. Reg. 17159, effective December 9, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 7243, effective April 9, 1998; emergency amendment at 22 Ill. Reg. 7314, effective April 9, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 9374, effective May 14, 1998, for a maximum of 150 days; emergency rule modified in response to JCAR Objection at 22 Ill. Reg. 11640; emergency amendment at 22 Ill. Reg. 13151, effective June 29, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 15620, effective August 17, 1998; amended at 22 Ill. Reg. 19079, effective October 1, 1998; amended at 22 Ill. Reg. 22090, effective December 1, 1998; amended at 23 Ill. Reg. 3079, effective February 23, 1999; amended at 24 Ill. Reg. 2440, effective January 27, 2000; amended at 24 Ill. Reg. 10300, effective June 26, 2000; amended at 25 Ill. Reg. 203, effective December 22, 2000; amended at 26 Ill. Reg. 2758, effective February 11, 2002;

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amended at 26 Ill. Reg. 11476, effective July 11, 2002; amended at 27 Ill. Reg. 1668, effective January 17, 2003; amended at 27 Ill. Reg. 9209, effective May 28, 2003; amended at 28 Ill. Reg. 10055, effective June 29, 2004; amended at 29 Ill. Reg. 1546, effective January 14, 2005; amended at 29 Ill. Reg. 13244, effective August 9, 2005; amended at 30 Ill. Reg. 194, effective December 23, 2005; amended at 30 Ill. Reg. 472, effective December 21, 2005; amended at 30 Ill. Reg. 11728, effective June 23, 2006; amended at 30 Ill. Reg. 17525, effective October 18, 2006; amended at 31 Ill. Reg. 10688, effective July 13, 2007; amended at 32 Ill. Reg. 4073, effective February 28, 2008; amended at 32 Ill. Reg. 7979, effective May 6, 2008; amended at 32 Ill. Reg. 13534, effective August 6, 2008; amended at 33 Ill. Reg. 4401, effective March 3, 2009; amended at 33 Ill. Reg. 15863, effective November 2, 2009; amended at 34 Ill. Reg. 4900, effective March 22, 2010; amended at 34 Ill. Reg. 7787, effective May 21, 2010; amended at 35 Ill. Reg. 2413, effective January 21, 2011; amended at 35 Ill. Reg. 2788, effective January 25, 2011; amended at 35 Ill. Reg. 3781, effective February 18, 2011; amended at 35 Ill. Reg. 19541, effective November 18, 2011; amended at 36 Ill. Reg. 7688, effective May 4, 2012; amended at 36 Ill. Reg. 18914, effective December 14, 2012; amended at 37 Ill. Reg. 5150, effective April 4, 2013; amended at 38 Ill. Reg. 21239, effective October 21, 2014; amended at 39 Ill. Reg. _____, effective _____.

SUBPART M: QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDERS

Section 1650.1111 Requirements for a Valid Qualified Illinois Domestic Relations Order

The System will accept a court order as a valid Qualified Illinois Domestic Relations Order, or "QILDRO", that meets all of the following requirements:

- a) The order must be accompanied by a \$50 non-refundable processing fee, by check payable to the Teachers' Retirement System.
- b) If the order applies to a person who became a member of the System before July 1, 1999, the order must be accompanied by the original Consent to Issuance of QILDRO signed by the member. If the original has been filed with the court, a certified copy of the original is acceptable.
- c) The order must be a certified copy of the original.
- d) The order must have been issued by an Illinois court of competent jurisdiction in a proceeding for declaration of invalidity of marriage, legal separation, or dissolution of marriage that provides for the distribution of property, or any proceeding to amend or enforce such a property distribution, prior to the death of

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the member.

- e) The order must contain the name, mailing address, and Social Security number of the member.
- f) The order must contain the name, mailing address, and Social Security number of the alternate payee.
- g) If the full Social Security number is not shown on the face of the order, the order must be accompanied by a Notice of Confidential Information Within Court Filing in the form adopted by the System containing the full Social Security numbers omitted from the order.
- ~~h)~~g) The order must identify the Teachers' Retirement System as the retirement system to which it is directed.
- ~~i)~~h) The order must apply only to benefits that are statutorily subject to QILDROs as provided in Section 1-119(b)(1) of the Act [40 ILCS 5/1-119(b)(1)].
- ~~j)~~i) The order and, if applicable, the Consent to Issuance of QILDRO must be in the form adopted by the System as of the valid receipt date of the order.
- ~~k)~~j) No language may be added to, or omitted from, the QILDRO form or the consent form adopted by the System.
- ~~l)~~k) All required portions of the order must be filled out completely and consistently with all directions provided in the form.
- ~~m)~~l) If a consent form is required, the names and Social Security numbers identified in the consent form must match the names and Social Security numbers identified in the order or in an accompanying Notice of Confidential Information Within Court Filing.

(Source: Amended at 39 Ill. Reg. _____, effective _____)

Section 1650.1112 Requirements for a Valid QILDRO Calculation Order

The System will accept a court order as a valid QILDRO Calculation Order that meets all of the following requirements:

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- a) The order must be accompanied by a \$50 non-refundable processing fee, by check payable to the Teachers' Retirement System.
- b) The order must be a certified copy of the original.
- c) The order must have been issued by an Illinois court of competent jurisdiction in a proceeding for declaration of invalidity of marriage, legal separation, or dissolution of marriage that provides for the distribution of property, or any proceeding to amend or enforce such a property distribution.
- d) The order must contain the name, mailing address, and Social Security number of the member.
- e) The order must contain the name, mailing address, and Social Security number of the alternate payee.
- f) If the full Social Security number is not shown on the face of the order, the order must be accompanied by a Notice of Confidential Information Within Court Filing in the form adopted by the System containing the full Social Security numbers omitted from the order.
- ~~g)~~ The order must identify the Teachers' Retirement System as the retirement system to which it is directed.
- ~~h)~~ The order must be in the form adopted by the System as of the valid receipt date of the order.
- ~~i)~~ No language may be added to, or omitted from, the form adopted by the System.
- ~~j)~~ All required portions of the order must be filled out completely and consistently with all directions provided in the form.
- ~~k)~~ The order must correspond with a valid underlying QILDRO that has been filed with the System applicable to the same member, the same alternate payee, and the same benefits and refunds.

(Source: Amended at 39 Ill. Reg. _____, effective _____)

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Section 1650.1113 Required Forms

- a) A QILDRO, a Consent to Issuance of QILDRO, ~~or~~ a Calculation Order, or a Notice of Confidential Information Within Court Filing must be in the form adopted by the System as of the valid receipt date.
- b) The forms adopted by the System are available on the System's web site, trs.illinois.gov, or upon request.
- c) A QILDRO, a Consent Form, ~~or~~ a Calculation Order, or a Notice of Confidential Information Within Court Filing that is not in the form adopted by the System as of the receipt date is invalid.
- d) Re-typed forms and obsolete forms will be returned, unprocessed, to the sender.

(Source: Amended at 39 Ill. Reg. _____, effective _____)

Section 1650.1114 Filing a QILDRO or a Calculation Order with the System

- a) A QILDRO or a Calculation Order must be sent to the System's General Counsel's Office, each accompanied by the \$50 non-refundable processing fee.
- b) A QILDRO or a Calculation Order will be deemed received by the System on the date that a certified copy of the order accompanied by the processing fee and, if applicable, Consent to Issuance of QILDRO and/or Notice of Confidential Information Within Court Filing,~~it~~ is received in the System's General Counsel's Office.
- c) Within 45 calendar days after receipt, the System will review the order and notify the member and each alternate payee by first class mail that it has received the order, and whether the order is a valid QILDRO or Calculation Order. If the System determines that the order is not valid, the notice will specify the reason or reasons.
- d) A QILDRO or a Calculation Order that has been amended by the issuing court must be submitted in the same manner as the original order. A separate \$50 non-refundable processing fee is required for each new or amended order.

(Source: Amended at 39 Ill. Reg. _____, effective _____)

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Section 1650.1124 Income Tax Reporting

For tax reporting of income received pursuant to a QILDRO, if the alternate payee is the annuitant's spouse or former spouse, the System will report income to the recipient and the nontaxable portion of the member's benefit~~exclusion ratio~~ will be allocated pro rata between the annuitant and the alternate payee. However, if the alternate payee is the annuitant's child or other dependent, the System will report income received by the child or other dependent to the annuitant, and the nontaxable portion of the member's benefit~~exclusion ratio~~ will be allocated to the annuitant.

(Source: Amended at 39 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Medical Assistance Programs
- 2) Code Citation: 89 Ill. Adm. Code 120
- 3)

<u>Section Numbers</u> :	<u>Adopted Action</u> :
120.308	Amendment
120.380	Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and PA 98-651
- 5) Effective Date of Rule: December 2, 2014
- 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 rule, including any materials incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: July 18, 2014; 38 Ill. Reg. 14654
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: The following changes were made:

In subsection (f)(3)(A) of Section 120.308, replaced "client" with "applicant"; deleted the words "and" and "authorized"; added "applicant's approved" before the word "representative" and added "as described in 89 Ill. Adm. Code 110.10(c)(4)" after the word representative and deleted "if any"; after the word "facility", deleted "if known" and added, "named on the application".

In subsection (f)(3)(A) of Section 120.308, added new language at the end to read as follows: "The request for information shall include an explanation of the information required; the date by which it must be submitted; a statement that failure to respond in a timely manner can result in denial of the application; a statement that an extension of time may be requested by the applicant or on behalf of the applicant by the applicant's spouse, or approved representative or the facility in which the applicant lives; and the

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name and contact information of a caseworker or the name and contact information of a caseworker or another State official in case of questions."

In subsection (f)(3)(B) of Section 120.308, deleted "authorized" and replaced with "approved"; deleted the ":".

In subsection (f)(3)(B)(i) of Section 120.308, deleted "i)" added the language to subsection (f)(3)(B).

In subsection (f)(3)(B)(ii), changed "ii)" to "C)" and added "When requested by the applicant, his or her spouse, the approved representative, or the facility in which the applicant lives, the Department may allow" before "a second 30 day extension if needed" and added new sentence "The Department shall take into account what is in the best interest of the applicant when deciding whether to grant a second 30 day extension of time to respond."

In subsection (f)(3)(C) of Section 120.308, changed "C)" to "D)"

In subsection (f)(3)(D) of Section 120.308, changed "D)" to "E)"

- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? Yes
- 14) Are there any other rulemakings pending on this Part? Yes

<u>Section Number:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
120.61	Amendment	38 Ill. Reg. 18290; September 5, 2014

- 15) Summary and Purpose of Rulemaking: Pursuant to Public Act 98-651, this rulemaking makes changes in the long term application process
- 16) Information and questions regarding this adopted rule shall be directed to:

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

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217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 120

MEDICAL ASSISTANCE PROGRAMS

SUBPART A: GENERAL PROVISIONS

Section

120.1 Incorporation by Reference

SUBPART B: ASSISTANCE STANDARDS

Section

- 120.10 Eligibility for Medical Assistance
- 120.11 Eligibility for Pregnant Women and Children
- 120.12 Healthy Start – Medicaid Presumptive Eligibility Program for Pregnant Women
- 120.14 Presumptive Eligibility for Children
- 120.20 MANG(AABD) Income Standard
- 120.30 MANG(C) Income Standard
- 120.31 MANG(P) Income Standard
- 120.32 FamilyCare Assist
- 120.34 FamilyCare Share and FamilyCare Premium Level 1 (Repealed)
- 120.40 Exceptions To Use Of MANG Income Standard (Repealed)
- 120.50 AMI Income Standard (Repealed)

SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

Section

- 120.60 Community Cases
- 120.61 Long Term Care
- 120.62 Department of Mental Health and Developmental Disabilities (DMHDD)
Approved Home and Community Based Residential Settings Under 89 Ill. Adm.
Code 140.643 (Repealed)
- 120.63 Department of Mental Health and Developmental Disabilities (DMHDD)
Approved Home and Community Based Residential Settings (Repealed)
- 120.64 Determination of Eligibility for Cases Subject to Modified Adjusted Gross
Income (MAGI) Methodology

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- 120.65 Department of Mental Health and Developmental Disabilities (DMHDD)
Licensed Community – Integrated Living Arrangements (Repealed)

SUBPART D: MEDICARE PREMIUMS

Section

- 120.70 Supplementary Medical Insurance Benefits (SMIB) Buy-In Program
120.72 Eligibility for Medicare Cost Sharing as a Qualified Medicare Beneficiary (QMB)
120.73 Eligibility for Payment of Medicare Part B Premiums for Specified Low-Income
Medicare Beneficiaries (SLIBs) and Qualified Individuals-1 (QI-1)
120.74 Qualified Medicare Beneficiary (QMB) Income Standard
120.75 Specified Low-Income Medicare Beneficiaries (SLIBs) and Qualified
Individuals-1 (QI-1) Income Standards
120.76 Hospital Insurance Benefits (HIB)

SUBPART E: RECIPIENT RESTRICTION PROGRAM

Section

- 120.80 Recipient Restriction Program

SUBPART F: MIGRANT MEDICAL PROGRAM

Section

- 120.90 Migrant Medical Program (Repealed)
120.91 Income Standards (Repealed)

SUBPART G: AID TO THE MEDICALLY INDIGENT

Section

- 120.200 Elimination Of Aid To The Medically Indigent
120.208 Client Cooperation (Repealed)
120.210 Citizenship (Repealed)
120.211 Residence (Repealed)
120.212 Age (Repealed)
120.215 Relationship (Repealed)
120.216 Living Arrangement (Repealed)
120.217 Supplemental Payments (Repealed)
120.218 Institutional Status (Repealed)
120.224 Foster Care Program (Repealed)

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120.225	Social Security Numbers (Repealed)
120.230	Unearned Income (Repealed)
120.235	Exempt Unearned Income (Repealed)
120.236	Education Benefits (Repealed)
120.240	Unearned Income In-Kind (Repealed)
120.245	Earmarked Income (Repealed)
120.250	Lump Sum Payments and Income Tax Refunds (Repealed)
120.255	Protected Income (Repealed)
120.260	Earned Income (Repealed)
120.261	Budgeting Earned Income (Repealed)
120.262	Exempt Earned Income (Repealed)
120.270	Recognized Employment Expenses (Repealed)
120.271	Income From Work/Study/Training Program (Repealed)
120.272	Earned Income From Self-Employment (Repealed)
120.273	Earned Income From Roomer and Boarder (Repealed)
120.275	Earned Income In-Kind (Repealed)
120.276	Payments from the Illinois Department of Children and Family Services (Repealed)
120.280	Assets (Repealed)
120.281	Exempt Assets (Repealed)
120.282	Asset Disregards (Repealed)
120.283	Deferral of Consideration of Assets (Repealed)
120.284	Spend-down of Assets (AMI) (Repealed)
120.285	Property Transfers (Repealed)
120.290	Persons Who May Be Included in the Assistance Unit (Repealed)
120.295	Payment Levels for AMI (Repealed)

SUBPART H: MEDICAL ASSISTANCE – NO GRANT (MANG) ELIGIBILITY FACTORS

Section	
120.308	Client Cooperation
120.309	Caretaker Relative
120.310	Citizenship
120.311	Residence
120.312	Age
120.313	Blind
120.314	Disabled
120.315	Relationship
120.316	Living Arrangements

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120.317	Supplemental Payments
120.318	Institutional Status
120.319	Assignment of Rights to Medical Support and Collection of Payment
120.320	Cooperation in Establishing Paternity and Obtaining Medical Support
120.321	Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support
120.322	Proof of Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support
120.323	Suspension of Paternity Establishment and Obtaining Medical Support Upon Finding Good Cause
120.324	Health Insurance Premium Payment (HIPP) Program
120.325	Health Insurance Premium Payment (HIPP) Pilot Program
120.326	Foster Care Program
120.327	Social Security Numbers
120.328	Compliance with Employment and Work Activity Requirements (Suspended; Repealed)
120.329	Compliance with Non-Economic Eligibility Requirements of Article IV (Suspended; Repealed)
120.330	Unearned Income
120.332	Budgeting Unearned Income
120.335	Exempt Unearned Income
120.336	Education Benefits
120.338	Incentive Allowance
120.340	Unearned Income In-Kind
120.342	Child Support and Spousal Maintenance Payments
120.345	Earmarked Income
120.346	Medicaid Qualifying Trusts
120.347	Treatment of Trusts and Annuities
120.350	Lump Sum Payments and Income Tax Refunds
120.355	Protected Income
120.360	Earned Income
120.361	Budgeting Earned Income
120.362	Exempt Earned Income
120.363	Earned Income Disregard – MANG(C)
120.364	Earned Income Exemption
120.366	Exclusion From Earned Income Exemption
120.370	Recognized Employment Expenses
120.371	Income From Work/Study/Training Programs
120.372	Earned Income From Self-Employment

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120.373	Earned Income From Roomer and Boarder
120.375	Earned Income In-Kind
120.376	Payments from the Illinois Department of Children and Family Services
120.379	Provisions for the Prevention of Spousal Impoverishment
120.380	Resources
120.381	Exempt Resources
120.382	Resource Disregard
120.383	Deferral of Consideration of Assets
120.384	Spenddown of Resources
120.385	Factors Affecting Eligibility for Long Term Care Services
120.386	Property Transfers Occurring On or Before August 10, 1993
120.387	Property Transfers Occurring On or After August 11, 1993 and Before January 1, 2007
120.388	Property Transfers Occurring On or After January 1, 2007
120.390	Persons Who May Be Included In the Assistance Unit
120.391	Individuals Under Age 18 Who Do Not Qualify For AFDC/AFDC-MANG And Children Born October 1, 1983, or Later
120.392	Pregnant Women Who Would Not Be Eligible For AFDC/AFDC-MANG If The Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
120.393	Pregnant Women And Children Under Age Eight Years Who Do Not Qualify As Mandatory Categorically Needy Demonstration Project
120.395	Payment Levels for MANG (Repealed)
120.399	Redetermination of Eligibility
120.400	Twelve Month Eligibility for Persons under Age 19

SUBPART I: SPECIAL PROGRAMS

Section	
120.500	Health Benefits for Persons with Breast or Cervical Cancer
120.510	Health Benefits for Workers with Disabilities
120.520	SeniorCare (Repealed)
120.530	Home and Community Based Services Waivers for Medically Fragile, Technology Dependent, Disabled Persons Under Age 21
120.540	Illinois Healthy Women Program
120.550	Asylum Applicants and Torture Victims
120.TABLE A	Value of a Life Estate and Remainder Interest
120.TABLE B	Life Expectancy (Repealed)

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AUTHORITY: Implementing Articles III, IV, V and VI and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V and VI and 12-13] and implementing the federal Deficit Reduction Act of 2005 (P.L. 109-171).

SOURCE: Filed effective December 30, 1977; preemptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; preemptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; preemptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; preemptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; preemptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; preemptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; preemptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; preemptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; preemptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; preemptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; preemptory amendment

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at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 6082; amended at 7 Ill. Reg. 8256, effective July 1, 1983; amended at 7 Ill. Reg. 8264, effective July 5, 1983; amended (by adding Section being codified with no substantive change) at 7 Ill. Reg. 14747; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 16108; amended at 8 Ill. Reg. 5253, effective April 9, 1984; amended at 8 Ill. Reg. 6770, effective April 27, 1984; amended at 8 Ill. Reg. 13328, effective July 16, 1984; amended (by adding Sections being codified with no substantive change) at 8 Ill. Reg. 17897; amended at 8 Ill. Reg. 18903, effective September 26, 1984; peremptory amendment at 8 Ill. Reg. 20706, effective October 3, 1984; amended at 8 Ill. Reg. 25053, effective December 12, 1984; emergency amendment at 9 Ill. Reg. 830, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 4515, effective March 25, 1985; amended at 9 Ill. Reg. 5346, effective April 11, 1985; amended at 9 Ill. Reg. 7153, effective May 6, 1985; amended at 9 Ill. Reg. 11346, effective July 8, 1985; amended at 9 Ill. Reg. 12298, effective July 25, 1985; amended at 9 Ill. Reg. 12823, effective August 9, 1985; amended at 9 Ill. Reg. 15903, effective October 4, 1985; amended at 9 Ill. Reg. 16300, effective October 10, 1985; amended at 9 Ill. Reg. 16906, effective October 18, 1985; amended at 10 Ill. Reg. 1192, effective January 10, 1986; amended at 10 Ill. Reg. 3033, effective January 23, 1986; amended at 10 Ill. Reg. 4907, effective March 7, 1986; amended at 10 Ill. Reg. 6966, effective April 16, 1986; amended at 10 Ill. Reg. 10688, effective June 3, 1986; amended at 10 Ill. Reg. 12672, effective July 14, 1986; amended at 10 Ill. Reg. 15649, effective September 19, 1986; amended at 11 Ill. Reg. 3992, effective February 23, 1987; amended at 11 Ill. Reg. 7652, effective April 15, 1987; amended at 11 Ill. Reg. 8735, effective April 20, 1987; emergency amendment at 11 Ill. Reg. 12458, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 14034, effective August 14, 1987; amended at 11 Ill. Reg. 14763, effective August 26, 1987; amended at 11 Ill. Reg. 20142, effective January 1, 1988; amended at 11 Ill. Reg. 20898, effective December 14, 1987; amended at 12 Ill. Reg. 904, effective January 1, 1988; amended at 12 Ill. Reg. 3516, effective January 22, 1988; amended at 12 Ill. Reg. 6234, effective March 22, 1988; amended at 12 Ill. Reg. 8672, effective May 13, 1988; amended at 12 Ill. Reg. 9132, effective May 20, 1988; amended at 12 Ill. Reg. 11483, effective June 30, 1988; emergency amendment at 12 Ill. Reg. 11632, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 11839, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12835, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 13243, effective July 29, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 17867,

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effective October 30, 1988; amended at 12 Ill. Reg. 19704, effective November 15, 1988; amended at 12 Ill. Reg. 20188, effective November 23, 1988; amended at 13 Ill. Reg. 116, effective January 1, 1989; amended at 13 Ill. Reg. 2081, effective February 3, 1989; amended at 13 Ill. Reg. 3908, effective March 10, 1989; emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days; emergency expired November 25, 1989; emergency amendment at 13 Ill. Reg. 12137, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 15404, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16586, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 17483, effective October 31, 1989; amended at 13 Ill. Reg. 17838, effective November 8, 1989; amended at 13 Ill. Reg. 18872, effective November 17, 1989; amended at 14 Ill. Reg. 760, effective January 1, 1990; emergency amendment at 14 Ill. Reg. 1494, effective January 2, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 4233, effective March 5, 1990; emergency amendment at 14 Ill. Reg. 5839, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 6372, effective April 16, 1990; amended at 14 Ill. Reg. 7637, effective May 10, 1990; amended at 14 Ill. Reg. 10396, effective June 20, 1990; amended at 14 Ill. Reg. 13227, effective August 6, 1990; amended at 14 Ill. Reg. 14814, effective September 3, 1990; amended at 14 Ill. Reg. 17004, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 348, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5302, effective April 1, 1991; amended at 15 Ill. Reg. 10101, effective June 24, 1991; amended at 15 Ill. Reg. 11973, effective August 12, 1991; amended at 15 Ill. Reg. 12747, effective August 16, 1991; amended at 15 Ill. Reg. 14105, effective September 11, 1991; amended at 15 Ill. Reg. 14240, effective September 23, 1991; amended at 16 Ill. Reg. 139, effective December 24, 1991; amended at 16 Ill. Reg. 1862, effective January 20, 1992; amended at 16 Ill. Reg. 10034, effective June 15, 1992; amended at 16 Ill. Reg. 11582, effective July 15, 1992; amended at 16 Ill. Reg. 17290, effective November 3, 1992; amended at 17 Ill. Reg. 1102, effective January 15, 1993; amended at 17 Ill. Reg. 6827, effective April 21, 1993; amended at 17 Ill. Reg. 10402, effective June 28, 1993; amended at 18 Ill. Reg. 2051, effective January 21, 1994; amended at 18 Ill. Reg. 5934, effective April 1, 1994; amended at 18 Ill. Reg. 8718, effective June 1, 1994; amended at 18 Ill. Reg. 11231, effective July 1, 1994; amended at 19 Ill. Reg. 2905, effective February 27, 1995; emergency amendment at 19 Ill. Reg. 9280, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 11931, effective August 11, 1995; amended at 19 Ill. Reg. 15079, effective October 17, 1995; amended at 20 Ill. Reg. 5068, effective March 20, 1996; amended at 20 Ill. Reg. 15993, effective December 9, 1996; emergency amendment at 21 Ill. Reg. 692, effective January 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 7423, effective May 31, 1997; amended at 21 Ill. Reg. 7748, effective June 9, 1997; amended at 21 Ill. Reg. 11555, effective August 1, 1997; amended at 21 Ill. Reg. 13638, effective October 1, 1997; emergency amendment at 22 Ill. Reg. 1576, effective January 5, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 7003, effective April 1, 1998; amended at 22 Ill. Reg. 8503, effective May 1, 1998; amended at 22 Ill.

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Reg. 16291, effective August 28, 1998; emergency amendment at 22 Ill. Reg. 16640, effective September 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 19875, effective October 30, 1998; amended at 23 Ill. Reg. 2381, effective January 22, 1999; amended at 23 Ill. Reg. 11301, effective August 27, 1999; amended at 24 Ill. Reg. 7361, effective May 1, 2000; emergency amendment at 24 Ill. Reg. 10425, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15075, effective October 1, 2000; amended at 24 Ill. Reg. 18309, effective December 1, 2000; amended at 25 Ill. Reg. 8783, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 10533, effective August 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 16098, effective December 1, 2001; amended at 26 Ill. Reg. 409, effective December 28, 2001; emergency amendment at 26 Ill. Reg. 8583, effective June 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 9843, effective June 26, 2002; emergency amendment at 26 Ill. Reg. 11029, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 15051, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16288, effective October 25, 2002; amended at 27 Ill. Reg. 4708, effective February 25, 2003; emergency amendment at 27 Ill. Reg. 10793, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18609, effective November 26, 2003; amended at 28 Ill. Reg. 4701, effective March 3, 2004; amended at 28 Ill. Reg. 6139, effective April 1, 2004; emergency amendment at 28 Ill. Reg. 6610, effective April 19, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 7152, effective May 3, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 11149, effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12921, effective September 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13621, effective September 28, 2004; amended at 28 Ill. Reg. 13760, effective October 1, 2004; amended at 28 Ill. Reg. 14541, effective November 1, 2004; amended at 29 Ill. Reg. 820, effective January 1, 2005; amended at 29 Ill. Reg. 10195, effective June 30, 2005; amended at 29 Ill. Reg. 14939, effective September 30, 2005; emergency amendment at 30 Ill. Reg. 521, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 10314, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 15029, effective September 1, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 2629, effective January 28, 2007; emergency amendment at 31 Ill. Reg. 7323, effective May 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 11667, effective August 1, 2007; amended at 31 Ill. Reg. 12756, effective August 27, 2007; emergency amendment at 31 Ill. Reg. 15854, effective November 7, 2007, for a maximum of 150 days; emergency rule suspended at 31 Ill. Reg. 16060, effective November 13, 2007; emergency rule repealed, effective May 10, 2008; preemptory amendment at 32 Ill. Reg. 7212, effective April 21, 2008; preemptory amendment suspended at 32 Ill. Reg. 8450, effective May 20, 2008; preemptory amendment repealed under Section 5-125 of the Illinois Administrative Procedure Act, effective November 16, 2008; amended at 32 Ill. Reg. 17428, effective November 1, 2008; preemptory amendment at 32 Ill. Reg. 18889, effective November 18, 2008; preemptory amendment suspended at 32 Ill. Reg. 18906, effective November 19, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at

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33 Ill. Reg. 6551, effective April 28, 2009; preemptory amendment repealed by emergency rulemaking at 33 Ill. Reg. 6712, effective April 28, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 1681, effective February 1, 2009; amended at 33 Ill. Reg. 2289, effective March 1, 2009; emergency amendment at 33 Ill. Reg. 5802, effective April 2, 2009, for a maximum of 150 days; emergency expired August 29, 2009; emergency amendment at 33 Ill. Reg. 10785, effective June 30, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 12703, effective September 7, 2009; amended at 33 Ill. Reg. 15707, effective November 2, 2009; amended at 33 Ill. Reg. 17070, effective December 2, 2009; amended at 34 Ill. Reg. 889, effective December 30, 2009; emergency rulemaking at 34 Ill. Reg. 13538, effective September 1, 2010, for a maximum of 150 days; amended at 35 Ill. Reg. 379, effective December 27, 2010; amended at 35 Ill. Reg. 979, effective January 1, 2011; amended at 35 Ill. Reg. 18645, effective January 1, 2012; amended at 36 Ill. Reg. 4133, effective March 1, 2012; amended at 36 Ill. Reg. 9095, effective June 11, 2012; emergency amendment at 36 Ill. Reg. 10253, effective July 1, 2012 through June 30, 2013; amended at 36 Ill. Reg. 17044, effective November 26, 2012; emergency amendment at 36 Ill. Reg. 17549, effective December 3, 2012 through June 30, 2013; amended at 37 Ill. Reg. 10208, effective June 27, 2013; emergency amendment at 37 Ill. Reg. 15976, effective October 1, 2013, for a maximum of 150 days; emergency amendment to emergency rule at 38 Ill. Reg. 1139, effective January 1, 2014, for a maximum of 150 days; emergency amendment to emergency rule at 38 Ill. Reg. 2925, effective January 10, 2014, for a maximum of 150 days; emergency amendments effective January 1 and January 10, 2014 repealed by emergency rule at 38 Ill. Reg. 7368, effective March 24, 2014, for the remainder of the 150 day effective periods of each of the emergency rules; amended at 38 Ill. Reg. 5967, effective February 26, 2014; emergency amendment at 38 Ill. Reg. 7650, effective March 24, 2014, for a maximum of 150 days; emergency amendment at 38 Ill. Reg. 15646, effective July 7, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 16214, effective July 17, 2014; amended at 38 Ill. Reg. 18432, effective August 19, 2014; amended at 38 Ill. Reg. 23595, effective December 2, 2014.

SUBPART H: MEDICAL ASSISTANCE – NO GRANT (MANG) ELIGIBILITY FACTORS

Section 120.308 Client Cooperation

- a) As a condition of eligibility, clients must cooperate:
 - 1) in the determination of eligibility;
 - 2) with Department programs conducted for the purposes of acquisition or verification of information upon which eligibility may depend; and

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- 3) in applying for all financial benefits for which they may qualify and to avail themselves of those benefits at the earliest possible date.
- b) Clients are required to avail themselves of all potential income and resources and to take appropriate action to receive such resources, including those described under Section 120.388(d)(2) ~~of this Part~~.
- c) When eligibility cannot be conclusively determined because the individual is unwilling or fails to provide essential information or to consent to verification, the client is ineligible.
- d) At screening, applicants shall be informed, in writing, of any information they are to provide at the eligibility interview.
- e) At the eligibility interview or at any time during the application process, when the applicant is requested to provide information in his or her possession, the Department will allow 10 days for the return of the requested information. The first day of the 10 day period is the calendar day following the date the information request form is sent or given to the applicant. The last day of the 10 day period shall be a work day and is to be indicated on the information request form. If the applicant does not provide the information by the date on the information request form, the application shall be denied on the following work day.
- f) At the eligibility interview or at any time during the application process, when the applicant is requested to provide third party information, the Department shall allow 10 calendar days for the return of the requested information or for verification that the third party information has been requested. The first day of the 10 day period is the calendar day following the date the information request form is sent or given to the applicant. The last day of the 10 day period shall be a work day and will be indicated on the information request form. If the applicant does not provide the information or verification that the information was requested by the date on the information request form, the application shall be denied on the following work day.
- 1) Third party information is defined as information that must be provided by someone other than the applicant. An authorized representative or person applying on another's behalf is not a third party, but is treated as if he or she were the applicant.

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- 2) The Department shall advise clients of the need to provide written verification of third party information requests and the consequences of failing to provide that verification.
- 3) If the applicant requests an extension either verbally or in writing in order to obtain third party information and provides written verification of the request for the third party information, such as a copy of the request that was sent to the third party, an extension of 45 days from the date of application shall be granted. The first day of the 45 day period is the calendar day following the date of application. The 45th day must be a work day.
 - A) For longterm care (LTC) applicants, the Department shall send a request for information about current resources or resources transferred in the look-back period to the applicant or the applicant's approved representative, as described in 89 Ill. Adm. Code 110.10(c)(4), and the facility named on the application. The request for information shall include an explanation of the information required; the date by which it must be submitted; a statement that failure to respond in a timely manner can result in denial of the application; a statement that an extension of time may be requested by the applicant or on behalf of the applicant by the applicant's spouse or approved representative or the facility in which the applicant lives; and the name and contact information of a caseworker or another State official in case of questions.
 - B) For LTC applicants, when requested by the applicant, his or her spouse, the approved representative, or the facility in which the applicant lives, the Department shall allow an extension of up to 30 days to provide verification about current resources or resources transferred under the look-back period described in Section 120.387 or 120.388.
 - C) When requested by the applicant, his or her spouse, the approved representative, or the facility in which the applicant lives, the Department may allow a second 30-day extension if needed. The Department shall take into account what is in the best interest of

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the applicant when deciding whether to grant a second 30-day extension of time to respond.

D) An extension of time to provide information extends the State's processing timeframes for the same period.

E) Subsections (f)(3)(B), (C) and (D) shall be effective June 16, 2014.

- 4) If an applicant's attempt to obtain third party information is unsuccessful, upon the applicant's request, the Department will assist in securing evidence to support the client's eligibility for assistance.
- g) Any information or verifications requested under this Section must be returned to the Department's or its agent's office in the manner indicated on the information request form. Information mailed or otherwise delivered to an address not indicated on the form will not toll the timeframes for providing information under this Section.
- h) Failure to cooperate in the determination of eligibility under this Section, including failure to provide requested information or verifications, is a basis for the denial of an application for benefits. A person has the right to appeal such a denial under 89 Ill. Adm. Code 102.80. The Department shall not deny an application if third party information cannot be timely obtained when the delay is beyond the control of the person and a timely request was made to the third party for the information. The Department shall not deny an application for failure to timely provide information in the applicant's possession if the person has made a good faith attempt to retrieve the information and is unable, due to incapacity, illness, family emergency or other just cause, to do so.
- i) Effective June 16, 2014, clients and applicants who receive Supplemental Security Income (SSI) payments or who were receiving SSI when they entered a nursing home or the supported living program or initiated other long term support services are considered to have their current income verified, unless there is a specific reason to question the amount of income the individual receives.

(Source: Amended at 38 Ill. Reg. 23595, effective December 2, 2014)

Section 120.380 Resources

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- a) Unless otherwise specified and for purposes of this Part, the term "resource" (as defined in 42 USC 1382b, except subsection (a)(1) of that section, which excludes the home as a resource) means cash or any other personal or real property that a person owns and has the right, authority or power to liquidate.
- b) A resource is considered available to pay for a person's own care when at the disposal of that person; when the person has a legal interest in a liquidated sum and has the legal ability to make the sum available for support, maintenance or medical care; or when the person has the lawful power to make the resource available or to cause the resource to be made available.
- c) The value of nonexempt resources shall be considered in determining eligibility for any means-tested public benefit program administered by the Department, the Department of Human Services or the Department on Aging if eligibility is determined, in part, on the basis of resources as provided under this Section.
- d) Determination of Resources:
 - 1) In determining initial financial eligibility for medical assistance:
 - A) ~~The~~ Department considers nonexempt verified resources available to a person as of the date of decision on the application for medical assistance. The date of verification (see Section 120.308(f)) may be prior to the date of decision. Resources applied to a spenddown obligation in a retroactive month (see Section 120.61(b)) shall not be treated as available in the determination of initial financial eligibility. Money considered as income for a month is not considered a resource for that same month. If income for a month is added to a bank account that month, the Department will subtract the amount of income from the bank balance to determine the resource level. Any income remaining in the following months is considered a resource.
 - B) Effective June 16, 2014, clients and applicants who receive Supplemental Security Income (SSI) payments or who were receiving SSI when they entered a nursing home or the supported living program or initiated other long term support services are considered to have their current resources verified.

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- C) Effective June 16, 2014, individuals who have verified income at or below 100% FPL and report resources at or below the appropriate resource disregard in Section 120.382 or 120.510 are considered to have their current resources verified, unless there is a specific reason to question the value of the resource.
- 2) Effective July 1, 2012, an applicant for medical assistance may be eligible for up to 3 months prior to the date of application if the person would have been eligible for medical assistance at the time he or she received services if he or she had applied, regardless of whether the person is alive when the application for medical assistance is made. In determining financial eligibility for retroactive months, the Department will consider the amount of income, resources and exemptions available to a person as of the first day of each of the backdated months for which eligibility is sought.
- 3) In determining a person's spenddown obligation (see Section 120.384), the Department considers the amount of nonexempt resources available as of the date of decision, in the case of initial eligibility, and the first day of the month, in the case of retroactive eligibility, that are in excess of the applicable resource disregard (see Section 120.382).
- e) Subject to subsection (c) of this Section and 89 Ill. Adm. Code 113.140, the entire equity value of jointly held resources shall be considered available in determining a person's eligibility for assistance, unless:
- 1) The resource is a joint income tax refund, in which case one-half of the refund is considered owned by each person; or
- 2) The person documents that he or she does not have access to the resource. Appropriate documents may include, but are not limited to, bank documents, signature cards, trust documents, divorce papers, and papers from court proceedings that show the person is legally unable to access the resource; or
- 3) The resource is held jointly with an individual eligible under any means-tested public health benefit program (other than the Supplemental Nutrition Assistance Program) administered by the Department, the Department of Human Services, or the Department on Aging; or

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- 4) The person can document the amount of his or her legal interest in the resource and that such amount is less than the entire value of the resource, then the documented amount shall be considered. Appropriate documentation may include, but is not limited to, bank documents, trust documents, signature cards, divorce papers, or court orders that show the person's legal interest is less than the entire value of the resource; or
- 5) The person documents that the resource or a portion of the resource is not owned by the person and the person's accessibility to the resource is changed (see subsections (e)(2) and (4) ~~of this Section~~ for documentation examples).
- f) In determining the eligibility of a person for long term care services whose spouse resides in the community, all nonexempt resources owned by the institutionalized spouse, the community spouse, or both shall be considered available to the institutionalized spouse in determining his or her eligibility for medical assistance. From the total amount of such resources may be deducted a Community Spouse Resource Allowance as provided under Section 120.379.
- g) Trusts established prior to August 11, 1993 shall be treated in the manner described in Section 120.346.
- h) Trusts established on or after August 11, 1993 shall be treated in the manner described in Section 120.347.
- i) The value of a life estate shall be determined at the time the life estate in the property is established and at the time the property (for example, resources) is liquidated. In determining the value of a life estate and remainder interest based on the value of the property at the time the life estate is established or of the amount received when the property is liquidated, the Department shall apply the values described in ~~Section 120.~~Table A. The life estate and remainder interest are based on the age of the person at the time the life estate in the property is established and at the time the property is liquidated and the corresponding values described in ~~Section 120.~~Table A.
- j) A person's entrance fee in a continuing care retirement community or life care community (as those entities are described in 42 USC 1396r(c)(5)(B)) shall be considered an available resource to the extent that:

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- 1) the person has the ability to use the entrance fee, or the contract provides that the entrance fee may be used to pay for care should other resources or income of the person be insufficient to pay for the care;
 - 2) the person is eligible for a refund of any remaining entrance fee when the person dies or terminates the continuing care retirement community or life care community contract and leaves the community; and
 - 3) the entrance fee does not confer an ownership interest in the continuing care retirement community or life care community.
- k) Non-homestead real property, including homestead property that is no longer exempt (see Section 120.381(a)(1)), is considered an available resource unless:
- 1) the property is exempted as income-producing to the extent permitted under Section 120.381(a)(3), except Section 120.381(a)(3) shall not apply to farmland property and personal property used in the income-producing operations related to the farmland (e.g., equipment and supplies, motor vehicles, tools, etc.) through December 31, 2013;
 - 2) ownership of the property consists of a fractional interest of such a small value that a substantial loss to the person would occur if the property were sold;
 - 3) the property has been listed for sale, in which case the property will not be counted as available for at least six months as long as the person continues to make a good faith effort to sell the property. This effort can be verified by evidence, including advertisements or documentation of the listing of the property with licensed real estate agents or brokers that includes a report of any offer from prospective buyers. The Department will review cases in which the property has not been sold after six months and will consider the following factors in determining if extensions of the initial six months are warranted:
 - A) the asking price is less than the fair market value of the property;
 - B) the property is marketed through a qualified realtor who is acting in good faith;

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- C) there is not a substantial market for the type of property being sold;
and
 - D) the person has not rejected any reasonable offer to buy the
property; or
- 4) the homestead property that is no longer exempt (see Section 120.381(a)(1)) is producing annual net income for the person in an amount that is not less than six percent of the person's equity value in the property. In determining net income, the Department shall recognize business expenses allowed for federal income tax purposes.

(Source: Amended at 38 Ill. Reg. 23595, effective December 2, 2014)

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- 1) Heading of the Part: Covering All Kids Health Insurance Program
- 2) Code Citation: 89 Ill. Adm. Code 123
- 3) Section Number: 123.200 Adopted Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Effective Date of Rule: December 2, 2014
- 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 rule, including any materials incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: July 18, 2014; 38 Ill. Reg. 14656
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: The following changes were made:

Subsection (d)(3) of Section 123.200 was deleted in its entirety that read:

- 3) Upon redetermination of eligibility:
 - A) ~~The child was initially enrolled under subsection (d)(1)(A) or (F); or~~
 - B) ~~Affordable health insurance is not available to the child. For the purpose of this Section, health insurance for the child is affordable when: the cost of the monthly premium for coverage of all children seeking coverage under this Part does not exceed 3% of the family's monthly countable income as determined under Section 123.230.~~

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- Ⓒ) ~~For the purposes of this subsection (d)(2), health insurance shall be considered unavailable to the child if subsection (d)(1)(D), (E) or (G) apply.~~
- Ⓓ) ~~Monthly countable income is at or below 300% of FPL as determined using the MAGI methodology. MAGI methodology will be used to determine eligibility effective April 1, 2014 pursuant to 42 CFR 457.315(b).~~
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? Yes
- 14) Are there any other rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: Pursuant to PA 98-651, this rulemaking makes changes in eligibility as required by federal law.
- 16) Information and questions regarding this adopted rule shall be directed to:

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

217/782-1233

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

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TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 123

COVERING ALL KIDS HEALTH INSURANCE PROGRAM

SUBPART A: GENERAL PROVISIONS

Section

123.100 General Description
123.110 Definitions

SUBPART B: GENERAL ELIGIBILITY AND ENROLLMENT

Section

123.200 Eligibility
123.210 Eligibility Exclusions and Terminations
123.220 Application Process
123.230 Determination of Financial Eligibility Using Modified Adjusted Gross Income (MAGI)
123.240 Eligibility Determination and Enrollment Process
123.250 Appeals
123.260 Annual Renewals
123.270 Adding Children to the Program and Changes in Participation
123.280 Insurance Information Exchange

SUBPART C: ALL KIDS PREMIUM LEVEL 2-8 HEALTH PLAN

Section

123.300 Covered Services
123.310 Service Exclusions
123.320 Co-payments and Cost Sharing
123.330 Premium Requirements
123.340 Non-payment of Premium
123.350 Provider Reimbursement

AUTHORITY: The Covering ALL KIDS Health Insurance Program Act [215 ILCS 170] and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13].

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SOURCE: Adopted by emergency rulemaking at 30 Ill. Reg. 10134, effective May 17, 2006, for a maximum of 150 days; adopted at 30 Ill. Reg. 16971, effective October 13, 2006; amended at 36 Ill. Reg. 1062, effective January 14, 2012; amended at 36 Ill. Reg. 12316, effective July 19, 2012; emergency amendment at 37 Ill. Reg. 15993, effective October 1, 2013, for a maximum of 150 days; amended at 38 Ill. Reg. 5989, effective February 26, 2014; emergency amendment at 38 Ill. Reg. 15666, effective July 7, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 23616, effective December 2, 2014.

SUBPART B: GENERAL ELIGIBILITY AND ENROLLMENT

Section 123.200 Eligibility

A child may be eligible under the program provided that all of the following eligibility criteria are met:

- a) A child is not eligible for medical assistance under the Public Aid Code or benefits under the Children's Health Insurance Program Act;
- b) A child is under 19 years of age;
- c) A child is a resident of the State of Illinois; and
- d) The child meets the following conditions:
 - 1) Effective October 1, 2013 through June 30, 2014, Upon initial determination of eligibility the child is a member of a family whose countable income is at or below 300% of the Federal Poverty Level, as determined using MAGI methodology, except as provided in Section 123.270(a); and
 - A) The child has been without health insurance for at least 12 months prior to the date of application; ~~or~~
 - B) The child lost employer-sponsored health insurance when the child's parent's job ended; ~~or~~
 - C) The child has no health insurance and is less than one year old in the month of application for All Kids; ~~or~~

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- D) The child has exhausted the life-time benefit limit of his or her health insurance;~~or~~
 - E) The child's health insurance is purchased under the provisions of Consolidated Omnibus Budget Reconciliation Act (COBRA);~~or~~
 - F) The child was disenrolled for medical assistance under the Public Aid Code or benefits, including rebates, under the Children's Health Insurance Program Act within one year prior to applying under this Part; or
 - G) The child has health insurance provided by the child's noncustodial parent and the child's custodian is unable to access those health insurance benefits for the child.
- 2) Effective July 1, 2014, the child is a member of a family whose countable income, as determined using MAGI methodology, is at or below 300% of the Federal Poverty Level, except as provided in Section 123.270(a); and, in accordance with 42 CFR 457.805 (78 FR 42313, July 15, 2013) or any other federal requirement necessary to obtain federal financial participation for expenditures made under the Children's Health Insurance Program Act [215 ILCS 106], at least one of the following applies:
- A) The child was disenrolled from coverage under a group health plan at least 90 days prior to the first date of coverage under this Part;
 - B) The child is a newborn under age 1 whose responsible relative does not have affordable private or employer-sponsored insurance;
 - C) The child was disenrolled for medical assistance under the Public Aid Code or benefits, including rebates, under the Children's Health Insurance Program Act within one year prior to applying under this Part;
 - D) The premium paid by the family for coverage of the child under the group health plan exceeded 5 percent of household income;

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- E) The child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a Qualified Health Plan through the Federally Facilitated Marketplace (Exchange) because the employer-sponsored insurance in which the family was enrolled is determined unaffordable in accordance with 26 CFR 1.36B-2(c)(3)(v);
 - F) The cost of family coverage that includes the child exceeds 9.5 percent of the household income;
 - G) The employer who had been sponsoring the coverage in which the child was enrolled stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan;
 - H) A change in employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance (other than through full payment of the premium by the parent under COBRA);
 - D) The child has special health care needs; or
 - J) The child lost coverage due to the death or divorce of a parent.
- 2) ~~Upon redetermination of eligibility:~~
- A) ~~The child was initially enrolled under subsection (d)(1)(A) or (F); or~~
 - B) ~~Affordable health insurance is not available to the child. For the purpose of this Section, health insurance for the child is affordable when: the cost of the monthly premium for coverage of all children seeking coverage under this Part does not exceed 3% of the family's monthly countable income as determined under Section 123.230.~~
 - C) ~~For the purposes of this subsection (d)(2), health insurance shall be considered unavailable to the child if subsection (d)(1)(D), (E) or (G) apply.~~

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENT

- D) ~~Monthly countable income is at or below 300% of FPL as determined using the MAGI methodology. MAGI methodology will be used to determine eligibility effective April 1, 2014 pursuant to 42 CFR 457.315(b).~~

(Source: Amended at 38 Ill. Reg. 23616, effective December 2, 2014)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

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

<u>Section Numbers:</u>	<u>Adopted Action:</u>
140.6	Amendment
140.20	Amendment
140.25	Amendment
140.80	Amendment
140.82	Amendment
140.84	Amendment
140.86	New Section
140.420	Amendment
140.421	Amendment
140.425	Amendment
140.442	Amendment
140.457	Amendment
140.458	Amendment
140.464	Amendment
140.472	Amendment
140.485	Amendment
140.488	Amendment
140.513	Amendment
140.Table D	Amendment
140.Table F	New Section
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Effective Date of Rule: December 2, 2014
- 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 materials incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: July 18, 2014, 38 Ill. Reg. 14658; August 1, 2014, 38 Ill. Reg. 16096; August 29, 2014, 38 Ill. Reg. 18022

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: The following changes have been made:

In subsection 140.20(c)(6)(B) of Section 140.20, changed "following the effective date of this amendatory rulemaking" to "beginning November 15, 2014".

In subsection 140.20(c)(7) of Section 140.20, after "submitted" added "as provided in Section 140.513."; deleted "within 30 days after an admission to the facility through the Medical Electronic Data Interchange (MEDI) or the Recipient Eligibility Verification (REV) system. A Transaction Audit Number (TAN) is," and reinstated "Confirmation numbers"

In subsection 140.20(c)(7) of Section 140.20, deleted "all" and changed "claims for" to the following: "the Department will generate a monthly billing statement (remittance advice) for the services rendered to the admitted Medicaid eligible resident from date of admission through date of discharge. Any disputes regarding payment for services provided from the date of admission through date of completion of the admission transaction must be submitted to the Department for Payment Review Request (HFS Form 3725) no later than 180 days after the date of completion of the admission transaction. For any disputes regarding payment for services rendered after the date of completion of the admission transaction, the Payment Review Request must be submitted to the Department within 180 days after:

- A) the date of the remittance advice that initially shows the adjudication for the date or dates of service that are disputed;
- B) the date of remittance advice that rejects a previously adjudicated claim, if rejection is the basis for the disputed payment; or
- C) the date of the remittance advice that adjusts a previously adjudicated claim, if the adjustment is the basis for the disputed payment."

In subsection 140.420(d) of Section 140.420, deleted "Dental Office Reference Manual (DORM, July 1, 2014) available at the Department's website at <http://www2.illinois.gov/hfs/MedicalProvider/MedicaidReimbursement/Pages/Dental.aspx> which are:" and added "that are".

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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In subsection 140.420(d)(2) of Section 140.420, reinstated the stricken text; "included in the Department's Schedule of Dental Procedures (see Table D)".

In Section 140.421, reinstated and amended the list of dental services requiring prior approval.

In subsection 140.425(b) of Section 140.425, after "Diseases" added ", 9th Revision" and deleted "The allowable diagnosis code ranges will be reflected in the Handbook for Providers of Podiatric Services".

In subsection 140.425(c)(1)(B) of Section 140.425, after "feet" added "and ankles".

In subsection 140.425(c)(1)(C) of Section 140.425, after "Association" added "or Healthcare Common Procedure Coding System (HCPCS) Level II"; after "services" added "as itemized in Table F".

In subsection 140.425(c)(2)(A) of Section 140.425, after "feet" added "and ankles".

In subsection 140.425(c)(2)(B) of Section 140.425, after "CPT" added "or HCPCS Level II"; after "services" added "as itemized in Table F".

In subsection 140.425(c)(2)(D) of Section 140.425, after "mellitus" added "or has a systemic condition that has resulted in severe circulatory impairment or an area of desensitization in the legs or feet and routine type foot care is required".

In subsection 140.425(d)(4) of Section 140.425, deleted "subsection" and added "subsections" and after "(E)" added "and (c)(2)(D)".

In subsection 140.485(a)(1)(C) of Section 140.485, after "Guidelines" added "for Health Supervision of Infants, Children and Adolescents, Third Edition (2008), American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village IL 60007, <http://brightfutures.aap.org>".

In subsection 140.485(d)(3)(A) of Section 140.485, changed "specified in the Dental Office" to a period and deleted "at the appropriated intervals specified in the Dental Office Reference Manual (DORM) (July 1, 2014), available at the Department's website at <http://www2.illinois.gov/hfs/MedicalProvider/MedicaidReimbursement/Pages/Dental.aspx>."

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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In subsection 140.488(d)(1) of Section 140.488, deleted "located in the Dental Office Reference Manual" and "(DORM, July 1, 2014)"; after "aspx" added a period.

Section 140.Table D was reinstated and updated instead of being repealed.

Added new 140.Table F: (Podiatry Service Schedule)

- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rule currently in effect? Yes
- 14) Are there any other rulemakings pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
140.413	Amendment	38 Ill. Reg. 16468; August 8, 2014
140.462	Amendment	38 Ill. Reg. 16468; August 8, 2014
140.418	Amendment	38 Ill. Reg. 17533; August 22, 2014
140.497	Amendment	38 Ill. Reg. 18308; September 5, 2014
140.462	Amendment	38 Ill. Reg. 19054; September 26, 2014

- 15) Summary and Purpose of Rulemaking: This rulemaking implements PA 98-651 and implements procedures related to services provided under the Illinois Medical Assistance program. Included in this rulemaking are the following: changes to the hospital assessment payments, imposition of an assessment upon providers of long-term care facilities serving persons under 22 years of age with clinically complex residents, and the creation of supportive living facility funding. Effective for dates of service on or after July 1, 2014 dental services for adults shall no longer be limited to emergencies. Effective for dates of service on or after October 1, 2014: podiatry services are no longer limited to adults with diabetes; there is no longer a maximum of 20 visits for speech, hearing, and language therapy services, physical therapy services, and occupational therapy services and all such services shall require prior approval. Further, this rulemaking, effective July 1, 2014, exempts antipsychotics and certain children with complex medical needs from the prior approval four prescription limit policy.
- 16) Information and questions regarding this adopted rule shall be directed to:

Jeanette Badrov

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

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

217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER d: MEDICAL PROGRAMSPART 140
MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section

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

SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

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

SUBPART C: PROVIDER ASSESSMENTS

- Section
- 140.80 Hospital Provider Fund
- 140.82 Developmentally Disabled Care Provider Fund
- 140.84 Long Term Care Provider Fund
- [140.86 Supportive Living Facility Funds](#)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

- 140.94 Medicaid Developmentally Disabled Provider Participation Fee Trust Fund/Medicaid Long Term Care Provider Participation Fee Trust Fund
- 140.95 Hospital Services Trust Fund
- 140.96 General Requirements (Recodified)
- 140.97 Special Requirements (Recodified)
- 140.98 Covered Hospital Services (Recodified)
- 140.99 Hospital Services Not Covered (Recodified)
- 140.100 Limitation On Hospital Services (Recodified)
- 140.101 Transplants (Recodified)
- 140.102 Heart Transplants (Recodified)
- 140.103 Liver Transplants (Recodified)
- 140.104 Bone Marrow Transplants (Recodified)
- 140.110 Disproportionate Share Hospital Adjustments (Recodified)
- 140.116 Payment for Inpatient Services for GA (Recodified)
- 140.117 Hospital Outpatient and Clinic Services (Recodified)
- 140.200 Payment for Hospital Services During Fiscal Year 1982 (Recodified)
- 140.201 Payment for Hospital Services After June 30, 1982 (Repealed)
- 140.202 Payment for Hospital Services During Fiscal Year 1983 (Recodified)
- 140.203 Limits on Length of Stay by Diagnosis (Recodified)
- 140.300 Payment for Pre-operative Days and Services Which Can Be Performed in an Outpatient Setting (Recodified)
- 140.350 Copayments (Recodified)
- 140.360 Payment Methodology (Recodified)
- 140.361 Non-Participating Hospitals (Recodified)
- 140.362 Pre July 1, 1989 Services (Recodified)
- 140.363 Post June 30, 1989 Services (Recodified)
- 140.364 Prepayment Review (Recodified)
- 140.365 Base Year Costs (Recodified)
- 140.366 Restructuring Adjustment (Recodified)
- 140.367 Inflation Adjustment (Recodified)
- 140.368 Volume Adjustment (Repealed)
- 140.369 Groupings (Recodified)
- 140.370 Rate Calculation (Recodified)
- 140.371 Payment (Recodified)
- 140.372 Review Procedure (Recodified)
- 140.373 Utilization (Repealed)
- 140.374 Alternatives (Recodified)
- 140.375 Exemptions (Recodified)
- 140.376 Utilization, Case-Mix and Discretionary Funds (Repealed)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

- 140.390 Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.391 Definitions (Recodified)
- 140.392 Types of Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.394 Payment for Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.396 Rate Appeals for Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.398 Hearings (Recodified)

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

140.436	Limitations on Advanced Practice Nurse Services
140.438	Diagnostic Imaging Services
140.440	Pharmacy Services
140.441	Pharmacy Services Not Covered
140.442	Prior Approval of Prescriptions
140.443	Filling of Prescriptions
140.444	Compounded Prescriptions
140.445	Legend Prescription Items (Not Compounded)
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140.448	Returned Pharmacy Items
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140.455	Payment for Mental Health Services
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140.461	Clinic Participation, Data and Certification Requirements
140.462	Covered Services in Clinics
140.463	Clinic Service Payment
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140.465	Speech and Hearing Clinics (Repealed)
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140.467	Independent Clinics
140.469	Hospice
140.470	Eligible Home Health Care, Nursing and Public Health Providers
140.471	Description of Home Health Care Services
140.472	Types of Home Health Care Services
140.473	Prior Approval for Home Health Care Services
140.474	Payment for Home Health Care Services
140.475	Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices
140.476	Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices for Which Payment Will Not Be Made

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

140.477	Limitations on Equipment, Prosthetic Devices and Orthotic Devices
140.478	Prior Approval for Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices
140.479	Limitations, Medical Supplies
140.480	Equipment Rental Limitations
140.481	Payment for Medical Equipment, Supplies, Prosthetic Devices and Hearing Aids
140.482	Family Planning Services
140.483	Limitations on Family Planning Services
140.484	Payment for Family Planning Services
140.485	Healthy Kids Program
140.486	Illinois Healthy Women
140.487	Healthy Kids Program Timeliness Standards
140.488	Periodicity Schedules, Immunizations and Diagnostic Laboratory Procedures
140.490	Medical Transportation
140.491	Limitations on Medical Transportation
140.492	Payment for Medical Transportation
140.493	Payment for Helicopter Transportation
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140.495	Psychological Services
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140.503	Cessation of Payment for Improper Level of Care
140.504	Cessation of Payment Because of Termination of Facility
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140.506	Provider Voluntary Withdrawal
140.507	Continuation of Provider Agreement
140.510	Determination of Need for Group Care
140.511	Long Term Care Services Covered By Department Payment
140.512	Utilization Control
140.513	Notification of Change in Resident Status
140.514	Certifications and Recertifications of Care (Repealed)
140.515	Management of Recipient Funds – Personal Allowance Funds

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

140.516	Recipient Management of Funds
140.517	Correspondent Management of Funds
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140.520	Management of Recipient Funds – Local Office Responsibility
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140.524	Cessation of Payment Due to Loss of License
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140.526	County Contribution to Medicaid Reimbursement (Repealed)
140.527	Quality Incentive Survey (Repealed)
140.528	Payment of Quality Incentive (Repealed)
140.529	Reviews (Repealed)
140.530	Basis of Payment for Long Term Care Services
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140.553	General Administrative Costs Updates
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140.555	Minimum Wage

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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- 140.560 Components of the Base Rate Determination
- 140.561 Support Costs Components
- 140.562 Nursing Costs
- 140.563 Capital Costs
- 140.565 Kosher Kitchen Reimbursement
- 140.566 Out-of-State Placement
- 140.567 Level II Incentive Payments (Repealed)
- 140.568 Duration of Incentive Payments (Repealed)
- 140.569 Clients With Exceptional Care Needs
- 140.570 Capital Rate Component Determination
- 140.571 Capital Rate Calculation
- 140.572 Total Capital Rate
- 140.573 Other Capital Provisions
- 140.574 Capital Rates for Rented Facilities
- 140.575 Newly Constructed Facilities (Repealed)
- 140.576 Renovations (Repealed)
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- 140.578 Property Taxes
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- 140.580 Mandated Capital Improvements (Repealed)
- 140.581 Qualifying as Mandated Capital Improvement (Repealed)
- 140.582 Cost Adjustments
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- 140.584 Illinois Municipal Retirement Fund (IMRF)
- 140.590 Audit and Record Requirements
- 140.642 Screening Assessment for Nursing Facility and Alternative Residential Settings and Services
- 140.643 In-Home Care Program
- 140.645 Home and Community Based Services Waivers for Medically Fragile, Technology Dependent, Disabled Persons Under Age 21 (Repealed)
- 140.646 Reimbursement for Developmental Training (DT) Services for Individuals With Developmental Disabilities Who Reside in Long Term Care (ICF and SNF) and Residential (ICF/MR) Facilities
- 140.647 Description of Developmental Training (DT) Services
- 140.648 Determination of the Amount of Reimbursement for Developmental Training (DT) Programs
- 140.649 Effective Dates of Reimbursement for Developmental Training (DT) Programs
- 140.650 Certification of Developmental Training (DT) Programs
- 140.651 Decertification of Day Programs

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

140.652	Terms of Assurances and Contracts
140.680	Effective Date Of Payment Rate
140.700	Discharge of Long Term Care Residents
140.830	Appeals of Rate Determinations
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SUBPART F: FEDERAL CLAIMING FOR STATE AND
LOCAL GOVERNMENTAL ENTITIES

Section

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

SUBPART G: MATERNAL AND CHILD HEALTH PROGRAM

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

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140.924	Maternal and Child Health Provider Participation Requirements
140.926	Client Eligibility (Repealed)
140.928	Client Enrollment and Program Components (Repealed)
140.930	Reimbursement
140.932	Payment Authorization for Referrals (Repealed)

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

Section	
140.940	Illinois Competitive Access and Reimbursement Equity (ICARE) Program (Recodified)
140.942	Definition of Terms (Recodified)
140.944	Notification of Negotiations (Recodified)
140.946	Hospital Participation in ICARE Program Negotiations (Recodified)
140.948	Negotiation Procedures (Recodified)
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140.952	Closing an ICARE Area (Recodified)
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140.956	Payments to Contracting Hospitals (Recodified)
140.958	Admitting and Clinical Privileges (Recodified)
140.960	Inpatient Hospital Care or Services by Non-Contracting Hospitals Eligible for Payment (Recodified)
140.962	Payment to Hospitals for Inpatient Services or Care not Provided under the ICARE Program (Recodified)
140.964	Contract Monitoring (Recodified)
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140.972	Hospital Services Procurement Advisory Board (Recodified)
140.980	Elimination Of Aid To The Medically Indigent (AMI) Program (Emergency Expired)
140.982	Elimination Of Hospital Services For Persons Age Eighteen (18) And Older And Persons Married And Living With Spouse, Regardless Of Age (Emergency Expired)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

SUBPART I: PRIMARY CARE CASE MANAGEMENT PROGRAM

Section

140.990	Primary Care Case Management Program
140.991	Primary Care Provider Participation Requirements
140.992	Populations Eligible to Participate in the Primary Care Case Management Program
140.993	Care Management Fees
140.994	Panel Size and Affiliated Providers
140.995	Mandatory Enrollment
140.996	Access to Health Care Services
140.997	Payment for Services

SUBPART J: ALTERNATE PAYEE PARTICIPATION

Section

140.1001	Registration Conditions for Alternate Payees
140.1002	Participation Requirements for Alternate Payees
140.1003	Recovery of Money for Alternate Payees
140.1004	Conditional Registration for Alternate Payees
140.1005	Revocation of an Alternate Payee

SUBPART K: MANDATORY MCO ENROLLMENT

140.1010	Mandatory Enrollment in MCOs
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SUBPART L: UNAUTHORIZED USE OF MEDICAL ASSISTANCE

Section

140.1300	Definitions
140.1310	Recovery of Money
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AUTHORITY: Implementing and authorized by Articles III, IV, V and VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V and VI and 12-13].

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective

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December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table

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B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366,

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effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; Notice of Corrections to Adopted Amendment at 15 Ill. Reg. 1174; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill.

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Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment suspended at 17 Ill. Reg. 18902, effective October 12, 1993; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended at 18 Ill. Reg. 17286, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. Reg. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at

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22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days; emergency expired April 29, 1999; amended at 23 Ill. Reg. 5796, effective April 30, 1999; amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9874, effective August 3, 1999; amended at 23 Ill. Reg. 12697, effective October 1, 1999; amended at 23 Ill. Reg. 13646, effective November 1, 1999; amended at 23 Ill. Reg. 14567, effective December 1, 1999; amended at 24 Ill. Reg. 661, effective January 3, 2000; amended at 24 Ill. Reg. 10277, effective July 1, 2000; emergency amendment at 24 Ill. Reg. 10436, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15086, effective October 1, 2000; amended at 24 Ill. Reg. 18320, effective December 1, 2000; emergency amendment at 24 Ill. Reg. 19344, effective December 15, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 3897, effective March 1, 2001; amended at 25 Ill. Reg. 6665, effective May 11, 2001; amended at 25 Ill. Reg. 8793, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 8850, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 11880, effective September 1, 2001; amended at 25 Ill. Reg. 12820, effective October 8, 2001; amended at 25 Ill. Reg. 14957, effective November 1, 2001; emergency amendment at 25 Ill. Reg. 16127, effective November 28, 2001, for a maximum of 150 days; emergency amendment at 25 Ill. Reg. 16292, effective December 3, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 514, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 663, effective January 7, 2002; amended at 26 Ill. Reg. 4781, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 5984, effective April 15, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 7285, effective April 29, 2002; emergency amendment at 26 Ill. Reg. 8594, effective June 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11259, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 12461, effective July 29, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16593, effective October 22, 2002; emergency amendment at 26 Ill. Reg. 12772, effective August 12, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13641, effective September 3, 2002; amended at 26 Ill. Reg. 14789, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 15076, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16303, effective October 25, 2002; amended at 26 Ill. Reg. 17751, effective November 27, 2002; amended at 27 Ill. Reg. 768, effective January 3, 2003; amended at 27 Ill. Reg. 3041, effective February 10, 2003; amended at 27 Ill. Reg. 4364, effective February 24, 2003; amended at 27 Ill. Reg. 7823, effective May 1, 2003; amended at 27 Ill. Reg. 9157, effective June 2, 2003; emergency amendment at 27 Ill. Reg. 10813, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 13784, effective August 1, 2003; amended at 27 Ill. Reg. 14799, effective September 5, 2003; emergency amendment at 27 Ill. Reg. 15584, effective September 20, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16161, effective

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October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18629, effective November 26, 2003; amended at 28 Ill. Reg. 2744, effective February 1, 2004; amended at 28 Ill. Reg. 4958, effective March 3, 2004; emergency amendment at 28 Ill. Reg. 6622, effective April 19, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7081, effective May 3, 2004; emergency amendment at 28 Ill. Reg. 8108, effective June 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 9640, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10135, effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 11161, effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12198, effective August 11, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13775, effective October 1, 2004; amended at 28 Ill. Reg. 14804, effective October 27, 2004; amended at 28 Ill. Reg. 15513, effective November 24, 2004; amended at 29 Ill. Reg. 831, effective January 1, 2005; amended at 29 Ill. Reg. 6945, effective May 1, 2005; emergency amendment at 29 Ill. Reg. 8509, effective June 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12534, effective August 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 14957, effective September 30, 2005; emergency amendment at 29 Ill. Reg. 15064, effective October 1, 2005, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 29 Ill. Reg. 15985, effective October 5, 2005, for the remainder of the 150 days; emergency amendment at 29 Ill. Reg. 15610, effective October 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 16515, effective October 5, 2005, for a maximum of 150 days; amended at 30 Ill. Reg. 349, effective December 28, 2005; emergency amendment at 30 Ill. Reg. 573, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 796, effective January 1, 2006; amended at 30 Ill. Reg. 2802, effective February 24, 2006; amended at 30 Ill. Reg. 10370, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 12376, effective July 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 13909, effective August 2, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 14280, effective August 18, 2006; expedited correction at 31 Ill. Reg. 1745, effective August 18, 2006; emergency amendment at 30 Ill. Reg. 17970, effective November 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18648, effective November 27, 2006; emergency amendment at 30 Ill. Reg. 19400, effective December 1, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 388, effective December 29, 2006; emergency amendment at 31 Ill. Reg. 1580, effective January 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 2413, effective January 19, 2007; amended at 31 Ill. Reg. 5561, effective March 30, 2007; amended at 31 Ill. Reg. 6930, effective April 29, 2007; amended at 31 Ill. Reg. 8485, effective May 30, 2007; emergency amendment at 31 Ill. Reg. 10115, effective June 30, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 14749, effective October 22, 2007; emergency amendment at 32 Ill. Reg. 383, effective January 1, 2008, for a maximum of 150 days; peremptory amendment at 32 Ill. Reg. 6743, effective April 1, 2008; peremptory amendment suspended at 32 Ill. Reg. 8449, effective May 21, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at 32 Ill. Reg. 18323, effective November 12, 2008; peremptory amendment repealed by emergency

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rulemaking at 32 Ill. Reg. 18422, effective November 12, 2008, for a maximum of 150 days; emergency expired April 10, 2009; preemptory amendment repealed at 33 Ill. Reg. 6667, effective April 29, 2009; amended at 32 Ill. Reg. 7727, effective May 5, 2008; emergency amendment at 32 Ill. Reg. 10480, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27, 2008; amended at 32 Ill. Reg. 17133, effective October 15, 2008; amended at 33 Ill. Reg. 209, effective December 29, 2008; amended at 33 Ill. Reg. 9048, effective June 15, 2009; emergency amendment at 33 Ill. Reg. 10800, effective June 30, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 11287, effective July 14, 2009; amended at 33 Ill. Reg. 11938, effective August 17, 2009; amended at 33 Ill. Reg. 12227, effective October 1, 2009; emergency amendment at 33 Ill. Reg. 14324, effective October 1, 2009, for a maximum of 150 days; emergency expired February 27, 2010; amended at 33 Ill. Reg. 16573, effective November 16, 2009; amended at 34 Ill. Reg. 516, effective January 1, 2010; amended at 34 Ill. Reg. 903, effective January 29, 2010; amended at 34 Ill. Reg. 3761, effective March 14, 2010; amended at 34 Ill. Reg. 5215, effective March 25, 2010; amended at 34 Ill. Reg. 19517, effective December 6, 2010; amended at 35 Ill. Reg. 394, effective December 27, 2010; amended at 35 Ill. Reg. 7648, effective May 1, 2011; amended at 35 Ill. Reg. 7962, effective May 1, 2011; amended at 35 Ill. Reg. 10000, effective June 15, 2011; amended at 35 Ill. Reg. 12909, effective July 25, 2011; amended at 36 Ill. Reg. 2271, effective February 1, 2012; amended at 36 Ill. Reg. 7010, effective April 27, 2012; amended at 36 Ill. Reg. 7545, effective May 7, 2012; amended at 36 Ill. Reg. 9113, effective June 11, 2012; emergency amendment at 36 Ill. Reg. 11329, effective July 1, 2012 through June 30, 2013; emergency amendment to Section 140.442(e)(4) suspended at 36 Ill. Reg. 13736, effective August 15, 2012; suspension withdrawn from Section 140.442(e)(4) at 36 Ill. Reg. 14529, September 11, 2012; emergency amendment in response to Joint Committee on Administrative Rules action on Section 140.442(e)(4) at 36 Ill. Reg. 14820, effective September 21, 2012 through June 30, 2013; emergency amendment to Section 140.491 suspended at 36 Ill. Reg. 13738, effective August 15, 2012; suspension withdrawn by the Joint Committee on Administrative Rules from Section 140.491 at 37 Ill. Reg. 890, January 8, 2013; emergency amendment in response to Joint Committee on Administrative Rules action on Section 140.491 at 37 Ill. Reg. 1330, effective January 15, 2013 through June 30, 2013; amended at 36 Ill. Reg. 15361, effective October 15, 2012; emergency amendment at 37 Ill. Reg. 253, effective January 1, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 846, effective January 9, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 1774, effective January 28, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 2348, effective February 1, 2013 through June 30, 2013; amended at 37 Ill. Reg. 3831, effective March 13, 2013; emergency amendment at 37 Ill. Reg. 5058, effective April 1, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 5170, effective April 8, 2013 through June 30, 2013; amended at 37 Ill. Reg. 6196, effective April 29, 2013; amended at 37 Ill. Reg. 7985, effective May 29, 2013; amended at 37 Ill. Reg. 10282, effective June 27, 2013; amended at 37 Ill. Reg. 12855, effective July 24, 2013; emergency amendment at 37 Ill. Reg. 14196, effective August

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20, 2013, for a maximum of 150 days; amended at 37 Ill. Reg. 17584, effective October 23, 2013; amended at 37 Ill. Reg. 18275, effective November 4, 2013; amended at 37 Ill. Reg. 20339, effective December 9, 2013; amended at 38 Ill. Reg. 859, effective December 23, 2013; emergency amendment at 38 Ill. Reg. 1174, effective January 1, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 4330, effective January 29, 2014; amended at 38 Ill. Reg. 7156, effective March 13, 2014; amended at 38 Ill. Reg. 12141, effective May 30, 2014; amended at 38 Ill. Reg. 15081, effective July 2, 2014; emergency amendment at 38 Ill. Reg. 15673, effective July 7, 2014, for a maximum of 150 days; emergency amendment at 38 Ill. Reg. 18216, effective August 18, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 18462, effective August 19, 2014; amended at 38 Ill. Reg. 23623, effective December 2, 2014.

SUBPART A: GENERAL PROVISIONS

Section 140.6 Medical Services Not Covered

The following services are not covered under the Department's medical assistance programs:

- a) Services available without charge;
- b) Services prohibited by State or Federal law;
- c) Experimental procedures;
- d) Research oriented procedures;
- e) Medical examinations required for entrance into educational or vocational programs;
- f) Autopsy examinations;
- g) Artificial insemination;
- h) Abortion, except under the conditions stated in Section 140.413(a)(1);
- i) Medical or surgical procedures performed for cosmetic purposes;
- j) Medical or surgical transsexual treatment, [for dates of service prior to April 1, 2015](#);

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- k) Diagnostic and/or therapeutic procedures related to primary infertility/sterility;
- l) Acupuncture;
- m) Subsequent treatment for venereal disease, when such services are available through State and/or local health agencies;
- n) Medical care provided by mail or telephone;
- o) Unkept appointments;
- p) Non-medically necessary items and services provided for the convenience of recipients and/or their families;
- q) Preparation of routine records, forms and reports;
- r) Visits with persons other than a recipient, such as family members or group care facility staff.

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section 140.20 Submittal of Claims

- a) When claims for payment are submitted to the Department, providers shall:
 - 1) Use Department designated billing forms or electronic format for submittal of charges; and
 - 2) Certify that:
 - A) They have personally rendered the services and provided the items for which charges are being made;
 - B) Payment has not been received, or that only partial payment has been received;
 - C) The charge made for each item constitutes the complete charge;

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- D) They have not, and will not, accept additional payment for any item from any person or persons; and
 - E) They will not make additional charges to, nor accept additional payment from, any persons if the charges they present are reduced by the Department to conform to Department standards.
- b) Statement of Certification
- 1) All billing statements shall contain a certification statement that must remain unaltered, and must be legibly signed and dated in ink by the provider, his or her designated alternate payee, or his or her authorized representative. A rubber stamp or facsimile signature is not acceptable.
 - 2) An "authorized representative" may only be a trusted employee over whom the provider has direct supervision on a daily basis and who is personally responsible on a daily basis to the provider. The representative must be specifically designated and must sign the provider's name and his or her own initials on each certification statement.
 - 3) An alternate payee must be specifically designated by the provider and must sign the provider's name and alternate payee's authorized representative's initials on each certification statement.
- c) Effective July 1, 2012, to be eligible for payment consideration, a provider's vendor-payment claim or bill, either as an initial or resubmitted claim following prior rejection, that can be processed without obtaining additional information from the provider of the service or from a third party, must be received by the Department, or its fiscal intermediary, no later than 180 days after the date on which medical goods or services were provided, with the following exceptions:
- 1) The Department must receive a claim after disposition by Medicare or its fiscal intermediary no later than 24 months after the date on which medical goods or services were provided.
 - 2) In the case of a provider whose enrollment is in process by the Department, the 180-day period shall not begin until the date on the written notice from the Department that the provider enrollment is

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complete.

- 3) In the case of errors attributable to the Department or any of its claims processing intermediaries that result in an inability to receive, process or adjudicate a claim, the 180-day period shall not begin until the provider has been notified of the error.
- 4) In the case of a provider for whom the Department initiates the monthly billing process.
- 5) For claims for rendered during a period for which a recipient received retroactive eligibility, claims must be filed within 180 days after the Department determines the applicant is eligible.
- 6) For claims for which the Department is not the primary payer, claims must be submitted to the Department within 180 days after the final adjudication by the primary payer.
 - A) For purpose of this subsection (c)(6), a primary payer is a payer that can reasonably be expected to make payments within 120 days after the date of service; for example, other medical insurance or a group health plan, when the patient is the insured party. Primary payer does not include payers who are not reasonably expected to pay within 120 days; for example, liability insurance and workers' compensation, when the patient is not the insured party.
 - B) During the 180 day period beginning November 15, 2014, providers may submit claims and request a time override from the Department for claims with dates of service on and after July 1, 2012 not filed because of the provider's belief that it could file after final adjudication by an insurer when the patient was not the insured party. A provider asking for such a time override shall also provide a copy of the request for time override to the Department's Bureau of Collections, with a written notification to the Bureau indicating the names and addresses of other parties, insurers or attorneys involved in attempting to recover, defend or settle possible damages to the patient that resulted in the services provided. Failure to provide the required information to the Bureau shall result in a denial of the request for time override.

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- 7) In the case of long term care facilities, admission documents shall be submitted as provided in Section 140.513. within 30 days after an admission to the facility through the Medical Electronic Data Interchange (MEDI) or the Recipient Eligibility Verification (REV) System, or shall be submitted directly to the Department of Human Services using required admission forms. Confirmation numbers assigned to an accepted transaction shall be retained by a facility to verify timely submittal. Once an admission transaction has been completed, ~~all~~ the Department will generate a monthly billing statement (remittance advice) for the services rendered to the admitted Medicaid eligible resident from date of admission through date of discharge. Any disputes regarding payment for services provided from the date of admission through date of completion of the admission transaction must be submitted to the Department for Payment Review Request (HFS Form 3725) no later than 180 days after the date of completion of the admission transaction. For any disputes regarding payment for services rendered after the date of completion of the admission transaction, the Payment Review Request must be submitted to the Department within 180 days after:
- A) date of the remittance advice that initially shows the adjudication for the date or dates of service that are disputed;
 - B) the date of the remittance advice that rejects a previously adjudicated claim, if rejection is the basis for the disputed payment; or
 - C) the date of the remittance advice that adjusts a previously adjudicated claim, if the adjustment is the basis for the disputed payment. resubmitted claims following prior rejection are subject to receipt no later than 180 days after the admission transaction has been completed.
- 8) For hospital inpatient claims, the 180 days is measured from the date of discharge.
- 9) Per Public Act 98-104, in the case of a provider operated by a unit of local government with a population exceeding 3,000,000, when local government funds finance federal participation for claims payment, a

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claim must be received by the Department or its fiscal intermediary no later than one year after the date on which medical goods or services were provided.

- d) Claims that are not submitted and received in compliance with the foregoing requirements will not be eligible for payment under the Department's Medical Assistance Program, and the State shall have no liability for payment of the claim.

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

Section 140.25 Overpayment or Underpayment of Claims

- a) When the Department, the provider, or the designated alternate payee has determined that an overpayment has been made, the provider or the alternate payee shall reimburse the Department for the overpayment. The Department shall recover overpayments made to or on behalf of a provider that result from improper billing practices. Recovery~~Such recovery~~ may occur by setoff, crediting against future billings or requiring direct repayment to the Department.
- b) When a provider believes it has received an underpayment for services, it may request Department review. The request must be received by the Department within 12 months after the date payment was authorized. If the review reveals an underpayment was made, the Department shall pay the additional amount due. If the review reveals an overpayment was made, the provider, or the designated alternate payee, shall refund the amount of the overpayment.
- c) When a provider operated by a unit of local government with a population exceeding 3,000,000, when local government funds finance federal participation for claims payment, believes it has received an underpayment for services, it may submit an adjustment to void and re-bill the claim. The request must be received within one year after the date payment was authorized.
- d) For underpayments, the Department will not adjust claims received beyond the applicable timeframes identified in subsections (b) and (c). 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.

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

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SUBPART C: PROVIDER ASSESSMENTS

Section 140.80 Hospital Provider Fund

- a) Purpose and Contents
 - 1) The Hospital Provider Fund (Fund) was created in the State Treasury on February 3, 2004 (see 305 ILCS 5/5A-8). Interest earned by the Fund shall be credited to the Fund. The Fund shall not be used to replace any funds appropriated to the Medicaid program by the General Assembly.
 - 2) The Fund is created for the purpose of receiving and disbursing monies in accordance with this Section and Article 5A of the Code.
 - 3) The Fund shall consist of:
 - A) All monies collected or received by the Department under subsection (b);
 - B) All federal matching funds received by the Department as a result of expenditures made by the Department that are attributable to monies deposited in the Fund;
 - C) Any interest or penalty levied in conjunction with the administration of the Fund;
 - D) Monies transferred from another fund in the State treasury;
 - E) All other monies received for the Fund from any other source, including interest earned on those monies.
- b) Provider Assessments
 - 1) Subject to Sections 5A-3, 5A-10 and 5A-15 of the Public Aid Code, for State fiscal years 2009 through ~~2018~~~~2014~~ ~~and the portion of State fiscal year 2015 that ends December 31, 2014~~, an annual assessment on inpatient services is imposed on each hospital provider in an amount equal to \$218.38 multiplied by the difference of the hospital's occupied bed days

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less the hospital's Medicare bed days; provided, however, the amount of \$218.38 shall be increased by a uniform percentage to generate an amount equal to 75% of the State share of the payments authorized under Section 12-5 of the Public Aid Code, with that increase only taking effect upon the date that a State share for those payments is required under federal law.

For State fiscal years 2009 ~~through 2014~~ and after, the portion of State fiscal year 2015 that ends December 31, 2014, a hospital's occupied bed days and Medicare bed days shall be determined using the most recent data available from each hospital's 2005 Medicare cost report as contained in the Healthcare Cost Report Information System file, for the quarter ending on December 31, 2006, without regard to any subsequent adjustments or changes to such data. If a hospital's 2005 Medicare cost report is not contained in the Healthcare Cost Report Information System, then the Department may obtain the hospital provider's occupied bed days and Medicare bed days from any source available, including, but not limited to, records maintained by the hospital provider, which may be inspected at all times during business hours of the day by the Department or its duly authorized agents and employees.

- 2) Subject to Sections 5A-3, 5A-10, and 5A-15 of the Public Aid Code for the portion of State fiscal year 2012; beginning June 10, 2012 through June 30, 2012, and for State fiscal years 2013 through 20182014, and the portion of State fiscal year 2015 that ends December 31, 2014, an annual assessment on outpatient services is imposed on each hospital provider in an amount equal to .008766 multiplied by the hospital's outpatient gross revenue; provided, however, the multiplier of .008766 shall be increased by a uniform percentage to generate an amount equal to 25% of the State share of the payments authorized under Section 12-5, with that increase only taking effect upon the date that a State share for those payments is required under federal law. For the portion of State fiscal year 2012; beginning June 10, 2012 through June 30, 2012; and for State fiscal years 2013 through 20182014, and the portion of State fiscal year 2015 that ends December 31, 2014, a hospital's outpatient gross revenue shall be determined using the most recent data available from each hospital's 2009 Medicare cost report as contained in the Healthcare Cost Report Information System file, for the quarter ending on June 30, 2011, without regard to any subsequent adjustments or changes to ~~that such~~ data. If a hospital's 2009 Medicare cost report is not contained in the Healthcare Cost Report Information System, then the Department may obtain the

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hospital provider's outpatient gross revenue from any source available, including, but not limited to, records maintained by the hospital provider, which may be inspected at all times during business hours of the day by the Department or its duly authorized agents and employees. For the period beginning June 10, 2012 through June 30, 2012, the annual assessment on outpatient services shall be prorated by multiplying the assessment amount by a fraction, the numerator of which is 21 days and the denominator of which is 365 days.

- c) Payment of Assessment Due
 - 1) The inpatient assessment imposed by Section 5A-2 of the Code for State fiscal year 2009 and each subsequent State fiscal year shall be due and payable in monthly installments, each equaling one-twelfth of the assessment for the year, on the 14th State business day of each month. No installment payments of an inpatient assessment shall be due and payable, however, until after the Comptroller has issued the payments required under Section 5A-12.2 of the Code. Assessment payments postmarked on the due date will be considered as paid on time.
 - 2) Except as provided in Section 5A-4(a-5) of the Code, the outpatient assessment imposed by subsection (b)(2) of this Section for the portion of State fiscal year 2012, beginning June 10, 2012 through June 30, 2012, and for State fiscal year 2013 and each subsequent State fiscal year, shall be due and payable in monthly installments, each equaling one-twelfth of the assessment for the year, on the 14th State business day of each month.
 - A) No installment payment of an outpatient assessment imposed by subsection (b)(2) shall be due and payable, however, until after:
 - i) the Department notifies the hospital provider, in writing, that the payment methodologies to hospitals required under Section 5A-12.4 of the Code have been approved by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (CMMS), and the waiver under 42 CFR 433.68 for the assessment imposed by subsection (b)(4) of this Section, if necessary, has been granted by CMMS; and

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- ii) the Comptroller has issued the payments required under Section 5A-12.4 of the Code.
 - B) Assessment payments postmarked on the due date will be considered as paid on time. Upon notification to the Department of approval of the payment methodologies required under Section 5A-12.4 of the Code and the waiver granted under 42 CFR 433.68, if necessary, all installments otherwise due under subsection (b)(2) of this Section prior to the date of notification shall be due and payable to the Department upon written direction from the Department and issuance by the Comptroller of the payments required under Section 5A-12.4 of the Code.
 - 3) Any assessment amount that is due and payable to the Department more frequently than once per calendar quarter shall be remitted to the Department by the hospital provider by means of electronic funds transfer. The Department may provide for remittance by other means if the amount due is less than \$10,000 or electronic funds transfer is unavailable for this purpose.
 - 4) All payments received by the Department shall be credited first to unpaid installment amounts (rather than to penalty or interest), beginning with the most delinquent installments.
- d) Notice Requirements, Penalty, and Maintenance of Records
- 1) The Department shall send a notice of assessment to every hospital provider subject to an assessment under subsection (b), except that no notice shall be sent for the outpatient assessment imposed under subsection (b)(2) until the Department receives written notice that the payment methodologies to hospitals required under Section 5A-12.4 of the Code has been approved and the waiver under 42 CFR 433.68, if necessary, has been granted by CMMS.
 - 2) If a hospital provider conducts, operates, or maintains more than one hospital licensed by the Illinois Department of Public Health, a separate notice shall be sent for each hospital.
- e) Procedure for Partial Year Reporting/Operating Adjustments

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- 1) Cessation of business during the fiscal year in which the assessment is being paid. If a hospital provider ceases to conduct, operate, or maintain a hospital for which the person is subject to assessment under subsection (b), the assessment for the State fiscal year in which the cessation occurs shall be adjusted by multiplying the assessment computed under subsection (d) by a fraction, the numerator of which is the number of days in the year during which the provider conducts, operates, or maintains the hospital and the denominator of which is 365. Immediately upon ceasing to conduct, operate or maintain a hospital, the person shall pay the assessment for the year as adjusted (to the extent not previously paid).
- 2) Commencing of business during the fiscal year in which the assessment is being paid. A hospital provider who commences conducting, operating, or maintaining a hospital for which the person is subject to assessment under subsection (b), upon notice by the Department, shall pay the assessment under subsection (d) as computed by the Department in installments on the due dates stated on the notices and on the regular installment due dates for the State fiscal year occurring after the due date of the initial assessment notice. For State fiscal years 2009 through ~~2018~~~~2015~~, in the case of a hospital provider that did not conduct, operate or maintain a hospital in 2005, the inpatient assessment for that State fiscal year shall be computed on the basis of hypothetical occupied bed days for the full calendar year as determined by the Department. For the portion of State fiscal year 2012 beginning June 10, 2012 through June 30, 2012, and for State fiscal years 2013 ~~through 2018~~~~and 2014~~ ~~and the portion of State fiscal year 2015 that ends December 31, 2014~~, in the case of a hospital provider that did not conduct, operate or maintain a hospital in 2009, the outpatient assessment imposed under subsection (b)(2) shall be computed on the basis of hypothetical gross outpatient revenue for the full calendar year as determined by the Department. The assessment determination made by the Department is final.
- 3) Partial Calendar Year Operation Adjustment. For a hospital provider that did not conduct, operate, or maintain a hospital throughout the entire calendar year reporting period, the assessment for the State fiscal year shall be annualized for the portion of the reporting period the hospital was operational (dividing the assessment due by the number of days the hospital was in operation and then multiplying the amount by 365).

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Information reported by a prior provider from the same hospital during the calendar year shall be used in the annualization equation, if available.

- 4) Change in Ownership and/or Operators. The full quarterly installment must be paid on the designated due dates regardless of changes in ownership or operators. Liability for the payment of the assessment amount (including past due assessments and any interest or penalties that may have accrued against the amount) rests on the hospital provider currently operating or maintaining the hospital regardless if these amounts were incurred by the current owner or were incurred by previous owners. Collection of delinquent assessment fees from previous providers will be made against the current provider. Failure of the current provider to pay any outstanding assessment liabilities incurred by previous providers shall result in the application of penalties described in subsection (f)(1).
- f) Penalties
- 1) Any hospital that fails to pay the full amount of an installment when due shall be charged, unless waived by the Department for reasonable cause, a penalty equal to 5% of the amount of the installment not paid on or before the due date, plus 5% of the portion remaining unpaid on the last day of each monthly period thereafter, not to exceed 100%~~percent~~ of the installment amount not paid on or before the due date. Waiver due to reasonable cause may include but is not limited to:
 - A) provider has not been delinquent on payment of an assessment due, within the last three calendar years from the time the delinquency occurs.
 - B) provider can demonstrate to the Department's satisfaction that a payment was made prior to the due date.
 - C) provider is a new owner/operator and the late payment occurred in the quarter in which the new owner/operator assumed control of the facility.
 - 2) Within 30 days after the due date, the Department may begin recovery actions against delinquent hospitals participating in the Medicaid Program. Payments may be withheld from the hospital until the entire assessment,

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including any interest and penalties, is satisfied or until a reasonable repayment schedule has been approved by the Department. If a reasonable agreement cannot be reached or if a hospital fails to comply with an agreement, the Department reserves the right to recover any outstanding provider assessment, interest and penalty by recouping the amount or a portion thereof from the hospital's future payments from the Department. The provider may appeal this recoupment in accordance with the Department's rules at 89 Ill. Adm. Code 104. The Department has the right to continue recoupment during the appeal process. Penalties pursuant to subsection (f)(1) will continue to accrue during the recoupment process. Recoupment proceedings against the same hospital two times in a fiscal year may be cause for termination from the Medicaid Program. Failure by the Department to initiate recoupment activities within 30 days shall not reduce the provider's liabilities nor shall it preclude the Department from taking action at a later date.

- 3) If the hospital does not participate in the Medicaid Program, or is no longer doing business with the Department, or the Department cannot recover the full amount due through the claims processing system, within three months after the fee due date, the Department may begin legal action to recover the monies, including penalties and interest owed, plus court costs.

g) Delayed Payment – Groups of Hospitals

The Department may establish delayed payment of assessments and/or waive the payment of interest and penalties for groups of hospitals such as disproportionate share hospitals or all other hospitals when:

- 1) The State delays payments to hospitals due to problems related to State cash flow; or
- 2) A cash flow bond pool's, or any other group financing plans', requests from providers for loans are in excess of its scheduled proceeds such that a significant number of hospitals will be unable to obtain a loan to pay the assessment.

h) Delayed Payment – Individual Hospitals

In addition to the provisions of subsection (g), the Department may delay assessments for individual hospitals that are unable to make timely payments

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under this Section due to financial difficulties. No delayed payment arrangements shall extend beyond the last business day of the calendar quarter following the quarter in which the assessment was to have been received by the Department as described in subsection (c). The request must be received by the Department prior to the due date of the assessment.

- 1) Criteria. Delayed payment provisions may be instituted only under extraordinary circumstances. Delayed payment provisions may be made only to qualified hospitals who meet all of the following requirements:
 - A) The provider has experienced an emergency that necessitates institution of delayed payment provisions. Emergency in this instance is defined as a circumstance under which institution of the payment and penalty provisions described in subsections (c)(1), (c)(2), (f)(1) and (f)(2) would impose severe and irreparable harm to the clients served. Circumstances that may create these emergencies include, but are not limited to, the following:
 - i) Department system errors (either automated system or clerical) that have precluded payments, or that have caused erroneous payments such that the provider's ability to provide further services to clients is severely impaired;
 - ii) Cash flow problems encountered by a provider that are unrelated to Department technical system problems and that result in extensive financial problems to a facility, adversely impacting on its ability to serve its clients.
 - B) The provider serves a significant number of clients under the medical assistance program. "Significant" in this instance means:
 - i) A hospital that serves a significant number of clients under the medical assistance program; significant in this instance means that the hospital qualifies as a disproportionate share hospital (DSH) under 89 Ill. Adm. Code 148.120(a)(1) through 148.120(a)(2)(5); or qualifies as a Medicare DSH hospital under the current federal guidelines.
 - ii) A government-owned facility that meets the cash flow

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criterion under subsection (h)(1)(A)(ii).

- iii) A hospital that has filed for Chapter 11 bankruptcy and that meets the cash flow criterion under subsection (h)(1)(A)(ii).
- C) The provider must ensure that a delay of payment request, as defined under subsection (h)(3)(A), is received by the Department prior to the payment due date, and the request must include a Cash Position Statement that is based upon current assets, current liabilities and other data for a date that is less than 60 days prior to the date of filing. Any liabilities payable to owners or related parties must not be reported as current liabilities on the Cash Position Statement. A deferral of assessment payments will be denied if any of the following criteria are met:
- i) The ratio of current assets divided by current liabilities is greater than 2.0.
 - ii) Cash, short term investments and long term investments equal or exceed the total of accrued wages payable and the assessment payment. Long term investments that are unavailable for expenditure for current operations due to donor restrictions or contractual requirements will not be used in this calculation.
- D) The provider must show evidence of denial of an application to borrow assessment funds through a cash flow bond pool or financial institutions such as a commercial bank. The denial must be 90 days old or less.
- E) The provider must sign an agreement with the Department that specifies the terms and conditions of the delayed payment provisions. The agreement shall contain the following provisions:
- i) Specific reasons for institution of the delayed payment provisions;
 - ii) Specific dates on which payments must be received and the amount of payment that must be received on each specific

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date described;

- iii) The interest or a statement of interest waiver as described in subsection (h)(5) that shall be due from the provider as a result of institution of the delayed payment provisions;
 - iv) A certification stating that, should the entity be sold, the new owners will be made aware of the liability and any agreement selling the entity will include provisions that the new owners will assume responsibility for repaying the debt to the Department according to the original agreement;
 - v) A certification stating that all information submitted to the Department in support of the delayed payment request is true and accurate to the best of the signator's knowledge; and
 - vi) Other terms and conditions that may be required by the Department.
- 2) A hospital that does not meet the above criteria may request a delayed payment schedule. The Department may approve the request, notwithstanding the hospital not meeting the above criteria, upon a sufficient showing of financial difficulties and good cause by the hospital. If the request for a delayed payment schedule is approved, all other conditions of this subsection (h) shall apply.
- 3) Approval Process
- A) In order to receive consideration for delayed payment provisions, providers must ensure their request is received by the Department prior to the payment due date, in writing (telefax requests are acceptable) to the Bureau of [Hospital and Provider Services Program and Reimbursement Analysis](#). The request must be received by the date designated by the Department. Providers will be notified, in writing, as to the due dates for submitting delay of payment requests. Requests must be complete and contain all required information before they are considered to have met the time requirements for filing a delayed payment request. All telefax

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requests must be followed up with original written requests, postmarked no later than the date of the telefax. The request must include:

- i) An explanation of the circumstances creating the need for the delayed payment provisions;
 - ii) Supportive documentation to substantiate the emergency nature of the request including a cash position statement as defined in subsection (h)(1)(C), a denial of application to borrow the assessment as defined in subsection (h)(1)(D) and an explanation of the risk of irreparable harm to the clients; and
 - iii) Specification of the specific arrangements requested by the provider.
- B) The hospital shall be notified by the Department, in writing prior to the assessment due date, of the Department's decision with regard to the request for institution of delayed payment provisions. An agreement shall be issued to the provider for all approved requests. The agreement must be signed by the administrator, owner, chief executive officer or other authorized representative and be received by the Department prior to the first scheduled payment date listed in such agreement.
- 4) **Waiver of Penalties.** The penalties described in subsections (f)(1) and (f)(2) may be waived upon approval of the provider's request for institution of delayed payment provisions. In the event a provider's request for institution of delayed payment provisions is approved and the Department has received the signed agreement in accordance with subsection (h)(3)(B), the penalties shall be permanently waived for the subject quarter unless the provider fails to meet all of the terms and conditions of the agreement. In the event the provider fails to meet all of the terms and conditions of the agreement, the agreement shall be considered null and void and the penalties shall be fully reinstated.
 - 5) **Interest.** The delayed payments shall include interest at a rate not to exceed the State of Illinois borrowing rate. The applicable interest rate

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shall be identified in the agreement described in subsection (h)(1)(E). The interest may be waived by the Department if the facility's current ratio, as described in subsection (h)(1)(C), is 1.5 or less and the hospital meets the criteria in subsections (h)(1)(A) and (B). Any waivers granted shall be expressly identified in the agreement described in subsection (h)(1)(E).

- 6) Subsequent Delayed Payment Arrangements. Once a provider has requested and received approval for delayed payment arrangements, the provider shall not receive approval for subsequent delayed payment arrangements until such time as the terms and conditions of any current delayed payment agreement have been satisfied or unless the provider is in full compliance with the terms of the current delayed payment agreement. The waiver of penalties described in subsection (h)(4) shall not apply to a provider that has not satisfied the terms and conditions of any current delayed payment agreement.
- i) Administration and Enforcement Provisions
The Department shall establish and maintain a listing of all hospital providers appearing in the licensing records of the Department of Public Health, which shall show each provider's name and principal place of business and the name and address of each hospital operated, conducted, or maintained by the provider in this State. The Department shall administer and enforce Sections 5A-1, 2, 3, 4, 5, 7, 8, 10 and 12 of the Code and collect the assessments and penalty assessments imposed under Sections 5A-2 and 4 of the Code. The Department, its Director, and every hospital provider subject to assessment measured by occupied bed days shall have the following powers, duties and rights:
 - 1) The Department may initiate either administrative or judicial proceedings, or both, to enforce the provisions of Sections 5A-1, 2, 3, 4, 5, 7, 8, 10 and 12 of the Code. Administrative enforcement proceedings initiated shall be governed by the Department's rules at 89 Ill. Adm. Code 104.200 through 104.330. Judicial enforcement proceedings initiated shall be governed by the rules of procedure applicable in the courts of this State.
 - 2) No proceedings for collection, refund, credit, or other adjustment of an assessment amount shall be issued more than three years after the due date of the assessment, except in the case of an extended period agreed to in writing by the Department and the hospital provider before the expiration of this limitation period.

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- 3) Any unpaid assessment under Section 5A-2 of the Code shall become a lien upon the assets of the hospital upon which it was assessed. If any hospital provider, outside the usual course of its business, sells or transfers the major part of any one or more of the real property and improvements, the machinery and equipment, or the furniture or fixtures of any hospital that is subject to the provisions of Sections 5A-1, 2, 3, 4, 5, 7, 8, 10 and 12 of the Code, the seller or transferor shall pay the Department the amount of any assessment, assessment penalty, and interest (if any) due from it under Sections 5A-2 and 4 of the Code up to the date of the sale or transfer. If the seller or transferor fails to pay any assessment, assessment penalty, and interest (if any) due, the purchaser or transferee of the asset shall be liable for the amount of the assessment, penalties and interest (if any) up to the amount of the reasonable value of the property acquired by the purchaser or transferee. The purchaser or transferee shall continue to be liable until the purchaser or transferee pays the full amount of the assessment, penalties, and interest (if any) up to the amount of the reasonable value of the property acquired by the purchaser or transferee or until the purchaser or transferee receives from the Department a certificate showing that the assessment, penalty and interest have been paid or a certificate from the Department showing that no assessment, penalty or interest is due from the seller or transferor under Sections 5A-2, 4 and 5 of the Code.
 - 4) Payments under Section 5A-4 of the Code are not subject to the Illinois Prompt Payment Act [30 ILCS 540]. Credits or refunds shall not bear interest.
 - 5) In addition to any other remedy provided for and without sending a notice of assessment liability, the Department may collect an unpaid assessment by withholding, as payment of the assessment, reimbursements or other amounts otherwise payable by the Department to the hospital provider.
- j) Exemptions
The following classes of providers are exempt from the assessment imposed under Section 5A-4 of the Code unless the exemption is adjudged to be unconstitutional or otherwise invalid:
- 1) A hospital provider that is a State agency, a State university, or a county

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with a population of 3,000,000 or more.

- 2) A hospital provider that is a county with a population of less than 3,000,000 or a township, municipality, hospital district, or any other local governmental unit.
- k) Nothing in Section 5A-4 of the Code shall be construed to prevent the Department from collecting all amounts due under this Section pursuant to an assessment imposed before February 3, 2004.
- l) Definitions
As used in this Section, unless the context requires otherwise:
 - 1) "CMMS" means the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.
 - 2) "Department" means the Illinois Department of Healthcare and Family Services.
 - 3) "Fund" means the Hospital Provider Fund.
 - 4) "HCRIS" means the federal Centers for Medicare and Medicaid Services Healthcare Cost Report Information System.
 - 5) "Hospital" means an institution, place, building, or agency located in this State that is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act, whether public or private and whether organized for profit or not-for-profit.
 - 6) "Hospital Provider" means a person licensed by the Department of Public Health to conduct, operate, or maintain a hospital, regardless of whether the person is a Medicaid provider. For purposes of this definition, "person" means any political subdivision of the State, municipal corporation, individual, firm, partnership, corporation, company, limited liability company, association, joint stock association or trust, or a receiver, executor, trustee, guardian, or other representative appointed by order of any court.

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- 7) "Inpatient Gross Revenue" means total inpatient gross revenue, as reported on the HCRIS Worksheet C, Part 1, Column 6, Line 101, less the sum of the following lines (including any subset lines of these lines):
- A) Line 34: Skilled Nursing Facility.
 - B) Line 35: Other Nursing Facility.
 - C) Line 35.01: Intermediate Care Facility for the Mentally Retarded.
 - D) Line 36: Other Long Term Care.
 - E) Line 45: PBC Clinical Laboratory Services – Program Only.
 - F) Line 60: Clinic.
 - G) Line 63: Other Outpatient Services.
 - H) Line 64: Home Program Dialysis.
 - I) Line 65: Ambulance Services.
 - J) Line 66: Durable Medical Equipment – Rented.
 - K) Line 67: Durable Medical Equipment – Sold.
 - L) Line 68: Other Reimbursable.
- 8) "Medicare Bed Days" means, for each hospital, the sum of the number of days that each bed was occupied by a patient who was covered by Title XVIII of the Social Security Act, excluding days attributable to the routine services provided to persons receiving skilled or intermediate long term care services. Medicare bed days shall be computed separately for each hospital operated or maintained by a hospital provider.
- 9) "Medicare Gross Inpatient Revenue" means the sum of the following:
- A) The sum of the following lines from the HCRIS Worksheet D-4, Column 2 (excluding the Medicare gross revenue attributable to

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the routine services provided to patients in a psychiatric hospital, a rehabilitation hospital, a distinct part psychiatric unit, a distinct part rehabilitation unit or swing beds):

- i) Line 25: Adults and Pediatrics.
 - ii) Line 26: Intensive Care Unit.
 - iii) Line 27: Coronary Care Unit.
 - iv) Line 28: Burn Intensive Care Unit.
 - v) Line 29: Surgical Intensive Care Unit.
 - vi) Line 30: Other Special Care Unit.
- B) From Worksheet D-4, Column 2, the amount from Line 103 less the sum of Lines 60, 63, 64, 66, 67 and 68 (and any subset lines of these lines).
- C) The amount from Worksheet D-6, Part 3, Column 3, Line 53.
- 10) "Medicare Gross Outpatient Revenue" means the amount from the HCRIS Worksheet D, Part V, Line 101, Columns 5, 5.01, 5.02, 5.03 and 5.04 less the sum of Lines 45, 60, 63, 64, 65, 66 and 67 (and any subset lines of these lines).
- 11) "Occupied Bed Days" means the sum of the number of days that each bed was occupied by a patient for all beds, excluding beds classified as long term care beds and assessed a licensed bed fee during calendar year 2001. Occupied bed days shall be computed separately for each hospital operated or maintained by a hospital provider.
- 12) "Outpatient Gross Revenue" means, for each hospital, its total gross charges attributed to outpatient services as reported on the Medicare cost report at Worksheet C, Part I, Column 7, Line 101 less the sum of lines 45, 60, 63, 64, 65, 66, 67 and 68 (and any subset lines of these lines).

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

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Section 140.82 Developmentally Disabled Care Provider Fund

- a) Purpose and Contents
- 1) The Developmentally Disabled Care Provider Fund was created in the State Treasury on July 1, 1992, July 14, 1993 and July 1, 1995 (see 305 ILCS 5/5C-7). Interest earned by the Fund shall be credited to the Fund. The Fund shall not be used to replace any funds appropriated to the Medicaid program by the General Assembly.
 - 2) The Fund is created for the purpose of receiving and disbursing monies in accordance with this Section and [Sections 305 ILCS 5/5C-2 and 7 of the Code](#).
 - 3) The Fund shall consist of:
 - A) All monies collected or received by the Department under subsection (b) ~~of this Section~~;
 - B) All federal matching funds received by the Department as a result of expenditures made by the Department that are attributable to monies deposited in the Fund;
 - C) Any interest or penalty levied in conjunction with the administration of the Fund;
 - D) All other monies received for the Fund from any other source, including interest earned thereon; and
 - E) All monies transferred from the Medicaid Developmentally Disabled Provider Participation Fee Trust Fund.
- b) Provider Assessments
- 1) Beginning on July 1, 1993, an assessment is imposed upon each developmentally disabled care provider in an amount equal to ~~6% six percent~~, or the maximum allowed under federal regulation, whichever is less, of its adjusted gross developmentally disabled care revenue for the

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prior State fiscal year. The revenue for each year will be reported on the Developmentally Disabled Care Provider Tax form to be filed by a date designated by the Department. The Department reserves the right to audit the reported data.

- 2) Effective July 1, 2013, for the privilege of engaging in the occupation of long term care facility for persons under 22 years of age serving clinically complex residents provider, an assessment is imposed upon each long term care facility for persons under 22 years of age serving clinically complex residents in the same amount and upon the same conditions and requirements as imposed in Section 140.84 and a license fee is imposed in the same amount and upon the same conditions and requirements as imposed in Section 140.84. Notwithstanding any provision of any other Act, the assessment and license fee imposed by this subsection (b)(2) shall be construed as a tax, but may not be added to the charges of an individual's nursing home care that is paid for in whole, or in part, by a federal, State, or combined federal-State medical care program, except for those individuals receiving Medicare Part B benefits solely.

c) Payment of Assessment Due

- 1) The assessment described in subsection (b) ~~of this Section~~ shall be due and payable in quarterly installments, each equaling one-fourth of the assessment for the year, on September 30, December 31, March 31, and May 31 of the year, modified to accommodate weekends and holidays. Providers will be notified, in writing, of the due dates. Assessment payments postmarked on the due date will be considered paid on time.
- 2) All payments received by the Department shall be credited first to unpaid installment amounts (rather than to penalty or interest), beginning with the most delinquent installments.

d) Reporting Requirements, Penalty, and Maintenance of Records

- 1) After June 30 of each State fiscal year, and on or before September 30 of the succeeding State fiscal year, every developmentally disabled care provider subject to an assessment under subsection (b) ~~of this Section~~ shall file a report with the Department. The report shall be on a form prepared by the Department. The report shall include the adjusted gross

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developmentally disabled care revenue from the State fiscal year just ended and shall be utilized by the Department to calculate the assessment for the State fiscal year commencing on the preceding July 1. If a developmentally disabled care provider operates or maintains more than one developmentally disabled care facility, a separate report shall be filed for each facility. In the case of a developmentally disabled care provider existing as a corporation or legal entity other than an individual, the report filed by it shall be signed by its president, vice-president, secretary, or treasurer or by its properly authorized agent.

- 2) If the developmentally disabled care provider fails to file its report for a State fiscal year on or before the due date of the report, there shall, unless waived by the Department for reasonable cause, be added to the assessment imposed in subsection (b) ~~of this Section~~ a penalty assessment equal to 25 percent of the assessment imposed for the year.
- 3) Every developmentally disabled care provider subject to an assessment under subsection (b) ~~of this Section~~ shall keep records and books that will permit the determination of adjusted gross developmentally disabled care revenue on a State fiscal year basis. All such books and records shall be maintained for a minimum of three years following the filing date of the assessment report and shall, at all times during business hours of the day, be subject to inspection by the Department or its duly authorized agents and employees.
- 4) Amended Assessment Reports. With the exception of amended assessment reports filed in accordance with ~~subsections~~ ~~subsection~~ (d)(5) or (6) ~~of this Section~~, an amended assessment report must be filed within 30 calendar days after the original report due date. The amended report must be accompanied by a letter identifying the changes and the justification for the amended report. The provider will be advised of any adjustments to the original annual assessment amount through a written notification from the Department. Penalties may be applied to the amount underpaid due to a filing error.
- 5) Submission of Financial Audit Statements. All developmentally disabled care providers are required to submit a copy of all financial statements audited by an external, independent auditor to the Department within 30 days after the close of ~~thesueh~~ externally performed financial audits. If

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the provider's year end does not coincide with the June 30 ending date for the assessment report, the provider must submit all financial audits covering the tax report period. An amended assessment report must accompany ~~thesueh~~ external financial audit statements if the data submitted on the initial tax report changes based upon the findings of ~~thesueh~~ external financial audits and as indicated in the audited external financial statements. Penalties may be applied to the amount underpaid due to a filing error.

- 6) Reconsideration of Adjusted Tax. If the Department, through an audit conducted by the Department or its agent within three years after the end of the fiscal year in which the assessment was due, changes the assessment liability of a developmentally disabled care provider, the developmentally disabled care provider may request a review or reconsideration of the adjusted assessment within 30 days after the Department's notification of the change in assessment liability. Requests for reconsideration of the assessment adjustment shall not be considered if ~~thosesueh~~ requests are not postmarked on or before the end of the 30 day review period. Penalties may be applied to the amount underpaid due to a filing error.
- e) Procedure for Partial Year Reporting/Operating Adjustments
- 1) Cessation of business during the fiscal year in which the assessment is being paid. For a developmentally disabled care provider who ceases to conduct, operate, or maintain a facility for which the person is subject to assessment under subsection (b) ~~of this Section~~, the assessment for the State fiscal year in which the cessation occurs shall be adjusted by multiplying the assessment computed under subsection (d) ~~of this Section~~ by a fraction, the numerator of which is the number of months in the year during which the provider conducts, operates, or maintains the facility and the denominator of which is 12. The person shall file a final, amended report with the Department not more than 30 calendar days after the cessation, reflecting the adjustment, and shall pay with the final report the assessment for the year as so adjusted, to the extent not previously paid.
 - 2) Commencing of business during the fiscal year in which the assessment is being paid. A developmentally disabled care provider who commences conducting, operating, or maintaining a facility for which the person is subject to assessment under subsection (b) ~~of this Section~~ shall file an

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initial return for the State fiscal year in which the commencement occurs within 30 calendar days thereafter and shall pay the assessment under subsection (d) ~~of this Section~~ as computed by the Department in equal installments on the due date of the initial assessment determination and on the regular installment due dates for the State fiscal year occurring after the due date of the initial assessment determination. In determining the annual assessment amount for the provider the Department shall develop hypothetical annualized revenue projections based upon geographic location, facility size and patient case mix. The assessment determination made by the Department is final.

- 3) Partial Fiscal Year Operation Adjustment. For a developmentally disabled care provider that did not conduct, operate, or maintain a facility throughout the entire fiscal year reporting period, the assessment for the following State fiscal year shall be annualized based on the provider's actual developmentally disabled care revenue for the portion of the reporting period the facility was operational (dividing adjusted developmentally disabled care revenue by the number of months the facility was in operation and then multiplying that amount by 12). Developmentally disabled care revenue realized by a prior provider from the same facility during the fiscal year shall be used in the annualization equation, if available.
- 4) Change in Ownership and/or Operators. The full quarterly assessment must be paid on the designated due dates regardless of changes in ownership or operators. Liability for the payment of the assessment amount (including past due assessments and any interest or penalties that may have accrued against the amount) rests on the developmentally disabled care provider currently operating or maintaining the developmentally disabled care facility regardless if these amounts were incurred by the current owner or were incurred by previous owners. Collection of delinquent assessment fees from previous providers will be made against the current provider. Failure of the current provider to pay any outstanding assessment liabilities incurred by previous providers shall result in the application of penalties described in subsection (f)(1) ~~of this Section~~.

- f) Penalties

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- 1) Any facility that fails to pay the full amount of an installment when due shall be charged, unless waived by the Department for reasonable cause, a penalty equal to five percent of the amount of the installment not paid on or before the due date, plus five percent of the portion thereof remaining unpaid on the last day of each monthly period thereafter, not to exceed 100%~~percent~~ of the installment amount not paid on or before the due date. Reasonable cause may include but is not limited to:
 - A) a provider who has not been delinquent on payment of an assessment due within the last three calendar years from the time the delinquency occurs;
 - B) a provider who can demonstrate to the Department's satisfaction that a payment was made prior to the due date; or
 - C) that the provider is a new owner/operator and the late payment occurred in the quarter in which the new owner/operator assumed control of the facility.
- 2) Within 30 days after the due date, the Department may begin recovery actions against delinquent facilities participating in the Medicaid Program. Payments may be withheld from the facility until the entire provider assessment, including any penalties, is satisfied, or until a reasonable repayment schedule has been approved by the Department. If a reasonable agreement cannot be reached, or if the facility fails to comply with an agreement the Department reserves the right to recover any outstanding provider assessment, interest and penalty by recouping the amount or a portion thereof from the provider's future payments from the Department. The provider may appeal this recoupment in accordance with the Department's rules at 89 Ill. Adm. Code 104. The Department has the right to continue recoupment during the appeal process. Penalties pursuant to subsection (f)(1)~~of this Section~~ will continue to accrue during the recoupment process. Recoupment proceedings against the same facility two times in a fiscal year may be cause for termination from the Program. Failure by the Department to initiate recoupment activities within 30 days shall not reduce the provider's liabilities nor shall it preclude the Department from taking action at a later date.
- 3) If the facility does not participate in the Medicaid Program, or is no longer

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doing business with the Department, or the Department cannot recover the full amount due through the claims processing system, within three months of the assessment due date, the Department may begin legal action to recover the monies, including penalties and interest owed, plus court costs.

- g) **Delayed Payment – Groups of Facilities**
The Department may establish delayed payment of assessments and/or waive the payment of interest and penalties for groups of facilities when:
- 1) the State delays payments to facilities due to problems related to State cash flow; or
 - 2) a cash flow bond pool's or any other group financing plans' requests from providers for loans are in excess of its scheduled proceeds such that a significant number of facilities will be unable to obtain a loan to pay the assessment.
- h) **Delayed Payment – Individual Facilities**
In addition to the provisions of subsection (g) ~~of this Section~~, the Department may delay assessments for individual facilities that are unable to make timely payments under this Section due to financial difficulties. No delayed payment arrangements shall extend beyond the last business day of the calendar quarter following the quarter in which the assessment was to have been received by the Department as described in subsection (c) ~~of this Section~~. The request must be received by the Department prior to the date of the assessment.
- 1) **Criteria.** Delayed payment provisions may be instituted only under extraordinary circumstances. Delayed payment provisions shall be made only to qualified facilities who meet all of the following requirements:
 - A) the facility has experienced an emergency which necessitates institution of delayed payment provisions. Emergency in this instance is defined as a circumstance under which institution of the payment and penalty provisions described in subsections (c)(1), (c)(2), (f)(1), (f)(2) and (f)(3) ~~of this Section~~ would impose severe and irreparable harm to the clients served. Circumstances that may create such emergencies include, but are not limited to, the following:

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- i) Department system errors (either automated system or clerical) that have precluded payments, or that have caused erroneous payments such that the facility's ability to provide further services to clients is severely impaired;
 - ii) cash flow problems encountered by a facility that are unrelated to Department technical system problems and that result in extensive financial problems to a facility adversely impacting on its ability to serve its clients.
- B) the facility serves a significant number of clients under the Medical Assistance Program. Significant in this instance means:
- i) 85 percent or more of their residents must be eligible for public assistance;
 - ii) a government-owned facility, that meets the cash flow criteria under subsection (h)(1)(A)(ii) ~~of this Section.~~
 - iii) a provider who has filed for Chapter 11 bankruptcy that meets the cash flow criterion under subsection (h)(1)(A)(ii) ~~of this Section.~~
- C) the facility must ensure that a delay of payment request, as defined in subsection (h)(3)(A) ~~of this Section,~~ is received by the Department prior to the payment due date, and the request must include a Cash Position Statement that is based upon current assets, current liabilities and other data for a date that is less than 60 days prior to the date of filing. Any liabilities payable to owners or related parties must not be reported as current liabilities on the Cash Position Statement. A deferral of assessment payments will be denied if any of the following criteria are met:
- i) the ratio of current assets divided by current liabilities is greater than 2.0;
 - ii) cash, short-term investments and long-term investments equal or exceed the total of accrued wages payable and the

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assessment payment. Long-term investments that are unavailable for expenditure for current operations due to donor restrictions or contractual requirements will not be used in this calculation;

- iii) cash or other assets have been distributed during the previous 90 days to owners or related parties in an amount equal to or exceeding the assessment payment for dividends, salaries in excess of those allowable under Section 140.541 or payments for purchase of goods or services in excess of cost as defined in Section 140.537.
- D) the facility, with the exception of government owned facilities, must show evidence of denial of an application to borrow the assessment funds through a cash flow bond pool or financial institutions such as a commercial bank. The denial must be 90 days old or less.
- E) the facility must sign an agreement with the Department that specifies the terms and conditions of the delayed payment provisions. The agreement shall contain the following provisions:
- i) specific reasons for institution of the delayed payment provisions;
 - ii) specific dates on which payments must be received and the amount of payment that must be received on each specific date described;
 - iii) the interest or a statement of interest waiver as described in subsection (h)(5) ~~of this Section~~ that shall be due from the facility as a result of institution of the delayed payment provisions;
 - iv) a certification stating that, should the entity be sold, the new owners will be made aware of the liability and any agreement selling the entity will include provisions that the new owners will assume responsibility for repaying the debt to the Department according to the original agreement;

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- v) a certification stating that all information submitted to the Department in support of the delayed payment request is true and accurate to the best of the signator's knowledge; and
 - vi) such other terms and conditions that may be required by the Department.
- 2) A facility that does not meet the criteria listed in subsection (h)(1) may request a delayed payment schedule. The Department may approve the request, notwithstanding the facility not meeting the above criteria, upon a sufficient showing of financial difficulties and good cause by the facility. If the request for a delayed payment schedule is approved, all other conditions of this subsection (h) shall apply.
- 3) Approval Process
- A) In order to receive consideration for delayed payment provisions, facilities must ensure that their request is received by the Department prior to the payment due date, in writing (telefax requests are acceptable) to the Bureau of Program and Reimbursement Analysis. The request must be received by the due date designated by the Department. Providers will be notified, in writing, of the due dates for submitting delay of payment requests. Requests must be complete and contain all required information before they are considered to have met the time requirements for filing a delayed payment request. All telefax requests must be followed up with original written requests postmarked no later than the date of the telefax. The request must include:
 - i) an explanation of the circumstances creating the need for the delayed payment provisions;
 - ii) supportive documentation to substantiate the emergency nature of the request and risk of irreparable harm to the clients; and
 - iii) specification of the specific arrangements requested by the

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facility.

- B) The facility shall be notified by the Department, in writing prior to the assessment due date, of the Department's decision with regard to the request for institution of delayed payment provisions. An agreement shall be issued to the facility for all approved requests. The agreement must be signed by the administrator, owner or other authorized representative and be received by the Department prior to the first scheduled payment date listed in such agreement.
- 4) Waiver of Penalties. The penalties described in subsections (f)(1) and (f)(2) ~~of this Section~~ may be waived upon approval of the facility's request for institution of delayed payment provisions. In the event a facility's request for institution of delayed payment provisions is approved and the Department has received the signed agreement in accordance with subsection (h)(3)(B) ~~of this Section~~, ~~thesuch~~ penalties shall be permanently waived for the subject quarter unless the facility fails to meet all of the terms and conditions of the agreement. In the event the facility fails to meet all of the terms and conditions of the agreement, the agreement shall be considered null and void and ~~thesuch~~ penalties shall be fully reinstated.
- 5) Interest. The delayed payments shall include interest at a rate not to exceed the State of Illinois borrowing rate. The applicable interest rate shall be identified in the agreement described in subsection (h)(1)(E) ~~of this Section~~. The interest may be waived by the Department if the facility's current ratio, as described in subsection (h)(1)(C) ~~of this Section~~, is 1.5 or less and the facility meets the criteria in subsections (h)(1)(A) and (B) ~~of this Section~~. Any such waivers granted shall be expressly identified in the agreement described in subsection (h)(1)(E) ~~of this Section~~.
- 6) Subsequent Delayed Payment Arrangements. Once a facility has requested and received approval for delayed payment arrangements, the facility shall not receive approval for subsequent delayed payment arrangements until ~~such time as~~ the terms and conditions of any current delayed payment agreement have been satisfied or unless the provider is in full compliance with the terms of the current delay of payment agreement. The waiver of penalties described in subsection (h)(4) ~~of this Section~~ shall not apply to a facility that has not satisfied the terms and conditions of any

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current delayed payment agreement.

- i) Administration and Enforcement Provisions
The Department shall administer and enforce [Section 305 ILCS 5/5C-6 of the Public Aid Code](#) and collect the assessments, interest, and penalty assessments imposed under the law, using procedures employed in its administration of ~~the~~[this](#) Code generally and, as it deems appropriate, in a manner similar to that in which the Department of Revenue administers and collects the retailers' occupation tax under the Retailers' Occupation Tax Act ("ROTA").
- j) Nothing in [Section 305 ILCS 5/5C of the Code](#) shall be construed to prevent the Department from collecting all amounts due under this Section pursuant to an assessment imposed before July 1, 1995.
- k) Definitions
 - 1) "Adjusted gross developmentally disabled care revenue" means the developmentally disabled care provider's total revenue for inpatient residential services, less contractual allowances and discounts on patients' accounts, but does not include non-patient revenue from sources such as contributions, donations or bequests, investments, day training services, television and telephone service, rental of facility space, or sheltered care revenue. Adjusted gross developmentally disabled care revenue must be reported on an accrual basis for the tax reporting period. All patient revenue accrued during the tax reporting period must be included even though reimbursement may occur after the tax reporting period. Patient revenue must be reported on a basis that is consistent with methods used on the facility's last two cost reports.
 - 2) "Contractual Allowance" means the difference between charges at established rates and the amount estimated to be paid by third party payors or patients, as appropriate, pursuant to agreements/contracts with the developmentally disabled care provider; courtesy and policy discounts provided to employees, medical staff and clergy; and charity care, but "contractual allowance" does not mean any Provider Participation fees/taxes paid to the Department.
 - 3) "Department" means the Illinois Department of Healthcare and Family Services.

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- 4) "Developmentally disabled care facility" means an intermediate care facility for the mentally retarded within the meaning of Title XIX of the Social Security Act, whether public or private and whether organized for profit or not-for-profit, but shall not include any facility operated by the State.
- 5) "Developmentally disabled care provider" means a person conducting, operating, or maintaining a developmentally disabled care facility. For this purpose, "person" means any political subdivision of the State, municipal corporation, individual, firm, partnership, corporation, company, limited liability company, association, joint stock association, or trust, or a receiver, executor, trustee, guardian or other representative appointed by order of any court.
- 6) "Facility" means all intermediate care facilities as defined under "~~developmentally~~Developmentally disabled care facility" (see subsection (k)(4)).
- 7) "Fund" means the Developmentally Disabled Care Provider Fund.
- 8) "Long term care facility for persons under 22 years of age serving clinically complex residents" means a facility licensed by the Department of Public Health as a long term care facility for persons under 22 meeting the qualifications of Section 5.4h of the Code.

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

Section 140.84 Long Term Care Provider Fund

- a) Purpose and Contents
 - 1) The Long Term Care Provider Fund was created in the State Treasury on July 1, 1992, July 14, 1993 and July 1, 1995 (see Section 305 ILCS 5/5B-8 of the Code). Interest earned by the Fund shall be credited to the Fund. The Fund shall not be used to replace any funds appropriated to the Medicaid program by the General Assembly.
 - 2) The Fund is created for the purpose of receiving and disbursing monies in

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accordance with this Section and [Sections 305 ILCS 5/5B-2](#) and [8 of the Code](#).

- 3) The Fund shall consist of:
 - A) All monies collected or received by the Department under subsection (b) ~~of this Section~~;
 - B) All federal matching funds received by the Department as a result of expenditures made by the Department that are attributable to monies deposited in the Fund;
 - C) Any interest or penalty levied in conjunction with the administration of the Fund;
 - D) All other monies received for the Fund from any other source, including interest earned thereon; and
 - E) All monies transferred from the Tobacco Products Tax Act [\[35 ILCS 143\]](#).
- b) **License Fee and Provider Assessment**

Beginning on July 1, 1993, a nursing home license fee is imposed upon each nursing home provider in an amount equal to \$1.50 for each licensed nursing bed day for the calendar quarter in which the payment is due. All nursing beds subject to licensure under the Nursing Home Care Act or the Hospital Licensing Act, with the exception of swing-beds, as defined in subsection (k)(8) ~~of this Section~~ will be used to calculate the licensed nursing bed days for each quarter. This license fee shall not be billed or passed on to any resident of a nursing home operated by the nursing home provider. Changes in the number of licensed nursing beds will be reported to the Department quarterly, as described in subsection (d)(1) ~~of this Section~~. The Department reserves the right to audit the reported data. Beginning July 1, 2011, an assessment is imposed upon each long term care provider in an amount equal to \$6.07 times the number of occupied bed days due and payable each month. This assessment shall be construed as a tax, but shall not be billed or passed on to any resident of a nursing home operated by the nursing home provider.
- c) **Payment of License Fee and Assessment Due**

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- 1) The license fee described in subsection (b) ~~of this Section~~ shall be due and payable in quarterly installments, on September 10, December 10, March 10, and June 10 of the year, modified to accommodate weekends and holidays. Providers will be notified, in writing, of the quarterly due dates. License fee payments postmarked on the due date will be considered as paid on time.
- 2) The assessment described in subsection (b) ~~of this Section~~ shall be due and payable monthly, on the last State business day of the month for occupied bed days reported for the preceding third month prior to the month in which the tax is payable and due. A facility that has its payments from the State delayed, due to problems related to State cash flow, may request an extension on the due date for payment pursuant to subsection (b) ~~of this Section~~ and shall pay each extended assessment payment within 30 days after each reimbursement for services by the Department.
 - A) The Department shall provide for an electronic submission process for each long term care facility to report the number of occupied bed days of the long term care facility for the reporting period and other reasonable information the Department requires for the administration of its responsibilities. To the extent practicable, the Department shall coordinate the assessment reporting requirements with other reporting required of long term care facilities.
 - B) Beginning July 1, 2013, a separate electronic submission shall be completed for each long term care facility in this State operated by a long term care provider. The Department shall prepare an assessment, based on the reported occupied beds, and will bill the facility stating the amount due and payable each month and submit it to each long term care facility via an electronic process. Each assessment payment shall be accompanied by a copy of the assessment bill sent to the long term care facility by the Department.
 - C) The provider assessment imposed by this Section shall not be due and payable until after the Department notifies the long term care providers, in writing, that the payment methodologies to long term care providers required under Section 5-5.4 of the Public Aid Code

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have been approved and the waivers under 42 CFR 433.68, if necessary, have been granted by ~~CMMSthe Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.~~

- 3) All payments received by the Department shall be credited first to unpaid installment amounts (rather than to penalty or interest), beginning with the most delinquent installments.
- 4) County nursing homes directed and maintained pursuant to Section 5-1005 of the Counties Code [\[55 ILCS 5\]](#) may meet their license fee or assessment obligation by the county government certifying to the Department that county expenditures have been obligated for the operation of the county nursing home in an amount at least equal to the amount of the license fee or assessment. County governments wishing to provide such certification must:
 - A) Sign a certification form certifying that the funds represent expenditures eligible for federal financial participation under Title XIX of the Social Security Act (42 USC 1396), and that these funds are not federal funds, or are federal funds authorized by federal law to be used to match other federal funds;
 - B) Submit the certification document to the Department once a year along with a copy of that portion of the county budget showing the funds appropriated for the operation of the county nursing home. These documents must be submitted within 30 days after the final approval of the county budget;
 - C) Submit the monthly claim form in the amount of the rate established by the Department minus any third party liability amount. This amount will be reduced by an amount determined by the amount certified and the number of months remaining in the fiscal year, prior to payment because a certification statement was provided in lieu of an actual license fee or assessment payment; and
 - D) Make records available upon request to the Department and/or the United States Department of Health and Human Services

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pertaining to the certification of county funds.

- d) Reporting Requirements, Penalty, and Maintenance of Records
- 1) On or before the due dates described in subsection (c)(1) ~~of this Section~~, each nursing home provider subject to a license fee under subsection (b) ~~of this Section~~ shall file a report with the Department reflecting any changes in the number of licensed nursing beds occurring during the reporting quarter. The report shall be on a form prepared by the Department. The changes will be reported quarterly and shall be submitted with the revised quarterly license fee payment. For the purpose of calculating the license fee described in subsection (b) ~~of this Section~~, all changes in licensed nursing beds will be effective upon approval of the change by the Illinois Department of Public Health. Documentation showing the change in licensed nursing beds, and the date the change was approved by the Illinois Department of Public Health, must be submitted to the Department of Healthcare and Family Services with the licensed nursing bed change form.
 - 2) After December 31 of each year, and on or before March 31 of the succeeding year, every long term care provider subject to assessment under subsection (c)(2) ~~of this Section~~ shall file a report with the Department. The report shall be in a form and manner prescribed by the Department and shall state the revenue received by the long term care provider, reported in such categories as may be required by the Department, and other reasonable information the Department requires for the administration of its responsibilities.
 - 3) If a provider operates or maintains more than one nursing home, a separate report shall be filed for each facility. In the case of a provider existing as a corporation or legal entity other than an individual, the report filed by it shall be signed by its president, vice president, secretary or treasurer or by its properly authorized agent.
 - 4) If the provider fails to file its report for a State fiscal year on or before the due date of the report, there shall, unless waived by the Department for reasonable cause, be added to the license fee or assessment imposed in subsection (b) ~~of this Section~~ a penalty fee equal to 25% ~~percent~~ of the assessment or license fee imposed for the year. After July 1, 2013, no

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penalty will be assessed if the Department has not established a process for the electronic submission of information as it pertains to the assessment.

- 5) Every provider subject to a license fee or assessment under subsection (b) ~~of this Section~~ shall keep records and books that will permit the determination of licensed nursing bed days on a quarterly basis and occupied beds on a monthly basis. All such books and records shall be maintained for a minimum of three years following the filing date of each report and shall, at all times during business hours of the day, be subject to inspection by the Department or its duly authorized agents and employees.
 - 6) Amended License Fee and Assessment Reports. With the exception of amended license fee or assessment reports filed in accordance with this subsection (d)(6), an amended license fee report or monthly assessment report must be filed within 30 calendar days after the original report due date. The amended report must be accompanied by a letter identifying the changes and the justification for the amended report. The provider will be advised of any adjustments to the original annual license fee or assessment amount through a written notification from the Department. Penalties may be applied to the amount underpaid due to a filing error.
 - 7) Reconsideration of Adjusted License Fee or Assessment. If the Department, through an audit conducted by the Department or its agent within three years after the end of the fiscal year in which the license fee or assessment was due, changes the license fee or assessment liability of a provider, the provider may request a review or reconsideration of the adjusted license fee or assessment within 30 days after the Department's notification of the change in license fee or assessment liability. Requests for reconsideration of the license fee or assessment adjustment shall not be considered if those requests are not postmarked on or before the end of the 30 day review period. Penalties may be applied to the amount underpaid due to a filing error.
- e) Procedure for Partial Year Reporting/Operating Adjustments
- 1) Cessation of business during the period in which the license fee or assessment is being paid and the closure date has been set. A provider who ceases to conduct, operate, or maintain a facility for which the person

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is subject to the license fee or assessment imposed under subsection (b) of this Section, and for which the closure date for the facility has been set, shall file a final report with the Department on or before the due date for the period in which the closure is to occur. The report will reflect the adjusted number of days the facility is open during the reporting period and shall be submitted with the final quarterly license fee or monthly assessment payment. Example: A facility is set to close on September 24. On or before the due date for the reporting quarter of July 1 through September 30, the facility will submit a final report reflecting 86 days of operation (July 1 through September 24) and the corresponding quarterly license fee payment.

- 2) Cessation of business after the monthly or quarterly due date. A provider who ceases to conduct, operate, or maintain a facility for which the person is subject to the license fee or assessment imposed under subsection (b) ~~of this Section~~, and for which closure occurs after the due date for the reporting period, but prior to the last day of the reporting period, shall file an amended final report with the Department within 30 days after the closure date. The amended report will reflect the number of days the facility was operational during the reporting period and the revised license fee or assessment amount. Upon verifying the data submitted on the amended report, the Department will issue a refund for the amount overpaid. Example: On December 10 a facility pays the license fee for 92 days covering the reporting quarter of October 1 through December 31. The facility closes on December 27. An amended report reflecting 88 days, the actual number of days the facility was operational during the quarter (October 1 through December 27) must be filed with the Department.
- 3) Cessation of business prior to the monthly or quarterly due date. A provider who ceases to conduct, operate, or maintain a facility for which the person is subject to the license fee or assessment imposed under subsection (b) ~~of this Section~~, and for which closure occurs prior to the due date for the reporting period, shall file a final report with the Department within 30 days after the closure date. The final report will reflect the number of days the facility was operational during the reporting period and the corresponding final license fee and assessment amount. Closure dates will be verified with the Department of Public Health, and if necessary adjustments will be made to the final license fee and assessment

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due. Example: Facility closes on January 17. On or before February 17, the facility must file a final report for the reporting quarter of January 1 through March 31. The report would reflect 17 days of operation (January 1 through January 17) during the quarter and must be accompanied by the final license fee payment for the facility.

- 4) Commencing of business during the fiscal year in which the license fee or assessment is being paid. A provider who commences conducting, operating, or maintaining a facility for which the person is subject to the license fee or assessment imposed under subsection (b) ~~of this Section~~ shall file an initial report for the reporting period in which the commencement occurs within 30 calendar days thereafter and shall pay the license fee and assessment under subsection (c) ~~of this Section~~. In determining the annual assessment amount for the provider, the Department shall develop hypothetical annualized occupied bed projections based upon geographic location and facility. The assessment determination made by the Department is final.
 - 5) Change in Ownership and/or Operators. The full monthly/quarterly assessment/license fee must be paid on the designated due dates regardless of changes in ownership or operators. Liability for the payment of the assessment/license fee amount (including past due assessment/license fees and any interest or penalties that may have accrued against the amount) rests on the provider currently operating or maintaining the nursing facility regardless if these amounts were incurred by the current owner or were incurred by previous owners. Collection of delinquent assessment/license fees from previous providers will be made against the current provider. Failure of the current provider to pay any outstanding assessment/license fee liabilities incurred by previous providers shall result in the application of penalties described in subsection (f)(1) ~~of this Section~~.
 - 6) Upon request, the Department will share with a potential buyer of a facility information on outstanding assessments and penalties owed by that facility.
- f) Penalties
- 1) Any provider that fails to pay the full amount of a license fee or assessment when due, or fails to report a change in licensed nursing beds

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approved by the Department of Public Health prior to the due date of the license fee or assessment, shall be charged, unless waived by the Department for reasonable cause, a penalty equal to five percent of the amount of the license fee or assessment not paid on or before the due date, plus five percent of the portion thereof remaining unpaid on the last day of each monthly period thereafter, not to exceed 100% ~~percent~~ of the installment or assessment amount not paid on or before the due date. Reasonable cause may include but is not limited to:

- A) a provider who has not been delinquent on payment of a license fee or assessment due, within the last three calendar years from the time the delinquency occurs;
 - B) a provider who can demonstrate to the Department's satisfaction that a payment was made prior to the due date; or
 - C) that the provider is a new owner/operator and the late payment occurred in the reporting period in which the new owner/operator assumed control of the facility.
- 2) Within 30 days after the due date, the Department may begin recovery actions against delinquent providers participating in the Medicaid Program. Payments may be withheld from the provider until the entire license fee or assessment, including any penalties, is satisfied or until a reasonable repayment schedule has been approved by the Department. If a reasonable agreement cannot be reached, or if a provider fails to comply with an agreement, the Department reserves the right to recover any outstanding license fee, assessment, interest and penalty by recouping the amount or a portion thereof from the provider's future payments from the Department. The provider may appeal this recoupment in accordance with the Department's rules at 89 Ill. Adm. Code 104. The Department has the right to continue recoupment during the appeal process. Penalties pursuant to subsection (f)(1) ~~of this Section~~ will continue to accrue during the recoupment process. Recoupment proceedings against the same provider two times in a fiscal year may be cause for termination from the Program. Failure by the Department to initiate recoupment activities within 30 days shall not reduce the provider's liabilities nor shall it preclude the Department from taking action at a later date.

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- 3) If the provider does not participate in the Medicaid Program, or is no longer doing business with the Department, or the Department cannot recover the full amount due through the claims processing system, within three months after the license fee or assessment due date, the Department may begin legal action to recover the monies, including penalties and interest owed, plus court costs.
- g) **Delayed Payment – Groups of Facilities**
The Department may establish delayed payment of fees/assessment and/or waive the payment of interest and penalties for groups of facilities when:
- 1) the State delays payments to facilities due to problems related to State cash flow; or
 - 2) a cash flow bond pool's or any other group financing plans' requests from providers for loans are in excess of its scheduled proceeds such that a significant number of facilities will be unable to obtain a loan to pay the license fee.
- h) **Delayed Payment – Individual Facilities**
In addition to the provisions of subsection (g) ~~of this Section~~, the Department may delay license fees or assessments for individual facilities that are unable to make timely payments under this Section due to financial difficulties. No delayed payment arrangements shall extend beyond the last business day of the calendar period or month following the quarter in which the license fee or the assessment payment was to have been received by the Department as described in subsection (c) ~~of this Section~~. The Department may not deny a request for delay of payment of the assessment imposed in subsection (b) ~~of this Section~~ if the provider has not been paid due to problems related to State cash flow for services provided during the month in which the assessment is levied. The request must be received by the Department prior to the due date of the assessment.
- 1) **Criteria.** Delayed payment provisions may be instituted only under extraordinary circumstances. Delayed payment provisions shall be made only to qualified facilities who meet all of the following requirements:
 - A) the facility has experienced an emergency that necessitates institution of delayed payment provisions. Emergency in this instance is defined as a circumstance under which institution of the

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payment and penalty provisions described in subsections (c)(1), (c)(2), (f)(1), (f)(2) and (f)(3) ~~of this Section~~ would impose severe and irreparable harm to the clients served. Circumstances which may create such emergencies include, but are not limited to, the following:

- i) Department system errors (either automated system or clerical) that have precluded payments, or that have caused erroneous payments such that the facility's ability to provide further services to clients is severely impaired;
 - ii) cash flow problems encountered by a facility that are unrelated to Department technical system problems and which result in extensive financial problems to a facility adversely impacting on its ability to serve its clients.
- B) the facility serves a significant number of clients under the Medical Assistance Program. Significant in this instance means:
- i) 85% ~~percent~~ or more of their residents must be eligible for public assistance;
 - ii) a government-owned facility ~~that, which~~ meets the cash flow criterion under subsection (h)(1)(A)(ii) ~~of this Section~~;
 - iii) a provider who has filed for Chapter 11 bankruptcy, which meets cash flow criterion under subsection (h)(1)(A)(ii) ~~of this Section~~.
- C) the facility must ensure that a delay of payment request, as defined under subsection (h)(3)(A) ~~of this Section~~, is received by the Department and the request must include a Cash Position Statement that is based upon current assets, current liabilities and other data for a date which is less than 60 days prior to the date of filing. Any liabilities payable to owners or related parties must not be reported as current liabilities on the Cash Position Statement. A deferral of license fee or assessment payments will be denied if any of the following criteria are met:

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- i) the ratio of current assets divided by current liabilities is greater than 2.0;
 - ii) cash, short term investments and long term investments equal or exceed the total of accrued wages payable and the license fee payment. Long term investments that are unavailable for expenditure for current operations due to donor restrictions or contractual requirements will not be used in this calculation;
 - iii) cash or other assets has been distributed during the previous 90 days to owners or related parties in an amount equal to or exceeding the license fee or assessment payment for dividends, salaries in excess of those allowable under Section 140.541 or payments for purchase of goods or services in excess of cost as defined in Section 140.537.
- D) the facility, with the exception of government owned facilities, must show evidence of denial of an application to borrow license fee or assessment funds through a cash flow bond pool or financial institutions such as a commercial bank. The denial must be 90 days old or less.
- E) the facility must sign an agreement with the Department that specifies the terms and conditions of the delayed payment provisions. The agreement shall contain the following provisions:
- i) specific reasons for institution of the delayed payment provisions;
 - ii) specific dates on which payments must be received and the amount of payment ~~that~~^{which} must be received on each specific date described;
 - iii) the interest or a statement of interest waiver as described in subsection (h)(5) ~~of this Section~~ that shall be due from the facility as a result of institution of the delayed payment provisions;

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- iv) a certification stating that, should the entity be sold, the new owners will be made aware of the liability and any agreement selling the entity will include provisions that the new owners will assume responsibility for repaying the debt to the Department according to the original agreement;
 - v) a certification stating that all information submitted to the Department in support of the delayed payment request is true and accurate to the best of the signator's knowledge; and
 - vi) ~~such~~ other terms and conditions that may be required by the Department.
- 2) A facility that does not meet the ~~above~~ criteria in subsection (h)(1) may request a delayed payment schedule, prior to the due date. The Department may approve the request, notwithstanding the facility not meeting the above criteria, upon a sufficient showing of financial difficulties and good cause by the facility. If the request for a delayed payment schedule is approved, all other conditions of this subsection (h) shall apply.
- 3) Approval Process
- A) In order to receive consideration for delayed payment provisions, facilities must ensure their request is received by the Department prior to the payment due date, in writing (telefax requests are acceptable) to the Bureau of Program and Reimbursement Analysis. The request must be received by the due date designated by the Department. Providers will be notified, in writing, of the due dates for submitting delay of payment requests. Requests must be complete and contain all required information before they are considered to have met the time requirements for filing a delayed payment request. All telefax requests must be followed up with original written requests, postmarked no later than the date of the telefax. The request must include:
- i) an explanation of the circumstances creating the need for the delayed payment provisions;

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- ii) supportive documentation to substantiate the emergency nature of the request including a cash position statement as defined in subsection (h)(1)(C) ~~of this Section~~; a denial of application to borrow the license fee or assessment as defined in subsection (h)(1)(D) ~~of this Section~~ and an explanation of the risk of irreparable harm to the clients; and
 - iii) specification of the specific arrangements requested by the facility.
- B) The facility shall be notified by the Department, in writing prior to the license fee or assessment due date, of the Department's decision with regard to the request for institution of delayed payment provisions. An agreement shall be issued to the facility for all approved requests. The agreement must be signed by the administrator, owner or other authorized representative and be received by the Department prior to the first scheduled payment date listed in such agreement.
- 4) Waiver of Penalties. The penalties described in subsections (f)(1) and (f)(2) ~~of this Section~~ may be waived upon approval of the facility's request for institution of delayed payment provisions. In the event a facility's request for institution of delayed payment provisions is approved and the Department has received the signed agreement in accordance with subsection (h)(3)(B) ~~of this Section~~, the penalties shall be permanently waived for the subject quarter or month as it pertains to assessment, unless the facility fails to meet all of the terms and conditions of the agreement. In the event the facility fails to meet all of the terms and conditions of the agreement, the agreement shall be considered null and void and such penalties shall be fully reinstated.
- 5) Interest. The delayed payments shall include interest at a rate not to exceed the State of Illinois borrowing rate. The applicable interest rate shall be identified in the agreement described in subsection (h)(1)(E) ~~of this Section~~. The interest may be waived by the Department if the facility's current ratio, as described in subsection (h)(1)(C) ~~of this Section~~, is 1.5 or less and the facility meets the criteria in subsections (h)(1)(A) and (B) ~~of~~

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~~this Section~~. Any such waivers granted shall be expressly identified in the agreement described in subsection (h)(1)(E) ~~of this Section~~.

- 6) Subsequent Delayed Payment Arrangements. Once a facility has requested and received approval for delayed payment arrangements, the facility shall not receive approval for subsequent delayed payment arrangements until such time as the terms and conditions of any current delayed payment agreement have been satisfied or unless the provider is in full compliance with the terms of the current delay of payment agreement. The waiver of penalties described in subsection (h)(4) ~~of this Section~~ shall not apply to a facility that has not satisfied the terms and conditions of any current delayed payment agreement.
- i) Administration and Enforcement Provisions
The Department shall administer and enforce Section 305-ILCS 5/5B-7 of the Code, and collect the license fees, assessments, interest, and penalty fees imposed under the law, using procedures employed in its administration of this Code generally and, as it deems appropriate, in a manner similar to that in which the Department of Revenue administers and collects the retailers' occupation tax under ~~the Retailers' Occupation Tax Act (ROTA)~~.
- j) Nothing in Section 305-ILCS 5/5B of the Code shall be construed to prevent the Department from collecting all amounts due under this Section pursuant to an assessment imposed before July 1, 1995.
- k) Definitions
As used in this Section, unless the context requires otherwise:
 - 1) "Department" means the Illinois Department of Healthcare and Family Services.
 - 2) "Fund" means the Long Term Care Provider Fund.
 - 3) "Hospital provider" means a person licensed by the Department of Public Health to conduct, operate, or maintain a hospital, regardless of whether the person is a Medicaid provider. For purposes of this definition, "person" means any political subdivision of the State, municipal corporation, individual, firm, partnership, corporation, company, limited liability company, association, joint stock association, or trust, or a

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receiver, executor, trustee, guardian, or other representative appointed by order of any court.

- 4) "Licensed nursing bed days" means, with respect to a nursing home provider, the sum for all nursing beds, with the exception of swing-beds, as described in subsection (k)(11) ~~of this Section~~, of the number of days during a calendar quarter on which each bed is covered by a license issued to that provider under the Nursing Home Care Act or the Hospital Licensing Act.
- 5) "Long term care facility" means a nursing facility, whether public or private and whether organized for profit or not-for-profit, that is subject to licensure by the Illinois Department of Public Health under the Nursing Home Care Act or the MR/DD Community Care Act, including a county nursing home directed and maintained under Section 5-1005 of the Counties Code, and a part of a hospital in which skilled or intermediate long term care services within the meaning of Title XVIII or XIX of the Social Security Act are provided; except that the term "long term care facility" does not include a facility operated by a State agency or operated solely as an intermediate care facility for the mentally retarded within the meaning of Title XIX of the Social Security Act.
- 6) "Long term care provider" means a person licensed by the Department of Public Health to operate and maintain a skilled nursing or intermediate long term care facility or a hospital provider that provides skilled or intermediate long term care services within the meaning of Title XVII or XIX of the Social Security Act. For purposes of this definition, "person" means any political subdivision of the State, municipal corporation, individual, firm, partnership, corporation, company, limited liability company, association, joint stock association, or trust, or a receiver, executor, trustee, guardian, or other representative appointed by order of any court.
- 7) "Nursing home" means a skilled nursing or intermediate long term care facility, whether public or private and whether organized for profit or not-for-profit, that is subject to licensure by the Illinois Department of Public Health under the Nursing Home Care Act, including a county nursing home directed and maintained under Section 5-1005 of the Counties Code; and a part of a hospital in which skilled or intermediate long-term care

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services within the meaning of Title XVIII or XIX of the Social Security Act are provided. However, the term "nursing home" does not include a facility operated solely as an intermediate care facility for the mentally retarded within the meaning on Title XIX of the Social Security Act.

- 8) "Nursing home provider" means a person licensed by the Department of Public Health to operate and maintain a skilled nursing or intermediate long term care facility which charges its residents, a third party payor, Medicaid, of Medicare for skilled nursing or intermediate long term care services; or a hospital provider that provides skilled or intermediate long term care services within the meaning of Title XVIII or XIX of the Social Security Act.
- 9) "Occupied bed days" shall be computed separately for each long term care facility operated or maintained by a long term care provider, and means the sum, for all beds, of the number of days during the month on which each bed was occupied by a resident, other than a resident for whom Medicare Part A is primary payer. For a resident whose care is covered by the Medicare-Medicaid Alignment Initiative demonstration, Medicare Part A is considered the primary payer to the extent Medicare would have been the primary payer in the absence of the demonstration.
- 10) "Person" means, in addition to natural persons, any political subdivision of the State, municipal corporation, individual, firm, partnership, corporation, company, limited liability company, association, joint stock association, or trust, or a receiver, executor, trustee, guardian, or other representative appointed by order of any court.
- 11) "Swing-beds" means those beds for which a hospital provider has been granted an approval from the federal Health Care Financing Administration to provide post-hospital extended care services (42 CFR 409.30, October 1, 1991) and be reimbursed as a swing-bed hospital (42 CFR 413.114, October 1, 1991).

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

Section 140.86 Supportive Living Facility Fund

- a) Purpose and Contents

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- 1) The Supportive Living Facility Fund was created in the State Treasury on July 1, 2014 (see 305 ILCS 5/5G-35). Interest earned by the Fund shall be credited to the Fund. The Fund shall not be used to replace any funds appropriated to the Medicaid program by the General Assembly.
- 2) The Fund is created for the purpose of receiving and disbursing monies in accordance with this Section and Sections 5G-10 and 35 of the Code.
- 3) The Fund shall consist of:
 - A) All monies collected or received by the Department under subsection (b);
 - B) All monies collected or received by the Department under subsection (j);
 - C) All federal matching funds received by the Department as a result of expenditures made by the Department that are attributable to monies deposited in the Fund;
 - D) Any interest or penalty levied in conjunction with the administration of the Fund;
 - E) All monies transferred from another fund in the State Treasury; and
 - F) All other monies received for the Fund from any other source, including interest earned on monies in the Fund.
- b) Provider Assessment
Beginning on July 1, 2014, an annual assessment is imposed upon each supportive living facility in an amount equal to \$2.30 for each supportive living facility's care days. This assessment shall not be billed or passed on to any resident of a supportive living facility.
- c) Payment of Assessment and Assessment Due

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- 1) The assessment described in subsection (b) of this Section shall be due and payable monthly, on the last State business day of the month for care days reported for the preceding third month prior to the month in which the assessment is payable and due. A facility that has its payments from the State delayed, due to problems related to State cash flow, may request an extension on the due date for payment pursuant to subsection (c) and shall pay the assessment within 30 days after reimbursement by the Department.
 - A) The Department shall provide for an electronic submission process for each supportive living facility to report at a minimum the number of care days of the supportive living facility for the reporting period and other reasonable information the Department requires for the administration of its responsibilities. To the extent practicable, the Department shall coordinate the assessment reporting requirements with other reporting required of supportive living facilities.
 - B) The Department shall prepare an assessment, based on the reported care days, and will bill the facility stating the amount due and payable each month and submit it to each supportive living facility via an electronic process. Each assessment payment shall be accompanied by a copy of the assessment bill sent to the supportive living facility by the Department.
 - C) The provider assessment imposed by this Section shall not be due and payable until after the Department notifies the supportive living facilities, in writing, that the payment methodologies to supportive living facilities required under Section 5-5.01a of the Public Aid Code have been approved and the waivers under 42 CFR 433.68, if necessary, have been granted by CMMS.
 - D) The provider assessment imposed by this Section shall cease to be imposed if the amount of matching federal funds under Title XIX of the Social Security Act is eliminated or significantly reduced on account of the

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assessment. Any remaining assessments shall be refunded to supportive living facilities in proportion to the amounts of the assessments paid by them.

- 3) All payments received by the Department shall be credited first to unpaid assessment payment amounts (rather than to penalty or interest), beginning with the most delinquent assessment payments.
- d) Reporting Requirements, Penalty, and Maintenance of Records
 - 1) Every supportive living facility subject to the assessment described in subsection (b) shall report the number of care days of the supportive living facility for the reporting period on or before the last business day of the month following the reporting period. Each supportive living facility shall ensure that an accurate e-mail address is on file with the Department in order for the Department to prepare and send an electronic bill to the supportive living facility.
 - 2) If a provider operates or maintains more than one supportive living facility, a separate report shall be filed for each facility. In the case of a provider existing as a corporation or legal entity other than an individual, the report filed by it shall be signed by its president, vice president, secretary or treasurer or by its properly authorized agent.
 - 3) If the provider fails to file its monthly report on or before the due date of the report, there shall, unless waived by the Department for reasonable cause, be added to the assessment imposed in subsection (b) a penalty fee equal to 25% of the assessment due.
 - 4) Every provider subject to a license fee or assessment under subsection (b) shall keep records and books that will permit the determination of care days on a calendar year basis. All such books and records shall be kept in the English language and shall, at all times during business hours, be subject to inspection by the Department or its duly authorized agents and employees.

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- 5) Amended Assessment Reports. With the exception of amended assessment reports filed in accordance with this subsection (d)(5), an amended monthly assessment report must be filed within 30 calendar days after the original report due date. The amended report must be accompanied by a letter identifying the changes and the justification for the amended report. The provider will be advised of any adjustments to the original assessment amount through a written notification from the Department. Penalties may be applied to the amount underpaid due to a filing error.
 - 6) Reconsideration of Adjusted Assessment. If the Department, through an audit conducted by the Department or its agent within three years after the end of the fiscal year in which the assessment was due, changes the assessment liability of a provider, the provider may request a review or reconsideration of the adjusted assessment within 30 days after the Department's notification of the change in assessment liability. Requests for reconsideration of the assessment adjustment shall not be considered if those requests are not postmarked on or before the end of the 30 day review period. Penalties may be applied to the amount underpaid due to a filing error.
- e) Procedure for Partial Year Reporting/Operating Adjustments
- 1) Cessation of Business Prior to the Monthly Due Date. A provider who ceases to conduct, operate, or maintain a facility for which the provider is subject to the assessment imposed under subsection (b), and for which closure occurs prior to the due date for the assessment period, shall file a final report with the Department within 30 days after the closure date. The final report will reflect the number of days the facility was operational during the assessment period and the corresponding final assessment amount. Closure dates will be verified with the Department of Public Health and, if necessary, adjustments will be made to the final assessment due. (Example: Facility closes on January 17. On or before February 17, the facility must file a final report for the reporting month of January 1 through January 31. The report would reflect 17 days of operation (January 1 through January 17))

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during the month and must be accompanied by the final assessment payment for the facility.)

- 2) Commencing of Business During the Month in Which the Assessment is Being Paid. A provider who commences conducting, operating, or maintaining a facility for which the person is subject to the assessment imposed under subsection (b) shall file an initial report for the assessment period in which the commencement occurs within 30 calendar days after commencement and shall pay the assessment under subsection (c).
- 3) Change in Ownership and/or Operators. The full monthly assessment must be paid on the designated due dates regardless of changes in ownership or operators. Liability for the payment of the assessment amount (including past due assessment and any interest or penalties that may have accrued against the amount) rests on the provider currently operating or maintaining the nursing facility regardless of whether these amounts were incurred by the current owner or were incurred by previous owners. Collection of delinquent assessment/license fees from previous providers will be made against the current provider. Failure of the current provider to pay any outstanding assessment/license fee liabilities incurred by previous providers shall result in the application of penalties described in subsection (f)(1).
- 4) Upon request, the Department will share with a potential buyer of a facility information on outstanding assessments and penalties owed by that facility.

f) Penalties

- 1) Any provider that fails to pay the full amount of an assessment payment when due shall be charged, unless waived by the Department for reasonable cause, a penalty equal to one percent of the amount of the assessment payment not paid on or before the due date, plus one percent of the portion thereof remaining unpaid on the last day of each monthly period thereafter, not to exceed 100% of the assessment amount not paid on or before the due date. Reasonable cause may include but is not limited to:

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- A) a provider who has not been delinquent on payment of an assessment payment due within the last three calendar years from the time the delinquency occurs;
- B) a provider who can demonstrate to the Department's satisfaction that a payment was made prior to the due date;
or
- C) that the provider is a new owner/operator and the late payment occurred in the assessment period in which the new owner/operator assumed control of the facility.
- 2) Within 30 days after the due date, the Department may begin recovery actions against delinquent providers participating in the Medicaid Program. Payments may be withheld from the provider until the entire assessment, including any penalties, is satisfied or until a reasonable repayment schedule has been approved by the Department. If a reasonable agreement cannot be reached, or if a provider fails to comply with an agreement, the Department reserves the right to recover any outstanding assessment, interest and penalty by recouping the amount or a portion thereof from the provider's future payments from the Department. The provider may appeal this recoupment in accordance with the Department's rules at 89 Ill. Adm. Code 104. The Department has the right to continue recoupment during the appeal process. Penalties pursuant to subsection (f)(1) will continue to accrue during the recoupment process. Recoupment proceedings against the same provider two times in a fiscal year may be cause for termination from the program. Failure by the Department to initiate recoupment activities within 30 days shall not reduce the provider's liabilities nor shall it preclude the Department from taking action at a later date.
- 3) If the provider does not participate in the Medicaid Program, or is no longer doing business with the Department, or the Department cannot recover the full amount due through the claims processing system within three months after the license fee or assessment due date, the Department may initiate either administrative or judicial

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proceedings, or both, to enforce provisions of this Section. Administrative enforcement proceedings initiated under this subsection (f)(3) shall be governed by the Department's administrative rules. Judicial enforcement proceedings initiated under this subsection (f)(3) shall be governed by the rules of procedure applicable to the courts of this State.

- 4) No proceedings for collection, refund, credit, or other adjustment of an assessment amount shall be issued more than three years after the due date of the assessment, except in the case of an extended period agreed to in writing by the Department and the supportive living facility before the expiration of this limitation period.
 - 5) Any unpaid assessment and/or penalties shall become a lien upon the assets of the supportive living facility upon which it was assessed. If any supportive living facility, outside the usual course of its business, sells or transfers the major part of any one or more of the real property and improvements, the machinery and equipment, or the furniture or fixtures of any supportive living facility that is subject to the provisions of this Section, the seller or transferor shall pay the Department the amount of any assessment, penalty and interest (if any) due from it under this Section up to the date of the sale or transfer. If the seller or transferor fails to pay any assessment, penalty and interest (if any) due, the purchaser or transferee of the asset shall be liable for the amount of the assessment, penalty and interest (if any) up to the amount of the reasonable value of the property acquired by the purchaser or transferee. The purchaser or transferee shall continue to be liable until the purchaser or transferee pays the full amount of the assessment, penalty, and interest (if any) up to the amount of the reasonable value of the property acquired by the purchaser or transferee or until the purchaser or transferee receives from the Department a certificate showing that the assessment, penalty, and interest have been paid or a certificate from the Department showing that no assessment, penalty, or interest is due from the seller or transferor under this Section.
- g) Delayed Payment – Groups of Facilities

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The Department may establish delayed payment of assessment and/or waive the payment of interest and penalties for groups of facilities when:

- 1) the State delays payments to facilities due to problems related to State cash flow; or
- 2) a cash flow bond pool's or any other group financing plans' requests from providers for loans are in excess of its scheduled proceeds such that a significant number of facilities will be unable to obtain a loan to pay the assessment.

h) Delayed Payment – Individual Facilities

In addition to the provisions of subsection (g), the Department may delay assessments for individual facilities that are unable to make timely payments under this Section due to financial difficulties. No delayed payment arrangements shall extend beyond the last business day of the month following the month the assessment payment was to have been received by the Department as described in subsection (c). The Department may not deny a request for delay of payment of the assessment imposed in subsection (b) if the provider has not been paid due to problems related to State cash flow for services provided during the month in which the assessment is levied. The request must be received by the Department prior to the due date of the assessment.

- 1) Criteria. Delayed payment provisions may be instituted only under extraordinary circumstances. Delayed payment provisions shall be made only to qualified facilities who meet all of the following requirements:
 - A) The facility has experienced an emergency that necessitates institution of delayed payment provisions. Emergency, in this instance, is defined as a circumstance under which institution of the payment and penalty provisions described in subsections (c)(1), (c)(2), (f)(1), (f)(2) and (f)(3) would impose severe and irreparable harm to the clients served. Circumstances that may create these emergencies include, but are not limited to, the following:

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- i) Department system errors (either automated system or clerical) that have precluded payments or that have caused erroneous payments such that the facility's ability to provide further services to clients is severely impaired;
 - ii) cash flow problems encountered by a facility that are unrelated to Department technical system problems and that result in extensive financial problems for a facility, adversely impacting its ability to serve its clients.
- B) The facility serves a significant number of clients under the Medical Assistance Program. Significant, in this instance, means:
 - i) 85% or more of the facility's residents are eligible for public assistance;
 - ii) The facility is a government-owned facility that meets the cash flow criterion of subsection (h)(1)(A)(ii);
 - iii) The facility is a provider who has filed for Chapter 11 bankruptcy, which meets the cash flow criterion of subsection (h)(1)(A)(ii).
- C) The facility must ensure that a delay of payment request, as defined under subsection (h)(3)(A), is received by the Department and the request must include a cash position statement that is based upon current assets, current liabilities and other data for a date that is less than 60 days prior to the date of filing. Any liabilities payable to owners or related parties must not be reported as current liabilities on the Cash Position Statement. A deferral of license fee or assessment payments will be denied if any of the following criteria are met:

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- i) the ratio of current assets divided by current liabilities is greater than 2.0;
 - ii) cash, short term investments and long term investments equal or exceed the total of accrued wages payable and the license fee payment. Long term investments that are unavailable for expenditure for current operations due to donor restrictions or contractual requirements will not be used in this calculation;
 - iii) cash or other assets have been distributed during the previous 90 days to owners or related parties in an amount equal to or exceeding the license fee or assessment payment for dividends, salaries in excess of those allowable under Section 140.541 or payments for purchase of goods or services in excess of cost as defined in Section 140.537.
- D) The facility, with the exception of government-owned facilities, must show evidence of denial of an application to borrow assessment funds through a cash flow bond pool or financial institution such as a commercial bank. The denial must be 90 days old or less.
- E) The facility must sign an agreement with the Department that specifies the terms and conditions of the delayed payment provisions. The agreement shall contain the following provisions:
- i) specific reasons for institution of the delayed payment provisions;
 - ii) specific dates on which payments must be received and the amount of payment that must be received on each specific date described;
 - iii) the interest or a statement of interest waiver as described in subsection (h)(5) that shall be due from

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the facility as a result of institution of the delayed payment provisions;

- iv) a certification stating that, should the entity be sold, the new owners will be made aware of the liability and any agreement selling the entity will include provisions that the new owners will assume responsibility for repaying the debt to the Department according to the original agreement;
- v) a certification stating that all information submitted to the Department in support of the delayed payment request is true and accurate to the best of the signator's knowledge; and
- vi) such other terms and conditions that may be required by the Department.

2) A facility that does not meet the criteria of subsection (h)(1) may request, prior to the due date, a delayed payment schedule. The Department may approve the request, notwithstanding the facility not meeting these criteria, upon a sufficient showing of financial difficulties and good cause by the facility. If the request for a delayed payment schedule is approved, all other conditions of this subsection (h) shall apply.

3) Approval Process

A) In order to receive consideration for delayed payment, facilities must ensure their request is received by the Department prior to the payment due date, in writing (telefax requests are acceptable) to the Bureau of Hospital and Provider Services. The request must be received by the due date designated by the Department. Providers will be notified, in writing, of the due date for submitting delay of payment requests. Requests must be complete and contain all required information before they are considered to have met the time requirements for filing a delayed payment request. All telefax requests must be followed up with

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original written requests, postmarked no later than the date of the telefax. The request must include:

- i) an explanation of the circumstances creating the need for the delayed payment provisions;
 - ii) supportive documentation to substantiate the emergency nature of the request, including a cash position statement as defined in subsection (h)(1)(C), a denial of application to borrow the license fee or assessment as defined in subsection (h)(1)(D), and an explanation of the risk of irreparable harm to the clients; and
 - iii) specification of the specific arrangements requested by the facility.
- B) The facility shall be notified by the Department, in writing prior to the assessment due date, of the Department's decision with regard to the request for institution of delayed payment provisions. An agreement shall be issued to the facility for all approved requests. The agreement must be signed by the administrator, owner or other authorized representative and be received by the Department prior to the first scheduled payment date listed in the agreement.
- 4) Waiver of Penalties. The penalties described in subsections (f)(1) and (f)(2) may be waived upon approval of the facility's request for institution of delayed payment provisions. In the event a facility's request for institution of delayed payment provisions is approved and the Department has received the signed agreement in accordance with subsection (h)(3)(B), the penalties shall be permanently waived for the subject month as it pertains to assessment, unless the facility fails to meet all of the terms and conditions of the agreement. In the event the facility fails to meet all of the terms and conditions of the agreement, the agreement shall be considered null and void and penalties shall be fully reinstated.

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- 5) Interest. The delayed payments shall include interest at a rate not to exceed the State of Illinois borrowing rate. The applicable interest rate shall be identified in the agreement described in subsection (h)(1)(E). The interest may be waived by the Department if the facility's current ratio, as described in subsection (h)(1)(C), is 1.5 or less and the facility meets the criteria in subsections (h)(1)(A) and (B). Any waivers granted shall be expressly identified in the agreement.
- 6) Subsequent Delayed Payment Arrangements. Once a facility has requested and received approval for delayed payment arrangements, the facility shall not receive approval for subsequent delayed payment arrangements until the terms and conditions of any current delayed payment agreement have been satisfied or unless the provider is in full compliance with the terms of the current delay of payment agreement. The waiver of penalties described in subsection (h)(4) shall not apply to a facility that has not satisfied the terms and conditions of any current delayed payment agreement.
- i) Administration and Enforcement Provisions
The Department shall administer and enforce Section 5G-5 of the Code and collect the assessments, interest, and penalty fees imposed under the law, using procedures employed in its administration of the Code generally and, as it deems appropriate, in a manner similar to that in which the Department of Revenue administers and collects the retailers' occupation tax under the Retailers' Occupation Tax Act (ROTA).
- j) Certification Fee
The Department shall collect an annual certification fee of \$100 per each operational or approved supportive living facility for the purposes of funding the administrative process of reviewing new supportive living facility applications and administrative oversight of the health care services delivered by supportive living facilities. The certification fee imposed by this subsection shall cease to be imposed if the amount of matching federal funds under Title XIX of the Social Security Act is eliminated or significantly reduced on account of the certification fee.
- k) Definitions

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As used in this Section, unless the context requires otherwise:

- 1) "Department" means the Illinois Department of Healthcare and Family Services.
- 2) "Fund" means the Supportive Living Facility Fund.
- 3) "Supportive Living Facility" means an enrolled supportive living site as described Section 5-5.01a of the Code that meets the participation requirements under 89 Ill. Adm. Code 146.215.
- 4) "Care Days" means, with respect to a supportive living facility, the sum for all apartment units, the number of days during the month in which each apartment unit was occupied by a resident.

(Source: Added at 38 Ill. Reg. 23623, effective December 2, 2014)

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section 140.420 Dental Services

Effective for dates of service on or after July 1, 2014, except as otherwise specified in this Section:

- a) Except as outlined in subsection (b), ~~payment~~Payment for dental services shall be made only to enrolled licensed dentists. ~~Payment for comprehensive orthodontic care shall be made only to a dentist licensed for provision of those services.~~
- b) Payment for oral health screening and fluoride varnish services shall be made to enrolled licensed dentists, and physicians or advance practice nurses (APNs) who are trained and approved to provide oral health screening and fluoride varnish services.
- c) Payment for comprehensive orthodontic care shall be made only to a dentist licensed for provision of those services.
- db) Except ~~Effective July 1, 2012, except~~ as specified in subsections ~~(e)~~(e) and ~~(f)~~(d), payment shall be made for allowable dental services specified in Table D that ~~are covered dental services as described in subsections (b)(1) and (b)(2) and as~~

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~~listed in Table D:~~

- 1) Necessary to relieve pain or infection, preserve teeth, or restore adequate dental function;
 - 2) Diagnostic, preventive, or restorative services, endodontics, prosthodontics, orthodontics or oral surgery included in the Department's Schedule of Dental Procedures (see Table D); and
 - 3) Performed by the dentist or under the direct supervision of the dentist, or for oral health screening and fluoride varnish services, performed by or under the direct supervision of an enrolled licensed dentist, physician or APN.
- ~~ee)~~ Payment shall not be made for experimental dental care and procedures performed only for cosmetic reasons.
- ~~fd)~~ Effective for dates of service ~~on or after~~ July 1, 2012 through June 30, 2014, notwithstanding other provisions of this Section or Section 140.421, dental services rendered to recipients age 21 years and older shall be limited to those dental services that are medically necessary to treat pain, infection, swelling, uncontrolled bleeding, or traumatic injury that can be treated by extraction and dental services that are medically necessary as a prerequisite for necessary medical care.

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

Section 140.421 Limitations on Dental Services

Effective for dates of service on or after July 1, 2014:

- a) The Department shall impose prior approval requirements to determine the medical necessity of dental services listed in this Section. Prior approval is required for:
 - ~~1)~~ Space maintainers;
 - ~~1)2)~~ Crowns;

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- ~~2)3)~~ Partial Pulpotomy ~~Endodontic services with the exception of therapeutic pulpotomy;~~
- ~~3)4)~~ Periodontal services, except full mouth debridement for diagnostic purposes, ages 0-20;
- ~~4)~~ Apexification and recalcification;
- ~~5)~~ Apicoectomy;
- ~~6)5)~~ Dentures, partial dentures and denture relines;
- ~~7)6)~~ Maxillofacial prosthetics;
- ~~8)7)~~ Prosthodontics~~Bridgework;~~
- ~~9)8)~~ Removal of impacted teeth;
- ~~10)9)~~ Surgical removal of residual roots;
- ~~11)10)~~ Surgical exposure to aid eruption;
- ~~12)11)~~ Alveoloplasty;
- ~~13)12)~~ Incision and drainage of abscess;
- ~~14)~~ Removal of cysts or tumors;
- ~~15)13)~~ Frenulectomy;
- ~~16)14)~~ Orthodontics. Medically necessary orthodontic treatment is approved only for patients ages 0-20 and is defined as:~~for children. The Department's consultant shall make the initial decision whether or not to approve orthodontic treatment. Medically necessary orthodontic treatment is defined as:~~
- A) treatment necessary to correct a condition which scores 42 points or more on the Salzmann Index, or

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- B) treatment necessary to correct a ~~condition that constitutes a~~ handicapping malocclusion (a condition that impairs or creates a hazard in eating, chewing, speaking or breathing) ~~(A malocclusion is handicapping if there is an impairment of or a hazard to the ability to eat, chew, speak or breathe that is related to the malocclusion.);~~
- ~~17)15) General anesthesia, conscious sedation or deep sedation~~ Analgesia (nitrous oxide);
- ~~18)16) Therapeutic drug injection;~~
- ~~19)17) Other drugs and medicaments;~~
- ~~20)18) Unspecified miscellaneous adjunctive general services or~~ procedures; ~~procedure or service;~~
- ~~21)19) Dental services not listed in Table D.~~ Dental services not included in the Department's Schedule of Dental Procedures (see Table D of this Part).
- b) The dentist may request post-approval when a dental procedure requiring prior approval is provided on an emergency basis. Approval of the procedures shall be given if the dental procedure is medically necessary, in the judgment of a consulting dentist of the Department or a consulting dental service, the procedure is necessary to prevent dental disease or to restore and maintain adequate dental function to assure good bodily health and the well-being of the patient.
- e) ~~Payment for complete and partial dentures is limited to one set every five years if necessary to replace lost, broken or unusable dentures; payment for a bridge is limited to once in five years. Bridgework will be reimbursed only if there has not been placement of a partial denture within the prior five years.~~
- d) ~~Root canals, apexification, and apicoectomy procedures are covered for children for anterior teeth, bicuspid, and permanent first molars. Root canals are covered for adults only for anterior teeth.~~
- e) ~~Panoramic x-rays are covered only once every three years.~~

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

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Section 140.425 Podiatry Services

- a) Payment for podiatry services shall be made only to licensed podiatrists.
- b) Effective July 1, 2012 through September 30, 2014, payment shall be made for those podiatric services provided to recipients under the age of 21 or recipients age 21 and over who have been diagnosed with diabetes as defined in the International Classification of Diseases, 9th Revision. ~~The allowable diagnosis code ranges will be specified in the Handbook for Providers of Podiatric Services.~~
- c) Payment shall be made for the following:
 - 1) Effective July 1, 2012 through September 30, 2014, payment shall be made for those podiatric services that are:
 - ~~A1~~) Limited to recipients under the age of 21 or recipients age 21 and over who have been diagnosed with diabetes as defined in the International Classification of Diseases.
 - ~~B2~~) Essential for the diagnosis and treatment of conditions of the feet and ankles.
 - ~~C3~~) Listed in the Current Procedural Terminology (CPT) fourth edition published by the American Medical Association or Healthcare Common Procedure Coding System (HCPCS) Level II, for podiatric office visits, diagnostic radiology, pathology, or orthomechanical procedures included in the Department's schedule of podiatric services as itemized in Table F.
 - ~~D4~~) Performed by the podiatrist or under the direct supervision of the podiatrist.
 - ~~E5~~) Routine foot care services (trimming of nails, treatment of calluses, corns, and similar services) when a participant is under active treatment for diabetes mellitus.
 - 2) Effective October 1, 2014, payment shall be made for those podiatric services that are:

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- A) Essential for the diagnosis and treatment of conditions of the feet and ankles.
 - B) Listed in the CPT or HCPCS Level II for podiatric office visits, diagnostic radiology, pathology, or orthomechanical procedures included in the Department's schedule of podiatric services as itemized in Table F.
 - C) Performed by the podiatrist or under the direct supervision of the podiatrist.
 - D) Routine foot care services (trimming of nails, treatment of calluses, corns, and similar services) when a participant is under active treatment for diabetes mellitus or has a systemic condition that has resulted in severe circulatory impairment or an area of desensitization in the legs or feet and routine type foot care is required.
- d) Payment shall not be made for the following services:
- 1) Making a referral, obtaining a specimen, handling a specimen for analysis, or ordering a laboratory test;
 - 2) Visits and services provided to recipients eligible for Medicare benefits if the services are determined not medically necessary by Medicare;
 - 3) Services provided to recipients in group care facilities by a podiatrist who derives direct or indirect profit from total or partial ownership of the facility;
 - 4) Routine foot care, except as described in subsection (c)(1)(E) and (c)(2)(D)(5);
 - 5) Screening for foot problems;
 - 6) Provider transportation costs;
 - 7) X-rays, and laboratory procedures performed at a location other than the

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podiatrist's own office;

- 8) X-rays, laboratory work or similar services not specifically required by the condition for which the recipient is being treated;
- 9) Routine post-operative visits.

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

Section 140.442 Prior Approval of Prescriptions

- a) The Department may require prior approval for the reimbursement of any drug, except as provided in this Section. Determinations of whether prior approval for any drug is required shall be made in the following manner:
 - 1) The Department shall consult with individuals or organizations that possess appropriate expertise in the areas of pharmacology and medicine. In doing so, the Department shall consult with organizations composed of physicians, pharmacologists, or both, and shall, to the extent that it consults with organizations, limit its consultations to organizations ~~that~~which include within their membership physicians practicing in all of the representative geographic areas in which recipients reside and practicing in a majority of the areas of specialization for which the Department reimburses physicians for providing care to recipients.
 - 2) The Department shall consult with a panel from the organizations (the panel is selected by the organizations) to review and make recommendations regarding prior approval. The panel shall meet not less than four times a year for the purpose of the review of drugs. The actions of the panel shall be non-binding upon the Department and can in no way bind or otherwise limit the Department's right to determine in its sole discretion those drugs that shall be available without prior approval.
 - 3) Upon U.S. Food and Drug Administration approval of a new drug, or when post-marketing information becomes available for existing drugs requiring prior approval, the manufacturer shall be responsible for submitting materials to the Department ~~that~~which the Department and the consulting organization shall consider in determining whether reimbursement for the drug shall require prior approval.

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- 4) New dosage strengths and new dosage forms of products currently included in the list of drugs available without prior approval (see Section 140.440(e)) shall be available without prior approval upon the request of the manufacturer, unless otherwise designated by the Director. In such a case, the Director shall submit the new dosage strength, or new form, to the prior approval procedures described in this Section.
- 5) Upon receipt of the final agenda established for each meeting of the panel created under subsection (a)(2), the Department shall promptly review materials and literature supplied by drug manufacturers. Additional literature may be researched by the Department to assist the panel in its review of the products on the agenda. The Department shall make comments and, within ~~10~~ten working days after receipt of the agenda, transmit ~~those such~~ comments, either in person or in writing, to the panel. This shall be done for each meeting of the ~~above described~~ panel.
- 6) The consulting organization shall transmit its recommendations to the Department in writing.
- 7) Upon receipt of this transmittal letter, the Department shall, within 15 business days, notify all interested parties, including pharmaceutical product manufacturers, of all recommendations of the consulting organization accepted or rejected by the Director. Notifications to pharmaceutical manufacturers of the Director's decision to require prior approval shall include reasons for the decision. Decisions requiring prior approval of new drug products not previously requiring prior approval shall become effective no sooner than ten days after the notification to providers and all interested parties, including manufacturers. The Department shall maintain a mailing list of all interested parties who wish to receive a copy of applicable notices.
- 8) Drug manufacturers shall be afforded an opportunity to request reconsideration of products recommended for prior approval. The drug manufacturers may submit whatever information they deem appropriate to support their request for reconsideration of the drug product. All reconsideration requests must be submitted in writing to the Department and shall be considered at the next regularly scheduled meetings of the expert panel created under subsection (a)(2) ~~convened by the consulting~~

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~~organization.~~

- 9) Effective July 1, 2012, the Department shall provide that the following types of drugs are available without prior approval:
 - A) Contraceptive drugs and products; and
 - B) Non-innovator products, listed in the State of Illinois Drug Product Selection Program's current Illinois Formulary, when the innovator product is available without prior approval.
- b) Prior approval shall be given for drugs requiring authorization if:
 - 1) The drug is a legend item (requires a prescription); and
 - 2) The drug is used in accordance with predetermined standards consistent with the compendia consisting of the American Hospital Formulary Service Drug Information, the United States Pharmacopeia-Drug Information and the American Medical Association Drug Evaluations, as well as the peer-reviewed medical literature; and
 - 3) Either:
 - A) The drug is necessary to prevent a higher level of care, such as institutionalization; or
 - B) The prescriber has determined that the drug is medically necessary.
- c) Decisions on all requests for prior approval by telephone or other telecommunications device and, upon the Department's receipt of the request, shall be made by the same time of the Department's next working day. In an emergency situation, the Department shall provide for the dispensing of at least a 72-hour supply of a covered prescription drug.
- d) In accordance with subsection (d)(2), the Department may require ~~prior~~ approval prior to reimbursement for a brand name prescription drug if the patient for whom the drug is prescribed has already received three brand name prescription drugs in the preceding 30-day period and is 21 years of age or older.

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- 1) For purposes of this subsection (d), brand name prescription drugs in the following therapeutic classes shall not count towards the limit of three brand name prescription drugs and shall not be subject to prior approval requirements because a patient has received three brand name prescription drugs in the preceding 30 days.
 - A) Antiretrovirals;
 - B) Antineoplastics; and
 - C) Anti-Rejection Drugs.
- 2) Brand name prescription drugs are exempt from the prior approval requirements of this subsection (d) if:
 - A) there are no generic therapies for the condition treated within the same therapeutic drug class; or
 - B) the Department determines that the brand name prescription drug is cost effective.
- e) Effective July 1, 2012, the Department may require prior approval prior to reimbursement for a prescription drug if the patient for whom the drug is prescribed has already received four prescription drugs in the preceding 30-day period. For purposes of [this](#) subsection ~~(e)(4)~~, prescription drugs in the following therapeutic classes shall not count towards the limit of four prescription drugs and shall not be subject to prior approval requirements because a patient has received four prescription drugs in the preceding 30 days:
 - 1) Antiretrovirals;
 - 2) Antineoplastics; ~~and~~
 - 3) Anti-Rejection Drugs; ~~and~~
 - 4) [Effective July 1, 2014, Antipsychotics.](#)
- f) [Effective July 1, 2014, the Department shall exempt from the prior approval process required under subsection \(e\) children with complex medical needs](#)

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enrolled in a care coordination entity contracted with the Department to solely coordinate care for those children, if the Department determines that the entity has a comprehensive drug reconciliation program.

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

Section 140.457 Therapy Services

Effective July 1, 2012, physical, occupational and speech/language services are provided for clients because of illness, disability or infirmity and in accordance with a plan established by a physician and reviewed by the physician every 90 days and, through September 30, 2014, with a maximum of 20 visits allowed per discipline per State fiscal year for adults age 21 and over. Payment may be made for prior approved therapy services provided by:

- a) A physical, speech or occupational therapist who is qualified as follows:
 - 1) A physical therapist must be licensed by the Department of Financial and Professional Regulation.
 - 2) A speech/language therapist must be licensed by the Illinois Department of Financial and Professional Regulation.
 - 3) An occupational therapist must be licensed by the Department of Financial and Professional Regulation.
- b) A community health agency.

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

Section 140.458 Prior Approval for Therapy Services

- a) Effective July 1, 2012 through September 30, 2014, prior approval is required for the provision of services by an independent speech/language, physical or occupational therapist or by a community health agency, unless:
 - 1) the individual is eligible for services under Medicare; or
 - 2) the individual is under the age of 21.

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- b) Effective October 1, 2014, prior approval shall be required for all individuals, except for individuals eligible for services under Medicare and except when the individual is under age 21 and the date of service is prior to July 1, 2015.
- ~~c~~b) Approval will be granted when, in the judgment of a consulting physician and/or professional staff of the Department, the services are medically necessary and appropriate to meet the individual's medical needs.
- ~~d~~e) The decision to approve or deny a request for prior approval will be made within 21 days after the date the request and all necessary information is received.

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

Section 140.464 Hospital-Based and Encounter Rate Clinic Payments

- a) Hospital-based organized clinics, as described in Section 140.461(a), shall be paid in accordance with 89 Ill. Adm. Code 148.140.
- b) Encounter Rate Clinics
~~↳~~Encounter~~For encounter~~ rate clinics, as described at Section 140.461(b), providing comprehensive health care for infants and women, including but not limited to prenatal and postnatal care, will be reimbursed under a per encounter rate system based upon 85% of the average of the costs of furnishing those services. Baseline payment rates will be determined individually for each encounter rate clinic. Once determined, the baseline payment rate will be adjusted annually using the Medicare Economic Index (MEI) beginning January 1, 2015. Payment for services provided on or after October 1, 2014 shall be made using specific rates for each clinic as specified in this Section.~~payment shall be made at the lesser of:~~
- 1) Baseline Payment Rates
- A) For each clinic, the Department will calculate a baseline medical encounter rate and, for dental services, the Department will calculate a baseline dental encounter rate, using the methodology specified in subsection (b)(1)(B).
- B) The cost basis for the baseline rates shall be based upon allowable costs reported by the clinic that are determined by the Department

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to be reasonable, efficient and related to the cost of furnishing the services by the clinic and drawn from individual clinic cost reports for clinic fiscal years ending in 2012 and 2013.

- C) The Department shall supply and the clinic shall submit a cost report for the years specified in subsection (b)(1)(B) for the purpose of determining the average cost per encounter for both medical and dental services. Clinics shall also furnish audited financial statements for each fiscal year specified in subsection (b)(1)(B).
- D) The baseline payment rates for a clinic shall be the average (arithmetic mean) of the annual costs per encounter, calculated separately for each of the fiscal years for which cost report data must be submitted and multiplied by a cost factor of .85.
- E) Encounter rate clinic claims submitted to the Department must identify all services provided during the encounter.

2) Rate Adjustments

- A) On or about October 1, 2014, the Department shall determine the medical and dental encounter rates for each clinic. These rates shall be paid for services provided on or after October 1, 2014. Claims submitted and adjudicated prior to the entry of these rates into the Department's claims processing system shall be reconciled for each affected clinic.
- B) Beginning January 1, 2015, and annually thereafter, the Department will adjust baseline rates by the most recently available MEI. The adjusted rates shall be paid for services provided on or after the date of adjustment.

3) Rate Appeals Process

- A) All appeals of audit adjustments or rate determinations must be submitted in writing to the Department. Appeals must be submitted within 60 calendar days after the notification of the adjustments or rate determinations. If upheld, the revised audit

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adjustment or rate determination shall be made effective as of the beginning of the rate period.

- B) To be accepted for review, the written appeal shall include the following:
- i) The current approved reimbursement rate, allowable costs and the additional reimbursable costs sought through the appeal.
 - ii) A clear, concise statement of the basis for the appeal.
 - iii) A detailed statement of financial, statistical and related information in support of the appeal, indicating the relationship between the additional reimbursable costs as submitted and the circumstances creating the need for increased reimbursement.
 - iv) A statement by the clinic's chief executive officer or financial officer that the application of the rate appeal and information contained in the clinic's reports, schedules, budgets, books and records submitted are true and accurate.
- C) Rate appeals may be considered for the following reasons:
- i) Mechanical or clerical errors committed by the provider in reporting historical expenses used in the calculation of allowable costs.
 - ii) Mechanical or clerical errors committed by the Department in auditing historical expenses as reported and/or in calculating reimbursement rates.
- D) The Department shall rule on all appeals within 120 calendar days after receipt of the complete appeal, except that, if additional information is required from the facility, the period shall be extended until such time as the information is provided.

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- E) Appeals shall be submitted to the Department's Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763-0002.
- A) ~~\$90 per encounter; or~~
- B) ~~The clinic's charge to the general public.~~
- 2) ~~For encounter rate clinics, as described at Section 140.461(b), providing dental services, payment shall be made at the lesser of:~~
- A) ~~\$85 per encounter; or~~
- B) ~~The clinic's historical annual cost per encounter as calculated for a Federally Qualified Health Center (FQHC) in accordance with Section 140.463(b)(3)(B).~~
- 3) ~~For all other encounter rate clinics, payment shall be made at the lesser of:~~
- A) ~~The clinic's approved all inclusive interim per encounter rate as of May 1, 1981; or~~
- B) ~~\$50 per encounter; or~~
- C) ~~The clinic's charge to the general public.~~
- c) County-Operated Outpatient Facilities
- 1) For critical clinic providers, as described in Section 140.461(h)(1), reimbursement for all services, including pharmacy-only-encounters, provided shall be on an all-inclusive per day encounter rate that shall equal reported direct costs of critical clinic providers~~Critical Clinic Providers~~ for each facility's cost reporting period ending in 1995, and available to the Department as of September 1, 1997, divided by the number of Medicaid services provided during that cost reporting period as adjudicated by the Department through July 31, 1997.
- 2) For county ambulatory health centers, the final rate is determined as follows:

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- A) Base Rate. The base rate shall be the rate calculated as follows:
- i) Allowable direct costs shall be divided by the number of direct encounters to determine an allowable cost per encounter delivered by direct staff.
 - ii) The resulting quotient, as calculated in subsection (c)(2)(A)(i), shall be multiplied by the Medicare allowable overhead rate factor to calculate the overhead cost per encounter.
 - iii) The resulting product, as calculated in subsection (c)(2)(A)(ii), shall be added to the resulting quotient, as calculated in subsection (c)(2)(A)(i), to determine the per encounter base rate.
 - iv) The resulting sum, as calculated in subsection (c)(2)(A)(iii), shall be the base rate.
- B) Supplemental Rate
- i) The supplemental service cost shall be divided by the total number of direct staff encounters to determine the direct supplemental service cost per encounter.
 - ii) The supplemental service cost shall be multiplied by the allowable overhead rate factor to calculate the supplemental overhead cost per encounter.
 - iii) The quotient derived in subsection (c)(2)(B)(i) shall be added to the product derived in subsection (c)(2)(B)(ii) to determine the per encounter supplemental rate.
 - iv) The resulting sum, as described in subsection (c)(2)(B)(iii), shall be the supplemental rate.
- C) Final Rate. The final rate shall be the sum of the base rate and the supplemental rate.

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(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

Section 140.472 Types of Home Health Care Services

The types of services for which payment can be made are:

- a) Intermittent skilled nursing in the home for the purpose of completing an assessment, evaluation or administration.
- b) Shift nursing care in the home for the purpose of caring for a participant under 21 years of age who has extensive medical needs and requires ongoing skilled nursing care.
- c) Home health aide.
- d) Therapy services: Effective July 1, 2012 through September 30, 2014, speech, occupational and physical therapy services are limited to a maximum of 20 visits per State fiscal year for participants who are age 21 and over. For services provided on and after October 1, 2014, these ~~These~~ services require prior approval by the Department for participants age 21 and over. For services on or after July 1, 2015, these services shall require prior approval by the Department for participants under age 21.

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

Section 140.485 Healthy Kids Program

- a) Program Description
 - 1) The Healthy Kids Program is the Early and Periodic Screening, Diagnosis and Treatment Program mandated by the Social Security Act (see 42 USC U.S.C. 1396a(43), 1396d(4)(B) (Supp. 1987)). The goals of the program are to:
 - A) improve the health status of Medicaid-eligible children ages birth through 20 years through the provision of preventive medical care and early diagnosis and treatment of conditions threatening the child's health; ~~and~~

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- B) reduce the long term costs of medical care to eligible children; and-
 - C) effective for dates of service on or after July 1, 2014, comply with the evidence-based practices detailed in the American Academy of Pediatrics Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition (2008), American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village IL 60007, <http://brightfutures.aap.org>.
- 2) The Department strives to achieve these goals by offering the following services at no cost to an eligible child, except as may be limited by a spend down requirement:
- A) periodic and interperiodic health, vision, hearing and dental screening services to meet the health care needs of children (see Section 140.488(a) through (d));
 - B) immunizations against childhood diseases (see Section 140.488(e));
 - C) diagnostic laboratory procedures as described in Section 140.488(f);
 - D) further diagnosis or treatment necessary to correct or ameliorate defects and physical or mental illnesses or conditions which are discovered or determined to have increased in severity by a provider as the result of a periodic or interperiodic health, vision, hearing or dental screening;
 - E) effective for dates of service on or after July 1, 2014, referral for dental care beginning at age one~~two~~; and
 - F) assistance in locating a provider, scheduling an appointment and in arranging transportation to and from the source of medical care.
- 3) The Department also strives to protect each eligible person's right to freedom of choice regarding participation and selection of a health care provider and the right to continuity of care.

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- b) Eligibility. Services are available to those persons listed in Section 140.3, except that ~~those~~~~such~~ persons must be under 21 years of age at the time of receiving ~~the~~~~such~~ services.
- c) Provider Participation. Providers of Healthy Kids services must be duly licensed or certified according to applicable ~~federal~~~~Federal~~ or State law or rule and be enrolled in the Illinois Medical Assistance Program to provide one or more Healthy Kids Program services as authorized in Title XIX of the Social Security Act and the Illinois Medical Assistance Program State Plan (as set forth in ~~Sections~~ 140.11 ~~through~~~~thru~~ 140.835).
- d) Program Activities and Services
- 1) Informing Clients. The Department shall inform eligible persons in writing about the benefits of preventive health care, the services which are available, and procedures by ~~that~~~~which~~ eligible persons may request and receive assistance in identifying an enrolled provider, scheduling an appointment or arranging transportation to and from the source of medical care. Effective July 1, 1990, the Department shall also notify Medicaid-eligible pregnant women, postpartum women during the six months after termination of pregnancy, women up to one year postpartum who are breastfeeding their infants or children below the age of five years of their potential eligibility for receiving services through the Special Supplemental Food Program for Women, Infants and Children which is ~~administered~~~~administred~~ by the Illinois Department of Public Health (IDPH). The informing of eligible persons shall be done as described in the ~~timeliness standards~~~~Timeliness Standards~~ contained in Section 140.487.
 - 2) Periodic Medical Screenings. The Department will pay for a series of periodic medical screenings scheduled from a person's birth through age 20. The ~~periodicity schedule~~~~Periodicity Schedule~~ of screenings is contained in Section 140.488. The Department will pay for additional health screenings when necessary for:
 - A) enrollment in school;~~or~~
 - B) enrollment in a licensed day care program, including Headstart;~~or~~

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- C) placement in a licensed child welfare facility, including a foster home, group home or child care institution;~~or~~
 - D) attendance at a camping program;~~or~~
 - E) participation in an organized athletic program;~~or~~
 - F) enrollment in an early childhood education program recognized by the Illinois State Board of Education;~~or~~
 - G) participation in a Women, Infant and Children (WIC) program; or
 - H) is requested by a child's parent, guardian or custodian, or is determined to be necessary by social services, developmental, health, or educational personnel.
- 3) Dental Screenings
Effective for dates of service on or after July 1, 2014:
- A) A dental screening shall be included as part of the well child visit at the appropriate intervals.~~Dental services shall include services for relief of pain and infections, restoration of teeth, and maintenance of dental health, including instruction in self-care oral hygiene procedures.~~
 - B) A physician shall refer children to a dentist for routine and periodic preventive dental care within six months after the eruption of the first tooth or by age one.~~Eligible persons shall be referred for dental screenings beginning at age two if the person is not in the continuing care of an enrolled dental provider, except that a child younger than age two years may be referred for dental services when any health screening indicates the need for dental services.~~
 - C) The periodicity schedule for dental screening services is contained in Section 140.488. The Department will pay for one dental screening per age period unless a second screening is medically necessary.

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- 4) Vision Screening
 - A) The Department will pay for vision screening services, and diagnosis and treatment for defects in vision, including glasses.
 - B) The periodicity schedule for vision screenings is contained in Section 140.488. The Department will pay for one vision screening per age period, except when a second screening is determined to be medically necessary.
- 5) Hearing Screening. The Department will pay for hearing screenings and diagnosis and treatment for defects in hearing, including hearing aids. The periodicity schedule for hearing screenings is contained in Section 140.488. The Department will pay for one hearing screening per age period, except when a second screening is determined to be medically necessary.
- 6) Immunizations. The Department will pay for the immunization of eligible children against childhood diseases. The list of covered immunizations is contained in Section 140.488(b).
- 7) Diagnostic Procedures
 - A) Lead Screening
 - i) The Department requires that lead screening shall be performed in compliance with the "Lead Poisoning Prevention Act [410 ILCS 45], ~~Public Act 87-175~~", as amended, effective January 1, 1992. Children between the ages of six months to six years should be screened for lead poisoning at priority intervals. Screenings and medical follow up shall be performed in accordance with the "Guidelines for the Detection and Management of Lead Poisoning for Physicians and Health Care Providers", published by the Illinois Department of Public Health. These guidelines recommend that those children at highest risk be screened on a regular basis. High risk environmental situations include housing built before 1978, housing ~~that which~~ is being renovated or remodeled, or

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~~that~~~~which~~ is in deteriorating condition. Children six years and older shall also be screened, ~~when~~~~where~~ medically indicated or appropriate.

- ii) The Department will pay for lead screening as indicated in subsection (d)(7)(A)(i) ~~above~~ or as required for admission by a day care center, day care home, preschool, nursery school, kindergarten, or other child care facility or educational facility licensed by the State.
 - iii) The Department will pay for epidemiological study of the child's living environment when the child has been diagnosed as having an elevated blood lead level for the purpose of identifying the source of lead exposure.
- B) The Department will pay for the administration of all other medically necessary diagnostic procedures performed during or as the result of medical screenings.
- 8) Treatment. The Department shall pay for necessary medical care (see Section 140.2), diagnostic services, treatment or other measures medically necessary (e.g., medical equipment and supplies) to correct or ameliorate defects, and physical and mental illnesses and conditions which are discovered or determined to have increased in severity by medical, vision, hearing or dental screening services.
- 9) Assistance Services. The Department shall, upon request, provide assistance to eligible children and their parent, guardian or custodian to locate a provider, schedule an appointment or arrange transportation to and from the source of medical care.
- 10) Timeliness Standards. The ~~timeliness standards~~~~Timeliness Standards~~ in Section 140.487 will govern the completion of required activities and services.
- e) Reimbursement to Providers
- 1) Fee-for-service. Provider's enrolled in the Maternal and Child Health Program, as described in Subpart G, will receive enhanced rates for certain

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services, as described in Section 140.930(a)(1). Payment will be made at the provider's usual and customary charges or the established Department ~~rates~~~~rate(s)~~ (see Section 140.400), whichever is less, for providers not enrolled in the Maternal and Child Health Program. Reimbursement for the administration of immunizations to an eligible person will be made at rates established by the Department. The provider will receive replacement vaccines as explained in subsection (e)(3)-~~below~~.

- 2) Claims. Claims for reimbursement shall be submitted on the form and in a manner specified by the Department.
- 3) Vaccine Replacement Program. When a provider administers an immunization to an eligible child, the vaccines are replaced to the provider through the Vaccine Replacement Program which is administered jointly by the Department and the IDPH. Providers must be annually certified for participation in the Vaccine Replacement Program by IDPH before receiving replacement vaccines. Information on the Vaccine Replacement Program and certification procedures (set forth at 42 CFR 51b), may be obtained by contacting:

Immunization Vaccine Replacement Program
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761

- f) Limitations on Services. Services under the Healthy Kids Program shall only be available to persons in the age groups from birth through age 20. Coverage of and payments for services shall be consistent with the requirements of ~~section~~~~Section~~ 1905 of the Social Security Act (42 ~~USCU.S.C.~~ 1396d) as it relates to the Early and Periodic Screening, Diagnosis and Treatment Program.
- g) Record Requirements. The provider shall comply with record requirements as set forth in Section 140.28.

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

Section 140.488 Periodicity Schedules, Immunizations and Diagnostic Laboratory Procedures

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- a) Health Screening Periodicity Schedule. Eligible clients may receive one periodic health screening during each of the following time periods, except a second screening may be given as explained in Section 140.485(d)(2):
- 1) ~~birth~~^{Birth} to two weeks;
 - 2) two weeks to one month;
 - 3) one to two months;
 - 4) two to four months;
 - 5) four to six months;
 - 6) six to nine months;
 - 7) nine to 12 months;
 - 8) 12 to 15 months;
 - 9) 15 to 18 months;
 - 10) 18 to 24 months;
 - 11) two to three years;
 - 12) three to four years;
 - 13) four to five years;
 - 14) five to six years;
 - 15) six to eight years;
 - 16) eight to ~~10~~^{ten} years;
 - 17) ~~10~~^{ten} to 12 years;
 - 18) 12 to 14 years;

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- 19) 14 to 16 years;
 - 20) 16 to 18 years; and
 - 21) 18 to 21 years.
- b) Vision Screening Periodicity Schedule
- 1) Vision screening using age appropriate methods shall be part of all periodic or interperiodic health screenings.
 - 2) Beginning at age three through 20 years, the Department will pay for one vision screening performed by a qualified provider per year for an eligible child. However, the Department will pay for other such screenings when medically necessary, regardless of a child's age or medical history.
- c) Hearing Screening Periodicity Schedule
- 1) Hearing screening using age appropriate methods shall be part of all periodic or interperiodic health screenings.
 - 2) Beginning at age one year for children at high risk for hearing problems and age three years for all other children, the Department will pay for one hearing screening performed by a qualified provider per year for an eligible child. However, the Department will pay for other such screenings when medically necessary, regardless of a child's age or medical history.
- d) Dental Screenings Periodicity Schedule
- 1) Effective for dates of service on or after July 1, 2014, the dental periodicity schedule is available at the Department's website at <http://www2.illinois.gov/hfs/MedicalProvider/MedicaidReimbursement/Pages/Dental.aspx>. Examination of a child's oral cavity, including the status of the teeth and gums, shall be part of each periodic or interperiodic health screening.
 - 2) Effective for dates of service on or after July 1, 2014, beginning~~Beginning~~

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at age ~~onetwo~~ through 20 years, the Department will pay for one clinical oral examination ~~per year~~ and one oral prophylaxis not more frequently than once every six months performed by an enrolled dentist. However, the Department will pay for ~~additional~~~~other such~~ services when medically necessary, regardless of a child's age or medical history.

- e) Immunizations. The following immunizations are available to eligible clients:
- 1) Diphtheria-Tetanus-Pertussis (DPT) 1;
 - 2) DPT 2;
 - 3) DPT 3;
 - 4) DPT Booster 1;
 - 5) DPT Booster 2;
 - 6) Oral Polio Vaccine (OPV) 1;
 - 7) OPV 2
 - 8) OPV 3;
 - 9) OPV Booster 1;
 - 10) OPV Booster 2;
 - 11) Diphtheria-Tetanus (Td) 1;
 - 12) Td 2;
 - 13) Td 3;
 - 14) Td Booster 1;
 - 15) Td Booster 2;
 - 16) Measles;

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- 17) Rubella;
 - 18) Mumps;
 - 19) Measles/Mumps/Rubella (M/M/R);
 - 20) Measles/Rubella; and
 - 21) Haemophilus b Conjugated.
- f) Diagnostic Laboratory Procedures. The Department will pay for covered diagnostic laboratory procedures as medically necessary including but not limited to:
- 1) Urinalysis, routine (ph specific gravity protein tests for reducing substances such as glucose), with microscopy;
 - 2) Urinalysis routine without microscopy;
 - 3) Chemical, qualitative, any number of constituents;
 - 4) Cholesterol, serum; total;
 - 5) Cholesterol, serum; total and ester;
 - 6) Lead Screening, Blood Lead;
 - 7) Gonadotropin, chorionic quantitative pregnancy test;
 - 8) Gonadotropin, chorionic qualitative pregnancy test;
 - 9) Hematocrit;
 - 10) Hemoglobin Colorimetric;
 - 11) Sickle RBC, reduction slide method;
 - 12) Hemoglobin Electrophoresis;

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- 13) Sickle Hemoglobin;
- 14) Tuberculosis intradermal;
- 15) TB Tine Test;
- 16) Syphilis Test, qualitative;
- 17) GC Culture Test, bacterial screening only;
- 18) Culture presumptive, pathogenic organisms screening only;
- 19) Culture, multiple organisms;
- 20) Urine culture colony count;
- 21) Urine bacteria count, commercial kit;
- 22) Urine bacteria culture, identification, in addition to colony count and commercial kit;
- 23) Chlamydia Culture;
- 24) Pap Smear, Cytopathology;
- 25) Epidemiological study of a child's living environment when a child has been diagnosed as having an abnormally high blood lead level;
- 26) Denver Developmental Screening Test; and
- 27) Other developmental tests ~~that which~~ may be approved by the Department.

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

Section 140.513 Notification of Admissions and Changes in Resident Status

- a) ~~Long~~All long term care providers shall ~~submit report admissions and~~ all changes in resident status, including, but not limited to, death, discharge, bed

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reserve/temporary absence, changes in patient credit, third party liability (TPL) and Medicare coverage, to the Department through the Medical Electronic Data Interchange (MEDI) system, ~~or through~~ the Recipient Eligibility Verification (REV) System or Electronic Data Interchange (EDI) System (see Section 140.55) within five business days after the change occurs.

- b) ~~Admissions~~All admissions and changes in resident status shall be submitted as follow:~~reported through MEDI or REV within five working days after the change occurs.~~
- 1) For submission of admission data prior to September 1, 2014, admission data shall be submitted within 15 business days after the receipt by the facility of the information contained in the HFS 2536 Interagency Certification of Screening Results. Admission data shall be submitted through MEDI, REV or EDI, or the admission documents may be submitted directly to the Department of Human Services using required admission forms.
 - 2) For submission of admission data on or after September 1, 2014, admission data, including all screening information, must be submitted through MEDI, REV or EDI within the same time frame as in subsection (b)(1). Admission documents submitted directly to the Department of Human Services shall not be accepted. Facilities shall not be required to submit admission documents directly to the Department of Human Services as a condition of compliance with this Section.
 - 3) Any data or hard copy document provided to a long term care provider by an external entity or created by a long term care provider, for purposes of documenting a resident's long term care admission, shall be maintained, electronically or in hard copy, in the resident's file. This information will be used to verify receipt by the facility of information contained in the Interagency Certification of Screening Results.
- c) Reported admissions and changes in resident status shall be used for the purposes of determining Medicaid reimbursement. Income verification for any patient credit change ~~and forms required for admission~~ shall continue to be submitted to the Department of Human Services local office caseworker. All admissions and changes in resident status are subject to Department review.

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- d) Failure to comply with the requirements outlined in this Section may result in denial or delay of payment or termination or suspension of the facility's participation in the Medical Assistance Program.

(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

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Section 140.TABLE D Schedule of Dental Procedures

Effective July 1, 2014. Additional dental services may be approved based on medical necessity.

- a) Diagnostic Services
 - 1) Clinical Oral Evaluations
 - A) Oral Exams (ages 0-20) – limited to one every 6 months per patient in an office or school setting
 - B) Limited Exam (ages 0-99)
 - C) Comprehensive Exam (ages 0-99)
 - 2) X-rays (ages 0-99)
- b) Preventive Services (ages 0-20)
 - 1) Prophylaxis – limited to one every 6 months per patient in an office or school setting
 - 2) Topical Application of Fluoride – limited to one every 6 months per patient in an office or school setting
 - 3) Fluoride Varnish – limited to three per 12 months per patient ages 0-2 years in an office setting
 - 4) Sealants – limited to one per lifetime per tooth
 - 5) Space Maintenance – limited to one per lifetime per quadrant
- c) Restorative Services (ages 0-99)
 - 1) Amalgams
 - 2) Resins

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- 3) Crowns
- 4) Other Restorative Services
- d) Endodontic Services (ages 0-20)
 - 1) Pulpotomy
 - 2) Endodontic Therapy (ages 21 and over; limited to anterior teeth only)
 - 3) Apexification/Recalcification Procedures
 - 4) Apicoectomy/Periradicular Services
- e) Periodontal Services (ages 0-20)
 - 1) Surgical Services
 - 2) Non-Surgical Periodontal Services
 - 3) Other Periodontal Services
- f) Removable Prosthodontic Services (ages 0-99)
 - 1) Complete Denture
 - 2) Partial Denture (ages 0-20)
 - 3) Repairs to Complete Denture
 - 4) Repairs to Partial Denture
 - 5) Denture Reline Procedures
- g) Maxillofacial Prosthetics (ages 0-99)
- h) Prosthodontics Fixed (ages 0-20)
 - 1) Fixed Partial Denture Pontics

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- 2) [Fixed Partial Denture Retainers – Crowns](#)
- 3) [Other Fixed Partial Denture Services](#)
- i) [Oral and Maxillofacial Services \(ages 0-99\)](#)
 - 1) [Extractions](#)
 - 2) [Surgical Extractions](#)
 - 3) [Other Surgical Procedures](#)
 - 4) [Alveoloplasty](#)
 - 5) [Surgical Excision of Intra-osseous Lesions](#)
 - 6) [Surgical Incision](#)
 - 7) [Treatment of Fractures – Simple](#)
 - 8) [Treatment of Fractures – Compound](#)
 - 9) [Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions](#)
 - 10) [Other Repair Procedures](#)
- j) [Orthodontic Services \(ages 0-20\)](#)
 - 1) [Comprehensive Orthodontic](#)
 - 2) [Other Orthodontic Services](#)
- k) [Adjunctive General Services \(ages 0-99\)](#)
 - 1) [Unclassified Treatment](#)
 - 2) [Anesthesia](#)

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3) Professional Consultation4) Drugs

Effective July 1, 2012:

a) Diagnostic Services1) Clinical Oral Examinations

- A) Periodic oral evaluation, ages 0-20 years, once every 12 months
- B) Limited oral examination—problem focused in conjunction with an emergency visit
- C) Comprehensive oral examination, once per patient, per lifetime, per dentist or group

2) Clinical oral examinations for adults age 21 and older are limited oral examination—problem focused in conjunction with an emergency visit.3) Radiographs

- A) Intraoral, complete series (including bitewings), once per 36 months, complete series every 36 months
- B) Intraoral—periapical—first film, maximum of one per day, per provider or group
- C) Intraoral—periapical—additional film, maximum of five per day
- D) Bitewing—single film
- E) Bitewings—two films
- F) Bitewings—four films
- G) Vertical bitewings—7-8 films

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H) ~~Panoramic film, one per 36 months~~

b) ~~Preventive Services~~

- 1) ~~Prophylaxis, ages 2-20 years, once every 6 months~~
- 2) ~~Topical application of fluoride, ages 2-20 years, once every 12 months~~
- 3) ~~Sealant—per tooth, ages 5-17 years, occlusal surfaces of the permanent first and second molars, once per lifetime~~
- 4) ~~Space maintainer—fixed unilateral, ages 2-20 years~~
- 5) ~~Space maintainer—fixed bilateral, ages 2-20 years~~
- 6) ~~Space maintainer—removable bilateral type, ages 2-20 years~~
- 7) ~~Recementation of space maintainer, ages 2-20 years~~

e) ~~Restorative Services~~

1) ~~Amalgam Restorations~~

- A) ~~Amalgam—1 surface, primary~~
- B) ~~Amalgam—2 surfaces, primary~~
- C) ~~Amalgam—3 surfaces, primary~~
- D) ~~Amalgam—4 plus surfaces, primary~~
- E) ~~Amalgam—1 surface, permanent~~
- F) ~~Amalgam—2 surfaces, permanent~~
- G) ~~Amalgam—3 surfaces, permanent~~

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- H) ~~Amalgam—4 plus surfaces, permanent~~
- 2) ~~Composite Restorations~~
- A) ~~Resin-based composite—1 surface, anterior~~
 - B) ~~Resin-based composite—2 surfaces, anterior~~
 - C) ~~Resin-based composite—3 surfaces, anterior~~
 - D) ~~Resin-based composite—4 or more surfaces, or including the incisal edge~~
 - E) ~~Resin-based composite—1 surface, posterior, primary~~
 - F) ~~Resin-based composite—2 surfaces, posterior, primary~~
 - G) ~~Resin-based composite—3 or more surfaces, posterior, primary~~
 - H) ~~Resin-based composite—1 surface, posterior, permanent~~
 - I) ~~Resin-based composite—2 surfaces, posterior, permanent~~
 - J) ~~Resin-based composite—3 surfaces, posterior, permanent~~
 - K) ~~Resin-based composite—4 or more surfaces, posterior, permanent~~
- 3) ~~Other Restorative~~
- A) ~~Crown—porcelain/base metal~~
 - B) ~~Crown—full cast base metal~~
 - C) ~~Prefabricated stainless steel crown, primary tooth, ages 2-20 years~~
 - D) ~~Prefabricated stainless steel crown, permanent tooth, ages 2 years and over~~
 - E) ~~Prefabricated resin crown, ages 2 years and over~~

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- F) ~~Sedative fillings~~
 - G) ~~Pin retention—per tooth~~
 - H) ~~Prefabricated post and core~~
 - I) ~~Recement inlays~~
 - J) ~~Recement crown~~
- d) ~~Endodontic Services~~
- 1) ~~Therapeutic pulpotomy, primary teeth only, ages 2-20 years~~
 - 2) ~~Root canal therapy (including exam, clinical procedure, necessary radiographs and follow up)~~
 - A) ~~Anterior root canal (excluding final restoration), ages 2 years and over~~
 - B) ~~Bicuspid root canal (excluding final restoration), ages 2-20 years~~
 - C) ~~Molar root canal (excluding final restoration), ages 2-20 years~~
 - D) ~~Apexification/recalcification, initial visit, ages 2-20 years~~
 - E) ~~Apexification/recalcification, interim visit, ages 2-20 years~~
 - F) ~~Apexification/recalcification, final visit, ages 2-20 years~~
 - G) ~~Apicoectomy/periradicular surgery—per tooth, first root, ages 2-20 years~~
- e) ~~Periodontic Services/Periodontal Treatment~~
- 1) ~~Gingivectomy or gingivoplasty—per quadrant, ages 0-20 years~~
 - 2) ~~Gingivectomy or gingivoplasty—per tooth, ages 0-20 years~~

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- 3) ~~Gingival flap procedure, including root planing—per quadrant, ages 0-20 years~~
 - 4) ~~Osseous surgery—per quadrant, ages 0-20 years~~
 - 5) ~~Bone replacement graft—first site in quadrant, ages 0-20 years~~
 - 6) ~~Bone replacement graft—each additional site in quadrant, ages 0-20 years~~
 - 7) ~~Pedicle soft tissue graft, ages 0-20 years~~
 - 8) ~~Free soft tissue graft, ages 0-20 years~~
 - 9) ~~Subepithelial connective tissue graft procedure, ages 0-20 years~~
 - 10) ~~Distal or proximal wedge procedure, ages 0-20 years~~
 - 11) ~~Provisional splinting, intracoronal, ages 0-20 years~~
 - 12) ~~Provisional splinting, extracoronal, ages 0-20 years~~
 - 13) ~~Periodontal scaling and root planing—per quadrant, ages 0-20 years~~
 - 14) ~~Periodontal maintenance procedure, ages 0-20 years~~
- f) ~~Removable Prosthodontic Services (every five years based on age of prior placement)~~
- 1) ~~Complete Dentures—including six months' post delivery care~~
 - A) ~~Complete denture—maxillary~~
 - B) ~~Complete denture—mandibular~~
 - C) ~~Immediate denture—maxillary~~
 - D) ~~Immediate denture—mandibular~~

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- 2) ~~Partial Dentures—~~including six months' post-delivery care
 - A) ~~Maxillary partial denture—~~resin base, ages 2-20 years
 - B) ~~Mandibular partial denture—~~resin base, ages 2-20 years
 - C) ~~Maxillary partial denture—~~cast metal framework, ages 2-20 years
 - D) ~~Mandibular partial denture—~~cast metal framework, ages 2-20 years

- 3) ~~Repairs to Dentures~~
 - A) ~~Repair complete denture~~
 - B) ~~Replace missing or broken teeth, complete denture (each tooth)~~
 - C) ~~Repair partial denture base~~
 - D) ~~Repair cast framework~~
 - E) ~~Repair or replace broken clasp~~
 - F) ~~Replace broken teeth, per tooth~~
 - G) ~~Add tooth to existing partial~~

- 4) ~~Denture Reline Procedures (covered once every 24 months)~~
 - A) ~~Reline complete maxillary denture, chairside~~
 - B) ~~Reline complete mandibular denture, chairside~~
 - C) ~~Reline maxillary partial denture, chairside~~
 - D) ~~Reline mandibular partial denture, chairside~~
 - E) ~~Reline complete maxillary denture, laboratory~~

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- ~~F) Reline complete mandibular denture, laboratory~~
- ~~G) Reline maxillary partial denture, laboratory~~
- ~~H) Reline mandibular partial denture, laboratory~~
- 5) Maxillofacial Prosthetics
 - ~~A) Facial moulage—sectional~~
 - ~~B) Facial moulage—complete~~
 - ~~C) Nasal prosthesis~~
 - ~~D) Auricular prosthesis~~
 - ~~E) Orbital prosthesis~~
 - ~~F) Ocular prosthesis~~
 - ~~G) Facial prosthesis~~
 - ~~H) Nasal septal prosthesis~~
 - ~~I) Ocular prosthesis, interim~~
 - ~~J) Cranial prosthesis~~
 - ~~K) Facial augmentation implant prosthesis~~
 - ~~L) Nasal prosthesis, replacement~~
 - ~~M) Auricular prosthesis, replacement~~
 - ~~N) Orbital prosthesis, replacement~~
 - ~~O) Facial prosthesis, replacement~~

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- P) ~~Obturator prosthesis, surgical~~
- Q) ~~Obturator prosthesis, definitive~~
- R) ~~Obturator prosthesis, modification~~
- S) ~~Mandibular resection, prosthesis with guide flange~~
- T) ~~Mandibular resection, prosthesis without guide flanges~~
- U) ~~Obturator prosthesis, interim~~

- V) ~~Trismus appliance~~
- W) ~~Feeding aid~~
- X) ~~Speech aid prosthesis~~
- Y) ~~Palatal augmentation prosthesis~~
- Z) ~~Palatal lift prosthesis, definitive~~
- AA) ~~Palatal lift prosthesis, interim~~
- BB) ~~Palatal lift prosthesis, modification~~
- CC) ~~Speech aid prosthesis, modification~~
- DD) ~~Surgical stent~~
- EE) ~~Radiation carrier~~
- FF) ~~Radiation shield~~
- GG) ~~Radiation cone locator~~
- HH) ~~Fluoride gel carrier~~

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- ~~H) Commissure splint~~
- ~~J) Surgical splint~~
- ~~KK) Unspecified maxillofacial prosthesis~~
- g) Fixed Prosthetic Services
 - 1) Bridge Pontics
 - ~~A) Pontic—porcelain fused to predominantly base metal, ages 2-20 years~~
 - ~~B) Pontic—resin with predominantly base metal, ages 2-20 years~~
 - 2) Bridge Retainer Crowns
 - ~~A) Crown—resin with predominantly base metal, ages 2-20 years~~
 - ~~B) Crown—porcelain with predominantly base metal, ages 2-20 years~~
 - 3) Other Prosthetic Services
 - ~~A) Recement fixed partial denture~~
 - ~~B) Prefabricated post and core in addition to fixed partial denture retainer, ages 2-20 years~~
- h) Oral and Maxillofacial Services
 - 1) Simple Extractions
 - ~~A) Single tooth extraction~~
 - ~~B) Each additional extraction~~
 - ~~C) Root removal, exposed roots~~
 - 2) ~~Simple Extractions for Adults Age 21 and Older~~

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~~Single tooth extraction~~

- 3) ~~Surgical Extractions~~
 - A) ~~Surgical removal of erupted tooth~~
 - B) ~~Removal of impacted tooth—soft tissues~~
 - C) ~~Removal of impacted tooth—partially bony~~
 - D) ~~Removal of impacted tooth—completely bony~~
 - E) ~~Surgical removal of residual roots~~
- 4) ~~Surgical Extractions for Adults Age 21 and Older~~
~~Surgical removal of residual roots~~
- 5) ~~Other Surgical Procedures~~
~~Surgical exposure to aid eruption, ages 2-20 years~~
- 6) ~~Alveoloplasty~~
 - A) ~~Alveoloplasty in conjunction with extractions, ages 2-20 years~~
 - B) ~~Alveoloplasty not in conjunction with extractions, ages 2-20 years~~
- 7) ~~Removal of Cysts and Neoplasms~~
 - A) ~~Removal of odontogenic cyst or tumor, up to 1.25 cm~~
 - B) ~~Removal of odontogenic cyst or tumor, over 1.25 cm~~
 - C) ~~Removal of non-odontogenic cyst or tumor, up to 1.25 cm~~
 - D) ~~Removal of non-odontogenic cyst or tumor, over 1.25 cm~~
 - E) ~~Incision and drainage of abscess~~
- 8) ~~Treatment of Fractures—Simple~~

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- A) Maxilla—open reduction, teeth immobilized
 - B) Maxilla—closed reduction, teeth immobilized
 - C) Mandible—open reduction, teeth immobilized
 - D) Mandible—closed reduction, teeth immobilized
- 9) Treatment of Fractures—Compound
- A) Maxilla—open reduction
 - B) Maxilla—closed reduction
 - C) Mandible—open reduction
 - D) Mandible—closed reduction
- 10) Reduction of Dislocation
- A) Open reduction of dislocation
 - B) Closed reduction of dislocation
- 11) Other Oral Surgery
Frenulectomy—separate procedure (frenectomy or frenotomy), ages 2-20 years
- i) Orthodontic Services—for ages 2-20 years
- 1) Initial examination, records, study models, radiographs, and facial photographs, ages 2-20 years
 - 2) Initial orthodontic appliance placement, ages 2-20 years
 - 3) Monthly adjustments, ages 2-20 years

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- 4) ~~Initial orthodontic evaluation/study models, ages 2-20 years (for cases that fail to reach 42 points on the Modified Salzman Index).~~
- j) ~~Adjunctive General Services~~
 - 1) ~~Unclassified Treatment~~
 - A) ~~Palliative (emergency) treatment of dental pain—minor procedures~~
 - B) ~~General anesthesia~~
 - C) ~~Analgesia, anxiolysis, inhalation of nitrous oxide~~
 - D) ~~Intravenous sedation~~
 - 2) ~~Unclassified Treatment for Adults Age 21 and Older~~
 - A) ~~Analgesia, anxiolysis, inhalation of nitrous oxide~~
 - B) ~~Non-Intravenous Conscious Sedation~~
 - 3) ~~Professional Consultation~~
~~Consultation (narrative; diagnostic services provided by dentist other than practitioner providing treatment)~~
 - 4) ~~Drugs~~
 - A) ~~Therapeutic drug injection~~
 - B) ~~Other drugs and medicaments~~
 - 5) ~~Miscellaneous Services~~
 - A) ~~Unspecified procedures by report to be described by statement of attending dentist~~
 - B) ~~Dental procedures otherwise not covered for adults age 21 and older when determined by the Department to be a necessary prerequisite for required medical care.~~

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(Source: Amended at 38 Ill. Reg. 23623, effective December 2, 2014)

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Section 140.TABLE F Podiatry Service Schedule

- a) Evaluation and Management
 - 1) Office visits
 - 2) Home visits
 - 3) Hospital visits
 - 4) Extended care facilities, convalescent hospital, nursing home, and boarding home visits
 - 5) Consultations
 - 6) Injections

- b) Diagnostics
 - 1) Diagnostic radiographic services of the foot and ankle
 - 2) Diagnostic laboratory services
 - A) Urinalysis, routine, complete
 - B) Glucose, blood
 - C) Uric acid, blood, chemical
 - D) Bleeding time
 - E) Blood count, complete (includes RBC, WBC, HGB, differential)
 - F) Coagulation time (Lee and White)
 - G) Sedimentation rate (ESR)
 - H) Rheumatoid factor

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- D) Culture and/or tissue exam for fungi or parasites
- c) Surgical procedures of the foot and ankle
- d) Treatment of fracture and/or dislocation of the foot and ankle
- e) Casting and Strapping
- f) Orthomechanical Services
 - 1) Diabetic shoes and modifications
 - 2) Orthopedic shoes and modifications
 - 3) Surgical (post-operative) boots
 - 4) Removable foot inserts

(Source: Old Table F repealed at 37 Ill. Reg. 10282, effective June 27, 2013; new Table F added at 38 Ill. Reg. 23623, effective December 2, 2014)

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- 1) Heading of the Part: Mental Health Services in Nursing Facilities
- 2) Code Citation: 89 Ill. Adm. Code 145
- 3)

<u>Section Numbers</u> :	<u>Adopted Action</u> :
145.10	Repealed
145.30	Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and PA 98-104
- 5) Effective Date of Rule: December 2, 2014
- 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 rule, including any materials incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposed published in the *Illinois Register*: July 18, 2014; 38 Ill. Reg. 14772 and July 11, 2014; 38 Ill. Reg. 14076
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: The following changes were made:

In Section 145.30 of Part 145, changed "on October 1, 2014 or later, at which time" to "of"; deleted "mental disorders shall be listed in"; and after "(ICD-10-CM)" added "and its classifications for mental disorders". The definition reads as follows:

"Mental Disease" means mental disease or mental illness as defined in the IMD Guidelines. Mental disease includes those diseases listed as mental disorders in the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) until implementation of the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) and its classifications for mental disorders, with the exception of mental retardation, senility and organic brain syndrome.

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- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any other rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: PA 98-104 authorizes the repeal of Section 145.10 and further references the implementation of ICD-10 coding in Section 145.30.
- 16) Information and questions regarding this adopted rule shall be directed to:

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

217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER d: MEDICAL PROGRAMS

PART 145

MENTAL HEALTH SERVICES IN NURSING FACILITIES

SUBPART A: DEMONSTRATION PROJECT FOR
MENTAL HEALTH SERVICES IN NURSING FACILITIES

Section

145.10

General Provisions [\(Repealed\)](#)SUBPART B: INSTITUTION FOR MENTAL DISEASES
PROVISIONS FOR NURSING FACILITIES

Section

145.20

General Provisions

145.30

Definitions

145.40

Initial IMD Review, Determination and Classification of Facilities

145.50

Subsequent IMD Reviews, Determinations and Classifications

145.60

Effect of Becoming a Class II IMD and Redetermination Reviews

145.70

Watch List of Nursing Facilities at Risk of Becoming IMDs

145.80

Reimbursement Rate for IMD Nursing Facility Classifications

145.90

Reviews

AUTHORITY: Sections 5-5.5 and 12-13 of the Illinois Public Aid Code [305 ILCS 5/5-5.5 and 12-13]

SOURCE: Adopted at 26 Ill. Reg. 3081, effective February 15, 2002; emergency amendment at 29 Ill. Reg. 10259, effective July 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 18906, effective November 4, 2005; amended at 38 Ill. Reg. 23759, effective December 2, 2014.

SUBPART A: DEMONSTRATION PROJECT FOR
MENTAL HEALTH SERVICES IN NURSING FACILITIES**Section 145.10 General Provisions [\(Repealed\)](#)**

- a) ~~This Section is promulgated to establish a demonstration project for nursing~~

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~~facilities that primarily serve persons with severe mental illness. The Department intends to evaluate the results of the demonstration project at the end of three years. General applicability of the provisions of this Subpart will depend upon the findings of the evaluation. It is the Department's intent to make the project a standard category of service after reviewing the results of the evaluation. Section 1905(a)(16) and Section 1905(a)(27)(b) of the Social Security Act provide that federal financial participation (FFP) is not available for medical assistance under Title XIX for services provided to any individual who is under 65 years of age and who is a resident in an institution for mental diseases (IMD) unless the payment is for inpatient psychiatric services for individuals under 21 years of age. In some Illinois nursing facilities, a very high proportion of residents are not elderly and have a severe mental illness. The purpose of the demonstration project is to allow nursing facilities to specialize in the treatment of persons with severe mental illness and focus their resources on providing psychiatric rehabilitation services rather than on meeting requirements designed primarily for elderly and medically impaired residents. The demonstration project will focus upon evaluating standards and payment methods specific to the needs of facilities specializing in serving persons with mental illness. The facilities in the demonstration project will serve as sites for examining service models appropriate for the mentally ill population in a long term care setting. They will also serve as sites for comparing costs for the numbers and credentials of staff appropriate for the physically, medically ill population. The cost information evaluated from the demonstration project will be used by the Department to develop a payment rule for services provided by a nursing facility to residents who have a serious mental illness as required by 305 ILCS 5/5-5.5(d). The demonstration project shall be in effect until June 30, 2007. The Department shall evaluate the demonstration project and report to the Illinois General Assembly regarding its findings and recommendations by December 31, 2004.~~

- b) ~~For the purposes of this Part, "severe mental illness" is defined as the presence of a major disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (American Psychiatric Association, 1400 K Street NW, Washington, DC 20005 (Fourth Printing, 1998, no later amendments or editions included)), excluding alcohol and substance abuse, Alzheimer's disease, and other forms of dementia based upon organic or physical disorders. A severe mental illness is determined by all of the following three areas:~~
- ~~1) Diagnoses that constitute a severe mental illness are:~~

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- A) ~~Schizophrenia,~~
 - B) ~~Delusional disorder,~~
 - C) ~~Schizo-affective disorder,~~
 - D) ~~Psychotic disorder not otherwise specified,~~
 - E) ~~Bipolar disorder I—mixed, manic, and depressed,~~
 - F) ~~Bipolar disorder II,~~
 - G) ~~Cyclothymic disorder,~~
 - H) ~~Bipolar disorder not otherwise specified,~~
 - I) ~~Major Depression, recurrent,~~
 - J) ~~Psychotic disorder, not otherwise specified.~~
- 2) ~~In addition, the individual must be 18 years of age or older and be substantially functionally limited by mental illness in at least two of the following areas:~~
- A) ~~Self-maintenance,~~
 - B) ~~Social functioning,~~
 - C) ~~Community living activities,~~
 - D) ~~Work related skills.~~
- 3) ~~Finally, the disability must be of an extended duration, expected to be present for at least a year, that results in a substantial limitation in major life activities. These individuals will typically also have one of the following characteristics:~~
- A) ~~Have experienced two or more psychiatric hospitalizations;~~

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- ~~B) Receive Social Security Income (SSI) or Social Security Disability Income (SSDI) due to mental illness or have been deemed eligible for it.~~
- e) ~~In order to be eligible to enter the demonstration project, a nursing facility must meet each of the following criteria:~~
- ~~1) Ninety percent or more of the residents have a diagnosis of severe mental illness;~~
 - ~~2) No more than 15 percent of the residents are 65 years of age or older;~~
 - ~~3) None of the residents has a primary diagnosis of moderate, severe, or profound mental retardation;~~
 - ~~4) None of the residents requires medical or nursing care at a level higher than the intermediate nursing care light level of care as defined in 77 Ill. Adm. Code 300.1230(n); and~~
 - ~~5) The facility must be in good standing with the Departments of Healthcare and Family Services and Public Health.~~
- d) ~~Nursing facilities that meet the criteria set forth in subsection (c) of this Section may apply to the Department to be considered for participation in the demonstration project. In selecting facilities for the demonstration project, the Department shall consider other factors beyond the criteria in subsection (c) of this Section such as, but not limited to, the facility's history of compliance with all applicable State and federal standards and the effect of lost federal funds associated with withdrawal from certification. The Department will enter into provider agreements with those facilities selected for the demonstration project. No more than 12 facilities shall be admitted to the demonstration project.~~
- e) ~~Nursing facilities participating in the demonstration project must comply with the standards set forth in 77 Ill. Adm. Code 300.6000 through 300.6095. Based on a finding of noncompliance by the Department of Public Health on the part of a nursing facility participating in the demonstration project with any requirement set forth in 77 Ill. Adm. Code 300.6000 through 300.6095, the Department may impose sanctions as set forth in 89 Ill. Adm. Code 147.301 after notice to the facility.~~

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- f) ~~Notwithstanding any other provisions contained in the Administrative Code requiring certification of nursing facilities, nursing facilities participating in the demonstration project are not required to be certified for Title XIX participation in order to enroll for participation in the Medical Assistance Program or to receive payment for services.~~
- g) ~~The Department shall not pay for any new admissions to the nursing facilities participating in the demonstration project of residents who:~~
- 1) ~~Are age 60 years or older;~~
 - 2) ~~Do not have a severe mental illness as determined by the State's mental health pre-admission screening program; or~~
 - 3) ~~Require medical or nursing care at a level higher than the intermediate nursing care light level of care as defined in 77 Ill. Adm. Code 300.1230(n).~~
- h) ~~The Departments of Healthcare and Family Services and Public Health, and the Department of Human Services Division of Mental Health, shall have the right of entry and inspection of any nursing facilities participating in the demonstration project to determine success and utility of the demonstration project.~~
- i) ~~The Department shall provide technical assistance to nursing facilities participating in the demonstration project to assist them in meeting the standards set forth in 77 Ill. Adm. Code 300.6000 through 300.6095.~~

(Source: Repealed at 38 Ill. Reg. 23759, effective December 2, 2014)

SUBPART B: INSTITUTION FOR MENTAL DISEASES
PROVISIONS FOR NURSING FACILITIES

Section 145.30 Definitions

For purposes of this Part, the following terms shall be defined as follows:

"IMD" means a nursing facility that is considered to be an Institution for Mental Diseases (IMD) under ~~section~~Section 1905(i) of the Social Security Act (42 USC

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1396d(i)). Federal regulations provide that: An IMD is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. An IMD has an overall character of a facility established and maintained primarily for the care and treatment of individuals with mental diseases. An institution for the mentally retarded (ICF/MR) is not an IMD (see 42 CFR 435.1009).

"Class I IMD" means a nursing facility determined to be an IMD during the initial review conducted pursuant to Section 145.40.

"Class II IMD" means a nursing facility determined to be an IMD in a subsequent review conducted pursuant to Section 145.50.

"IMD Guidelines" means the Guidelines in Section 4390 of the ~~CMMSHealth Care Financing Administration~~ State Medicaid Manual relating to Institutions for Mental Diseases (Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore MD 21244-1850 (1994, no later amendments or editions included)). Criteria used in determining whether the overall character of a facility is that of an IMD include whether the current need for institutionalization for more than 50 percent of all the patients in the facility results from mental diseases and whether the facility specializes in providing psychiatric/psychological care and treatment.

"Mental Disease" means mental disease or mental illness as defined in the IMD Guidelines. Mental disease includes those diseases listed as mental disorders in the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) until implementation of the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) and its classifications for mental disorders, (Centers for Disease Control and Prevention, National Center for Health Statistics, 6525 Belerest Rd., Hyattsville MD 20782-2003 (2000, no later amendments or editions included)), with the exception of mental retardation, senility and organic brain syndrome.

"Current need for nursing facility care results from mental disease" means that a review of the resident's diagnoses, the character and nature of his or her problems, functional status, and his or her care needs indicates that the resident's need for nursing facility care results from his or her mental disease and not a physical or medical reason.

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(Source: Amended at 38 Ill. Reg. 23759, effective December 2, 2014)

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NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Specialized Health Care Delivery Systems
- 2) Code Citation: 89 Ill. Adm. Code 146
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
146.225	Amendment
146.650	Amendment
146.900	New Section
146.910	New Section
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and PA 98-651
- 5) Effective Date of Rule: December 2, 2014
- 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 rule, including any materials incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposed published in the *Illinois Register*: July 18, 2014; 38 Ill. Reg. 14779
- 10) Has JCAR issued a Statement of Objection to these rules? No
- 11) Differences between Proposal and Final Version: None
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? Yes
- 14) Are there any other rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: Pursuant to PA 98-651, this rulemaking: de-links the rates for supportive living facilities from nursing facility rates and for facilities licensed under the Specialized Mental Health Rehabilitation Act of 2013, makes reimbursement changes and makes certain governance changes.

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

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

217/782-1233

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER d: MEDICAL PROGRAMS

PART 146

SPECIALIZED HEALTH CARE DELIVERY SYSTEMS

SUBPART A: AMBULATORY SURGICAL TREATMENT CENTERS

Section	
146.100	General Description
146.105	Definitions
146.110	Participation Requirements
146.115	Records and Data Reporting Requirements
146.125	Covered Ambulatory Surgical Treatment Center Services
146.130	Reimbursement for Services

SUBPART B: SUPPORTIVE LIVING FACILITIES

Section	
146.200	General Description
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<u>146.910</u>	<u>Reimbursement</u>

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

SOURCE: Old Part repealed at 14 Ill. Reg. 13800, effective August 15, 1990; new Part adopted at 20 Ill. Reg. 4419, effective February 29, 1996; emergency amendment at 21 Ill. Reg. 13875, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 4430, effective February 27, 1998; emergency amendment at 22 Ill. Reg. 13146, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 19914, effective October 30, 1998; amended at 23 Ill. Reg. 5819, effective April 30, 1999; emergency amendment at 23 Ill. Reg. 8256, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13663, effective November 1, 1999; amended at 24 Ill. Reg. 8353, effective June 1, 2000; emergency amendment at 26 Ill. Reg. 14882, effective October 1, 2002, for a maximum of 150 days; amended at 27 Ill. Reg. 2176, effective February 1, 2003; emergency amendment at 27 Ill. Reg. 10854, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18671, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 12218, effective August 11, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 14214, effective October 18, 2004, for a maximum of 150 days; amended at 29 Ill. Reg. 852, effective January 1, 2005; emergency amendment at 29 Ill. Reg. 2014, effective January 21, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 4360, effective March 7, 2005; expedited correction at 29 Ill. Reg. 14127, effective March 7, 2005; amended at 29 Ill. Reg. 6967, effective May 1, 2005; amended at 29 Ill. Reg. 14987,

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effective September 30, 2005; amended at 30 Ill. Reg. 8845, effective May 1, 2006; amended at 31 Ill. Reg. 5589, effective April 1, 2007; emergency amendment at 31 Ill. Reg. 5876, effective April 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 11681, effective August 1, 2007; amended at 33 Ill. Reg. 11803, effective August 1, 2009; emergency amendment at 36 Ill. Reg. 6751, effective April 13, 2012, for a maximum of 150 days; amended at 36 Ill. Reg. 13885, effective August 27, 2012; amended at 37 Ill. Reg. 17624, effective October 28, 2013; expedited correction at 38 Ill. Reg. 4518, effective October 28, 2013; amended at 38 Ill. Reg. 13255, effective June 11, 2014; amended at 38 Ill. Reg. 13893, effective June 23, 2014; amended at 38 Ill. Reg. 15152, effective July 2, 2014; emergency amendment at 38 Ill. Reg. 15713, effective July 7, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 23768, effective December 2, 2014.

SUBPART B: SUPPORTIVE LIVING FACILITIES

Section 146.225 Reimbursement for Medicaid Residents

Supportive Living Programs (SLPs)~~SLFs~~ shall accept the reimbursement provided in this Section as payment in full for all services provided to Medicaid residents.

- a) The Department shall establish its portion of the reimbursement for Medicaid residents by calculating 60 percent of the weighted average (weighted by Medicaid patient days) nursing facility rates for the geographic grouping as defined in Section 146.290. Each SLP~~SLF~~ shall be paid 60 percent of the weighted average nursing facility geographic group rate, based upon the nursing facility geographic group in which it is located. The rates paid to SLPs~~SLFs~~ shall be updated semi-annually on April 1 and on October 1 to assure that the rates coincide with 60 percent of weighted average nursing facility geographic group rates. Notwithstanding the provisions of this subsection, the supportive living program~~facility~~ rates shall remain at the level in effect on April 30, 2011.
 - 1) Notwithstanding the provisions set forth in 89 Ill. Adm. Code 153.126, and subject to federal CMS approval, as of July 1, 2014, supportive living program rates shall no longer be 60 percent of the weighted average nursing facility rates for the geographic group rate, based upon the nursing facility geographic group in which it is located.
 - 2) Notwithstanding the provisions set forth in 89 Ill. Adm. Code 153.126, and subject to federal CMS approval, for dates of service on or after July 1, 2014, rates effective on June 30, 2014 shall be increased 8.85 percent.

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- 3) Notwithstanding the provisions set forth in 89 Ill. Adm. Code 153.126, and subject to federal CMS approval of the imposition of the assessment in 89 Ill. Adm. Code 140.86, for dates of service on or after July 1, 2014, rates effective July 1, 2014 shall be increased an additional 9.09 percent.
- b) The payment rate received by the SLPSLF from the Department for services, with the exception of meals, provided in accordance with Section 146.230 shall constitute the full and complete charge for services rendered. Additional payment, other than patient credits authorized by the Department, may not be accepted. Meals are included in the room and board amount paid by the resident.
- c) Single Occupancy: Each Medicaid resident of an SLPSLF shall be allotted a minimum of \$90 per month as a deduction from his or her income as a protected amount for personal use. The SLPSLF may charge each Medicaid resident no more than the current SSI rate for a single individual less a minimum of \$90 for room and board charges. Any income remaining after deduction of the protected minimum of \$90 and room and board charges shall be applied first towards medical expenses not covered under the Department's Medical Assistance Program. Any income remaining after that shall be applied to the charges for SLPSLF services paid by the Department.
- d) Double Occupancy: In the event a Medicaid eligible resident chooses to share an apartment, the Medicaid resident of an SLPSLF shall be allotted a minimum of \$90 per month as a deduction from his or her income as a protected amount for personal use. The SLPSLF may charge each Medicaid resident no more than the resident's share of the current SSI rate for a couple less a minimum of \$90 for room and board charges. The room and board rate for two Medicaid eligible individuals sharing an apartment cannot exceed the SSI rate for a married couple even if the two individuals sharing an apartment are unrelated. Any income of an individual remaining after deduction of the protected minimum of \$90 and room and board charges shall be applied first towards that individual's medical expenses not covered under the Department's Medical Assistance Program. Any income of an individual remaining after that shall be applied to that individual's charges for SLPSLF services paid by the Department. If one, or both, of the individuals sharing an apartment is not Medicaid eligible, the SLPSLF may negotiate its own rate with the non-Medicaid individual or individuals.
- e) The room and board charge for Medicaid residents shall only be increased when

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the SSI amount is increased. Any room and board charge increase shall not exceed the amount of the SSI increase.

- f) Payment shall be made by the Department for up to 30 days per State fiscal year during a Medicaid resident's temporary absence from the SLPSLF when the absence is due to situations such as hospitalizations or vacations. The resident shall continue to be responsible for room and board charges during any absence. Involuntary discharge criteria relating to temporary absence are found at Section 146.255(b) and (d)(7). Nursing facilities that have a distinct part certified as an SLPSLF shall consider converted beds in the nursing facility's licensed capacity when calculating the 93 percent occupancy level for bed reserve payments pursuant to 89 Ill. Adm. Code 140.523.
- 1) The day a resident is transferred to the hospital is the first day of the temporary absence.
 - 2) For all other temporary absences, except a long-term care admission, the day after resident leaves the SLPSLF is the first day of the temporary absence.
 - 3) The day before resident returns to the SLPSLF is the last day of the temporary absence.
 - 4) The Department does not pay for temporary absence due to admission to a long-term care facility. In this instance, an SLPSLF shall discharge the resident from the Department's database. An SLPSLF may choose to hold an apartment while a resident is in a long-term care facility.
 - 5) By agreement between the SLPSLF and a resident, an SLPSLF may continue to hold an apartment when a resident has exceeded the 30 days payable by the Department.

(Source: Amended at 38 Ill. Reg. 23768, effective December 2, 2014)

SUBPART E: SUPPORTIVE LIVING FACILITIES WITH DEMENTIA CARE UNITS

Section 146.650 Reimbursement for Medicaid Residents

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The Department shall establish its portion of the reimbursement for Medicaid residents residing in the dementia care unit by calculating 72 percent of the weighted average (weighted by Medicaid patient days), for the geographic group in which the [Supportive Living Program \(SLP\)](#)~~SLF~~ is located (see Section 146.290), paid for Medicaid-eligible nursing facility residents residing in Department of Public Health certified Alzheimer's special care units pursuant to 77 Ill. Adm. Code 300.163.

- a) [Notwithstanding the provisions set forth in 89 Ill. Adm. Code 153.126, and subject to federal CMS approval, as of July 1, 2014, rates for the supportive living programs with residents residing in a dementia care unit shall no longer be 72 percent of the weighted average nursing facility rates for the geographic group rate, based upon the nursing facility geographic group in which it is located.](#)
- b) [Notwithstanding the provisions set forth in 89 Ill. Adm. Code 153.126, and subject to federal CMS approval, for dates of service on or after July 1, 2014, rates effective June 30, 2014 shall be increased 8.85 percent.](#)
- c) [Notwithstanding the provisions set forth in 89 Ill. Adm. Code 153.126, and subject to federal CMS approval of the imposition of the assessment in 89 Ill. Adm. Code 140.86, for dates of service on or after July 1, 2014, rates effective July 1, 2014 shall be increased an additional 9.09 percent.](#)

(Source: Amended at 38 Ill. Reg. 23768, effective December 2, 2014)

SUBPART G: SPECIALIZED MENTAL HEALTH REHABILITATION FACILITIESSection 146.900 General Provisions

- a) [The Specialized Mental Health Rehabilitation Act of 2013 \[210 ILCS 49\] provides for licensure of long-term care facilities that are federally designated as institutions for mental disease on the effective date of the Act and specialize in providing services to individuals with serious mental illness. On and after July 22, 2013, these facilities shall be governed by the Act and this Part instead of the Nursing Home Care Act.](#)
- b) [All consent decrees that applied to facilities federally designated as institutions for mental disease prior to the enactment of the Specialized Mental Health Rehabilitation Act shall continue to apply to facilities licensed under the Specialized Mental Health Rehabilitation Act of 2013.](#)

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(Source: Added at 38 Ill. Reg. 23768, effective December 2, 2014)

Section 146.910 Reimbursement

- a) Facilities licensed under Specialized Mental Health Rehabilitation Act of 2013 shall be reimbursed at:
- 1) the rate in effect on June 30, 2014, less \$7.07 for each facility previously licensed under the Nursing Home Care Act on June 30, 2013; or
 - 2) the rate in effect on June 30, 2013 for each facility licensed under the Specialized Mental Health Rehabilitation Act on June 30, 2013.
- b) Any adjustment in the support component or the capital component for facilities licensed by the Department of Public Health under the Nursing Home Care Act shall apply equally to facilities licensed by the Department of Public Health under the Specialized Mental Health Rehabilitation Act of 2013.
- c) Notwithstanding the provisions set forth in 89 Ill. Adm. Code 153, facilities licensed under the Specialized Mental Health Rehabilitation Act of 2013 shall receive a payment in the amount of \$29.43 per licensed bed, per day, for the period beginning June 1, 2014 and ending June 30, 2014.

(Source: Added at 38 Ill. Reg. 23768, effective December 2, 2014)

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

<u>Section Numbers:</u>	<u>Adopted Action:</u>
147.310	Amendment
147.335	Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and PA 98-651
- 5) Effective Date of Rule: December 2, 2014
- 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 rule, including any materials incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: July 18, 2014; 38 Ill. Reg. 14781
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: None
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? Yes
- 14) Are there any other rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: Pursuant to PA 98-651, this rulemaking makes certain rate changes for nursing facilities.
- 16) Information and questions regarding this adopted rule shall be directed to:

Jeanette Badrov

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

217/782-1233

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

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TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER d: MEDICAL PROGRAMS

PART 147

REIMBURSEMENT FOR NURSING COSTS FOR GERIATRIC FACILITIES

Section

147.5	Minimum Data Set-Mental Health (MDS-MH) Based Reimbursement System (Repealed)
147.15	Comprehensive Resident Assessment (Repealed)
147.25	Functional Needs and Restorative Care (Repealed)
147.50	Service Needs (Repealed)
147.75	Definitions (Repealed)
147.100	Reconsiderations (Repealed)
147.105	Midnight Census Report
147.125	Nursing Facility Resident Assessment Instrument (Repealed)
147.150	Minimum Data Set (MDS) Based Reimbursement System (Repealed)
147.175	Minimum Data Set (MDS) Integrity (Repealed)
147.200	Minimum Data Set (MDS) On-Site Review Documentation (Repealed)
147.205	Reimbursement for Ventilator Dependent Residents (Repealed)
147.250	Costs Associated with the Omnibus Budget Reconciliation Act of 1987 (P.L. 100-203) (Repealed)
147.300	Payment to Nursing Facilities Serving Persons with Mental Illness
147.301	Sanctions for Noncompliance
147.305	Psychiatric Rehabilitation Service Requirements for Individuals With Mental Illness in Residential Facilities (Repealed)
147.310	Implementation of a Case Mix System
147.315	Nursing Facility Resident Assessment Instrument
147.320	Definitions
147.325	Resident Reimbursement Classifications and Requirements
147.330	Resource Utilization Groups (RUGs) Case Mix Requirements
147.335	Enhanced Care Rates
147.340	Minimum Date Set On-Site Reviews
147.345	Quality Incentives
147.346	Appeals of Nursing Rate Determination
147.350	Reimbursement for Additional Program Costs Associated with Providing Specialized Services for Individuals with Developmental Disabilities in Nursing Facilities

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

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

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

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Ill. Reg. 13498, effective August 6, 1993; emergency amendment at 17 Ill. Reg. 15189, effective September 2, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 2405, effective January 25, 1994; amended at 18 Ill. Reg. 4271, effective March 4, 1994; amended at 19 Ill. Reg. 7944, effective June 5, 1995; amended at 20 Ill. Reg. 6953, effective May 6, 1996; amended at 21 Ill. Reg. 12203, effective August 22, 1997; amended at 26 Ill. Reg. 3093, effective February 15, 2002; emergency amendment at 27 Ill. Reg. 10863, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18680, effective November 26, 2003; expedited correction at 28 Ill. Reg. 4992, effective November 26, 2003; emergency amendment at 29 Ill. Reg. 10266, effective July 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 18913, effective November 4, 2005; amended at 30 Ill. Reg. 15141, effective September 11, 2006; expedited correction at 31 Ill. Reg. 7409, effective September 11, 2006; amended at 31 Ill. Reg. 8654, effective June 11, 2007; emergency amendment at 32 Ill. Reg. 415, effective January 1, 2008, for a maximum of 150 days; emergency amendment suspended at 32 Ill. Reg. 3114, effective February 13, 2008; emergency suspension withdrawn in part at 32 Ill. Reg. 4399, effective February 26, 2008 and 32 Ill. Reg. 4402, effective March 11, 2008 and 32 Ill. Reg. 9765, effective June 17, 2008; amended at 32 Ill. Reg. 8614, effective May 29, 2008; amended at 33 Ill. Reg. 9337, effective July 1, 2009; emergency amendment at 33 Ill. Reg. 14350, effective October 1, 2009, for a maximum of 150 days; emergency amendment modified in response to the objection of the Joint Committee on Administrative Rules at 34 Ill. Reg. 1421, effective January 5, 2010, for the remainder of the 150 days; emergency expired February 27, 2010; amended at 34 Ill. Reg. 3786, effective March 14, 2010; amended at 35 Ill. Reg. 19514, effective December 1, 2011; amended at 36 Ill. Reg. 7077, effective April 27, 2012; emergency amendment at 38 Ill. Reg. 1205, effective January 1, 2014, for a maximum of 150 days; Sections 147.335(a)(7)(B) and 147.355(b) of the emergency amendment suspended by the Joint Committee on Administrative Rules at 38 Ill. Reg. 3385, effective January 14, 2014; suspension withdrawn at 38 Ill. Reg. 5898, effective March 7, 2014; emergency amendment modified in response to JCAR Objection at 38 Ill. Reg. 6707, effective March 7, 2014, for the remainder of the 150 days; amended at 38 Ill. Reg. 12173, effective May 30, 2014; emergency amendment at 38 Ill. Reg. 15723, effective July 7, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 23778, effective December 2, 2014.

Section 147.310 Implementation of a Case Mix System

- a) P.A. 98-0104 requires the Department to implement, effective January 1, 2014, an evidence-based payment methodology for the reimbursement of nursing services. The methodology shall take into consideration the needs of individual residents, as assessed and reported by the most current version of the nursing facility Minimum Data Set (MDS), adopted and in use by the federal government.
- b) This Section establishes the method and criteria used to determine the resident

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reimbursement classification based upon the assessments of residents in nursing facilities. Resident reimbursement classification shall be established utilizing the 48-group, Resource Utilization Groups IV (RUG-IV) classification scheme and weights as published by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services ([federal CMS](#)). An Illinois specific default group is established in subsection (f)(3)~~of this Section~~ and identified as AA1 with an assigned weight equal to the weight assigned to group PA1.

- c) The pool of funds available for distribution by case mix shall be determined using the formula contained below. Base rate spending pool shall be:
- 1) The base year resident days, which are calculated by multiplying the number of Medicaid residents in each nursing facility based on MDS comprehensive assessments for Medicaid residents on March 31, 2012, multiplied by 365 days.
 - 2) Each facility's nursing component per diem in effect on July 1, 2012 shall be multiplied by the number determined in subsection (c)(1)~~of this Section~~.
 - 3) Thirteen million is added to the result of subsection (c)(2) of this Section, to adjust for the exclusion of nursing facilities defined as Class I IMDs.
- d) For each nursing facility with Medicaid residents as indicated by the MDS data defined in subsection (c)(1) of this Section, weighted days adjusted for case mix and regional wage adjustment shall be calculated. For each nursing facility this calculation is the product of:
- 1) Base year resident days as calculated in subsection (c)(1)~~of this Section~~.
 - 2) The nursing facility's regional wage adjustor based on the Health Service Areas (HSA) groupings and adjustors in effect on April 30, 2012.
 - 3) Facility weighted case mix which is the number of Medicaid residents as indicated by the MDS data defined in subsection (c)(1)~~of this Section~~ multiplied by the associated case weight for the RUG-IV 48-group model using standard RUG-IV procedures for index maximization.

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- 4) The sum of the products calculated for each nursing facility in subsections (d)(1) through (d)(3) ~~of this Section~~ shall be the base year case mix, rate adjusted weighted days.
- e) The statewide RUG-IV nursing base per diem rate effective on:
 - 1) January 1, 2014, shall be the quotient of subsection (c) ~~of this Section~~ divided by the sum calculated under subsection (d)(4) ~~of this Section~~ and is \$83.49.
 - 2) July 1, 2014 shall be the rate calculated in subsection (e)(1) increased by \$1.76.
- f) For services provided on or after:
 - 1) January 1, 2014, the Department shall compute and pay a facility-specific nursing component of the per diem rate as the arithmetic mean of the resident-specific nursing components, as determined in subsection (d) ~~of this Section~~, assigned to Medicaid-enrolled residents on record, as of 30 days prior to the beginning of the rate period, in the Department's Medicaid Management Information System (MMIS), or any successor system, as present in the facility on the last day of the second quarter preceding the rate period. The RUG-IV nursing component per diem for a nursing facility shall be the product of the statewide RUG-IV nursing base per diem rate, the facility average case mix index to be calculated quarterly, and the regional wage adjustor. Transition rates for services provided between January 1, 2014 and December 31, 2014, shall be as follows:
 - A) The transition RUG-IV per diem nursing rate for nursing facilities whose rate calculated in this subsection (f) is greater than the nursing component rate in effect July 1, 2012, shall be paid the sum of:
 - i) The nursing component rate in effect July 1, 2012; plus
 - ii) The difference of the RUG-IV nursing component per diem calculated for the current quarter minus the nursing component rate in effect July 1, 2012, multiplied by 0.88.

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- B) The transition RUG-IV per diem nursing rate for nursing facilities whose rate calculated in this subsection (f) is less than the nursing component rate in effect July 1, 2012, shall be paid the sum of:
- i) The nursing component rate in effect July 1, 2012; plus
 - ii) The difference of the RUG-IV nursing component per diem calculated for the current quarter minus the nursing component rate in effect July 1, 2012, multiplied by 0.13.
- 2) Effective for dates of service on or after July 1, 2014, a per diem add-on to the RUGS methodology will be included as follows:
- A) \$0.63 for each resident who scores I4200 Alzheimer's Disease or I4800 non-Alzheimer's Dementia.
 - B) \$2.67 for each resident who scores "1" or "2" in any items S1200A through S1200I and also scores in the RUG groups PA1, PA2, BA1 and BA2.
- ~~Effective for dates of service on or after January 1, 2015, subject to the requirement of P.A. 98-0104 that the Department submit a rule by January 1, 2014, which establishes a reimbursement methodology that is reflective of the intensity of care and services requirements of the low need residents in the lowest RUG-IV groups, the Department will calculate quarterly the value of a per diem increase of \$1.00 multiplied by 365 divided by total facility resident days for each resident reporting in the low four RUG groups PA1, PA2, BA1 or BA2, as of September 30, 2013. The value of this increase will be applied to the per diem rate of each nursing facility in which total resident occupancy is at least 70 percent Medicaid on a quarterly basis.~~
- 3) The Department shall determine the group to which a resident is assigned using the 48-group RUG-IV classification scheme with an index maximization approach. A resident for whom RUGs resident identification information is missing, or inaccurate, or for whom there is no current MDS record for that quarter, shall be assigned to default group AA1. A resident for whom an MDS assessment does not meet the federal

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CMS edit requirements as described in the Long Term Care Resident Assessment Instrument (RAI) Users Manual or for whom an MDS assessment has not been submitted within 14 calendar days after the time requirements in Section 147.315 shall be assigned to default group AA1.

- 4) The assessment used for the purpose of rate calculation shall be identified as an Omnibus Budget Reconciliation Act (OBRA) assessment on the MDS following the guidance in the RAI Manual.
- 5) The MDS used for the purpose of rate calculation shall be determined by the Assessment Reference Date (ARD) identified on the MDS assessment.
- g) The Department shall provide each nursing facility with information that identifies the group to which each resident has been assigned.

(Source: Amended at 38 Ill. Reg. 23778, effective December 2, 2014)

Section 147.335 Enhanced Care Rates

An additional ~~enhanced~~ [enhancee](#) rate is applied for certain categories of residents that are in need of more resources.

- a) Ventilator Services – The following criteria shall be met to be eligible for enhanced rates.
 - 1) Ventilators are defined as any type of electrical or pneumatically powered closed mechanical system for residents who are, or who may become, unable to support their own respiration. It does not include Continuous Positive Airway Pressure (CPAP) or Bi-level Positive Airway Pressure (BiPAP) devices. When ventilators are used to deliver CPAP or BiPAP they shall not be counted as ventilator services for enhanced rates.
 - 2) Ventilators set to PEEP or CPAP to aid in weaning a resident from the ventilator are included. The weaning process shall be documented in the clinical record. Ventilators used to deliver CPAP or BiPAP services for the resident with Sleep Apnea are not included.
 - 3) Nursing facility shall notify the Department using a Department designated form that includes a physician order sheet that identifies the

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need and delivery of ventilator services. A facility shall also use the designated form to notify the Department when a resident is no longer receiving ventilator services. In addition, a Section S item response of the MDS may be used.

- 4) The following criteria shall be met in order for a facility to qualify for ventilator care reimbursement.
 - A) A facility shall establish admission criteria to ensure the medical stability of patients prior to transfer from an acute care setting.
 - B) Facilities shall be equipped with technology that enables it to meet the respiratory therapy, mobility and comfort needs of its patients.
 - C) Clinical assessment of oxygenation and ventilation-arterial blood gases or other methods of monitoring carbon dioxide and oxygenation shall be available on-site for the management of residents. Documentation shall support clinical monitoring of oxygenation stability was completed at least twice a day.
 - D) Emergency and life support equipment, including mechanical ventilators, shall be connected to electrical outlets with back-up generator power in the event of a power failure.
 - E) Ventilators shall be equipped with internal batteries to provide a short term back-up system in case of a total loss of power.
 - F) An audible, redundant ventilator alarm system shall be required to alert staff of a ventilator malfunction, failure or resident disconnect. A back-up ventilator shall be available at all times.
 - G) Facilities licensed under the Nursing Home Care Act [\[210 ILCS 45\]](#) shall have a minimum of one RN on duty for 8 consecutive hours, 7 days per week, as required by 77 Ill. Adm. Code 300.1240. For facilities licensed under the Hospital Licensing Act, an RN shall be on duty at all times, as required by 77 Ill. Adm. Code 250.910. Additional RN staff may be determined necessary by the Department, based on the Department's review of the ventilator services.

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- H) Licensed nursing staff shall be on duty in sufficient numbers to meet the needs of residents as required by 77 Ill. Adm. Code 300.1230. For facilities licensed under the Nursing Home Care Act, the Department requires that an RN shall be on call, if not on duty, at all times.
- I) No less than one licensed respiratory care practitioner licensed in Illinois shall be available at the facility or on call 24-hours a day to provide care, monitor life support systems, administer medical gases and aerosol medications, and perform diagnostic testing as determined by the needs and number of the residents being served by a facility. The practitioner shall evaluate and document the respiratory status of a ventilator resident on no less than a weekly basis.
- J) A pulmonologist, or physician experienced in the management of ventilator care, shall direct the care plan for ventilator residents on no less than a twice per week basis.
- K) At least one of the full-time licensed nursing staff members shall have successfully completed a course in the care of ventilator dependent individuals and the use of the ventilators, conducted and documented by a licensed respiratory care practitioner or a qualified registered nurse who has at least one-year experience in the care of ventilator dependent individuals.
- L) All staff caring for ventilator dependent residents shall have documented in-service training in ventilator care prior to providing such care. In-service training shall be conducted at least annually by a licensed respiratory care practitioner or qualified registered nurse who has at least one-year experience in the care of ventilator dependent individuals. Training shall include, but is not limited to, status and needs of the resident, infection control techniques, communicating with the ventilator resident, and assisting the resident with activities. In-service training documentation shall include name and title of the in-service director, duration of the presentation, content of presentation, and signature and position description of all participants.

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- M) Documentation shall support the resident has a health condition that requires medical supervision 24-hours a day of licensed nursing care and specialized services or equipment.
 - N) The medical records shall contain physician's orders for respiratory care that includes, but is not limited to, diagnosis, ventilator settings, tracheostomy care and suctioning, when applicable.
 - O) Documentation shall support the resident receive tracheostomy care at least daily.
- 5) To be eligible to receive ventilator add-on, facilities shall also be required to implement the established written protocols on the following areas:
- A) Pressure Ulcers. A facility shall have established policies and procedures on assessing, monitoring and prevention of pressure ulcers, including development of a method of monitoring the occurrence of pressure ulcers. Staff shall receive in-service training on those areas.
 - i) Documentation shall support the resident has been assessed quarterly for their risk for developing pressure ulcers.
 - ii) Documentation shall support that interventions for pressure ulcer prevention were implemented and include, but are not limited to, a turning and repositioning schedule, use of pressuring reducing devices, hydration and nutritional interventions and daily skin checks.
 - B) Pain. A facility shall have established policies and procedures on assessing the occurrence of pain, including development of a method of monitoring the occurrence of pain. Staff shall receive in-service training on this area.
 - i) Documentation shall support the resident has been assessed quarterly for the presence of pain and the risk factors for developing pain.

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- ii) Documentation shall support an effective pain management regime is in place for the resident.
- C) Immobility. A facility shall have established policies and procedures to assess the possible effects of immobility. These shall include, but not be limited to, range of motion techniques, contracture risk. Staff shall receive in-service training on this area.
 - i) Documentation shall support the resident's risk for contractures were assessed quarterly and interventions are in place to reduce the risk.
 - ii) Effects of immobility will be monitored and interventions implemented as needed.
- D) Risk of infection. A facility shall have established policies and procedures on assessing risk for developing infection and prevention techniques. These shall include, but are not limited to proper hand washing techniques, aseptic technique in delivery care to a resident, and proper care of equipment and supplies. Staff shall receive in-service training on this area.
 - i) Documentation shall support the resident was given oral care every shift to reduce the risk of infection.
 - ii) Documentation shall support the facility has a method to monitor and track infections.
- E) Social Isolation. A facility shall have a method of assessing a resident's risk for social isolation. Interventions shall be in place to involve a resident in activities when possible.
- F) Ventilator Weaning. A facility shall have a method of routinely assessing a resident's weaning potential and interventions implemented as needed. Documentation shall support the weaning process and the use of mechanical ventilation for a portion of each day for stabilization.

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- G) Policies shall include monitoring expectations of the ventilator resident, routine maintenance of equipment and specific staff training related to ventilator settings and care.
 - H) In order to maintain quality standards and reduce cross contamination, the facility shall have a policy for cleaning and maintaining equipment.
- 6) Department staff shall conduct on-site visits on a random or targeted basis to ensure both facility and resident compliance with requirements. All records shall be accessible to determine that the needs of a resident are being met and to determine the appropriateness of ventilator services. In addition to the requirements of this subsection (a), Department review shall include, at a minimum, the following:
- A) The tracking of Ventilator Associated Pneumonia;
 - B) Documentation to track hospitalizations, reason for hospitalizations, and interventions aimed at reducing hospitalizations for ventilator residents;
 - C) Ventilator weaning;
- 7) An enhanced payment shall be added to the rate determined by the methodology currently in place:
- A) Payment shall be made for each individual resident receiving ventilator services;
 - B) The rate add-on for ventilator service is \$208 per day.
- b) Traumatic Brain Injury (TBI) – The following criteria shall be met to be eligible for enhanced rates.
- 1) A facility shall meet all the criteria set forth in this subsection for TBI care to a resident in order to receive the enhanced TBI reimbursement rate identified.

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- 2) TBI is a nondegenerative, noncongenital insult to the brain from an external mechanical force, possibly leading to permanent or temporary impairment of cognitive, physical, and psychosocial functions, with an associated diminished or altered state of consciousness.
- 3) The following criteria shall be met in order for a facility to qualify for TBI reimbursement.
 - A) The facility shall have written policies and procedures for care of the residents with TBI and behaviors that include, but are not limited to, monitoring for behaviors, identification and reduction of agitation, safe and effective interventions for behaviors, and assessment of risk factors for behaviors related to safety of residents, staff and staff shall be in-serviced on these policies.
 - B) The facility shall have staff to complete the required physical (PT), occupational (OT) or speech therapy (SP), as needed. Additionally, a facility shall have staffing sufficient to meet the behavior, physical and psychosocial needs of the resident.
 - C) Staff shall receive in-service for the care of a TBI resident and dealing with behavior issues identifying and reducing agitation, and rehabilitation for the TBI resident. In-service training shall be conducted at least annually. In-service documentation shall include name and title of the in-service director, duration of the presentation, content of presentation, and signature and position description of all participants.
 - D) The facility environment shall be such that it is aimed at reducing distractions for the TBI resident during activities and therapies. This shall include, but not be limited to, avoiding overcrowding, loud noises, lack of privacy, seclusion and social isolation.
 - E) Care plans on all residents shall address the physical, behavioral and psychosocial needs of the TBI residents. Care plans shall be individualized to meet the resident's needs, and shall be revised as necessary.

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- F) The facility shall use the "Rancho Los Amigos Cognitive Scale" to determine the level of cognitive functioning. The assessment shall be completed quarterly by a trained rehabilitation registered nurse. Based on the level of functioning, and the services and interventions implemented, a resident will be placed in 1 of 3 tiers of payments. Tier 3 is the highest reimbursement. By completing a Department designated form, facilities will be responsible for notifying the Department of the applicable tier in which a resident is placed.
 - G) Documentation found elsewhere in the resident records shall support the scoring on the Rancho Los Amigos Scale as well as the delivery of coded interventions.
- 4) Admission Criteria
- A) Documentation by a neurologist that the resident has a severe and extensive TBI diagnosis.
 - B) The diagnosis meets RAI Manual requirements for coding.
 - C) There shall be documentation the diagnosis has resulted in significant deficits and disabilities that required intense rehabilitation therapy. In addition, documentation from the neurologist shall identify the resident has the ability to benefit from rehabilitation and a potential for independent living.
 - D) Diagnostic testing shall support the presence of a severe and extensive TBI as a result of external force as defined in subsection (b)(2).
 - E) Documentation the resident was assessed using the Rancho Los Amigos Cognitive Scale and scored a Level IV through X. Residents scoring a Level I, II or III on the Rancho Los Amigos Cognitive Scale shall not be eligible for TBI reimbursement.
 - F) Documentation the resident is medically stable and has been assessed for potential behaviors and safety risk to self, staff and others.

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- 5) Documentation supports the Tier I requirements are as follows:
- A) Tier I shall not exceed 6 months.
 - B) The resident shall have previously scored in Tier II or Tier III.
 - C) The resident has received intensive rehabilitation and is preparing for discharge to the community. The resident shall receive intervention and training focusing on independent living skills, prevocational training and employment support. This includes, but is not limited to, community support options, substance abuse counseling, as appropriate, time management and goal setting.
 - D) Resident scores a Level VIII through- X on the Rancho Los Amigos Cognitive Scale (Purposeful, Appropriate, and stand-by assistance to Modified Independence).
 - E) No behaviors or Behaviors present, but less than 4 days (E0200A-C<2 AND E0500A-C=0 AND E0800< 2 and E1000A+B=0). If behaviors are present, resident receives behavior management training to address the specific behaviors identified.
 - F) Cognition. Brief Interview for Mental Status (BIMS) is 13 through -15 (Cognitively intact, C0500).
 - G) Activities of daily living (ADL) functioning. All ADL tasks shall be coded less than 3 (Section G).
 - H) An assessment shall be completed quarterly to identify the resident's needs and risk factors related to independent living. This assessment shall include, but is not limited to, physical development and mobility, communication skills, cognition level, food preparation and eating behaviors, personal hygiene and grooming, health and safety issues, social and behavioral issues, ADL potential with household chores, transportation, vocational skills and money management.

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- I) Discharge Potential. There is an active discharge plan in place (Q0400A=1) or referral has been made to the local contact agency (Q0600=1). There shall be weekly documentation by a licensed social worker related to discharge potential and progress. This shall include working with the resident on community resources and prevocational employment options.
 - J) The resident shall receive interventions and/or training related to their specific discharge needs.
- 6) Documentation supports the Tier II requirements are as follows:
- A) Tier II shall not exceed 12 months.
 - B) Resident has reached a plateau in rehabilitation ability, but still requires services related to the TBI. Resident shall have previously scored in Tier III. The resident continues to receive restorative nursing services.
 - C) Resident scores a Level IV through-VII on the Rancho Los Amigos Cognitive Scale (Confusion, may or may not be appropriate).
 - D) Cognition. BIMS is less than 13 (C0500) or Cognitive Skills for decision making are moderately to severely impaired (C1000=2 or 3).
 - E) Resident has behaviors (E0300=1 or E1000=1) and these behaviors impact resident (E0500A-C=1) or impact others (E0600A-C=1). Behaviors shall be tracked daily and interventions implemented. There shall be documentation of weekly meetings with interdisciplinary staff to discuss behaviors, effectiveness of interventions and to implement revisions as necessary.
 - F) ADL function (Section G) 3 or more ADL require limited or extensive assistance.
 - G) Resident is on 2 or more of the following restorative: Bed Mobility (O0500D=1), Transfer (O0500E=1), Walking (O0500F=1),

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Dressing/Grooming (O0500G=1), Eating (O0500H=1) or Communication (O0500J=1).

- H) Resident receives either Psychological (O0400E2>1) or Recreational Therapy (O0400F2>1) at least 2 or more days a week. Documentation shall include a summary of the sessions, resident's progress and potential goals, and identify any revisions needed.
 - I) Documentation shall support one to one meeting with a licensed social worker at least twice a week to discuss potential needs, goals and any behavior issues.
 - J) Documentation of at least quarterly oversight of care plan by a neurologist.
 - K) Documentation the resident has received instruction and training at least twice per week that includes, but is not limited to, behavior modification, anger management, time management goal setting, life skills and social skills.
 - L) Behavioral rehabilitation assessment and evaluations shall be completed quarterly and shall include cognition, behaviors, interventions and outcomes.
 - M) Documentation shall support the residents requires intensive counseling, behavioral management and neuro-cognitive therapy. The resident behaves in such a manner as to indicate an inability, without ongoing supervision and assistance of others, they would be unable to satisfy the need for nourishment, personal care, medical care, shelter, self-protection and safety.
- 7) Documentation supports the Tier III requirements are as follows:
- A) Tier III shall not exceed 9 months.
 - B) The injury resulting in a TBI diagnosis must have occurred within the prior 6 months to score in Tier III.

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- C) Includes the acutely diagnosed resident with extensive deficits in physical functioning and identifies intensive rehabilitation needs.
- D) Resident scores an IV through-VII on the Rancho Los Amigos Cognitive Scale.
- E) Cognition. BIMS is less than 13 (C0500) or Cognitive Skills for decision making are moderately to severely impaired (C1000=2 or 3).
- F) Documentation shall support the facility is monitoring behaviors and has implemented interventions to identify the risk factors for behaviors and to reduce the occurrence of behaviors.
- G) Resident receives Rehabilitation therapy (PT, OT or ST) at least 500 minutes per week and at least one rehabilitation discipline 5 days per week (O0400). The therapy shall meet the RAI Manual guidelines for coding. The resident shall continue to show the potential for improvement in the therapy programs.
- H) The facility shall have trained rehabilitation staff on-site working with the resident on a daily basis. This shall include a trained rehabilitation nurse and rehabilitation aides. The resident requires a minimum of 6 to 8 hours per day of one-to-one support as a result of functional issues.
- I) Documentation shall support there are weekly meetings of the interdisciplinary team to discuss the resident's rehabilitation progress and potential.
- J) Resident receives Psychological Therapy (O0400E2>1) at least 2 days per week. Documentation shall include a summary of the sessions, resident's progress and potential goals, and identify any revisions needed.
- K) There shall be documentation to support monthly oversight by a neurologist.

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- L) A comprehensive medical and neuro-psychological assessment is done upon admission and quarterly. It shall include, but is not limited to, the following:
- i) Physical ability and mobility;
 - ii) Motor coordination;
 - iii) Hearing, vision and speech;
 - iv) Behavior and impulse control;
 - v) Social functionality;
 - vi) Cognition;
 - vii) Safety and medical needs; and
 - viii) Communication needs.
- 8) Rates of payment for each Tier are as follows:
- A) The payment amount for Tier I is \$264.17 per day.
 - B) The payment amount for Tier II is \$486.49 per day.
 - C) The payment amount for Tier III is \$767.46 per day.
- 9) Effective for services on or after January 1, 2015, facilities licensed by the Department of Public Health under the Nursing Home Care Act and meeting all the care and services requirements of this Part will receive a per diem add-on of \$5.00 for each resident scoring as TBI on the MDS 3.0 but otherwise not qualifying for Tier 1, 2 or 3.

(Source: Amended at 38 Ill. Reg. 23778, effective December 2, 2014)

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- 1) Heading of the Part: Long Term Care Reimbursement Changes
- 2) Code Citation: 89 Ill. Adm. Code 153
- 3) Section Number: 153.126 Adopted Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and PA 98-651
- 5) Effective Date of Rule: December 2, 2014
- 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 rule, including any materials incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: July 18, 2014; 38 Ill. Reg. 14802
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: The following changes have been made: In subsection (i)(3)(D) of Section 153.126 added treatment procedures for clinically complex persons under 22 yrs of age in order to comply with requirements of PA 98-651.

153.126 (i)(3)(D):
 - "iii) Peritoneal dialysis treatments requiring at least four exchanges every 24 hours.
 - iv) Tube feeding via nasogastric or gastrostomy tube.
 - v) Other medical technologies required continuously, which in the opinion of the attending physician require the services of a professional nurse."

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- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? Yes
- 14) Are there any other rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: Pursuant to PA 98-651, makes changes to the support component of the rates of certain nursing facilities and, with respect to long-term care facilities for persons under 22 years of age serving clinically complex residents, defines these facilities, places them on an expedited payment schedule, establishes per diem rates, and defines clinically complex persons under 22 years of age.
- 16) Information and questions regarding this adopted rule shall be directed to:

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

217/782-1233

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

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TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER e: GENERAL TIME-LIMITED CHANGES

PART 153

LONG TERM CARE REIMBURSEMENT CHANGES

Section

153.100	Reimbursement for Long Term Care Services
153.125	Long Term Care Facility Rate Adjustments
153.126	Long Term Care Facility Medicaid Per Diem Adjustments
153.150	Quality Assurance Review (Repealed)

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

SOURCE: Emergency rules adopted at 18 Ill. Reg. 2159, effective January 18, 1994, for maximum of 150 days; adopted at 18 Ill. Reg. 10154, effective June 17, 1994; emergency amendment at 18 Ill. Reg. 11380, effective July 1, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16669, effective November 1, 1994; emergency amendment at 19 Ill. Reg. 10245, effective June 30, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 16281, effective November 27, 1995; emergency amendment at 20 Ill. Reg. 9306, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 14840, effective November 1, 1996; emergency amendment at 21 Ill. Reg. 9568, effective July 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13633, effective October 1, 1997; emergency amendment at 22 Ill. Reg. 13114, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16285, effective August 28, 1998; amended at 22 Ill. Reg. 19872, effective October 30, 1998; emergency amendment at 23 Ill. Reg. 8229, effective July 1, 1999, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 12794, effective October 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13638, effective November 1, 1999; emergency amendment at 24 Ill. Reg. 10421, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15071, effective October 1, 2000; emergency amendment at 25 Ill. Reg. 8867, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 14952, effective November 1, 2001; emergency amendment at 26 Ill. Reg. 6003, effective April 11, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 12791, effective August 9, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11087, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17817, effective November 27, 2002; emergency amendment at 27 Ill. Reg. 11088, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18880, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 10218,

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effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 15584, effective November 24, 2004; emergency amendment at 29 Ill. Reg. 1026, effective January 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 4740, effective March 18, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 6979, effective May 1, 2005; amended at 29 Ill. Reg. 12452, effective August 1, 2005; emergency amendment at 30 Ill. Reg. 616, effective January 1, 2006, for a maximum of 150 days; emergency amendment modified pursuant to the Joint Committee on Administrative Rules Objection at 30 Ill. Reg. 7817, effective April 7, 2006, for the remainder of the maximum 150 days; amended at 30 Ill. Reg. 10417, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 11853, effective July 1, 2006, for a maximum of 150 days; emergency expired November 27, 2006; amended at 30 Ill. Reg. 14315, effective August 18, 2006; emergency amendment at 30 Ill. Reg. 18779, effective November 28, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 6954, effective April 26, 2007; emergency amendment at 32 Ill. Reg. 535, effective January 1, 2008, for a maximum of 150 days; emergency amendment at 32 Ill. Reg. 4105, effective March 1, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. 7761, effective May 5, 2008; amended at 32 Ill. Reg. 9972, effective June 27, 2008; amended at 33 Ill. Reg. 9347, effective July 1, 2009; emergency amendment at 34 Ill. Reg. 17462, effective November 1, 2010, for a maximum of 150 days; amended at 35 Ill. Reg. 6171, effective March 28, 2011; amended at 35 Ill. Reg. 19524, effective December 1, 2011; emergency amendment at 36 Ill. Reg. 10416, effective July 1, 2012 through June 30, 2013; amended at 36 Ill. Reg. 17405, effective December 1, 2012; amended at 37 Ill. Reg. 10529, effective June 27, 2013; emergency amendment at 38 Ill. Reg. 15732, effective July 7, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 23799, effective December 2, 2014.

Section 153.126 Long Term Care Facility Medicaid Per Diem Adjustments

- a) Notwithstanding the provisions set forth in Section 153.100, the socio-development component for facilities that are federally defined as Institutions for Mental Disease (see 89 Ill. Adm. Code 145.30) shall be increased by 253 percent beginning with services provided on and after March 1, 2008.
- b) Notwithstanding the provisions set forth in Section 153.100, daily residential rates effective on March 1, 2008, for intermediate care facilities for persons with developmental disabilities (ICF/DD), including skilled nursing facilities for persons under 22 years of age (SNF/Ped), for which a patient contribution is required, shall be increased by 2.2 percent.
- c) Notwithstanding the provisions set forth in Section 153.100, developmental training rates effective on March 1, 2008 shall be increased by 2.5 percent.

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- d) Notwithstanding the provisions set forth in Sections 153.100 and 153.125, for dates of services provided on or after July 1, 2012, the \$10 per day per individual payment for individuals with developmental disabilities in nursing facilities, described in 89 Ill. Adm. Code 147.350, shall be eliminated.
- e) Notwithstanding the provisions set forth in Sections 153.100 and 153.125, on or after July 1, 2012, nursing facilities not designated as Institutions for Mental Disease shall have rates effective May 1, 2011 (see Section 153.125) adjusted as follows:
- 1) Individual nursing rates for residents classified in Resource Utilization Groups IV (RUG-IV) PA1, PA2, BA1 and BA2, during the quarter ending March 31, 2012, shall be reduced by 10 percent;
 - 2) Individual nursing rates for residents classified in all other RUG-IV groups shall be reduced by 1.0 percent; and
 - 3) Facility rates for the support and capital components shall be reduced by 1.7 percent.
- f) Notwithstanding the provisions set forth in Sections 153.100 and 153.125, on or after July 1, 2012, nursing facilities designated as Institutions for Mental Disease and facilities licensed under the Specialized Mental Health Rehabilitation Act shall have the nursing, socio-development, capital and support components of their reimbursement rate effective May 1, 2011 (see Section 153.125), reduced in total by 2.7 percent.
- g) Notwithstanding the provisions set forth in Sections 153.100 and 153.125, on or after July 1, 2012, supported living facilities, as defined in 89 Ill. Adm. Code 146.205, shall have rates reduced by 2.7 percent.
- h) Notwithstanding the provisions set forth in Sections 153.100 and 153.125 and 89 Ill. Adm. Code 140.560 and 140.561, for services provided on or after July 1, 2014, the support component of a nursing facility's rate for facilities licensed under the Nursing Home Care Act as skilled or intermediate care facilities (SNF/ICF) shall be the rate in effect on June 30, 2014, increased by 8.17%.

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- i) Long Term Care Facilities for Persons under 22 Years of Age Serving Clinically Complex Residents
- 1) Effective for dates of service on or after July 1, 2013, long term care facilities for persons under 22 years of age serving clinically complex residents means facilities licensed by the Department of Public Health as long term care facilities for persons under 22 years of age that serve severely and chronically ill pediatric patients requiring exceptional care, if the facility has 30% or more of its patients receiving ventilator care.
 - 2) For dates of services starting July 1, 2013, long term care facilities for persons under 22 years of age serving clinically complex residents shall receive Medicaid reimbursement on 30-day expedited schedule.
 - 3) Effective for dates of service on or after July 1, 2014, for purposes of this Section, a person under 22 years of age is considered clinically complex if the person requires at least one of the following medical services:
 - A) Tracheostomy care with dependence on mechanical ventilation for a minimum of six hours each day.
 - B) Tracheostomy care requiring suctioning at least every six hours, room air mist or oxygen as needed, and dependence on one of the treatment procedures listed under subsection (i)(4), excluding the procedure listed in subsection (i)(4)(B).
 - C) Total parenteral nutrition or other intravenous nutritional support and one of the treatment procedures listed under subsection (i)(4).
 - 4) The following treatment procedures apply to the conditions in subsections (i)(3)(B) and (C):
 - A) Intermittent suctioning at least every eight hours and room air mist or oxygen as needed.
 - B) Continuous intravenous therapy, including administration of therapeutic agents necessary for hydration or of intravenous pharmaceuticals; or intravenous pharmaceutical administration of

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more than one agent via a peripheral or central line, without continuous infusion.

- C) Peritoneal dialysis treatments requiring at least four exchanges every 24 hours.
- D) Tube feeding via nasogastric or gastrostomy tube.
- E) Other medical technologies required continuously, which in the opinion of the attending physician require the services of a professional nurse.

5) Reimbursement

- A) Notwithstanding the provisions set forth in 89 Ill. Adm. Code 140, 144 and 147, and subject to federal approval of changes to the Title XIX State Plan, for dates of service starting July 1, 2014 through implementation of a new reimbursement system, long term care facilities for persons under 22 years of age serving clinically complex residents shall receive a per diem rate of \$304 for clinically complex residents.
- B) Notwithstanding the provisions set forth in 89 Ill. Adm. Code 140, 144 and 147, and subject to federal approval of changes to the Title XIX State Plan, for dates of service starting July 1, 2014, long term care facilities for persons under 22 years of age serving clinically complex residents that have a policy documenting their method of routine assessment of a resident's potential for being weaned from a ventilator, with interventions implemented noted in the resident's record, shall receive a per diem rate of \$669 for clinically complex residents on a ventilator.

(Source: Amended at 38 Ill. Reg. 23799, effective December 2, 2014)

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Uniform System of Accounts for Electric Utilities
- 2) Code Citation: 83 Ill. Adm. Code 415
- 3) Section Number: 415.10 Adopted Action:
Amendment
- 4) Statutory Authority: Implementing Sections 5-102 and 5-103 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/5-102, 5-103 and 10-101]
- 5) Effective Date of Rule: December 2, 2014
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes
- 8) A copy of the adopted rule, including any material incorporated by reference, is on file in the Commission's Springfield office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: April 11, 2014; 38 Ill. Reg. 7691
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: No substantive changes have been made.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? No changes were required.
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: The Commission has adopted 83 Ill. Adm. Code 415, Uniform System of Accounts for Electric Utilities, as its system of accounts for electric utilities that are under its jurisdiction. Part 415 incorporates by reference 18 CFR 101, with specified modifications to conform the accounting provisions to regulatory policy in Illinois. The amendment changes the date of the version of 18 CFR 101 that Part 415 incorporates by reference from June 15, 2006 to November 27, 2013 to capture

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENT

the most recent revisions to the federal rules. Those revisions reflect the addition of new plant accounts and new operating and maintenance expense accounts for electric utilities.

- 16) Questions or requests for information about this adopted rule shall be directed to:

Brian W. Allen
Office of General Counsel
Illinois Commerce Commission
527 East Capitol Avenue
Springfield IL 62701

217/558-2387

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

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENT

TITLE 83: PUBLIC UTILITIES
CHAPTER I: ILLINOIS COMMERCE COMMISSION
SUBCHAPTER c: ELECTRIC UTILITIESPART 415
UNIFORM SYSTEM OF ACCOUNTS FOR ELECTRIC UTILITIESSUBPART A: GENERAL PROVISIONS AND ADOPTION OF
CFR PROVISIONS BY REFERENCE

Section

- 415.10 Adoption of 18 CFR 101 by Reference
415.20 Adoption of 18 CFR 116 by Reference (Repealed)

SUBPART B: ADDITIONS TO AND DELETIONS FROM CFR PROVISIONS

Section

- 415.200 Definitions
415.210 General Instruction 1
415.250 General Instruction 5
415.270 General Instruction 7 (Repealed)
415.280 General Instruction 7.1 (Repealed)
415.330 General Instruction 12 (Repealed)
415.340 General Instruction 13
415.380 General Instruction 17
415.390 General Instruction 18
415.410 General Instruction 20
415.411 General Instruction 21
415.420 Electric Plant Instruction 2 (Repealed)
415.430 Electric Plant Instruction 3
415.450 Electric Plant Instruction 5 (Repealed)
415.470 Electric Plant Instruction 7
415.500 Electric Plant Instruction 10
415.940 Income Chart of Accounts
415.970 Operation and Maintenance Expense Chart of Accounts
415.1020 Account 102 (Repealed)
415.1050 Account 105
415.1080 Account 108 (Repealed)
415.2010 Accounts 201, 202, 203, and 204

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED AMENDMENT

415.2070	Account 207
415.2110	Account 211
415.2140	Account 214
415.4118	Account 411.8
415.4119	Account 411.9
415.4160	Account 416
415.4261	Account 426.1 (Repealed)
415.4390	Account 439
415.5180	Account 518
415.9140	Accounts 914 and 915
415.9302	Account 930.2 (Repealed)

415.APPENDIX G Operation and Maintenance Expense Accounts
415.EXHIBIT A Accounts 914 and 915

AUTHORITY: Implementing Sections 5-102 and 5-103 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/5-102, 5-103 and 10-101].

SOURCE: Adopted July 14, 1960, effective January 1, 1962; old rules repealed, new rules adopted and codified at 8 Ill. Reg. 160, effective January 1, 1984; amended at 9 Ill. Reg. 4016, effective April 1, 1985; amended at 9 Ill. Reg. 13079, effective August 15, 1985; amended at 12 Ill. Reg. 11710, effective July 15, 1988; amended at 18 Ill. Reg. 10692, effective July 1, 1994; amended at 18 Ill. Reg. 17996, effective December 15, 1994; amended at 22 Ill. Reg. 6647, effective April 1, 1998; amended at 23 Ill. Reg. 1346, effective February 1, 1999; amended at 28 Ill. Reg. 334, effective December 31, 2003; amended at 31 Ill. Reg. 11553, effective August 1, 2007; amended at 38 Ill. Reg. 23806, effective December 2, 2014.

SUBPART A: GENERAL PROVISIONS AND ADOPTION OF
CFR PROVISIONS BY REFERENCE

Section 415.10 Adoption of 18 CFR 101 by Reference

The Illinois Commerce Commission ("Commission") adopts 18 CFR 101, as of [November 27, 2013](#)~~June 15, 2006~~, as its uniform system of accounts for electric utilities, subject to the exceptions set forth in Section 415.200 et seq. of this Part. No incorporation in this Part includes any later amendment or edition.

(Source: Amended at 38 Ill. Reg. 23806, effective December 2, 2014)

OFFICE OF THE TREASURER

NOTICE OF ADOPTED RULES

- 1) Heading of the Part: Rules for Charitable Trust Stabilization Committee
- 2) Code Citation: 74 Ill. Adm. Code 650
- 3)

<u>Section Numbers</u> :	<u>Adopted Action</u> :
650.10	New Section
650.20	New Section
650.30	New Section
650.40	New Section
650.50	New Section
650.60	New Section
650.70	New Section
650.80	New Section
650.90	New Section
650.100	New Section
650.110	New Section
650.120	New Section
- 4) Statutory Authority: Implementing and authorized by the Charitable Trust Stabilization Act [30 ILCS 790/1]
- 5) Effective Date of Rule: December 4, 2014
- 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 material incorporated by reference, if any, is on file at 400 W. Monroe Street, Springfield IL, and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: July 25, 2014; 38 Ill. Reg. 15890
- 10) Has JCAR issued a Statement of Objection to these rules? No
- 11) Differences between Proposal and Final Version: The final version contains the following differences from the proposal:

Removed the following phrase from Section 650.50(a):

OFFICE OF THE TREASURER

NOTICE OF ADOPTED RULES

"If a corporation,"

Section 650.50(a)(5) now reads: "Articles of Incorporation and all amendments and all By-laws."

Removed Section 650.50(a)(6), which previously read as follows:

"If an unincorporated association, Constitution and all amendments and By-laws."

Section 650.50(a) was renumbered accordingly.

Added the following second sentence to Section 650.90(a) (General Terms and Conditions of Grant Awards):

"A grantee shall not use the grant award for any prohibited use as set forth in the Grant Funds Recovery Act [30 ILCS 705/4.3]."

Added new subsection (f) to Section 650.90 (General Terms and Conditions of Grant Awards), which reads as follows:

"All grants awarded under this Part are subject to and shall comply with the Grant Funds Recovery Act. [30 ILCS 705]"

- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This rulemaking sets forth the procedures and criteria for grant awards from the Charitable Trust Stabilization Fund.
- 16) Information and questions regarding these adopted rules shall be directed to:

Office of the Illinois State Treasurer
Attention: Neil P. Olson
400 West Monroe Street, Suite 401

OFFICE OF THE TREASURER

NOTICE OF ADOPTED RULES

Springfield IL 62704

217/557-8235

fax: 217/785-8554

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

OFFICE OF THE TREASURER

NOTICE OF ADOPTED RULES

TITLE 74: PUBLIC FINANCE

CHAPTER V: TREASURER

PART 650

RULES FOR CHARITABLE TRUST STABILIZATION COMMITTEE

SUBPART A: GENERAL PROVISIONS

Section
650.10 Definitions

SUBPART B: PURPOSE AND ELIGIBILITY

Section
650.20 Purpose
650.30 Grant Eligibility Criteria
650.40 Special Attention to Certain Applicants

SUBPART C: APPLICATION PROCEDURES

Section
650.50 Grant Application Process
650.60 Initial Review Process
650.70 Committee Consideration and Recommendation of Applications
650.80 Grant Award by Treasurer

SUBPART D: CONDITIONS OF AWARDS AND AGREEMENTS

Section
650.90 General Terms and Conditions of Grant Awards
650.100 Grant Agreements
650.110 Post Award Obligations

SUBPART E: PUBLIC NOTICE OF GRANT INFORMATION

Section
650.120 Public Notice of Grant Information

OFFICE OF THE TREASURER

NOTICE OF ADOPTED RULES

AUTHORITY: Implementing and authorized by the Charitable Trust Stabilization Act [30 ILCS 790].

SOURCE: Adopted at 38 Ill. Reg. 23810, effective December 4, 2014.

SUBPART A: GENERAL PROVISIONS

Section 650.10 Definitions

The following definitions shall apply to this Part:

"Act" means the Charitable Trust Stabilization Act [30 ILCS 790].

"Applicant" means an organization, public or private, applying for grant funds to be awarded from the Charitable Trust Stabilization Fund created pursuant to Section 5 of the Act.

"Committee" means the Charitable Trust Stabilization Committee created pursuant to Section 10 of the Act.

"Grant Agreement" means an agreement between the State Treasurer and the organization receiving grant funds from the Charitable Trust Stabilization Fund.

"Grant Award" means grants funds provided from the Charitable Trust Stabilization Fund.

"Grantee" means an organization awarded grant funds from the Charitable Trust Stabilization Fund.

"State Treasurer" means the Office of the Treasurer of the State of Illinois or a third-party administrator of the Charitable Trust Stabilization Fund designated pursuant to Section 10(d) of the Act.

SUBPART B: PURPOSE AND ELIGIBILITY

Section 650.20 Purpose

OFFICE OF THE TREASURER

NOTICE OF ADOPTED RULES

Upon recommendation of the Committee, the State Treasurer may make grant awards for the purpose of providing funds to community-based organizations and other not-for-profit entities operating in the State of Illinois.

Section 650.30 Grant Eligibility Criteria

Grant awards may be made to an applicant that:

- a) *is a not-for-profit corporation that is exempt from federal income taxation under Section 501(c)(3) of the federal Internal Revenue Code (26 USC 501(c)(3)) (Section 15(1) of the Act);*
- b) *is organized under the General Not for Profit Corporation Act of 1986 [805 ILCS 105] for the purpose of providing charitable services to the community (Section 15(2) of the Act);*
- c) *complies with the provisions of the Charitable Trust Act [760 ILCS 55] (Section 15(3) of the Act);*
- d) is domiciled in the State of Illinois and provides charitable services exclusively in the State of Illinois;
- e) has the equivalent of one full-time paid employee; and
- f) has adopted a policy of non-discrimination on the basis of race, gender, sexual orientation, age, national origin, disability, family status or religion.

Section 650.40 Special Attention to Certain Applicants

When considering applicants for a grant award, the Committee shall give *special attention to applicants that have an annual operating budget of less than \$1 million and are located in a depressed area as defined in Section 3 of the Illinois Enterprise Zone Act [20 ILCS 655] (Section 5 of the Act)*. When recommending grant awards to the State Treasurer, the Committee may give preference to those applicants.

SUBPART C: APPLICATION PROCEDURES

Section 650.50 Grant Application Process

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- a) Applicants shall submit a written grant application, provided by the State Treasurer, with supporting documentation in order to be considered for a grant award. The following supporting documentation must accompany the application:
- 1) The applicant's current IRS determination letter or, if pending, Form 1023 or 1024.
 - 2) Most recent Form 990 filed by the applicant with the IRS, including Schedule A, or an explanation of why none has been filed.
 - 3) The following forms of, and statements required by, the Illinois Attorney General (see 14 Ill. Adm. Code 400):
 - A) Illinois Charitable Organization Registration Statement (Form CO-1).
 - B) If the applicant has been in existence less than one year, Form CO-2.
 - C) If the Applicant has been in existence more than one year, AG990-IL, with all required attachments, fees and signatures, for each of the most recent three years of existence.
 - D) A financial statement in the form required by 14 Ill. Adm. 400.60.
 - E) Form IFC (for each fundraising campaign, if a professional fundraiser was used).
 - 4) Any and all contracts with professional fundraisers.
 - 5) Articles of Incorporation and all amendments and all By-Laws.
 - 6) A complete list of all officers, directors and/or trustees, including names, addresses and daytime phone numbers.
 - 7) List of any other grants the applicant has received in the past two years, including, without limitation, federal, state or private grants.

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- 8) Other documentation deemed necessary by the State Treasurer or the Committee.
- b) Additional documentation may be provided voluntarily by the applicant, or may be requested by the State Treasurer or Committee upon receipt and review of the proposal.
- c) The grant application, with all required supporting documentation, shall be submitted to the State Treasurer in-person or via mail at the following address:

Illinois State Treasurer
Attn: Charitable Trust Stabilization Fund
100 W. Randolph Street, Suite 15-600
Chicago IL 60601

Section 650.60 Initial Review Process

After receipt of an application, the State Treasurer will conduct an initial review to verify the applicant's eligibility and the completeness of the application and supporting documentation. During the initial review process, the State Treasurer may request other information, such as additional documentation, meetings with the applicant's officers or employees, and visits at the applicant's program site.

Section 650.70 Committee Consideration and Recommendation of Applications

- a) After the applicant's eligibility has been determined and all necessary documentation has been provided and reviewed, the applicant's application will be placed on a meeting agenda for consideration by the Committee. The State Treasurer will notify any applicant when its application will be considered by the Committee.
- b) The Committee will hold meetings at least quarterly, on a calendar basis, in order to review grant applications and make final recommendations to the State Treasurer on the making of grant awards. If the Committee does not recommend that an applicant receive a grant award, then the Committee shall notify the applicant and the grant application will not be presented to the State Treasurer for final consideration.

OFFICE OF THE TREASURER

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- c) The final recommendations of the Committee for the making of grant awards are not binding upon the State Treasurer.

Section 650.80 Grant Award by Treasurer

After the Committee makes a final recommendation to approve a grant application, the State Treasurer will approve or deny the grant application in full or in part. The State Treasurer may also request that the Committee provide additional information in support of its recommendation for the approval of a grant application. Applicants shall be notified by the State Treasurer, by mail, of the approval, denial or other action on a grant application as soon as practicable.

SUBPART D: CONDITIONS OF AWARDS AND AGREEMENTS

Section 650.90 General Terms and Conditions of Grant Awards

- a) A grant award may be used for stabilization purposes by a grantee. The grantee shall not use the grant award for any prohibited use as set forth in the Grant Funds Recovery Act [30 ILCS 705/4.3]. The State Treasurer may, in its discretion, limit the use of a grant award to a particular program or purpose.
- b) The final dollar amount of a grant award shall be in the discretion of the State Treasurer, but the dollar amount in any calendar year may not exceed \$25,000 per grantee.
- c) Unless otherwise specified, grant awards shall be made in a lump sum payable to the grantee upon the effective date of a Grant Agreement.
- d) Unless otherwise specified, the term of any grant award shall be for one year, with grant funds to be expended by a grantee within one calendar year after the effective date of the Grant Agreement.
- e) Unless otherwise specified, the grant award shall be non-renewable, but a grantee may submit a new application for a grant award in a second consecutive calendar year. A grantee may not receive a grant award in more than two consecutive calendar years.
- f) All grants awarded under this Part are subject to and shall comply with the Grant Funds Recovery Act [30 ILCS 705].

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Section 650.100 Grant Agreements

The grant award shall be made pursuant to a Grant Agreement signed by the State Treasurer and the grantee. The Grant Agreement shall:

- a) *describe the purpose of the grant award;*
- b) *specify how payments shall be made, what constitutes permissible expenditure of the grant award, and the financial controls applicable to the grant award, including required reports;*
- c) *specify the period of time for which the grant is valid and the period of time during which the grant award may be expended;*
- d) *contain a provision that the grantee is required to permit the State Treasurer, the Auditor General, or the Attorney General to inspect and audit any books, records, or papers related to the program, project, or use for which grant funds were provided, and that records shall be maintained for six years after the termination of the grant;*
- e) contain a provision that the grantee shall make its premises and program sites open to inspection by the State Treasurer or its designees upon reasonable notice;
- f) *contain a provision that all funds remaining at the end of the Grant Agreement or at the expiration of the period of time grant funds are available for expenditure or obligation by the grantee shall be returned to the State within 45 days; and*
- g) *contain a provision in which the grantee certifies under oath that all information in the Grant Agreement is true and correct to the best of the grantee's knowledge, information, and belief; that the funds shall be used only for the purposes described in the Grant Agreement; and that the grant award is conditioned upon such certification. (Section 4(b) of the Grant Funds Recovery Act [30 ILCS 705/4(b)])*

Section 650.110 Post Award Obligations

- a) Unless otherwise specified in a Grant Agreement, grantees shall be required to submit a financial status report to the State Treasurer within six months after the

OFFICE OF THE TREASURER

NOTICE OF ADOPTED RULES

date of the grant award detailing the use of grant funds, including the amount of funds expended to date.

- b) Unless otherwise specified in a Grant Agreement, grantees shall be required to submit a final written narrative and financial report to the State Treasurer within 60 days after the termination date of the grant award detailing the use of grant funds, including any statistics available on the effectiveness of the subject of the grant award.
- c) Failure of a grantee to comply with any provision of a Grant Agreement will result in affirmative action authorized by Section 6 of the Grant Funds Recovery Act to recover misspent or improperly held funds.

SUBPART E: PUBLIC NOTICE OF GRANT INFORMATION

Section 650.120 Public Notice of Grant Information

The State Treasurer shall publish information about the program on its website or in any other public medium deemed appropriate by the State Treasurer. This information shall include, but is not limited to, instructions for applications, Committee meeting dates, minutes of Committee meetings, and notice of any grant awards.

PROPERTY TAX APPEAL BOARD

JANUARY 2015 REGULATORY AGENDA

- a) Part(s) (Heading and Code Citations): Practice and Procedure for Hearings Before the Property Tax Appeal Board, (86 Ill. Adm. Code 1910)
- 1) Rulemaking:
- A) Description: The Property Tax Appeal Board anticipates amending the following rules:
- Section 1910.30 – Provide for the electronic filing of the petition and evidence.
- Section 1910.31 – Provide for the electronic filing of amendments.
- Section 1910.40 – Provide for the electronic filing of the board of review notes on appeal and supporting documentation.
- Section 1910.60 – Provided for the electronic filing of the request to intervene and supporting evidence.
- Section 1910.66 – Provide for the electronic filing of rebuttal evidence.
- Section 1910.95 – Allow for the electronic service of documents by the parties in those appeals where a change in assessed valuation of \$1 million or more is sought.
- B) Statutory Authority: (35 ILCS 200/Art. 7) and (35 ILCS 200/16-160 through 16-195)
- C) Scheduled meeting/hearing dates: None
- D) Date agency anticipates First Notice: Unknown at this time.
- E) Effect on small businesses, small municipalities or not for profit corporations: None
- F) Agency contact person for information:

Louis G. Apostol, JD, CAE
Executive Director

PROPERTY TAX APPEAL BOARD

JANUARY 2015 REGULATORY AGENDA

Property Tax Appeal Board
Stratton Office Building, Room 402
401 South Spring Street
Springfield, IL 62706

Telephone: 217/785-4456 or 847/294-4399
Fax: 217.785.4425
Email: louis.apostol@illinois.gov

- G) Related rulemakings and other pertinent information: None

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF WITHDRAWAL OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Community Association Manager Licensing and Disciplinary Act
- 2) Code Citation: 68 Ill. Adm. Code 1445
- 3)

<u>Section Numbers</u> :	<u>Proposed Action</u> :
1445.10	Amendment
1445.20	Amendment
1445.30	Amendment
1445.35	New Section
1445.38	New Section
1445.40	Amendment
1445.50	Amendment
1445.60	Amendment
1445.63	New Section
1445.65	New Section
1445.70	Amendment
1445.80	Amendment
1445.90	Amendment
1445.93	New Section
1445.95	New Section
1445.100	Amendment
1445.105	New Section
1445.110	Amendment
1445.120	New Section
1445.125	New Section
- 4) Date Notice of Proposed Amendments Published in the *Illinois Register*: August 1, 2014;
38 Ill. Reg. 16062
- 5) Reason for the Withdrawal: Numerous issues were raised through the public comment process and IDFPR discovered unanticipated costs that require reevaluation of the licensing fee structure. IDFPR will withdraw this proposal and reexamine these matters. A new rulemaking proposal will be initiated in 2015 to address these issues.

JOINT COMMITTEE ON ADMINISTRATIVE RULES

NOTICE OF PUBLICATION ERROR

- 1) Heading of the Part: Collection of Out-of-Service Mercury Thermostats
- 2) Code Citation: 35 Ill. Adm. Code 190
- 3) Register citation of adopted rulemaking and other pertinent action: 38 Ill. Reg. 22635
- 4) Explanation: The deadline for filing petition for review determining validity or application of a collection goal of out-of-service Mercury thermostats should have stated a January 9, 2015 date.

JCAR regrets this error.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received during the period of December 2, 2014 through December 8, 2014. The rulemakings are scheduled for review at the Committee's January 2015 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start Of First Notice</u>	<u>JCAR Meeting</u>
1/16/15	<u>Elevator Safety Review Board</u> , Illinois Elevator Safety Rules (41 Ill. Adm. Code 1000)	10/10/14 38 Ill. Reg. 19601	1/15
1/16/15	<u>Secretary of State</u> , Procedures and Standards (92 Ill. Adm. Code 1001)	7/7/14 38 Ill. Reg. 13790	1/15
1/18/15	<u>Illinois Gaming Board</u> , Video Gaming (General) (11 Ill. Adm. Code 1800)	9/19/14 38 Ill. Reg. 18828	1/15

PROCLAMATIONS

**2014-468
Constitutional Amendment**

WHEREAS, On the 4th day of November, 2014, an election was held in the State of Illinois at which time a Proposed Amendment of Section 8.1 of Article I and a Proposed addition of Section 8 to Article III of the Illinois Constitution was submitted, and

WHEREAS, In pursuance of Law, the State Board of Elections appointed to canvass the returns of such election and to declare the results thereof, did, on this the 30th day of November, 2014, canvass the same, and as a result of such canvass, did declare that the Proposed Amendment of Section 8.1 of Article I and a Proposed addition of Section 8 to Article III of the Illinois Constitution has received either three-fifths of those voting on the question or a majority of those voting in the election.

NOW, THEREFORE, I, PAT QUINN, Governor of the State of Illinois, in conformity to statute in such case made and provided, do hereby make public proclamation, declaring as a result of such canvass the foregoing results.

Issued by the Governor November 30, 2014
Filed by the Secretary of State December 2, 2014

**2014-469
Statewide Question**

WHEREAS, On the 4th day of November, 2014, an election was held in the State of Illinois at which time a Proposed Question of Public Policy to House Bill 3814, Public Act 98-657, House Bill 5755, Public Act 98-696 and House Bill 3816, Public Act 98-794 was submitted, and

WHEREAS, In pursuance of Law, the State Board of Elections appointed to canvass the returns of such election and to declare the results thereof, did, on this the 30th day of November, 2014, canvass the same, and as a result of such canvass, did declare that the Proposed Question of Public Policy to House Bill 3814, Public Act 98-657, House Bill 5755, Public Act 98-696 and House Bill 3816, Public Act 98-794 has received either three-fifths of those voting on the question or a majority of those voting in the election.

NOW, THEREFORE, I, PAT QUINN, Governor of the State of Illinois, in conformity to statute in such case made and provided, do hereby make public proclamation, declaring as a result of such canvass the foregoing results.

Issued by the Governor November 30, 2014

PROCLAMATIONS

Filed by the Secretary of State December 2, 2014

2014-470
Statewide Offices and U. S. Senate

WHEREAS, On the 4th day of November, 2014, an election was held in the State of Illinois for the election of the following officers, to-wit:

One (1) United States Senator for the full term of six years.

One (1) Governor for the full term of four years.

One (1) Lieutenant Governor for the full term of four years.

One (1) Attorney General for the full term of four years.

One (1) Secretary of State for the full term of four years.

One (1) Comptroller for the full term of four years.

One (1) Treasurer for the full term of four years.

WHEREAS, In pursuance of Law, the State Board of Elections appointed to canvass the returns of such election and to declare the results thereof, did, on this the 30th day of November, 2014, canvass the same, and as a result of such canvass, did declare elected the following named persons to the following named offices:

UNITED STATES SENATOR

Richard J. Durbin

GOVERNOR

Bruce Rauner

LIEUTENANT GOVERNOR

Evelyn Sanguinetti

ATTORNEY GENERAL

PROCLAMATIONS

Lisa Madigan

SECRETARY OF STATE

Jesse White

COMPTROLLER

Judy Baar Topinka

TREASURER

Michael W. Frerichs

NOW, THEREFORE, I, PAT QUINN, Governor of the State of Illinois, in conformity to statute in such case made and provided, do hereby make public proclamation, declaring as a result of such canvass the foregoing persons duly elected to the offices as set out above.

Issued by the Governor November 30, 2014

Filed by the Secretary of State December 2, 2014

2014-471**Congress Senators Representatives**

WHEREAS, On the 4th day of November, 2014, an election was held in the State of Illinois for the election of the following officers, to-wit:

Eighteen (18) Representatives in Congress, to-wit: One (1) Representative in Congress from each of the eighteen (18) Congressional Districts of the State for the full term of two years.

Nineteen (19) State Senators, to wit: One (1) State Senator from the 3rd, 6th, 9th, 12th, 15th, 18th, 21st, 24th, 27th, 30th, 33rd, 36th, 39th, 42nd, 45th, 48th, 51st, 54th and 57th Legislative District for the full term of four years.

One Hundred Eighteen (118) Representatives in the General Assembly, to-wit: One (1) Representative from each of the one hundred eighteen (118) Representative Districts of the State for the full term of two years.

WHEREAS, In pursuance of Law, the State Board of Elections appointed to canvass the returns of such election and to declare the results thereof, did, on this the 30th day of November, 2014, canvass the same, and as a result of such canvass, did declare elected the following named persons to the following named offices.

PROCLAMATIONS

REPRESENTATIVES TO REPRESENT THE PEOPLE OF THE STATE OF ILLINOIS
IN THE 114th CONGRESS OF THE UNITED STATES

FIRST CONGRESSIONAL DISTRICT

Bobby L. Rush

SECOND CONGRESSIONAL DISTRICT

Robin Kelly

THIRD CONGRESSIONAL DISTRICT

Daniel William Lipinski

FOURTH CONGRESSIONAL DISTRICT

Luis V. Gutierrez

FIFTH CONGRESSIONAL DISTRICT

Mike Quigley

SIXTH CONGRESSIONAL DISTRICT

Peter J. Roskam

SEVENTH CONGRESSIONAL DISTRICT

Danny K. Davis

EIGHTH CONGRESSIONAL DISTRICT

Tammy Duckworth

NINTH CONGRESSIONAL DISTRICT

Janice D. Schakowsky

TENTH CONGRESSIONAL DISTRICT

Robert Dold

ELEVENTH CONGRESSIONAL DISTRICT

Bill Foster

TWELFTH CONGRESSIONAL DISTRICT

Mike Bost

THIRTEENTH CONGRESSIONAL DISTRICT

PROCLAMATIONS

Rodney Davis

FOURTEENTH CONGRESSIONAL DISTRICT

Randall M. "Randy" Hultgren

FIFTEENTH CONGRESSIONAL DISTRICT

John M. Shimkus

SIXTEENTH CONGRESSIONAL DISTRICT

Adam Kinzinger

SEVENTEENTH CONGRESSIONAL DISTRICT

Cheri Bustos

EIGHTEENTH CONGRESSIONAL DISTRICT

Aaron Schock

STATE SENATORS TO REPRESENT THE PEOPLE OF THE STATE OF ILLINOIS
IN THE 99th GENERAL ASSEMBLY OF THE STATE

THIRD LEGISLATIVE DISTRICT

Mattie Hunter

SIXTH LEGISLATIVE DISTRICT

John J. Cullerton

NINTH LEGISLATIVE DISTRICT

Daniel Biss

TWELFTH LEGISLATIVE DISTRICT

Steven Landek

FIFTEENTH LEGISLATIVE DISTRICT

Napoleon Harris

EIGHTEENTH LEGISLATIVE DISTRICT

Bill Cunningham

TWENTY-FIRST LEGISLATIVE DISTRICT

Michael G. Connelly

PROCLAMATIONS

TWENTY-FOURTH LEGISLATIVE DISTRICT

Chris Nybo

TWENTY-SEVENTH LEGISLATIVE DISTRICT

Matt Murphy

THIRTIETH LEGISLATIVE DISTRICT

Terry Link

THIRTY-THIRD LEGISLATIVE DISTRICT

Karen McConnaughay

THIRTY-SIXTH LEGISLATIVE DISTRICT

Neil Anderson

THIRTY-NINTH LEGISLATIVE DISTRICT

Don Harmon

FORTY-SECOND LEGISLATIVE DISTRICT

Linda Holmes

FORTY-FIFTH LEGISLATIVE DISTRICT

Tim Bivins

FORTY-EIGHTH LEGISLATIVE DISTRICT

Andy Manar

FIFTY-FIRST LEGISLATIVE DISTRICT

Chapin Rose

FIFTY-FOURTH LEGISLATIVE DISTRICT

Kyle McCarter

FIFTY-SEVENTH LEGISLATIVE DISTRICT

James F. Clayborne, Jr., II

REPRESENTATIVES TO REPRESENT THE PEOPLE OF THE STATE OF ILLINOIS
IN THE 99th GENERAL ASSEMBLY OF THE STATE

FIRST REPRESENTATIVE DISTRICT

Daniel J. Burke

PROCLAMATIONS

SECOND REPRESENTATIVE DISTRICT

Edward J. Acevedo

THIRD REPRESENTATIVE DISTRICT

Luis Arroyo

FOURTH REPRESENTATIVE DISTRICT

Cynthia Soto

FIFTH REPRESENTATIVE DISTRICT

Kenneth "Ken" Dunkin

SIXTH REPRESENTATIVE DISTRICT

Esther Golar

SEVENTH REPRESENTATIVE DISTRICT

Emanuel "Chris" Welch

EIGHTH REPRESENTATIVE DISTRICT

La Shawn K. Ford

NINTH REPRESENTATIVE DISTRICT

Arthur Turner

TENTH REPRESENTATIVE DISTRICT

Pamela Reaves-Harris

ELEVENTH REPRESENTATIVE DISTRICT

Ann M. Williams

TWELFTH REPRESENTATIVE DISTRICT

Sara Feigenholtz

THIRTEENTH REPRESENTATIVE DISTRICT

Gregory Harris

FOURTEENTH REPRESENTATIVE DISTRICT

Kelly M. Cassidy

FIFTEENTH REPRESENTATIVE DISTRICT

PROCLAMATIONS

John C. D'Amico

SIXTEENTH REPRESENTATIVE DISTRICT

Lou Lang

SEVENTEENTH REPRESENTATIVE DISTRICT

Laura Fine

EIGHTEENTH REPRESENTATIVE DISTRICT

Robyn Gabel

NINETEENTH REPRESENTATIVE DISTRICT

Robert Martwick

TWENTIETH REPRESENTATIVE DISTRICT

Michael P. McAuliffe

TWENTY-FIRST REPRESENTATIVE DISTRICT

Silvana Tabares

TWENTY-SECOND REPRESENTATIVE DISTRICT

Michael J. Madigan

TWENTY-THIRD REPRESENTATIVE DISTRICT

Michael J. Zalewski

TWENTY-FOURTH REPRESENTATIVE DISTRICT

Elizabeth "Lisa" Hernandez

TWENTY-FIFTH REPRESENTATIVE DISTRICT

Barbara Flynn Currie

TWENTY-SIXTH REPRESENTATIVE DISTRICT

Christian L. Mitchell

TWENTY-SEVENTH REPRESENTATIVE DISTRICT

Monique D. Davis

TWENTY-EIGHTH REPRESENTATIVE DISTRICT

Robert "Bob" Rita

PROCLAMATIONS

TWENTY-NINTH REPRESENTATIVE DISTRICT

Thaddeus Jones

THIRTIETH REPRESENTATIVE DISTRICT

William "Will" Davis

THIRTY-FIRST REPRESENTATIVE DISTRICT

Mary E. Flowers

THIRTY-SECOND REPRESENTATIVE DISTRICT

André Thapedi

THIRTY-THIRD REPRESENTATIVE DISTRICT

Marcus C. Evans, Jr.

THIRTY-FOURTH REPRESENTATIVE DISTRICT

Elgie R. Sims, Jr.

THIRTY-FIFTH REPRESENTATIVE DISTRICT

Frances Ann Hurley

THIRTY-SIXTH REPRESENTATIVE DISTRICT

Kelly M. Burke

THIRTY-SEVENTH REPRESENTATIVE DISTRICT

Margo McDermed

THIRTY-EIGHTH REPRESENTATIVE DISTRICT

Al Riley

THIRTY-NINTH REPRESENTATIVE DISTRICT

Will Guzzardi

FORTIETH REPRESENTATIVE DISTRICT

Jaime M. Andrade, Jr.

FORTY-FIRST REPRESENTATIVE DISTRICT

Grant Wehrli

FORTY-SECOND REPRESENTATIVE DISTRICT

Jeanne M. Ives

PROCLAMATIONS

FORTY-THIRD REPRESENTATIVE DISTRICT
Anna Moeller

FORTY-FOURTH REPRESENTATIVE DISTRICT
Fred Crespo

FORTY-FIFTH REPRESENTATIVE DISTRICT
Christine Jennifer Winger

FORTY-SIXTH REPRESENTATIVE DISTRICT
Deb Conroy

FORTY-SEVENTH REPRESENTATIVE DISTRICT
Patricia R. "Patti" Bellock

FORTY-EIGHTH REPRESENTATIVE DISTRICT
Peter Breen

FORTY-NINTH REPRESENTATIVE DISTRICT
Mike Fortner

FIFTIETH REPRESENTATIVE DISTRICT
Keith R. Wheeler

FIFTY-FIRST REPRESENTATIVE DISTRICT
Ed Sullivan, Jr.

FIFTY-SECOND REPRESENTATIVE DISTRICT
David McSweeney

FIFTY-THIRD REPRESENTATIVE DISTRICT
David Harris

FIFTY-FOURTH REPRESENTATIVE DISTRICT
Tom Morrison

FIFTY-FIFTH REPRESENTATIVE DISTRICT
Martin J. Moylan

FIFTY-SIXTH REPRESENTATIVE DISTRICT

PROCLAMATIONS

Michelle Mussman

FIFTY-SEVENTH REPRESENTATIVE DISTRICT

Elaine Nekritz

FIFTY-EIGHTH REPRESENTATIVE DISTRICT

Scott Drury

FIFTY-NINTH REPRESENTATIVE DISTRICT

Carol Sente

SIXTIETH REPRESENTATIVE DISTRICT

Rita Mayfield

SIXTY-FIRST REPRESENTATIVE DISTRICT

Sheri Jesiel

SIXTY-SECOND REPRESENTATIVE DISTRICT

Sam Yingling

SIXTY-THIRD REPRESENTATIVE DISTRICT

Jack D. Franks

SIXTY-FOURTH REPRESENTATIVE DISTRICT

Barbara Wheeler

SIXTY-FIFTH REPRESENTATIVE DISTRICT

Steven A. Andersson

SIXTY-SIXTH REPRESENTATIVE DISTRICT

Michael W. Tryon

SIXTY-SEVENTH REPRESENTATIVE DISTRICT

Litesa E. Wallace

SIXTY-EIGHTH REPRESENTATIVE DISTRICT

John M. Cabello

SIXTY-NINTH REPRESENTATIVE DISTRICT

Joe Sosnowski

PROCLAMATIONS

SEVENTIETH REPRESENTATIVE DISTRICT

Robert W. Pritchard

SEVENTY-FIRST REPRESENTATIVE DISTRICT

Mike Smiddy

SEVENTY-SECOND REPRESENTATIVE DISTRICT

Patrick Verschoore

SEVENTY-THIRD REPRESENTATIVE DISTRICT

David R. Leitch

SEVENTY-FOURTH REPRESENTATIVE DISTRICT

Donald L. Moffitt

SEVENTY-FIFTH REPRESENTATIVE DISTRICT

John D. Anthony

SEVENTY-SIXTH REPRESENTATIVE DISTRICT

Frank J. Mautino

SEVENTY-SEVENTH REPRESENTATIVE DISTRICT

Kathleen Willis

SEVENTY-EIGHTH REPRESENTATIVE DISTRICT

Camille Lilly

SEVENTY-NINTH REPRESENTATIVE DISTRICT

Katherine "Kate" Cloonen

EIGHTIETH REPRESENTATIVE DISTRICT

Anthony DeLuca

EIGHTY-FIRST REPRESENTATIVE DISTRICT

Ron Sandack

EIGHTY-SECOND REPRESENTATIVE DISTRICT

Jim Durkin

EIGHTY-THIRD REPRESENTATIVE DISTRICT

Linda Chapa LaVia

PROCLAMATIONS

EIGHTY-FOURTH REPRESENTATIVE DISTRICT

Stephanie A. Kifowit

EIGHTY-FIFTH REPRESENTATIVE DISTRICT

Emily McAsey

EIGHTY-SIXTH REPRESENTATIVE DISTRICT

Lawrence "Larry" Walsh, Jr.

EIGHTY-SEVENTH REPRESENTATIVE DISTRICT

Rich Brauer

EIGHTY-EIGHTH REPRESENTATIVE DISTRICT

Keith P. Sommer

EIGHTY-NINTH REPRESENTATIVE DISTRICT

Brian W. Stewart

NINETIETH REPRESENTATIVE DISTRICT

Tom Demmer

NINETY-FIRST REPRESENTATIVE DISTRICT

Michael D. Unes

NINETY-SECOND REPRESENTATIVE DISTRICT

Jehan Gordon-Booth

NINETY-THIRD REPRESENTATIVE DISTRICT

Norine K. Hammond

NINETY-FOURTH REPRESENTATIVE DISTRICT

Randy E. Frese

NINETY-FIFTH REPRESENTATIVE DISTRICT

Wayne Arthur Rosenthal

NINETY-SIXTH REPRESENTATIVE DISTRICT

Sue Scherer

NINETY-SEVENTH REPRESENTATIVE DISTRICT

PROCLAMATIONS

Mark Batinick

NINETY-EIGHTH REPRESENTATIVE DISTRICT

Natalie A. Manley

NINETY-NINTH REPRESENTATIVE DISTRICT

Raymond Poe

ONE HUNDREDTH REPRESENTATIVE DISTRICT

Christopher "C.D." Davidsmeyer

ONE HUNDRED AND FIRST REPRESENTATIVE DISTRICT

Bill Mitchell

ONE HUNDRED AND SECOND REPRESENTATIVE DISTRICT

Adam Brown

ONE HUNDRED AND THIRD REPRESENTATIVE DISTRICT

Carol Ammons

ONE HUNDRED AND FOURTH REPRESENTATIVE DISTRICT

Chad Hays

ONE HUNDRED AND FIFTH REPRESENTATIVE DISTRICT

Dan Brady

ONE HUNDRED AND SIXTH REPRESENTATIVE DISTRICT

Thomas M. Bennett

ONE HUNDRED AND SEVENTH REPRESENTATIVE DISTRICT

John Cavaletto

ONE HUNDRED AND EIGHTH REPRESENTATIVE DISTRICT

Charlie Meier

ONE HUNDRED AND NINTH REPRESENTATIVE DISTRICT

David B. Reis

ONE HUNDRED AND TENTH REPRESENTATIVE DISTRICT

Reginald "Reggie" Phillips

PROCLAMATIONS

ONE HUNDRED AND ELEVENTH REPRESENTATIVE DISTRICT

Daniel V. Beiser

ONE HUNDRED AND TWELFTH REPRESENTATIVE DISTRICT

Dwight D. Kay

ONE HUNDRED AND THIRTEENTH REPRESENTATIVE DISTRICT

Jay Hoffman

ONE HUNDRED AND FOURTEENTH REPRESENTATIVE DISTRICT

Eddie Lee Jackson

ONE HUNDRED AND FIFTEENTH REPRESENTATIVE DISTRICT

Terri Bryant

ONE HUNDRED AND SIXTEENTH REPRESENTATIVE DISTRICT

Jerry Costello II

ONE HUNDRED AND SEVENTEENTH REPRESENTATIVE DISTRICT

John Bradley

ONE HUNDRED AND EIGHTEENTH REPRESENTATIVE DISTRICT

Brandon W. Phelps

NOW, THEREFORE, I, PAT QUINN, Governor of the State of Illinois, in conformity to statute in such case made and provided, do hereby make public proclamation, declaring as a result of such canvass the foregoing persons duly elected to the offices as set out above.

Issued by the Governor November 30, 2014

Filed by the Secretary of State December 2, 2014

2014-472**Regional Superintendents**

WHEREAS, On the 4th day of November, 2014, an election was held in the State of Illinois for the election of the following officers, to-wit:

Twenty-four (24) Regional Superintendents of Schools, to-wit: One (1) Regional Superintendent of Schools from the Adams, Brown, Cass, Morgan, Pike and Scott Region; Alexander, Jackson, Perry, Pulaski and Union Region; Bond, Christian, Effingham, Fayette and Montgomery Region; Boone and Winnebago Region; Bureau, Henry and Stark Region; Calhoun,

PROCLAMATIONS

Greene, Jersey and Macoupin Region; Carroll, JoDavie and Stephenson Region; Champaign and Ford Region; Clark, Coles, Cumberland, Douglas, Edgar, Moultrie and Shelby Region; Clay, Crawford, Jasper, Lawrence and Richland Region; Clinton, Jefferson, Marion and Washington Region; DeWitt, Livingston, Logan and McLean Region; Edwards, Gallatin, Hamilton, Hardin, Pope, Saline, Wabash, Wayne and White Region; Franklin, Johnson, Massac and Williamson Region; Fulton, Hancock, McDonough and Schuyler Region; Grundy and Kendall Region; Henderson, Knox, Mercer and Warren Region; Iroquois and Kankakee Region; LaSalle, Marshall and Putnam Region; Lee, Ogle and Whiteside Region; Macon and Piatt Region; Mason, Tazewell and Woodford Region; Menard and Sangamon Region; Monroe and Randolph Region; for the full term of four years.

One (1) Regional Superintendent of Schools, for an unexpired term, to-wit: One (1) Regional Superintendent of Schools from the Monroe and Randolph Region.

WHEREAS, In pursuance of Law, the State Board of Elections appointed to canvass the returns of such election and to declare the results thereof, did, on this the 30th day of November, 2014, canvass the same, and as a result of such canvass, did declare elected the following named persons to the following named offices:

REGIONAL SUPERINTENDENT OF SCHOOLS

ADAMS, BROWN, CASS, MORGAN, PIKE AND SCOTT
Deborah J. Niederhauser

ALEXANDER, JACKSON, PERRY, PULASKI AND UNION
Donna Boros

BOND, CHRISTIAN, EFFINGHAM, FAYETTE AND MONTGOMERY
Julie Wollerman

BOONE AND WINNEBAGO
Lori A. Fanello

BUREAU, HENRY AND STARK
Angie Zarvell

CALHOUN, GREENE, JERSEY AND MACOUPIN
Larry Pfeiffer

CARROLL, JoDAVIESS AND STEPHENSON
Aaron Mercier

PROCLAMATIONS

CHAMPAIGN AND FORD

Jane E. Quinlan

CLARK, COLES, CUMBERLAND, DOUGLAS, EDGAR, MOULTRIE AND SHELBY

Bobbi Mattingly

CLAY, CRAWFORD, JASPER, LAWRENCE AND RICHLAND

Monte A. Newlin

CLINTON, JEFFERSON, MARION AND WASHINGTON

Ron Daniels

DeWITT, LIVINGSTON, LOGAN AND McLEAN

Mark E. Jontry

EDWARDS, GALLATIN, HAMILTON, HARDIN, POPE, SALINE, WABASH, WAYNE
AND WHITE

Lawrence D. Fillingim

FRANKLIN, JOHNSON, MASSAC AND WILLIAMSON

Matt Donkin

FULTON, HANCOCK, McDONOUGH AND SCHUYLER

John Meixner

GRUNDY AND KENDALL

Christopher D. Mehochko

HENDERSON, KNOX, MERCER AND WARREN

Jodi L. Scott

IROQUOIS AND KANKAKEE

Gregg Murphy

LaSALLE, MARSHALL AND PUTNAM

Christopher B. Dvorak

LEE, OGLE AND WHITESIDE

Robert Sondgeroth

PROCLAMATIONS

MACON AND PIATT

Matthew T. Snyder

MASON, TAZEWELL AND WOODFORD

Gail S. Owen

MENARD AND SANGAMON

Jeff Vose

MONROE AND RANDOLPH

Kelton Davis

MONROE AND RANDOLPH

(For an unexpired term)

Kelton Davis

NOW, THEREFORE, I, PAT QUINN, Governor of the State of Illinois, in conformity to statute in such case made and provided, do hereby make public proclamation, declaring as a result of such canvass the foregoing persons duly elected to the offices as set out above.

Issued by the Governor November 30, 2014

Filed by the Secretary of State December 2, 2014

2014-473**Judicial Vacancies**

WHEREAS, On the 4th day of November, 2014, an election was held in the State of Illinois for the election of the following judges, to-wit:

Appellate Court Judges to fill the vacancy of the Honorable Joseph Gordon, to fill the vacancy of the Honorable Michael J. Murphy, to fill the vacancy of the Honorable John O. Steele, First Judicial District; to fill the vacancy of the Honorable John J. Bowman, Second Judicial District; to fill the vacancy of the Honorable John T. McCullough, Fourth Judicial District.

Circuit Court Judges to fill the vacancy of the Honorable Nancy J. Arnold, to fill the vacancy of the Honorable Dennis J. Burke, to fill the vacancy of the Honorable Maureen E. Connors, to fill the vacancy of the Honorable James D. Egan, to fill the vacancy of the Honorable Donna Phelps Felton, to fill the vacancy of the Honorable Nathaniel R. Howse, Jr., to fill the vacancy of the Honorable Michele F. Lowrance, to fill the vacancy of the Honorable Barbara A. McDonald, to fill the vacancy of the Honorable P. Scott Neville, Jr., to fill the

PROCLAMATIONS

vacancy of the Honorable Jesse G. Reyes, to fill the vacancy of the Honorable Pamela E. Hill Veal, Cook County Judicial Circuit.

Circuit Court Judges to fill the vacancy of the Honorable William D. O'Neal, Second Subcircuit; to fill the vacancy of the Honorable Christopher J. Donnelly, Third Subcircuit; to fill the vacancy of the Honorable Richard J. Billik, Jr., to fill the vacancy of the Honorable Mary A. Mulhern, Fourth Subcircuit; to fill the vacancy of the Honorable LaQuetta J. Hardy-Campbell, to fill the vacancy of the Honorable W. Taylor, Seventh Subcircuit; to fill the vacancy of the Honorable Allen S. Goldberg, to fill the vacancy of the Honorable Barbara M. Meyer, to fill the vacancy of the Honorable Lee Preston, Ninth Subcircuit; to fill additional judgeship A, Tenth Subcircuit; to fill additional judgeship A, Eleventh Subcircuit; to fill the vacancy of the Honorable Edward R. Jordan, Twelfth Subcircuit; to fill the vacancy of the Honorable Anthony A. Iosco, Thirteenth Subcircuit; to fill the vacancy of the Honorable John T. Doody, Jr., to fill the vacancy of the Honorable David Sterba, Fifteenth Subcircuit, Cook County Judicial Circuit.

Circuit Court Judges to fill the vacancy of the Honorable Stephen G. Sawyer, Wabash County, to fill the vacancy of the Honorable Bennie Joe Harrison, Wayne County, Second Judicial Circuit; to fill the vacancy of the Honorable Ann Callis, Madison County, Third Judicial Circuit; to fill the vacancy of the Honorable Sherri L. E. Tungate, to fill the vacancy of the Honorable Dennis Middendorff, Clinton County, to fill the vacancy of the Honorable Kelly D. Long, Montgomery County, Fourth Judicial Circuit; to fill the vacancy of the Honorable Michael D. Clary, Vermilion County, Fifth Judicial Circuit; to fill the vacancy of the Honorable Michael G. Carroll, Douglas County, to fill the vacancy of the Honorable Katherine McCarthy, Macon County, to fill the vacancy of the Honorable John P. Shonkwiler, Piatt County, Sixth Judicial Circuit; to fill the vacancy of the Honorable Leo J. Zappa, Jr., to fill the vacancy of the Honorable Richard T. Mitchell, Morgan County, Seventh Judicial Circuit; to fill the vacancy of the Honorable Richard D. Greenleaf, Calhoun County, to fill the vacancy of the Honorable M. Carol Pope, Menard County, Eighth Judicial Circuit; to fill the vacancy of the Honorable Edward R. Danner, Fulton County, Ninth Judicial Circuit; to fill the vacancy of the Honorable Scott A. Shore, Putnam County, to fill the vacancy of the Honorable Stuart P. Borden, Stark County, Tenth Judicial Circuit; to fill the vacancy of the Honorable Steve Pacey, Ford County, Eleventh Judicial Circuit; to fill the vacancy of the Honorable Robert P. Livas, to fill additional judgeship A, First Subcircuit, to fill additional judgeship A, Second Subcircuit, Twelfth Judicial Circuit; to fill the vacancy of the Honorable Ted J. Hamer, Henry County, to fill the vacancy of the Honorable Charles Stengel, Rock Island County, Fourteenth Judicial Circuit to fill the vacancy of the Honorable Michael Mallon, Ogle County, Fifteenth Judicial Circuit; to fill the vacancy of the Honorable Mary Karen Simpson, to fill additional judgeship A, Third Subcircuit, Sixteenth Judicial Circuit; to fill the vacancy of the Honorable Hollis L. Webster, Eighteenth Judicial Circuit; to fill additional judgeship A, First Subcircuit, Nineteenth Judicial Circuit; to fill the vacancy of the Honorable Michael N. Cook, St. Clair County, Twentieth Judicial Circuit; to fill

PROCLAMATIONS

the vacancy of the Honorable Joseph P. Condon, Second Subcircuit, Twenty-Second Judicial Circuit.

WHEREAS, In pursuance of Law, the State Board of Elections appointed to canvass the returns of such election and to declare the results thereof, did, on this the 30th day of November, 2014, canvass the same, and as a result of such canvass, did declare elected the following named persons to the following named offices:

APPELLATE COURT JUDGES

FIRST JUDICIAL DISTRICT

(To fill the vacancy of the Honorable Joseph Gordon)

Shelly A. Harris

(To fill the vacancy of the Honorable Michael J. Murphy)

David Ellis

(To fill the vacancy of the Honorable John O. Steele)

John B. Simon

SECOND JUDICIAL DISTRICT

(To fill the vacancy of the Honorable John J. Bowman)

Michael J. Burke

FOURTH JUDICIAL DISTRICT

(To fill the vacancy of the Honorable John T. McCullough)

Lisa Holder White

JUDGES OF THE CIRCUIT COURT

COOK COUNTY JUDICIAL CIRCUIT

(To fill the vacancy of the Honorable Nancy J. Arnold)

PROCLAMATIONS

Bridget Anne Mitchell

(To fill the vacancy of the Honorable Dennis J. Burke)

Maritza Martinez

(To fill the vacancy of the Honorable Maureen E. Connors)

Kristal Rivers

(To fill the vacancy of the Honorable James D. Egan)

Daniel J. Kubasiak

(To fill the vacancy of the Honorable Donna Phelps Felton)

Patricia O'Brien Sheahan

(To fill the vacancy of the Honorable Nathaniel R. Howse, Jr.)

Caroline Kate Moreland

(To fill the vacancy of the Honorable Michele F. Lowrance)

Thomas J. Carroll

(To fill the vacancy of the Honorable Barbara A. McDonald)

Cynthia Y. Cobbs

(To fill the vacancy of the Honorable P. Scott Neville, Jr.)

William B. Raines

(To fill the vacancy of the Honorable Jesse G. Reyes)

Diana Rosario

(To fill the vacancy of the Honorable Pamela E. Hill Veal)

PROCLAMATIONS

Andrea Michele Buford

SECOND SUBCIRCUIT

(To fill the vacancy of the Honorable William D. O'Neal)

Steven G. Watkins

THIRD SUBCIRCUIT

(To fill the vacancy of the Honorable Christopher J. Donnelly)

Terrence J. McGuire

FOURTH SUBCIRCUIT

(To fill the vacancy of the Honorable Richard J. Billik, Jr.)

John J. Mahoney

(To fill the vacancy of the Honorable Mary A. Mulhern)

John Michael Allegretti

SEVENTH SUBCIRCUIT

(To fill the vacancy of the Honorable LaQuietta J. Hardy-Campbell)

Robert D. Kuzas

(To fill the vacancy of the Honorable W. Taylor)

Judy Rice

NINTH SUBCIRCUIT

(To fill the vacancy of the Honorable Allen S. Goldberg)

Megan Elizabeth Goldish

(To fill the vacancy of the Honorable Barbara M. Meyer)

PROCLAMATIONS

Anjana Hansen

(To fill the vacancy of the Honorable Lee Preston)

Abbey Fishman Romanek

TENTH SUBCIRCUIT

(To fill additional judgeship A)

Anthony C. "Tony" Kyriakopoulos

ELEVENTH SUBCIRCUIT

(To fill additional judgeship A)

Pamela McLean Meyerson

TWELFTH SUBCIRCUIT

(To fill the vacancy of the Honorable Edward R. Jordan)

James Paul Pieczonka

THIRTEENTH SUBCIRCUIT

(To fill the vacancy of the Honorable Anthony A. Iosco)

John Curry

FIFTEENTH SUBCIRCUIT

(To fill the vacancy of the Honorable John T. Doody, Jr.)

Patrick Kevin Coughlin

To fill the vacancy of the Honorable David Sterba)

Chris Lawler

SECOND JUDICIAL CIRCUIT

PROCLAMATIONS

WABASH COUNTY

(To fill the vacancy of the Honorable Stephen G. Sawyer)

William C. Hudson

WAYNE COUNTY

(To fill the vacancy of the Honorable Bennie Joe Harrison
Michael J. Molt)

THIRD JUDICIAL CIRCUIT

MADISON COUNTY

(To fill the vacancy of the Honorable Ann Callis)

John B. Barberis, Jr.

FOURTH JUDICIAL CIRCUIT

(To fill the vacancy of the Honorable Sherri L. E. Tungate)

Martin W. Siemer

CLINTON COUNTY

(To fill the vacancy of the Honorable Dennis Middendorff)

Stanley Brandmeyer

MONTGOMERY COUNTY

(To fill the vacancy of the Honorable Kelly D. Long)

James L. Roberts

FIFTH JUDICIAL CIRCUIT

VERMILION COUNTY

PROCLAMATIONS

(To fill the vacancy of the Honorable Michael D. Clary)

Thomas M. O'Shaughnessy

SIXTH JUDICIAL CIRCUIT

DOUGLAS COUNTY

(To fill the vacancy of the Honorable Michael G. Carroll)

Richard L. Broch, Jr.

MACON COUNTY

(To fill the vacancy of the Honorable Katherine McCarthy)

Robert C. (R.C.) Bollinger

PIATT COUNTY

(To fill the vacancy of the Honorable John P. Shonkwiler)

Hugh Finson

SEVENTH JUDICIAL CIRCUIT

(To fill the vacancy of the Honorable Leo J. Zappa, Jr.)

John "Mo" Madonia

MORGAN COUNTY

(To fill the vacancy of the Honorable Richard T. Mitchell)

Chris E. Reif

EIGHTH JUDICIAL CIRCUIT

CALHOUN COUNTY

PROCLAMATIONS

(To fill the vacancy of the Honorable Richard D. Greenlief)
Charles H.W. Burch

MENARD COUNTY

(To fill the vacancy of the Honorable M. Carol Pope)

Mike Atterberry

NINTH JUDICIAL CIRCUIT

FULTON COUNTY

(To fill the vacancy of the Honorable Edward R. Danner)

Thomas B. Ewing

TENTH JUDICIAL CIRCUIT

PUTNAM COUNTY

(To fill the vacancy of the Honorable Scott A. Shore)

James A. Mack

STARK COUNTY

(To fill the vacancy of the Honorable Stuart P. Borden)

Tom Keith

ELEVENTH JUDICIAL CIRCUIT

FORD COUNTY

(To fill the vacancy of the Honorable Steve Pacey)

Matthew J. Fitton

TWELFTH JUDICIAL CIRCUIT

PROCLAMATIONS

FIRST SUBCIRCUIT

(To fill the vacancy of the Honorable Robert P. Livas)

Daniel Rippy

(To fill additional judgeship A)

Dave Carlson

SECOND SUBCIRCUIT

(To fill additional judgeship A)

Daniel L. Kennedy

FOURTEENTH JUDICIAL CIRCUIT

HENRY COUNTY

(To fill the vacancy of the Honorable Ted J. Hamer)

Terence M. Patton

ROCK ISLAND COUNTY

(To fill the vacancy of the Honorable Charles Stengel)

Linnea E. Thompson

FIFTEENTH JUDICIAL CIRCUIT

OGLE COUNTY

(To fill the vacancy of the Honorable Michael Mallon)

John B. "Ben" Roe

SIXTEENTH JUDICIAL CIRCUIT

THIRD SUBCIRCUIT

PROCLAMATIONS

(To fill the vacancy of the Honorable Mary Karen Simpson)

Donald (D.J.) Tegeler

(To fill additional judgeship A)

James C. Hallock

EIGHTEENTH JUDICIAL CIRCUIT

(To fill the vacancy of the Honorable Hollis L. Webster)

Bob Kleeman

NINETEENTH JUDICIAL CIRCUIT

FIRST SUBCIRCUIT

(To fill additional judgeship A)

George Bridges

TWENTIETH JUDICIAL CIRCUIT

ST. CLAIR COUNTY

(To fill the vacancy of the Honorable Michael N. Cook)

Stephen Patrick McGlynn

TWENTY-SECOND JUDICIAL CIRCUIT

SECOND SUBCIRCUIT

(To fill the vacancy of the Honorable Joseph P. Condon)

Michael W. Feetterer

PROCLAMATIONS

NOW, THEREFORE, I, PAT QUINN, Governor of the State of Illinois, in conformity to statute in such case made and provided, do hereby make public proclamation, declaring as a result of such canvass the foregoing persons duly elected to the offices as set out above.

Issued by the Governor November 30, 2014

Filed by the Secretary of State December 2, 2014

2014-474
Retention

WHEREAS, On the 4th day of November, 2014, an election was held in the State of Illinois for the retention of the following judges, to-wit:

Supreme Court Judges from the Fifth Judicial District;

Appellate Court Judges from the First, Second, Third, and Fourth Judicial Districts;

Circuit Court Judges from the First, Second, Third, Fifth, Sixth, Seventh, Eighth, Ninth, Tenth, Eleventh, Twelfth, Thirteenth, Fourteenth, Fifteenth, Sixteenth, Seventeenth, Eighteenth, Nineteenth, Twentieth, Twenty-first, Twenty-second and Cook County Judicial Circuits.

WHEREAS, In pursuance of Law, the State Board of Elections appointed to canvass the returns of such election and to declare the results thereof, did, on this the 30th day of November, 2014, canvass the same, and as a result of such canvass, did declare retained the following named persons to the following named offices:

RETENTION

JUDGE OF THE SUPREME COURT

FIFTH JUDICIAL DISTRICT

Lloyd A. Karmeier

JUDGE OF THE APPELLATE COURT

FIRST JUDICIAL DISTRICT

Thomas E. Hoffman

SECOND JUDICIAL DISTRICT

PROCLAMATIONS

Susan Fayette Hutchinson

THIRD JUDICIAL DISTRICT

William E. Holdridge
Mary K. O'Brien

FOURTH JUDICIAL DISTRICT

Robert J. Steigmann

JUDGES OF THE CIRCUIT COURT

FIRST JUDICIAL CIRCUIT

James R. "Jim" Williamson
Phillip G. Palmer
William J. "Bill" Thurston
Joseph M. Leberman
James R. "Randy" Moore
Joe Jackson
Walden E. Morris

SECOND JUDICIAL CIRCUIT

Barry L. Vaughan
David K. Overstreet
Tom Foster
Tom Tedeschi

THIRD JUDICIAL CIRCUIT

Dennis R. Ruth
Richard L. Tognarelli

FIFTH JUDICIAL CIRCUIT

Tracy W. Resch
Mitchell K. Shick
Steven L. Garst

SIXTH JUDICIAL CIRCUIT

Thomas J. Difanis
Harry E. Clem
Arnold F. Blockman
A.G. Webber

PROCLAMATIONS

SEVENTH JUDICIAL CIRCUIT

James W. Day

EIGHTH JUDICIAL CIRCUIT

Scott H. Walden
Bob Hardwick, Jr.
Diane M. Lagoski

NINTH JUDICIAL CIRCUIT

James B. Stewart
David L. Vancil, Jr.
Paul L. Mangieri

TENTH JUDICIAL CIRCUIT

Stephen A. Kouri

ELEVENTH JUDICIAL CIRCUIT

Charles G. Reynard
Jennifer H. Bauknecht
Robert L. Freitag
Thomas M. Harris, Jr.

TWELFTH JUDICIAL CIRCUIT

Amy M. Bertani-Tomczak
Susan T. O'Leary
Carla Alessio Policandriotes
Richard C. Schoenstedt
Sarah Jones
Jeff Allen
Paula A. Gomora

THIRTEENTH JUDICIAL CIRCUIT

Eugene P. "Gene" Daugherty
Robert C. Marsaglia
Joseph P. Hettel

FOURTEENTH JUDICIAL CIRCUIT

Walter D. Braud

FIFTEENTH JUDICIAL CIRCUIT

PROCLAMATIONS

William A. Kelly
Val Gunnarsson
Ron Jacobson
Daniel A. Fish

SIXTEENTH JUDICIAL CIRCUIT

Joseph M. Grady
Judy Brawka
James R. Murphy
John A. Noverini

SEVENTEENTH JUDICIAL CIRCUIT

Joseph G. McGraw
Rosemary Collins
Gene Doherty
Lisa Fabiano
Gwyn Gulley
Ronald "Ron" J. White

EIGHTEENTH JUDICIAL CIRCUIT

Robert J. Anderson
George J. Bakalis
John T. Elsner
Kathryn E. Creswell
Blanche Hill Fawell
John J. Kinsella

NINETEENTH JUDICIAL CIRCUIT

Christopher C. "Kip" Starck
James K. Booras
Valerie Ceckowski
Jay W. Ukena

TWENTIETH JUDICIAL CIRCUIT

James W. Campanella

Dennis Doyle

TWENTY-FIRST JUDICIAL CIRCUIT

Clark Erickson
Gordon L. Lustfeldt

PROCLAMATIONS

Michael J. Kick
Susan Sumner Tungate
Adrienne Wakat Albrecht

TWENTY-SECOND JUDICIAL CIRCUIT

Michael J. Sullivan
Sharon Prather
Michael T. Caldwell

COOK COUNTY JUDICIAL CIRCUIT

Thomas E. Flanagan
Michael P. Toomin
Themis N. Karnezis
James Patrick Flannery
Sebastian Thomas Patti
Mary Ellen Coghlan
Kathleen Marie McGury
Shelley Lynn Sutker-Dermer
Lynn Marie Egan
Andrew Berman
Diane Gordon Cannon
Evelyn B. Clay
Clayton J. Crane
Candace Jean Fabri
John J. Fleming
Rodolfo (Rudy) Garcia
James J. Gavin
Rickey Jones
Kathleen G. Kennedy
William G. Lacy
Marjorie C. Laws
Patricia Manila Martin
Veronica B. Mathein
Edmund Ponce de Leon
James L. Rhodes
James G. Riley
Donald J. Suriano
Kenneth J. Wadas
Frank G. Zelezinski
Gregory Joseph Wojkowski
Mary Anne Mason

PROCLAMATIONS

Robert E. Gordon
Lewis Nixon
Eileen Mary Brewer
Margaret Ann Brennan
Janet Adams Brosnahan
James Brown
Peter A. Felice
Kerry M. Kennedy
Casandra Lewis
Thomas J. Lipscomb
Sheila McGinnis
Dennis Michael McGuire
William Timothy O'Brien
Laura Marie Sullivan
Sandra Tristano
Valarie E. Turner
Raul Vega
Marilyn F. Johnson
Michael B. Hyman
Joan E. Powell
Patrick J. Sherlock
Anita Rivkin-Carothers
Maureen Ward Kirby
Edward A. Arce
James N. O'Hara
Mauricio Araujo
Eileen O'Neill Burke
Thomas J. Byrne
Ann Collins-Dole
Donna L. Cooper
Anna Helen Demacopoulos
Margarita Kulys Hoffman
Diana L. Kenworthy
Pamela Elizabeth Loza
Annie O'Donnell
Jackie Marie Portman
Pat Rogers
Dominique C. Ross
Kristyna Colleen Ryan
Debra B. Walker
Ursula Walowski

PROCLAMATIONS

NOW, THEREFORE, I, PAT QUINN, Governor of the State of Illinois, in conformity to statute in such case made and provided, do hereby make public proclamation, declaring as a result of such canvass the foregoing persons duly retained to the offices as set out above.

Issued by the Governor November 30, 2014

Filed by the Secretary of State December 2, 2014

ILLINOIS ADMINISTRATIVE CODE
Issue Index - With Effective Dates

Rules acted upon in Volume 38, Issue 51 are listed in the Issues Index by Title number, Part number, Volume and Issue. Inquiries about the Issue Index may be directed to the Administrative Code Division at (217) 782-7017/18.

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REGULATORY AGENDA

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<input type="checkbox"/> Back Issues of the Illinois Register (2012-2013 Only) Volume # _____ Issue# _____ Date _____	\$ 10.00 (each)
<input type="checkbox"/> Microfiche sets of the Illinois Register (1977 – 2003) Specify Year(s) _____	\$ 200.00 (per set)
<input type="checkbox"/> Cumulative/Sections Affected Indices (2010) Specify Year(s) _____	\$ 5.00 (per set)
(Processing fee for credit cards purchases, if applicable.)	\$ 2.00
TOTAL AMOUNT OF ORDER	\$ _____

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