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July 31, 2020 Volume 44, Issue 31

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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 2020

Issue#	Rules Due Date	Date of Issue
1	December 23, 2019	January 3, 2020
2	December 30, 2019	January 10, 2020
3	January 6, 2020	January 17, 2020
4	January 13, 2020	January 24, 2020
5	January 21, 2020	January 31, 2020
6	January 27, 2020	February 7, 2020
7	February 3, 2020	February 14, 2020
8	February 10, 2020	February 21, 2020
9	February 18, 2020	February 28, 2020
10	February 24, 2020	March 6, 2020
11	March 2, 2020	March 13, 2020
12	March 9, 2020	March 20, 2020
13	March 16, 2020	March 27, 2020
14	March 23, 2020	April 3, 2020
15	March 30, 2020	April 10, 2020
16	April 6, 2020	April 17, 2020
17	April 13, 2020	April 24, 2020
18	April 20, 2020	May 1, 2020
19	April 27, 2020	May 8, 2020
20	May 4, 2020	May 15, 2020
21	May 11, 2020	May 22, 2020
22	May 18, 2020	May 29, 2020

23	May 26, 2020	June 5, 2020
24	June 1, 2020	June 12, 2020
25	June 8, 2020	June 19, 2020
26	June 15, 2020	June 26, 2020
27	June 22, 2020	July 6, 2020
28	June 29, 2020	July 10, 2020
29	July 6, 2020	July 17, 2020
30	July 13, 2020	July 24, 2020
31	July 20, 2020	July 31, 2020
32	July 27, 2020	August 7, 2020
33	August 3, 2020	August 14, 2020
34	August 10, 2020	August 21, 2020
35	August 17, 2020	August 28, 2020
36	August 24, 2020	September 4, 2020
37	August 31, 2020	September 11, 2020
38	September 8, 2020	September 18, 2020
39	September 14, 2020	September 25, 2020
40	September 21, 2020	October 2, 2020
41	September 28, 2020	October 9, 2020
42	October 5, 2020	October 16, 2020
43	October 13, 2020	October 23, 2020
44	October 19, 2020	October 30, 2020
45	October 26, 2020	November 6, 2020
46	November 2, 2020	November 13, 2020
47	November 9, 2020	November 20, 2020
48	November 16, 2020	November 30, 2020
49	November 23, 2020	December 4, 2020
50	November 30, 2020	December 11, 2020
51	December 7, 2020	December 18, 2020
52	December 14, 2020	December 28, 2020

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Licensing Standards for Day Care Centers
- 2) Code Citation: 89 Ill. Adm. Code 407
- 3)

<u>Section Numbers:</u>	<u>Proposed Actions:</u>
407.600	New Section
407.605	New Section
- 4) Statutory Authority: 225 ILCS 10
- 5) A Complete Description of the Subjects and Issues Involved: Pursuant to the Restore Illinois Plan, and the Joint Committee on Administrative Rules of Day Care Rules Hearing on June 16, 2020, the Department accepted guidance to revise the Restore Illinois Licensed Day Care Guidance. These amendments include two provisions that will allow the use of staffing that was not previously supported.
- 6) Published studies and reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace an 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 rulemakings pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Actions:</u>	<u>Illinois Register Citations:</u>
407.45	Amendment	43 Ill. Reg. 10634; September 27, 2019
407.250	Amendment	43 Ill. Reg. 10634; September 27, 2019
407.270	Amendment	43 Ill. Reg. 10634; September 27, 2019
407.500	New Section	44 Ill. Reg. 5542; April 3, 2020
407.505	New Section	44 Ill. Reg. 5542; April 3, 2020
407.510	New Section	44 Ill. Reg. 5542; April 3, 2020
407.520	New Section	44 Ill. Reg. 5542; April 3, 2020
407.525	New Section	44 Ill. Reg. 5542; April 3, 2020
- 11) Statement of Statewide Policy Objective: This rulemaking does not create or expand the State mandate as defined in Section 3(b) of the State Mandates Act [30 ILCS 805/3(b)].

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Comments on this proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice. Comments should be submitted to:

Jeff Osowski
Office of Child and Family Policy
Department of Children and Family Services
406 E. Monroe, Station #65
Springfield IL 62701-1498

217/524-1983
TDD: 217/524-3715
fax: 217/557-0692
DCFS.Policy@illinois.gov

The Department will consider fully all written comments on this proposed rulemaking submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such.

- 13) Initial Regulatory Flexibility Analysis: The Department has determined that the proposed amendments will not have an economic impact on small businesses.
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: Day Care Centers
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Small Business Impact Analysis:
- A) Types of businesses subject to the proposed rule:
81 Other Services (except Public Administration)
 - B) Categories that the agency reasonably believes the rulemaking will impact, including:

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- i. hiring and additional staffing
- ii. regulatory requirements
- vi. equipment and material needs
- vii. training requirements
- viii. record keeping

- 15) Regulatory Agenda on which this rulemaking was summarized: The rulemaking was not included on either of the 2 most recent regulatory agendas because the need for the rulemaking was not anticipated.

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

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SUBCHAPTER e: REQUIREMENTS FOR LICENSURE

PART 407

LICENSING STANDARDS FOR DAY CARE CENTERS

Section

407.1	Purpose (Repealed)
407.2	Definitions (Repealed)
407.3	Effective Date of Standards (Repealed)
407.4	Application for License (Repealed)
407.5	Application for Renewal of License (Repealed)
407.6	Provisions Pertaining to the License (Repealed)
407.7	Provisions Pertaining to Permits (Repealed)
407.8	Organization and Administration (Repealed)
407.9	Finances (Repealed)
407.10	General Requirements for Personnel (Repealed)
407.11	Child Care Director (Repealed)
407.12	Child Care Workers and Group Workers (Repealed)
407.13	Child Care Assistants (Repealed)
407.14	Use of Students (Repealed)
407.15	Service Staff (Repealed)
407.16	Substitutes and Volunteers (Repealed)
407.17	Background Inquiry (Repealed)
407.18	Admission and Discharge Procedures (Repealed)
407.19	Discipline (Repealed)
407.20	Personal Care and Hygiene (Repealed)
407.21	Program (Repealed)
407.22	Equipment and Materials (Repealed)
407.23	Grouping and Staffing (Repealed)
407.24	Nutrition (Repealed)
407.25	Night Care (Repealed)
407.26	Children with Special Needs (Repealed)
407.27	Infants and Toddlers (Repealed)
407.28	School-Age Children (Repealed)
407.29	Health Requirements for Children (Repealed)
407.30	Transportation (Repealed)
407.31	Plant and Equipment (Repealed)

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 407.32 Records and Reports (Repealed)
- 407.33 Confidentiality of Records and Information (Repealed)
- 407.34 Records Retention (Repealed)
- 407.35 Severability of This Part (Renumbered)

SUBPART A: INTRODUCTION, DEFINITIONS, AND APPLICABILITY

- Section
- 407.40 Purpose and Applicability
 - 407.45 Definitions

SUBPART B: PERMITS AND LICENSES

- Section
- 407.50 Application for License
 - 407.55 Application for Renewal of License
 - 407.60 Provisions Pertaining to the License
 - 407.65 Provisions Pertaining to Permits

SUBPART C: ADMINISTRATION

- Section
- 407.70 Organization and Administration
 - 407.80 Confidentiality of Records and Information

SUBPART D: STAFFING

- Section
- 407.90 Staffing Structure
 - 407.100 General Requirements for Personnel
 - 407.110 Background Checks for Personnel
 - 407.120 Personnel Records
 - 407.130 Qualifications for Child Care Director
 - 407.140 Qualifications for Early Childhood Teachers and School-age Workers
 - 407.150 Qualifications for Early Childhood Assistants and School-age Worker Assistants
 - 407.160 Students and Youth Aides
 - 407.170 Substitutes
 - 407.180 Volunteers
 - 407.190 Grouping and Staffing

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

SUBPART E: PROGRAM REQUIREMENTS

Section

- 407.200 Program Requirements for All Ages
- 407.210 Special Requirements for Infants and Toddlers
- 407.220 Special Requirements for School-Age Children
- 407.230 Intergenerational Programs
- 407.240 Evening, Night, Weekend and Holiday Care

SUBPART F: STRUCTURE AND SAFETY

Section

- 407.250 Enrollment and Discharge Procedures
- 407.260 Daily Arrival and Departure of Children
- 407.270 Guidance and Discipline
- 407.280 Transportation
- 407.290 Swimming and Wading
- 407.300 Animals

SUBPART G: HEALTH AND HYGIENE

Section

- 407.310 Health Requirements for Children
- 407.320 Hand Washing
- 407.330 Nutrition and Meal Service
- 407.340 Diapering and Toileting Procedures
- 407.350 Napping and Sleeping
- 407.360 Medications

SUBPART H: FACILITY AND EQUIPMENT

Section

- 407.370 Physical Plant/Indoor Space
- 407.380 Equipment and Materials
- 407.390 Outdoor Play Area

SUBPART I: SEVERABILITY OF THIS PART

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Section
407.400 Severability of This Part

SUBPART J: REOPENING OF DAY CARE CENTERS

Section
407.600 Reopening of Day Care Centers
407.605 Grouping and Staffing

407.APPENDIX A Equipment for Infants and Toddlers
407.APPENDIX B Equipment for Preschool Children
407.APPENDIX C Equipment for School-Age Children
407.APPENDIX D Infant Daily Food Requirements
407.APPENDIX E Meal Patterns and Serving Sizes for Child Care Programs
407.APPENDIX F Resource Reference List
407.APPENDIX G Early Childhood Teacher Credentialing Programs
407.APPENDIX H Playground Surfacing and Critical Height

AUTHORITY: Implementing and authorized by the Child Care Act of 1969 [225 ILCS 10] and the Children's Product Safety Act [430 ILCS 125].

SOURCE: Adopted and codified at 7 Ill. Reg. 9215, effective August 15, 1983; amended at 8 Ill. Reg. 8713, effective June 15, 1984; amended at 8 Ill. Reg. 24937, effective January 1, 1985; amended at 16 Ill. Reg. 7597, effective April 30, 1992; emergency amendment at 20 Ill. Reg. 11366, effective August 1, 1996, for a maximum of 150 days; emergency expired December 28, 1996; amended at 21 Ill. Reg. 923, effective January 15, 1997; amended at 22 Ill. Reg. 1728, effective January 1, 1998; amended at 24 Ill. Reg. 17036, effective November 1, 2000; amended at 28 Ill. Reg. 3011, effective February 15, 2004; amended at 29 Ill. Reg. 4502, effective March 15, 2005; amended at 34 Ill. Reg. 4700, effective March 22, 2010; amended at 36 Ill. Reg. 13076, effective August 15, 2012; amended at 38 Ill. Reg. 17293, effective August 1, 2014; emergency amendment at 42 Ill. Reg. 8555, effective May 9, 2018, for a maximum of 150 days; emergency expired October 5, 2018; amended at 43 Ill. Reg. 224, effective January 1, 2019; emergency amendment at 44 Ill. Reg. 5734, effective March 20, 2020, for a maximum of 150 days; emergency amendment at 44 Ill. Reg. 10170, effective May 29, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 44 Ill. Reg. 11079, effective June 12, 2020, for the remainder of the 150 days; emergency amendment to emergency rule at 44 Ill. Reg. 11577, effective June 24, 2020, for the remainder of the 150 days; amended at 44 Ill. Reg. _____, effective _____.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

SUBPART J: REOPENING OF DAY CARE CENTERS

Section 407.600 Reopening of Day Care Centers

Pursuant to the Restore Illinois Plan, day care centers may resume child care services beginning on May 29, 2020, subject to the requirements of this Part. Licensees are further encouraged to follow the provisions of the guidance issued by the Department of Children and Family Services (Department) entitled "Restore Illinois Licensed Day Care Guidance" and posted to the Department website at: <https://www2.illinois.gov/dcf/ Pages/default.aspx#tabitem1>. This guidance includes, but is not limited to, information regarding program planning, access to child care facilities, daily health screenings, cleaning, sanitization, and personal hygiene and will be updated as public health guidance from the Illinois Department of Public Health (IDPH) and the Centers for Disease Control and Prevention (CDC) evolves.

(Source: Added at 44 Ill. Reg. _____, effective _____)

Section 407.605 Grouping and Staffing

During Phases III and IV of Restore Illinois:

- a) Children must remain with the same group each day while in care.
- b) Groups must not be combined at any time.
- c) Required Ratios and Maximum Group Sizes. In order to provide the level of supervision necessary to adhere to the health and safety requirements established by IDPH in response to the COVID-19 pandemic, the following staff-to-child ratios must be maintained at all times during the program day.

<u>Ages</u>	<u>Staff to Child ratio</u>	<u>Maximum Group Size (Children)</u>
<u>Infant</u>	<u>1:4</u>	<u>8</u>
<u>Toddler</u>	<u>1:5</u>	<u>12</u>
<u>Two</u>	<u>1:8</u>	<u>12</u>
<u>Three</u>	<u>1:10</u>	<u>15</u>
<u>Four</u>	<u>1:10</u>	<u>15</u>
<u>Five</u>	<u>1:15</u>	<u>15</u>
<u>School Age</u>	<u>1:15</u>	<u>15</u>

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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- d) Programs may staff classrooms with a qualified Early Childhood Assistant for up to 3 hours of their program day, provided that this arrangement is documented in a written staffing plan as required by Section 407.90(a).
- e) Staff qualified to work as Early Childhood Teachers in an Emergency Day Care Center (EDC) under the emergency rule adopted March 20, 2020 (44 Ill. Reg. 5734) and who served in that role from March 20 through May 29, 2020 may continue to work as an Early Childhood Teacher through July 31, 2020, provided that they work at the same program that was operating as an EDC and has since reverted to its normal day care license.

(Source: Added at 44 Ill. Reg. _____, effective _____)

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Credit Union Act
- 2) Code Citation: 38 Ill. Adm. Code 190
- 3) Section Number: 190.140 Proposed Action: Amendment
- 4) Statutory Authority: Implementing and authorized by the Illinois Credit Union Act [205 ILCS 305].
- 5) A Complete Description of the Subjects and Issues Involved: This proposed rulemaking amends Section 190.140 of the rules (Real Estate Lending) by increasing the residential appraisal threshold from \$250,000 to \$400,000. The rulemaking also permits a credit union to temporarily defer certain appraisals and written estimates of market value for up to 120 days after closing when other alternatives are not available and when the appraisal or evaluation would delay the closing of the residential or commercial real estate loan transaction. The rule covers all real estate related transactions except those involving acquisition, development, and construction real estate loans.

The National Credit Union Administration (NCUA) made substantially similar changes to its appraisal regulation in April 2020. Pursuant to [205 ILCS 305/65], the Department is required to adopt rules and regulations in substantial conformity with those promulgated by the NCUA under the Federal Credit Union Act. Additionally, other federal agencies such as the Comptroller of the Currency, the Federal Reserve System, and the Federal Deposit Insurance Corporation have adopted substantially similar rules.
- 6) Any published studies or reports, along with the sources of underlying data, that were used when comprising this rulemaking, in accordance with 1 Ill. Adm. Code 100.355: None
- 7) Will this rulemaking replace any emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other rulemakings pending on this Part? No

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENT

- 11) Statement of Statewide Policy Objective: This rulemaking will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

Department of Financial and Professional Regulation
Attention: Craig Cellini
320 West Washington, 2nd Floor
Springfield IL 62786

217/785-0813
fax: 217/557-4451

All written comments received within 45 days after this issue of the *Illinois Register* will be considered.

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: State-chartered Credit Unions would be affected.
 - B) Reporting, bookkeeping or other procedures required for compliance: No new requirements are contained in this amendment.
 - C) Types of professional skills necessary for compliance: None
- 14) Small Business Impact Analysis:
- A) Types of businesses subject to the proposed rule:
54 professional, scientific and technical services
 - B) Categories that the agency reasonably believes the rulemaking will impact, including:
 - ii. regulatory requirements

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENT

15) Regulatory Agenda on which this rulemaking was summarized: July 2020

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENT

TITLE 38: FINANCIAL INSTITUTIONS

CHAPTER I: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

PART 190

ILLINOIS CREDIT UNION ACT

SUBPART A: GENERAL PROVISIONS

Section	
190.2	Definitions
190.5	Credit Union Service Organizations
190.10	Field of Membership Procedures
190.15	Civil Penalty
190.20	Hearings
190.25	Regulatory Examination Consistency and Due Process
190.30	Cease and Desist Procedures
190.40	Removal or Suspension Procedures
190.50	Fees
190.60	General Accounting Procedures
190.70	Loan Loss Accounting Procedures
190.80	Use of Electronic Data Processing
190.90	Fixed Asset Investments
190.100	Classes of Share and Special Purpose Share Accounts
190.110	Share Drafts
190.120	Bond and Insurance Requirements
190.130	Verification of Share and Loan Accounts
190.140	Real Estate Lending
190.150	Reverse Mortgage (Repealed)
190.160	Lending Limits – Consumer Loans
190.165	Business Loans
190.170	Group Purchasing
190.180	Investments
190.185	Investment in "Other Financial Institutions"
190.190	Liquidation
190.200	Conversion of Charter
190.210	Reimbursement for Financial Records
190.220	Registration of Out of State Credit Unions

SUBPART B: HIGH RISK HOME LOANS

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENT

Section

190.500	Definitions (Repealed)
190.505	Applicability of Rule (Repealed)
190.510	Good Faith Requirements (Repealed)
190.515	Fraudulent or Deceptive Practices (Repealed)
190.520	Prohibited Refinances (Repealed)
190.525	Negative Amortization (Repealed)
190.530	Negative Equity (Repealed)
190.535	Balloon Payments (Repealed)
190.540	Financing of Certain Points and Fees (Repealed)
190.545	Financing of Single Premium Insurance Products (Repealed)
190.550	Lending Without Due Regard to Ability to Repay (Repealed)
190.555	Verification of Ability to Repay (Repealed)
190.560	Payments to Contractors (Repealed)
190.565	Counseling Prior to Perfecting Foreclosure (Repealed)
190.570	Mortgage Awareness Program (Repealed)
190.575	Offer of Mortgage Awareness Program (Repealed)
190.580	Third Party Review (Repealed)

SUBPART C: PAYDAY LOANS

Section

190.600	Definitions
190.601	Purpose and Scope
190.605	Applicability of Rule
190.610	Issuance of Payday Loans by Credit Unions

190.APPENDIX A	Estimated Monthly Income and Expenses Worksheet (Repealed)
190.APPENDIX B	Mortgage Ratio Worksheet (Repealed)

AUTHORITY: Implementing and authorized by the Illinois Credit Union Act [205 ILCS 305].

SOURCE: Adopted at 4 Ill. Reg. 20, p. 17, effective May 7, 1980; amended at 6 Ill. Reg. 11154, effective September 7, 1982; amended and codified at 7 Ill. Reg. 14973, effective October 26, 1983; emergency amendment at 9 Ill. Reg. 14378, effective September 11, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 16231, effective October 10, 1985; amended at 10 Ill. Reg. 14667, effective August 27, 1986; amended at 12 Ill. Reg. 10464, effective June 7, 1988; amended at 12 Ill. Reg. 17383, effective October 24, 1988; amended at 13 Ill. Reg. 3793,

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENT

effective March 10, 1989; amended at 13 Ill. Reg. 15998, effective October 2, 1989; emergency amendment at 16 Ill. Reg. 12781, effective July 29, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 17073, effective October 26, 1992; amended at 19 Ill. Reg. 2826, effective February 24, 1995; amended at 20 Ill. Reg. 5803, effective April 8, 1996; emergency amendment at 20 Ill. Reg. 13093, effective September 27, 1996, for a maximum of 150 days; emergency expired February 17, 1997; amended at 22 Ill. Reg. 17317, effective September 15, 1998; emergency amendment at 23 Ill. Reg. 3086, effective February 23, 1999, for a maximum of 150 days; emergency expired July 22, 1999; amended at 23 Ill. Reg. 12614, effective October 4, 1999; amended at 23 Ill. Reg. 14031, effective November 12, 1999; amended at 25 Ill. Reg. 6244, effective May 17, 2001; amended at 25 Ill. Reg. 13278, effective October 19, 2001; amended at 26 Ill. Reg. 17999, effective December 9, 2002; amended at 28 Ill. Reg. 11699, effective July 29, 2004; amended at 29 Ill. Reg. 10579, effective July 8, 2005; amended at 30 Ill. Reg. 18919, effective December 4, 2006; amended at 32 Ill. Reg. 1377, effective January 16, 2008; amended at 34 Ill. Reg. 10500, effective July 12, 2010; amended at 37 Ill. Reg. 12450, effective July 16, 2013; amended at 38 Ill. Reg. 19910, effective October 17, 2014; amended at 41 Ill. Reg. 4764, effective May 1, 2017; amended at 41 Ill. Reg. 11307, effective August 28, 2017; amended at 43 Ill. Reg. 303, effective January 1, 2019; amended at 44 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 190.140 Real Estate Lending

- a) A credit union with total assets greater than \$1 million may, following a resolution of its board, make loans secured by a lien on real estate, including an assignment of a beneficial interest in a land trust, subject to the following procedures:

<u>Total Assets of a Credit Union</u>	<u>Maximum Amount of Loans Secured by Real Estate</u>	<u>Aggregate of All First Mortgage Loans Secured by Real Estate</u>
Under \$1 million	Lending Limits for Consumer Loans	0% of total assets
\$1 - 2.5 million	\$165,000*	25% of total assets
\$2.5 - 5 million	\$250,000*	30% of total assets
\$5 - 10 million	\$330,000	35% of total assets
\$10 - 30 million	\$580,000	40% of total assets
\$30 - 100 million	\$825,000	45% of total assets
Over \$100 million	\$1,000,000	50% of total assets

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENT

* The aggregate loans to one member may not exceed the aggregate limit referenced in subsection (e).

- b) Credit unions with assets under \$1 million may make home equity and second mortgage loans subject to the lending limits for consumer loans set forth in Section 190.160. Credit unions with assets under \$1 million shall not make first mortgage real estate loans.
- c) Credit unions shall not make first mortgage real estate loans for more than the estimated market value or appraised value of the real estate securing the loans. Real estate loans, other than first mortgage loans, shall be limited to the value of the member-borrower's equity in the real estate securing the loan, provided a credit union may consider as equity any outstanding loan amount secured by the real estate if the outstanding loan will be repaid with the proceeds of the credit union's loan.
- d) The maximum individual lending limit and the maximum ratio of first mortgage real estate loans may be increased by obtaining written approval from the Secretary. Approval is to be based upon the need of the members and the credit union's real estate lending record.
- e) The maximum limit on an individual loan by credit unions with assets greater than \$1 million is in addition to the secured and unsecured lending limits of Section 190.160; provided, however, in no event shall all loans to any member exceed in the aggregate 10% of the credit union's unimpaired capital and surplus as defined in Section 190.2. Loans subject to the requirements for business loans shall be subject to the appraisal requirements set forth in subsection (h), but shall not be subject to the other provisions of this Section.
- f) The maximum maturity of a loan secured by a first mortgage shall not exceed 40 years.
- g) Procedures
 - 1) All loans secured by a lien on real estate shall be made based upon prudent written lending policies and sound lending practices as documented in each member's loan file. Unless waived by the Secretary, lending policies shall include, without limitation, acceptable debt-to-income and loan-to-

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value ratios that will be considered the types of real estate security that will be accepted and any other prudent data considered necessary to determine the appropriateness of a loan request. All applicable Illinois and federal statutes shall be observed.

- 2) All accounting for real estate loan transactions shall be in accordance with GAAP.
- h) Documentation
- 1) Any credit union granting loans secured by a lien in real estate must procure and retain the following documentation in its files:
 - A) A loan application that specifies the purpose of the loan (equity, purchase, construction, refinance, etc.). The application must contain sufficient information to support the approval of the loan. The information shall include without limitation: the amount of the loan requested; the purchase price (if applicable); a listing of the borrower's assets and liabilities; a statement of the borrower's income; a specific identification of the property; and an explanation of the source of the borrower's down payment. If the loan proceeds will be used for the purchase of the property, a copy of the real estate sale contract shall be included as an attachment to the application.
 - B) A legal opinion from the credit union's attorney, or a title insurance policy that identifies the credit union's lien position on the property used to secure the loan. In the case of home equity lines of credit, second mortgages, and non-purchase money first mortgage transactions, a title search prepared by a service provider capable of conducting a search shall be acceptable.
 - C) For transactions of ~~\$400,000~~\$250,000 or less, a written estimate of market value of the property securing the loan, performed by an individual having no direct or indirect interest in the property and experienced to perform estimations of value for the type and amount of credit being considered. For transactions over ~~\$400,000~~\$250,000, an appraisal by a state certified or licensed appraiser that estimates the market value of the property used as

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security for the loan.

- D) A credit report prepared by the credit union or a credit reporting agency. The report, in conjunction with the information contained in subsection (h)(1)(A), must demonstrate the applicant's past history of repayment and ability to repay the loan in question.
- E) A duly executed note and mortgage agreement that outline the borrower's agreement to repay the loan on the terms agreed, and the borrower's agreement to provide the credit union with a valid security interest in the subject property. The mortgage agreement must contain an accurate legal description of the subject property and be duly recorded in the office of the appropriate county recorder of deeds.
- F) A settlement statement reflecting all costs of closing and all disbursements of funds at closing for real estate loans that require the use of a settlement statement under the federal Real Estate Settlement Procedures Act (RESPA) (12 USC 2601).
- G) On any loan for which the lesser of the loan-to-value ratio or loan-to-purchase price ratio exceeds 80%, the credit union may require the borrower to obtain private mortgage insurance insuring the excess of the loan above the 80% factor.
- H) In the event the subject loan is to be used for the construction of a residential dwelling that is or will be the principal residence of the member-borrower and the loan will be secured by a perfected first lien or first security interest in favor of the credit union, the credit union must obtain satisfactory evidence of the payment in full of the costs of furnishing labor and material in connection with the construction. The evidence shall include receipt of an owner's statement, under oath, setting forth the names of all parties with whom the owner has contracted for the furnishing of labor and material; a general contractor's sworn statement from each of the parties named in the owner's statement; a subcontractor's sworn statement from each subcontractor named in the general contractor's statement; and partial and final unconditional lien waivers from the general contractor and all subcontractors and

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materialmen indicating that they have completed their respective portion of the work and been paid in full. The credit union must inspect, or cause to be inspected by a third party, the completion of each phase of the work for which an advance of any portion of the loan proceeds is sought. Any such inspections must be clearly documented in the file as to the date of the inspection and a brief explanation of the work progression. Additionally, the credit union must obtain a borrower payment authorization, in connection with each payment to the general contractor. This subsection (h)(1)(H) shall not apply to a loan to finance the repair, alteration or improvement of a residential dwelling which is the residence of the member-borrower.

- 2) A loan secured by a lien on real estate is exempt from the requirements of subsections (h)(1)(B), (C) and (G) of this Section if the loan complies with the following criteria:
 - A) The loan is not used for the purchase or refinancing of the real estate securing the loan.
 - B) The lien on real estate is taken as collateral solely through an abundance of caution.
 - C) The terms of the transaction are not more favorable than they would have been in the absence of the lien on real estate.
 - D) The transaction complies with the lending limits and other requirements for consumer loans set forth in Section 190.160.
 - 3) The completion of appraisals or written estimates of market value required by subsection (h)(1)(C) may be deferred up to 120 days from the date of closing. The deferrals authorized under this subsection (h)(3) apply to all residential and commercial real estate-secured transactions, excluding transactions for acquisition, development, and construction of real estate. The deferrals of appraisals or written estimates of market value authorized by this subsection (h)(3) only applies to transactions that close on December 31, 2020.
- i) Sale of Real Estate Loans

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- 1) A credit union may sell, in whole or in part, any loan secured by real estate to:
 - A) Federal National Mortgage Association (FNMA).
 - B) Government National Mortgage Association.
 - C) Federal Home Loan Mortgage Corporation.
 - D) The Federal Home Loan Bank of the Federal Home Loan Bank System district in which the credit union is located.
 - E) Federal, Illinois and Local Housing Authorities.
 - F) Credit Unions, Banks, Savings Banks and Savings and Loan Associations chartered under the laws of the United States, the State of Illinois or any other state.
 - G) Residential mortgage licensees properly registered with and licensed by the Department of Financial and Professional Regulation-Division of Banking.
 - H) Other institutions approved by the Secretary.
- 2) All such sales shall not be subject to recourse or repurchase that enables the credit union to retain control over the transferred assets. The credit union shall have surrendered control over the transferred assets if:
 - A) The transferred assets have been put presumptively beyond the reach of the credit union transferring the assets and its creditors;
 - B) The purchaser has the right to pledge or exchange the assets; and
 - C) The credit union does not maintain effective control over the transferred assets through an agreement that both entitles and obligates the credit union to repurchase the assets before their maturity.

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- 3) A limited recourse provision in a sale agreement that obligates the credit union transferring assets to purchase the assets because of breach of warranty or misrepresentation shall be considered a sale.

(Source: Amended at 44 Ill. Reg. _____, effective _____)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Covering All Kids Health Insurance Program
- 2) Code Citation: 89 Ill. Adm. Code 123
- 3) Section Number: 123.320 Proposed Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Complete Description of the Subjects and Issues Involved: This proposed amendment implements a billing policy change contained in SB 2541 of the 101st General Assembly. This policy change will allow hospitals to bill stand-alone ancillary services, such as radiology and lab work, performed in the institutional outpatient setting using an institutional claim format and be reimbursed through the Enhanced Ambulatory Procedure Grouping system. All references to hospital outpatient services billed by hospital providers using a professional claim format and paid through a fee schedule or ambulatory procedure list require an update.
- 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 rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking is not anticipated to create nor expand a State mandate on 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:

Steffanie Garrett
General Counsel

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

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

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: Hospitals
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Small Business Impact Analysis: None
- 15) Regulatory Agenda on which this rulemaking was summarized: January 2020

The full text of the Proposed Amendment is identical to the Emergency Amendment that begins on page 12762.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Children's Health Insurance Program
- 2) Code Citation: 89 Ill. Adm. Code 125
- 3) Section Number: 125.310 Proposed Action:
Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Complete Description of the Subjects and Issues Involved: This proposed amendment implements a billing policy change contained in SB 2541 of the 101st General Assembly. This policy change will allow hospitals to bill stand-alone ancillary services, such as radiology and lab work, performed in the institutional outpatient setting using an institutional claim format and be reimbursed through the Enhanced Ambulatory Procedure Grouping system. All references to hospital outpatient services billed by hospital providers using a professional claim format and paid through a fee schedule or ambulatory procedure list require an update.
- 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 rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking is not anticipated to create nor expand a State mandate on 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:

Steffanie Garrett
General Counsel

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

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

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: Hospitals
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Small Business Impact Analysis: None
- 15) Regulatory Agenda on which this rulemaking was summarized: January 2020

The full text of the Proposed Amendment is identical to the Emergency Amendment that begins on page 12767.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Veterans' Health Insurance Program
- 2) Code Citation: 89 Ill. Adm. Code 128
- 3) Section Number: 128.320 Proposed Action:
Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Complete Description of the Subjects and Issues Involved: This proposed amendment implements a billing policy change contained in SB 2541 of the 101st General Assembly. This policy change will allow hospitals to bill stand-alone ancillary services, such as radiology and lab work, performed in the institutional outpatient setting using an institutional claim format and be reimbursed through the Enhanced Ambulatory Procedure Grouping system. All references to hospital outpatient services billed by hospital providers using a professional claim format and paid through a fee schedule or ambulatory procedure list require an update.
- 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 rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking is not anticipated to create nor expand a State mandate on 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:

Steffanie Garrett
General Counsel

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

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

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: Hospitals
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Small Business Impact Analysis: None
- 15) Regulatory Agenda on which this rulemaking was summarized: January 2020

The full text of the Proposed Amendment is identical to the Emergency Amendment that begins on page 12774.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Medical Payment
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Number: 140.80 Proposed Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Complete Description of the Subjects and Issues Involved: This proposed amendment implements new hospital provider assessment methodologies pursuant to SB 2541 of the 101st General Assembly.
- 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 rulemakings pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Actions:</u>	<u>Illinois Register Citations:</u>
140.442	Amendment	44 Ill. Reg. 4288; March 20, 2020
140.403	Amendment	44 Ill. Reg. 5560; April 3, 2020
- 11) Statement of Statewide Policy Objective: This rulemaking is not anticipated to create nor expand a State mandate on 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:

Steffanie Garrett
General Counsel
Illinois Department of Healthcare and Family Services

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

201 South Grand Avenue East, 3rd Floor
Springfield IL 62763-0002

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: Hospitals
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Small Business Impact Analysis: None
- 15) Regulatory Agenda on which this rulemaking was summarized: January 2020

The full text of the Proposed Amendment is identical to the Emergency Amendment that begins on page 12778.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Specialized Health Care Delivery Systems
- 2) Code Citation: 89 Ill. Adm. Code 146
- 3) Section Number: 146.125 Proposed Action:
Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Complete Description of the Subjects and Issues Involved: These proposed amendments implement new hospital provider assessment and payment methodologies pursuant to SB 2541 of the 101st General Assembly.
- 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 rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking is not anticipated to create nor expand a State mandate on 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:

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

HFS.Rules@illinois.gov

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

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) Small Business Impact Analysis: None
- 15) Regulatory Agenda on which this rulemaking was summarized: January 2020

The full text of the Proposed Amendment is identical to the Emergency Amendment that begins on page 12825.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

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

<u>Section Numbers:</u>	<u>Proposed Actions:</u>
148.116	Amendment
148.117	Repealed
148.122	Amendment
148.126	Repealed
148.140	Amendment
148.295	Repealed
148.296	Repealed
148.299	Repealed
148.401	Amendment
148.402	Amendment
148.403	Amendment
148.404	Amendment
148.405	Amendment
148.406	Amendment
148.407	Repealed
148.408	Repealed
148.409	Repealed
148.410	Repealed
148.411	Repealed
148.412	Repealed
148.413	Repealed
148.414	Repealed
148.415	Repealed
148.416	Repealed
148.417	Repealed
148.418	Repealed
148.419	Repealed
148.420	Repealed
148.421	New Section
148.423	New Section
148.425	New Section
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 5) Complete Description of the Subjects and Issues Involved: These proposed amendments implement new hospital provider assessment and payment methodologies pursuant to SB 2541 of the 101st General Assembly. Specifically, these proposed rule changes implement: the Fee-For-Service supplemental payments [305 ILCS 5/5A-12.7(d)]; an extension of Assessment Phase 1 claims rate increases [305 ILCS 5/14-12]; updates to Graduate Medical Education payments [305 ILCS 5/5A-12.7(c)]; details regarding the directed payments [305 ILCS 5/5A-12.7(f)]; and the removal of out of date assessment payments.
- 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 rulemakings pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Actions:</u>	<u>Illinois Register Citations:</u>
148.50	Amendment	44 Ill. Reg. 10065; June 5, 2020
148.122	Amendment	44 Ill. Reg. 10065; June 5, 2020
148.190	Amendment	44 Ill. Reg. 10065; June 5, 2020

- 11) Statement of Statewide Policy Objective: This rulemaking is not anticipated to create nor expand a State mandate on 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:

Steffanie Garrett
 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 AMENDMENTS

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: Hospitals
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Small Business Impact Analysis: None
- 15) Regulatory Agenda on which this rulemaking was summarized: January 2020

The full text of the Proposed Amendments are identical to the Emergency Amendments that begin on page 12832.

ILLINOIS DEPARTMENT OF LABOR

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Employee Classification
- 2) Code Citation: 56 Ill. Adm. Code 240
- 3) Section Number: 240.405 Proposed Action: Amendment
- 4) Statutory Authority: 820 ILCS 185
- 5) Complete Description of the Subjects and Issues Involved: This amendment to the current rule is to make the rule reflect current statute [820 ILCS 185/43].
- 6) Published studies and 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 rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not create or enlarge a mandate as described in Section 3(b) of the State Mandates Act.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Comments on this proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice. Comments should be submitted to:

Jason Keller
Illinois Department of Labor
900 South Spring St.
Springfield IL 62704

217/782-1706
Jason.keller@illinois.gov

ILLINOIS DEPARTMENT OF LABOR

NOTICE OF PROPOSED AMENDMENT

- 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) Small Business Impact Analysis: No adverse impact.
- 15) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not anticipated at the time of the last Regulatory Agenda was published.

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

ILLINOIS DEPARTMENT OF LABOR

NOTICE OF PROPOSED AMENDMENT

TITLE 56: LABOR AND EMPLOYMENT
CHAPTER I: DEPARTMENT OF LABOR
SUBCHAPTER b: REGULATION OF WORKING CONDITIONS

PART 240
EMPLOYEE CLASSIFICATION

SUBPART A: GENERAL PROVISIONS

Section	
240.100	Purpose and Scope
240.110	Definitions
240.120	Application of the Act
240.130	Jurisdiction
240.140	Waivers

SUBPART B: COMPLAINTS

Section	
240.200	Persons Who May File a Complaint
240.210	Contents and Filing of a Complaint
240.220	Review of Complaints and Dismissals
240.230	Incomplete Complaint

SUBPART C: INVESTIGATION PROCEDURES

Section	
240.300	Investigation
240.310	Fact-Finding Conference
240.320	Independent Contractor Test

SUBPART D: CONTRACTOR RECORD KEEPING

Section	
240.400	Record Keeping

SUBPART E: CONTRACTOR REPORTING REQUIREMENTS AND NOTICES

ILLINOIS DEPARTMENT OF LABOR

NOTICE OF PROPOSED AMENDMENT

Section	
240.405	Reporting Requirements
240.410	Notices

SUBPART F: FINAL DETERMINATIONS

Section	
240.500	Decision and Notice Following Investigation
240.510	Remedies Upon Finding of a Violation
240.520	Civil Penalties
240.530	Debarments
240.540	Criminal Penalties
240.550	Retaliation
240.560	Referral to Other Agencies
240.570	Hearing Procedures

AUTHORITY: Implementing and authorized by the Employee Classification Act [820 ILCS 185].

SOURCE: Emergency rule adopted at 32 Ill. Reg. 574, effective December 27, 2007, for a maximum of 150 days; emergency rule expired May 24, 2008; adopted at 32 Ill. Reg. 13504, effective July 31, 2008; amended at 38 Ill. Reg. 18500, effective August 21, 2014; amended at 44 Ill. Reg. _____, effective _____.

SUBPART E: CONTRACTOR REPORTING REQUIREMENTS AND NOTICES

Section 240.405 Reporting Requirements

- a) Any contractor, other than a person meeting the responsible bidder requirements of Section 30-22 of the Illinois Procurement Code [30 ILCS 500/~~30-22~~], for which either an individual, sole proprietor or partnership is performing construction service, shall report all payments made to that individual, sole proprietor or partnership if the recipient of payment is not classified as an employee.
- b) The report shall be submitted to the Department annually, on or before ~~April 30~~~~January 31~~ following the taxable year in which the payment was made, on forms prepared by the Department. The report, which ~~shall~~~~may~~ be submitted electronically, must include:

ILLINOIS DEPARTMENT OF LABOR

NOTICE OF PROPOSED AMENDMENT

- 1) the contractor name, address and business identification number;
 - 2) the individual, sole proprietor or partnership name, address and federal employer identification number; and
 - 3) the total amount the contractor paid to the individual, sole proprietor or partnership performing services in the taxable year, including payments for services and for any materials and equipment that was provided along with the services.
- c) If the Department, upon investigation, finds that a contractor has failed to file a report or has filed an incomplete report in violation of this Section, the Department shall notify the contractor, in writing, of its finding and shall assess a civil penalty as provided in Section 40 of the Act.
- d) These reporting requirements do not apply to a business primarily engaged in the sale of tangible personal property or a contractor doing work for a business primarily engaged in the sale of tangible personal property.

(Source: Amended at 44 Ill. Reg. _____, effective _____)

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Radioactive Materials Transportation
- 2) Code Citation: 32 Ill. Adm. Code 341
- 3) Section Number: 341.10 Adopted Action:
Amendment
- 4) Statutory Authority: Implementing and authorized by Section 10, 11, 11.5 and 12 of the Radiation Protection Act of 1990 [420 ILCS 40/10, 11, 11.5 and 12], and Section 9 of the Illinois Low-Level Radioactive Waste Management Act [420 ILCS 20/9] and by Section 70 of the Nuclear Safety Law of 2004 [20 ILCS 3310/70].
- 5) Effective Date of Rule: July 17, 2020
- 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 material incorporated by reference, is on file at the Agency's headquarters located at 1035 Outer Park Drive, Springfield IL and is available for public inspection.
- 9) Notice of Proposal published in the Illinois Register: 44 Ill. Reg. 8116; May 15, 2020
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: No changes
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Section 31 of the Radiation Protection Act exempts from the IAPA's general rulemaking requirements IEMA rulemakings that are identical in substance to NRC rules and necessary to implement, secure or maintain federal authorization for an IEMA program.
- 13) Does 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 Agency is amending a date reference and

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adding an exemption in Section 341.10 to be consistent with 10 CFR 30 and 71 and maintain compatibility with the U. S. Nuclear Regulatory Commission pursuant to RATS ID 2013-1 (published at 78 FR 16922 March 19, 2013) and 2015-3 (published at 80 FR 33987 June 12, 2015 and 80 FR 48683 August 14, 2015).

Section 31 of the Radiation Protection Act of 1990 [420 ILCS 40/31] provides that IEMA is exempt from rulemaking procedures in the Illinois Administrative Procedure Act when regulations that are identical in substance are necessary to implement, secure, or maintain federal authorization for a program. After consideration of comments from the appropriate federal agency, the Agency may adopt the verbatim text of the laws, regulations, or orders as necessary and appropriate for authorization or maintenance of the program. Because this rulemaking is not subject to the Illinois Administrative Procedure Act, and in accordance with Section 31, this rulemaking will become effective following the first notice period immediately upon filing for adoption with the Secretary of State or at a date required or authorized by the relevant federal laws, regulations, or orders as stated in the notice of the rulemaking, and shall be published in the *Illinois Register*.

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

Traci Burton
Paralegal Assistant
Illinois Emergency Management Agency
1035 Outer Park Drive
Springfield IL 62704

217/785-9860

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

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF ADOPTED AMENDMENT

TITLE 32: ENERGY

CHAPTER II: ILLINOIS EMERGENCY MANAGEMENT AGENCY
SUBCHAPTER b: RADIATION PROTECTION

PART 341

RADIOACTIVE MATERIALS TRANSPORTATION

Section

341.10	Scope
341.20	Incorporations by Reference
341.25	Definitions
341.30	General License
341.40	Records
341.50	Reports

AUTHORITY: Implementing and authorized by Section 10, 11, 11.5 and 12 of the Radiation Protection Act of 1990 [420 ILCS 40/10, 11, 11.5 and 12], and Section 9 of the Illinois Low-Level Radioactive Waste Management Act [420 ILCS 20/9], and by Section 70 of the Nuclear Safety Law of 2004 [20 ILCS 3310/70].

SOURCE: Adopted at 10 Ill. Reg. 17616, effective September 25, 1986; amended at 11 Ill. Reg. 5219, effective March 13, 1987; amended at 12 Ill. Reg. 2434, effective January 15, 1988; amended at 18 Ill. Reg. 4196, effective March 3, 1994; recodified from the Department of Nuclear Safety to the Illinois Emergency Management Agency at 27 Ill. Reg. 13641; old Part repealed and new Part adopted at 29 Ill. Reg. 6911, effective May 2, 2005; amended at 30 Ill. Reg. 9160, effective April 28, 2006; amended at 39 Ill. Reg. 9928, effective July 1, 2015; amended at 42 Ill. Reg. 7537, effective April 4, 2018; amended at 44 Ill. Reg. 12733, effective July 17, 2020.

Section 341.10 Scope

- a) This Part applies to each licensee who transports licensed material outside the site where the licensee is authorized to possess and use the material or who transports the material on public highways or who delivers the material to a carrier for transport. The licensee shall comply with the regulations in this Part, the applicable requirements of the U.S. Nuclear Regulatory Commission (NRC) in 10 CFR 71, in effect as of ~~December 30, 2019~~ ~~July 13, 2015~~, and the applicable requirements of the U.S. Department of Transportation (USDOT) regulations

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appropriate to the mode of transport in 49 CFR 170-189, in effect as of December 30, 2019~~July 13, 2015~~.

AGENCY NOTE: Where the words "NRC", "Commission", "Nuclear Regulatory Commission", "United States Nuclear Regulatory Commission" or "Administrator of the appropriate Regional Office" appear in 10 CFR 71, substitute the words "Illinois Emergency Management Agency (Agency or IEMA)" except when used in 10 CFR 71.5(b), 71.10, 71.17(c)(3) and (e), 71.85 (c), 71.88(a)(4), 71.93(c), 71.95, 71.97(c), (c)(3)(iii) and (f). In addition, the terms "certificate of compliance, compliance holder or applicant" apply to the NRC as they are the sole authority for issuing a package Certificate of Compliance.

- b) When the licensee is not in areas under the jurisdiction of USDOT or NRC, but is in an area of jurisdiction of the State of Illinois as described in subsection (a) of this Section, the licensee shall comply with the following portions of USDOT and NRC regulations, as applicable:
- 1) Packaging, 49 CFR 173, subparts A, B and I;
 - 2) Marking and labeling, 49 CFR 172, subpart D, paragraphs 172.400-172.407, 172.436-172.440 and subpart E;
 - 3) Placarding, 49 CFR 172, subpart F, paragraphs 172.500-172.519 and 172.556; and appendices B and C;
 - 4) Shipping papers and emergency information, 49 CFR 172, subparts C and G;
 - 5) Accident reporting, 49 CFR 171.15 and 171.16;
 - 6) Hazardous material shipper/carrier requirements, 49 CFR 107, subpart G;
 - 7) Hazardous material employee training, 49 CFR 172, subpart H;
 - 8) Definitions, 10 CFR 71.4;
 - 9) Transportation of licensed material, 10 CFR 71.5;
 - 10) Exemptions for low level material, 10 CFR 71.14(a);

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- 11) General license: NRC-approved package, 10 CFR 71.17;
 - 12) Previously approved package, 10 CFR 71.19(a) and (b);
 - 13) General license: USDOT specification container material, 10 CFR 71.20;
 - 14) General license: Use of foreign approved package, 10 CFR 71.21;
 - 15) General license: Fissile material, 10 CFR 71.22;
 - 16) External radiation standards for all packages, 10 CFR 71.47;
 - 17) Assumptions as to unknown properties, 10 CFR 71.83;
 - 18) Preliminary determinations, 10 CFR 71.85;
 - 19) Routine determinations, 10 CFR 71.87;
 - 20) Air transportation of plutonium, 10 CFR 71.88;
 - 21) Opening instructions, 10 CFR 71.89;
 - 22) Advance notification of shipment of irradiated reactor fuel and nuclear waste, 10 CFR 71.97;
 - 23) Quality assurance requirements, 10 CFR 71.101(a), (b), (c), (f) and (g);
 - 24) Quality assurance organization, 10 CFR 71.103;
 - 25) Quality assurance program, 10 CFR 71.105; and
 - 26) Determination of A₁ and A₂, 10 CFR 71, appendix A.
- c) The licensee shall also comply with USDOT regulations pertaining to the following modes of transportation:
- 1) Rail, 49 CFR 174, subparts A-D and K;

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- 2) Air, 49 CFR 175;
 - 3) Vessel, 49 CFR 176, subparts A-F and M; and
 - 4) Public highway, 49 CFR 177 and 390-397.
- d) If USDOT regulations are not applicable to a shipment of licensed material as described in subsection (a), the licensee shall conform to the standards and requirements of USDOT specified in subsection (a) to the same extent as if the shipment or transportation were subject to USDOT regulations. A request for modification, waiver or exemption from those requirements, and any notification referred to in those requirements, must be filed with, or made to, the Agency.
- e) Common and contract carriers, freight forwarders, warehousemen and the U.S. Postal Service are exempt from the requirements for a license set forth in 420 ILCS 40/10, 11 and 12 and in 32 Ill. Adm. Code 330, 335, 337, 346, 350 and 351 to the extent that they transport or store byproduct material in the regular course of carriage for another or storage incident to that carriage.

(Source: Amended at 44 Ill. Reg. 12733, effective July 17, 2020)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Early Intervention Program
- 2) Code Citation: 89 Ill. Adm. Code 500
- 3) Section Number: 500.Appendix E Adopted Action: Amendment
- 4) Statutory Authority: Implementing and authorized by the Early Intervention Services System Act [325 ILCS 20] and Part C of the Individuals with Disabilities Education Act (IDEA) (20 USC 1400 et seq., as amended in 1997); PA 101-10.
- 5) Effective Date of Rule: July 20, 2020
- 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 material incorporated, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal published in the *Illinois Register*: 44 Ill. Reg. 3836; March 13, 2020
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: The requirement of confirmation by a venous blood test was added.
- 12) Have all 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: 89 Ill. Adm. Code 500 provides a non-exclusive list of medical conditions resulting in a high probability of a developmental delay in infants and toddlers. Pursuant to PA 101-10, this proposed amendment will expand the list of automatically eligible conditions for Early Intervention participants to include lead poisoning.

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

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER e: EARLY CHILDHOOD SERVICESPART 500
EARLY INTERVENTION PROGRAM

SUBPART A: GENERAL PROVISIONS

Section

500.10	Purpose
500.15	Incorporation by Reference
500.20	Definitions

SUBPART B: COMPONENTS OF THE STATEWIDE SYSTEM

Section

500.25	Public Awareness and Child Find
500.30	Central Directory
500.35	Local Interagency Councils
500.40	Illinois Interagency Council on Early Intervention
500.45	Regional Intake Entities
500.50	Eligibility
500.55	Early Intervention Services/Devices
500.60	Provider Qualifications/Credentialing and Enrollment
500.65	Monitoring

SUBPART C: SERVICE DELIVERY REQUIREMENTS

Section

500.70	Intake
500.75	Eligibility Determination
500.80	Individualized Family Service Plan Development
500.85	Individualized Family Service Plan Implementation
500.90	Individualized Family Service Plan Updating
500.95	Case Transfer
500.100	Transition to Part B or Other Appropriate Services at Age Three
500.105	Case Closure
500.110	Recordkeeping
500.115	Service Provider Requirements

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SUBPART D: FINANCIAL MATTERS

Section

- 500.120 Billing Procedures
- 500.125 Payor of Last Resort
- 500.130 Family Fee/Insurance

SUBPART E: PROCEDURAL SAFEGUARDS/CLIENT RIGHTS

Section

- 500.135 Minimum Procedural Safeguards
 - 500.140 Request for a Due Process Hearing
 - 500.145 Mediation
 - 500.150 Confidentiality/Privacy
 - 500.155 Right to Consent
 - 500.160 Surrogate Parents
 - 500.165 Written Prior Notice
 - 500.170 State Complaint Procedure
-
- 500.APPENDIX A Sliding Fee Schedule
 - 500.APPENDIX B Assessment Instruments (Repealed)
 - 500.APPENDIX C Requirements for Professional and Associate Level Early Intervention (EI) Credentialing and Enrollment to Bill
 - 500.APPENDIX D Use of Associate Level Providers
 - 500.APPENDIX E Medical Conditions Resulting in High Probability of Developmental Delay (not an exclusive list)

AUTHORITY: Implementing and authorized by the Early Intervention Services System Act [325 ILCS 20] and Part C of the Individuals with Disabilities Education Act (IDEA) (20 USC 1400 et seq., as amended in 1997).

SOURCE: Adopted at 25 Ill. Reg. 8190, effective July 1, 2001; amended at 27 Ill. Reg. 2611, effective February 7, 2003; amended at 27 Ill. Reg. 13438, effective July 24, 2003; amended at 28 Ill. Reg. 8727, effective June 1, 2004; amended at 29 Ill. Reg. 2254, effective January 31, 2005; amended at 32 Ill. Reg. 2161, effective January 23, 2008; amended at 33 Ill. Reg. 8206, effective June 8, 2009; amended at 38 Ill. Reg. 11086, effective May 12, 2014; amended at 39 Ill. Reg. 14900, effective October 27, 2015; amended at 40 Ill. Reg. 9491, effective June 29, 2016; amended at 44 Ill. Reg. 12739, effective July 20, 2020.

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Section 500.APPENDIX E Medical Conditions Resulting in High Probability of Developmental Delay (not an exclusive list)

1. Anomalies of Central Nervous System

Spina Bifida/Myelomeningocele
Spina Bifida with Hydrocephaly
Anomalies of the Spinal Cord
Encephalocele
Hydroencephalopathy
Microencephaly
Congenital Hydrocephalus
Reduction Deformities of Brain, including but not limited to:

Absence
Agenesis
Agyria
Aplasia
Arhinecephaly
Holoprosencephaly
Hypoplasia
Lissencephaly
Microgyria
Schizencephaly

2. Birth weight: <1000 gm.

3. Chromosomal Disorders (most common, not to be used as an exclusive list)

Trisomy 21 (Down's Syndrome)
Trisomy 13
Trisomy 18
Autosomal Deletion Syndromes
Fragile X Syndrome
Williams Syndrome
Angelman's Syndrome
Prader-Willi Syndrome

4. Congenital Infections

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Toxoplasmosis
Rubella
Sytomegalovirus
Herpes Simplex with CNS involvement

5. Neonatal Meningitis
6. Cerebral Palsy
7. Craniofacial Anomalies (Major)

Cleft Palate

8. Disorders of the Sense Organs

Hearing loss of 30 decibels (dB) or greater at any two of the following frequencies: 500, 1000, 2000, 4000₂ and 8000 Hertz (Hz) involving one or both ears, or hearing loss of 35 dB or greater at any one of the following frequencies: 500, 1000₂ and 2000 (~~Hz~~) involving one or both ears.

Visual Impairment
Bilateral Amblyopia
Severe Retinopathy of Prematurity ROP 3+
Bilateral Cataracts
Myopia of 3 Dioptors or More
Albinism

9. Disorders of the Central Nervous System

Hypsarrhythmia
Acquired Hydrocephalus
Stroke
Traumatic Brain Injury
Intraventricular Hemorrhage – Grade III, IV
Hypoxic Ischemic Encephalopathy (with organ failure, seizures, renal failure, cardiac failure)
Unspecified Encephalopathy
Spinal Cord Injury
Neonatal Seizures (secondary to asphyxia or hypoglycemia)

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Central Nervous System Cysts
Central Nervous System Tumors
Periventricular Leukomalacia

10. Inborn Errors of Metabolism

11. Neuromuscular Disorders

Congenital Muscular Dystrophy
Myotonic Dystrophy
Werdnig-Hoffman (Spinal Muscular Atrophy)
Congenital Myopathy
Duchenne

12. Pervasive Developmental Disorder/Autistic Spectrum

13. Syndromes ^{*}(*see further instructions for [Division of Specialized Care for Children \(DSCC\)](#) referral)

Cornelia de Lange
Lowe's
Rett
Rubenstein-Taybi
CHARGE (multiple anomalies)
VATER

14. Fetal Alcohol Syndrome

Not just exposure to alcohol in utero or fetal alcohol effects, but a diagnosis of the syndrome

15. Orthopedic Abnormalities

Brachioplexus at Birth
Caudal Regression
Proximal Focal Femoral Deformities
Partial Amputations
Holt-Oram
Acquired Amputations

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Arthrogryposis Multiplex Congenita
Osteogenesis Imperfecta ~~*~~(*see further instruction for DSCC referral)

16. Technology Dependent

Tracheostomy
Ventilator Dependent ~~*~~(*see further instruction for DSCC referral)

17. Social Emotional Disorders

Attachment or Relationship Disorder

18. [Lead Poisoning \(as defined in 77 Ill. Adm. Code 845.20\) confirmed by a venous blood test](#)

Children with medical conditions that are not listed may be determined eligible for services by a qualified family physician, pediatrician, or pediatric subspecialist (pediatric neurologist, geneticist, pediatric orthopedic surgeon, pediatrician with special interest in disabilities) who provides written verification that the child's medical condition is associated with a high probability of developmental delay as listed in eligibility criteria.

Children with undiagnosed medical conditions or who require further medical evaluation may be referred by ~~the~~ Child and Family Connections (regional intake entity) for a medical diagnostic evaluation.

* Referring to DSCC – Children with Cleft Palate, Orthopedic Abnormalities, or other potential DSCC-eligible diagnoses associated with physical disabilities should be referred to the ~~DSCC Division of Specialized Care for Children (DSCC)~~. DSCC may provide medical diagnostic support at no cost to the family. Simultaneously Child and Family Connections offices should complete the intake process as usual. DSCC will determine the type of ongoing assistance that they can provide.

(Source: Amended at 44 Ill. Reg. 12739, effective July 20, 2020)

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Special Waste Hauling
- 2) Code Citation: 35 Ill. Adm. Code 809
- 3)

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
809.103	Amendment
809.501	Amendment
- 4) Statutory Authority: Implementing and authorized by Section 26 of the Illinois Environmental Protection Act [415 ILCS 5/26] and Section 10-75 of the Illinois Administrative Procedure Act [5 ILCS 100/10-75].
- 5) Effective Date of Rules: July 20, 2020
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) Statement of Availability: The adopted amendments are available on the Board's website (<https://pcb.illinois.gov/>) and are also on file and available for public inspection in the Board's Chicago office at the James R. Thompson Center, 100 W. Randolph, Suite 11-500.
- 9) Notice of Proposal published in *Illinois Register*: 43 Ill. Reg. 13361; November 22, 2019
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between Proposal and Final Version: The Board made a limited number of non-substantive corrections and clarifications to its first-notice proposal.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements letter 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

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- 15) Summary and Purpose of Rulemaking: The Board's first-notice, second-notice, and final-adoption opinions and orders in this rulemaking may be viewed and downloaded on the Board's website (<https://pcb.illinois.gov/>).
- 16) Information and questions regarding these adopted rules shall be directed to:

Daniel Pauley
Illinois Pollution Control Board
100 W. Randolph St., Suite 11-500
Chicago IL 60601
312/814-6931

daniel.pauley@illinois.gov

Copies of the Board's opinions and orders are available through the Clerk's Office On-Line (COOL) on the Board's website (<https://pcb.illinois.gov/>). You may also request copies of the Board's opinions and orders from the Clerk at the address listed above or by calling 312/814-3620. Please refer to docket number R19-18 in your request.

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

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE G: WASTE DISPOSAL
CHAPTER I: POLLUTION CONTROL BOARD
SUBCHAPTER i: SOLID WASTE AND SPECIAL WASTE HAULING

PART 809
SPECIAL WASTE HAULING

SUBPART A: GENERAL PROVISIONS

Section	
809.101	Authority, Policy and Purposes
809.102	Severability
809.103	Definitions
809.104	Incorporations by Reference
809.105	Public Records

SUBPART B: SPECIAL WASTE HAULING PERMITS

Section	
809.201	Special Waste Hauling Permits – General
809.202	Applications for Special Waste Hauling Permit – Contents
809.203	Applications for Special Waste Hauling Permit – Signatures and Authorization
809.204	Applications for Special Waste Hauling Permit – Filing and Final Action by the Agency
809.205	Special Waste Hauling Permit Conditions
809.206	Special Waste Hauling Permit Revision
809.207	Transfer of Special Waste Hauling Permits
809.208	Special Waste Hauling Permit Revocation
809.209	Permit No Defense
809.210	General Exemption from Special Waste Hauling Permit Requirements
809.211	Exemptions for Special Waste Transporters
809.212	Duration of Special Waste Hauling Permits
809.213	Compliance with Federal Requirements

SUBPART C: DELIVERY AND ACCEPTANCE

Section	
809.301	Requirements for Delivery of Special Waste to Transporters

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809.302 Requirements for Acceptance of Special Waste from Transporters

SUBPART D: PERMIT AVAILABILITY AND SYMBOLS

Section

809.401 Permit Availability

809.402 Special Waste Symbols

SUBPART E: MANIFESTS, RECORDS AND REPORTING

Section

809.501 Manifests, Records, Access to Records, Reporting Requirements and Forms

SUBPART F: DURATION OF SPECIAL WASTE HAULER
PERMITS AND TANK NUMBERS

Section

809.601 Duration of Special Waste Hauler Permits and Tank Numbers (Repealed)

SUBPART G: EMERGENCY CONTINGENCIES FOR SPILLS

Section

809.701 General Provision

SUBPART H: EFFECTIVE DATES

Section

809.801 Compliance Date

809.802 Exceptions (Repealed)

SUBPART I: HAZARDOUS (INFECTIOUS) HOSPITAL WASTE

Section

809.901 Definitions (Repealed)

809.902 Disposal Methods (Repealed)

809.903 Rendering Innocuous by Sterilization (Repealed)

809.904 Rendering Innocuous by Incineration (Repealed)

809.905 Recordkeeping Requirements for Generators (Repealed)

809.906 Defense to Enforcement Action (Repealed)

POLLUTION CONTROL BOARD

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SUBPART J: REQUIREMENTS FOR HAULERS PREVIOUSLY PERMITTED
UNDER THE UNIFORM PROGRAM

Section

- 809.910 Uniform State Hazardous Waste Transportation Registration and Permit Program (Repealed)
- 809.911 Application for a Uniform Permit (Repealed)
- 809.912 Application for Uniform Registration (Repealed)
- 809.913 Payment of Processing and Audit Fees (Repealed)
- 809.914 Payment of Apportioned Mile Fees (Repealed)
- 809.915 Submittal of Fees (Repealed)
- 809.916 Previously Permitted Transporters (Repealed)
- 809.917 Uniform Registration and Uniform Permit Conditions (Repealed)
- 809.918 Uniform Registration and Uniform Permit Revision (Repealed)
- 809.919 Transfer of Uniform Registration and Uniform Permits (Repealed)
- 809.920 Audits and Uniform Registration and Uniform Permit Revocation (Repealed)
- 809.921 Permit No Defense (Repealed)
- 809.1001 Transporters Previously Permitted Under Uniform Hazardous Waste Transportation Permit and Registration Program

809.APPENDIX A Old Rule Numbers Referenced (Repealed)

AUTHORITY: Implementing Sections 5, 10, 13, 21, 22, 22.01, and 22.2 and authorized by Section 27 of the Environmental Protection Act [415 ILCS 5/5, 10, 13, 21, 22, 22.01, 22.2 and 27].

SOURCE: Adopted in R76-10, 33 PCB 131, at 3 Ill. Reg. 13, p. 155, effective March 31, 1979; emergency amendment in R76-10, 39 PCB 175, at 4 Ill. Reg. 34, p. 214, effective August 7, 1980, for a maximum of 150 days; emergency amendment in R80-19, 40 PCB 159, at 5 Ill. Reg. 270, effective January 1, 1981, for a maximum of 150 days; amended in R77-12(B), 41 PCB 369, at 5 Ill. Reg. 6384, effective May 28, 1981; amended in R80-19, 41 PCB 459, at 5 Ill. Reg. 6378, effective May 31, 1981; codified in R81-9, 53 PCB 269, at 7 Ill. Reg. 13640, effective September 30, 1983; recodified in R84-5, 58 PCB 267, from Subchapter h to Subchapter i at 8 Ill. Reg. 13198; amended in R89-13A at 14 Ill. Reg. 14076, effective August 15, 1990; amended in R91-18 at 16 Ill. Reg. 130, effective January 1, 1992; amended in R95-11 at 20 Ill. Reg. 5635, effective March 27, 1996; amended in R98-29 at 23 Ill. Reg. 6842, effective July 1, 1999; amended in R00-18 at 24 Ill. Reg. 14747, effective September 25, 2000; amended in R06-20(A) at 34 Ill. Reg. 3317, effective February 25, 2010; amended in R06-20(B) at 34 Ill. Reg. 17398,

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effective October 29, 2010; amended in R12-13 at 36 Ill. Reg. 12332, effective July 18, 2012; amended in R13-08 at 37 Ill. Reg. 1206, effective January 15, 2013; amended in R19-18 at 44 Ill. Reg. 12747, effective July 20, 2020.

SUBPART A: GENERAL PROVISIONS

Section 809.103 Definitions

"Act" means the Illinois Environmental Protection Act [415 ILCS 5].

"Agency" means the Illinois Environmental Protection Agency.

"Board" means the Illinois Pollution Control Board.

"Btu" or "British thermal unit" means the quantity of heat required to raise the temperature of one pound of water one degree Fahrenheit.

"Disposal" means the discharge, deposit, injection, dumping, spilling, leaking, or placing of any waste or special waste into or on any land or water so that such waste or special waste or any constituent thereof may enter the environment or be emitted into the air or discharged into any waters, including ground waters. [415 ILCS 5/3.08] (See "Waste", "Special Waste".)

"Garbage" is waste resulting from the handling, processing, preparation, cooking, and consumption of food, and wastes from the handling, processing, storage and sale of produce. [415 ILCS 5/3.200] (See "Waste".)

"Hazardous waste" means a waste, or combination of wastes, which because of quantity, concentration, or physical, chemical, or infectious characteristics may cause or significantly contribute to an increase in mortality or an increase in serious, irreversible, or incapacitating reversible, illness; or pose a substantial present or potential threat to human health or to the environment when improperly treated, stored, transported or disposed of, or otherwise managed, and which has been identified, by characteristics or listing, as hazardous pursuant to Section 3001 of the Resource Conservation and Recovery Act of 1976 (42 USC 6901 et seq.) or pursuant to agency guidelines consistent with the requirements of the Act and Board regulations. Potentially infectious medical waste is not a hazardous waste, except for those potentially infectious medical wastes identified by characteristics or listing as hazardous under Section 3001 of

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the Resource Conservation and Recovery Act of 1976, P.L. 94-580, or pursuant to Board regulations. [415 ILCS 5/3.220]

"Hazardous waste transporter" means any person who transports hazardous waste as defined in Section ~~3.2203-15~~ of the Act.

"Industrial process waste" means any liquid, solid, semi-solid or gaseous waste, generated as a direct or indirect result of the manufacture of a product or the performance of a service, which poses a present or potential threat to human health or to the environment or with inherent properties which make the disposal of such waste in a landfill difficult to manage by normal means. "Industrial process waste" includes but is not limited to spent pickling liquors, cutting oils, chemical catalysts, distillation bottoms, etching acids, equipment cleanings, paint sludges, incinerator ashes, core sands, metallic dust sweepings, asbestos dust, hospital pathological wastes and off-specification, contaminated or recalled wholesale or retail products. Specifically excluded are uncontaminated packaging materials, uncontaminated machinery components, general household waste, landscape waste and construction or demolition debris. [415 ILCS 5/3.235]

"Manifest" means the form prescribed by the Agency or USEPA and used for identifying name, quantity, and the origin, routing, and destination of special waste during its transportation from the point of generation to the point of disposal, treatment, or storage, as required by the Act, this Part, 35 Ill. Adm. Code: Subtitle G, or by the Resource Conservation and Recovery Act of 1976 (42 USC 6901 et seq.) or regulations ~~thereunder~~.

"Nonhazardous special waste" means any special waste, as defined in this Section, that has not been identified, by characteristics or listing, as hazardous ~~under pursuant to~~ section 3001 of the Resource Conservation and Recovery Act of 1976 (42 USC 6901 et seq.) or ~~under pursuant to~~ Board regulations.

"On-site" means on the same or geographically contiguous property under the control of the same person even if such contiguous property is divided by a public or private right-of-way. Non-contiguous properties owned by the same person but connected by a right-of-way that the person controls, and to which the public does not have access, is also considered on-site property.

"Permitted disposal site" means a sanitary landfill or other type of disposal site,

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including but not limited to a deep well, a pit, a pond, a lagoon or an impoundment that has a current, valid operating permit issued by the Agency and a supplemental permit issued by the Agency specifically permitting the site to accept a special waste tendered for disposal.

"Permitted storage site" means any site used for the interim containment of special waste prior to disposal or treatment that has a current, valid operating permit issued by the Agency and a supplemental permit issued by the Agency specifically permitting the site to accept a special waste tendered for storage.

"Permitted treatment site" means any site used to change the physical, chemical or biological character or composition of any special waste, including but not limited to a processing center, a reclamation facility or a recycling center that has a current, valid operating permit issued by the Agency and a supplemental permit issued by the Agency specifically permitting the site to accept a special waste tendered for treatment.

"Person" is any individual, partnership, co-partnership, firm, company, corporation, association, joint stock company, trust, estate, political subdivision, state agency, or any other legal entity or their legal representative, agent or assignee. [415 ILCS 5/3.315]

"Pollution control waste" means any liquid, solid, semi-solid or gaseous waste generated as a direct or indirect result of the removal of contaminants from the air, water or land, and which pose a present or potential threat to human health or to the environment or with inherent properties which make the disposal of such waste in a landfill difficult to manage by normal means. "Pollution control waste" includes but is not limited to water and wastewater treatment plant sludges, baghouse dusts, scrubber sludges and chemical spill cleanings. [415 ILCS 5/3.335]

"Reclamation" means the recovery of material or energy from waste for commercial or industrial use.

"Refuse" means any garbage or other discarded materials, with the exception of radioactive materials discarded in [compliance accordance](#) with the provisions of the Radiation Protection Act [420 ILCS 40] and Radioactive Waste Storage Act [420 ILCS 35]. (See "Waste".)

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"Septic tank pumpings" means the liquid portions and sludge residues removed from septic tanks.

"Site" means any location, place, tract of land, and facilities, including but not limited to buildings, and improvements used for purposes subject to regulation or control by this Act or regulations under the Act. [415 ILCS 5/3.460]

"Solid waste" (see "Waste").

"Special waste" means any of the following:

Potentially infectious medical waste;

Hazardous waste, as determined in conformance with RCRA hazardous waste determination requirements set forth in 35 Ill. Adm. Code 722.111, including a residue from burning or processing hazardous waste in a boiler or industrial furnace unless the residue has been tested in accordance with 35 Ill. Adm. Code 726 and proven to be nonhazardous;

Industrial process waste or pollution control waste, except:

Any such waste certified by its generator, pursuant to Section 22.48 of the Act, not to be any of the following:

A liquid, as determined using the paint filter test set forth in 35 Ill. Adm. Code 811.107(m)(3)(A);

Regulated asbestos-containing waste materials, as defined under the National Emission Standards for Hazardous Air Pollutants in 40 CFR 61.141;

Polychlorinated biphenyls (PCBs) regulated pursuant to 40 CFR 761;

An industrial process waste or pollution control waste subject to the waste analysis and recordkeeping requirements of 35 Ill. Adm. Code 728.107 under the land disposal restrictions of 35 Ill. Adm. Code 728; and

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A waste material generated by processing recyclable metals by shredding and required to be managed as a special waste under Section 22.29 of the Act;

Any empty portable device or container, including but not limited to a drum, in which a special waste has been stored, transported, treated, disposed of, or otherwise handled, provided that the generator has certified that the device or container is empty and does not contain a liquid, as determined using the paint filter test set forth in 35 Ill. Adm. Code 811.107(m)(3)(A). "Empty portable device or container" means a device or container in which removal of special waste, except for a residue that shall not exceed one inch in thickness, has been accomplished by a practice commonly employed to remove materials of that type. An inner liner used to prevent contact between the special waste and the container shall be removed and managed as a special waste; or

As may otherwise be determined under Section 22.9 of the Act.
[415 ILCS 5/3.475]

"Special waste hauling vehicle" means any self-propelled motor vehicle, except a truck tractor without a trailer, used to transport special waste in bulk or packages, tanks, or other containers.

"Special waste transporter" means any person who transports special waste from any location.

"Spill" means any accidental discharge of special waste.

"Storage" means the interim containment of special waste prior to disposal or treatment.

"Tank" means any bulk container placed on or carried by a vehicle to transport special waste, including wheel mounted tanks.

"Treatment" means any method, technique or process, including neutralization designed to change the physical, chemical or biological character or composition of any special waste so as to neutralize that waste or so as to render that waste nonhazardous, safer for transport, amenable for recovery, amenable for storage

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or reduced in volume. "Treatment" includes any activity or processing designed to change the physical form or chemical composition of hazardous waste to render it nonhazardous. [415 ILCS 5/3.505] Treatment also includes reclamation, re-use and recycling of special waste.

"Truck" means any unitary vehicle used to transport special waste.

"Truck tractor" means any motor vehicle used to transport special waste that is designed and used for drawing other devices and not so constructed as to carry a load other than a part of the weight of the device and load so drawn.

"Uniform permit" means the permit issued by a base state under Part II of the uniform application.

"Uniform registration" means the annual registration issued by a base state under Part I of the uniform application, if the base state has a registration requirement.

"Waste" means any garbage, sludge from a waste treatment plant, water supply treatment plant, or air pollution control facility or other discarded material, including solid, liquid, semi-solid, or contained gaseous material resulting from industrial, commercial, mining and agricultural operations, and from community activities, but does not include solid or dissolved material in domestic sewage, or solid or dissolved materials in irrigation return flows, or coal combustion by-products as defined in Section 3.135 of the Act, or industrial discharges which are point sources subject to permits under section 402 of the Federal Water Pollution Control Act, as now or hereafter amended, or source, special nuclear, or byproduct materials as defined by the Atomic Energy Act of 1954, as amended (42 USC 2011 et seq.) or any solid or dissolved material from any facility subject to The Federal Surface Mining Control and Reclamation Act of 1977 (P.L. 95-87) or the rules and regulations thereunder or any law or rule or regulation adopted by the State of Illinois pursuant thereto. [415 ILCS 5/3.535]

"Washwater", as used in this Part, means a mixture of water, nonhazardous cleaning compounds, and residue that results from cleaning surfaces and equipment and that is collected separately from sewage.

"Wastewater", as used in this Part, means stormwater, surface water, groundwater or nonhazardous washwater that has been contaminated with used oil but has not been mixed with sewage, industrial waste or any other waste.

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(Source: Amended at 44 Ill. Reg. 12747, effective July 20, 2020)

SUBPART E: MANIFESTS, RECORDS AND REPORTING

Section 809.501 Manifests, Records, Access to Records, Reporting Requirements and Forms

- a) Any person who delivers special waste to a permitted special waste transporter ~~must~~shall complete a ~~uniform hazardous waste~~ manifest to accompany the special waste from delivery to the destination of the special waste. The following are exceptions to this requirement:
- 1) The generator or transporter is not required to complete a manifest for used oil that is defined by and managed in ~~compliance~~accordance with 35 Ill. Adm. Code 739.
 - 2) The generator or transporter is not required to complete a manifest for the following used oil mixtures, provided that the generator or transporter complies with the informational requirements of 35 Ill. Adm. Code 739.146(a) and 35 Ill. Adm. Code 809.501(b):
 - A) Mixtures of used oil as defined by and managed in ~~compliance~~accordance with 35 Ill. Adm. Code 739 and hazardous waste, both generated and mixed by a conditionally exempt small quantity generator of hazardous waste, provided that the mixture contains more than 50 percent used oil by either volume or weight;
 - B) Mixtures of used oil as defined by and managed in ~~compliance~~accordance with 35 Ill. Adm. Code 739 and characteristic hazardous waste, with a Btu per pound content greater than 5,000 prior to being mixed with the used oil, when:
 - i) the characteristic has been extinguished in the resultant mixture;
 - ii) both the used oil and the characteristic hazardous waste have been generated and mixed by the same generator; and

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- iii) the mixture contains more than 50 percent used oil by either volume or weight;
 - C) Mixtures of used oil as defined by and managed in accordance with 35 Ill. Adm. Code 739 and fuel or other fuel products; and
 - D) Used oil as defined by and managed in ~~compliance~~ with 35 Ill. Adm. Code 739 contaminated by or mixed with nonhazardous wastewater, when the used oil and the nonhazardous wastewater are generated by the same generator, and when the mixture results from use or unintentional contamination.
- b) The generator ~~must~~ include in the manifest the following:
- 1) The name of the generator of the special waste and generator number;
 - 2) Information stating when and where the special waste was generated;
 - 3) The name of the person from whom delivery is accepted and the name of the site from which delivered;
 - 4) The name and permit number of the transporter;
 - 5) The date of delivery; and
 - 6) The classification and quantity of the special waste delivered to the transporter.
- c) ~~The~~ For hazardous waste, the manifest will consist of forms prescribed by USEPA for the Uniform Hazardous Waste Manifest and will be distributed in ~~compliance~~ with those requirements. For nonhazardous special waste, the manifest shall consist of forms prescribed by the Agency. The forms must comply with the requirements of Section 22.01 of the Act and may be purchased from a third party. [415 ILCS 5/22.01] The person who delivers special waste to a special waste transporter ~~must~~ retain the designated parts of the manifest as a record. The remaining parts of the manifest ~~must~~ accompany the special waste shipment. At the destination, the manifest ~~must~~ be signed by the person who accepts special waste from a special waste transporter, acknowledging receipt of the special waste.

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- d) A permitted site that receives special waste for disposal, storage or treatment of special waste must be designated on the manifest as the final destination point. Any subsequent delivery of the special waste, or any portion or product ~~of that waste, thereof~~ to a special waste transporter ~~must~~ be conducted under a manifest initiated by the permitted disposal, storage or treatment site.
- e) In all cases, the special waste transporter ~~must~~ deliver the designated parts of the complete, signed manifest to the person who accepts delivery of special waste from the transporter. The special waste transporter ~~must~~ retain the designated part of the complete, signed manifest as a record of delivery to a permitted disposal, storage or treatment site. In addition, at the end of each month, or longer if approved by the Agency, the owner and the operator of the permitted disposal, storage or treatment site who accepts special waste from a special waste transporter ~~must~~ send the designated part of the completed manifest to the person who delivered the special waste to the special waste transporter.
- f) Every generator who delivers special waste to a special waste transporter, every person who accepts special waste from a special waste transporter and every special waste transporter ~~must~~ retain their respective parts of the special waste manifest as a record of all special waste transactions. These parts ~~must~~ be retained for three years and will be made available at reasonable times for inspection and photocopying by the Agency.

BOARD NOTE: The manifest requirements of 35 Ill. Adm. Code 722, 724 and 725 relative to RCRA hazardous wastes are not affected by this subsection.

- g) Every in-State facility that accepts nonhazardous special waste from a special waste transporter ~~must~~ file a report, on forms prescribed or provided by the Agency, summarizing all such activity during the preceding calendar year. ~~The Such~~ reports should, at a minimum, include the information specified in subsection (h) ~~of this Section~~ and be received by the Agency no later than February 1. This subsection is applicable to all nonhazardous special wastes that are delivered to a special waste transporter on or after January 1, 1991.
- h) Every annual report required to be filed with the Agency by a person accepting nonhazardous special waste from a special waste transporter ~~underpursuant to~~ subsection (g) ~~of this Section~~ ~~must~~ include the following information:

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- 1) The IEPA identification number, name and address of the facility;
- 2) The period (calendar year) covered by the report;
- 3) The IEPA identification number, name and address of each nonhazardous special waste generator from which the facility received a nonhazardous special waste during the period;
- 4) A description and the total quantity of each nonhazardous special waste the facility received from off-site during the period. This information ~~must~~shall be listed by IEPA identification number of each generator;
- 5) The method of treatment, storage or disposal for each nonhazardous special waste; and
- 6) A certification signed by the owner or operator of the facility or the owner's or operator's authorized representative.

(Source: Amended at 44 Ill. Reg. 12747, effective July 20, 2020)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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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: 123.320 Emergency Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Effective Date of Rule: July 17, 2020
- 6) If this emergency rule is to expire before the end of the 150-day period, please specify the date on which it is to expire: Upon adoption of the proposed general rulemaking.
- 7) Date Filed with the Index Department: July 17, 2020
- 8) A copy of the emergency rule, including any materials incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Reason for Emergency: SB 2541 of the 101st General Assembly creates a new hospital provider assessment and new hospital payment methodologies under the medical assistance program. SB 2541 also grants the Department emergency rulemaking authority to provide for the expeditious and timely implementation of the changes to Articles 5, 5A, 12, and 14 of the Illinois Public Aid Code. This timely implementation of the federally approved assessment and payment methodologies ensures hospital providers will continue to be reimbursed for the services they provide to medical assistance recipients.
- 10) Complete Description of the Subjects and Issues Involved: This emergency amendment implements a billing policy change contained in SB 2541 of the 101st General Assembly. This policy change allows hospitals to bill stand-alone ancillary services, such as radiology and lab work, performed in the institutional outpatient setting using an institutional claim format and be reimbursed through the Enhanced Ambulatory Procedure Grouping system. All references to hospital outpatient services billed by hospital providers using a professional claim format and paid through a fee schedule or ambulatory procedure list require an update.
- 11) Are there any other rulemakings pending on this Part? None

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- 12) Statement of Statewide Policy Objective: This rulemaking is not anticipated to create nor expand a State mandate on units of local government.
- 13) Information and questions regarding this emergency rule shall be directed to:

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

HFS.Rules@illinois.gov

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

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

EMERGENCY

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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Section 12-13 of the Illinois Public Aid Code [305 ILCS 5].

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; emergency amendment at 44 Ill. Reg. 12762, effective July 17, 2020, for a maximum of 150 days.

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

Section 123.320 Co-payments and Cost Sharing**EMERGENCY**

- a) Co-payments or cost sharing may be charged for services provided to a child by a health care provider as described in subsection (b), except for practitioner visits scheduled for well-baby care, well-child care, age appropriate immunizations, preventative dental visits or family planning services.
- b) Co-payment and cost sharing requirements are as follows:
 - 1) Practitioner office visit co-payment: \$10 per visit
 - 2) Dental visits co-payment: \$10 per visit
 - 3) Inpatient hospitalization cost sharing: \$100 per admission.
 - 4) Hospital or Ambulatory Surgical Treatment Center outpatient encounter ~~with a payable service on the Ambulatory Procedure List~~, as set forth in 89 Ill. Adm. Code 148.140, cost sharing: 5% of the Department's rate.
 - 5) Hospital Emergency Visit co-payment: \$30 per visit.
 - 6) Prescription drugs co-payment: \$3 for a 1- to 30-day supply of generic drugs or \$7 for a 1- to 30-day supply of brand name drugs.

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- c) The out-of-pocket co-payment and cost sharing expense children enrolled in All Kids Premium Level 2 will incur shall not exceed \$250 per annual enrollment period multiplied by the number of children in the family enrolled in All Kids Premium Level 2.
- d) Providers will be responsible for collecting co-payments.
- e) Providers may elect not to charge co-payments. If co-payments are charged, the co-payment may not exceed the amounts established in subsection (b).
- f) The Department will not require providers to deliver services when co-payments properly charged under the Program are not paid.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 12762, effective July 17, 2020, for a maximum of 150 days)

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- 1) Heading of the Part: Children's Health Insurance Program
- 2) Code Citation: 89 Ill. Adm. Code 125
- 3) Section Number: 125.310 Emergency Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Effective Date of Rule: July 17, 2020
- 6) If this emergency rule is to expire before the end of the 150-day period, please specify the date on which it is to expire: Upon adoption of the proposed general rulemaking.
- 7) Date Filed with the Index Department: July 17, 2020
- 8) A copy of the emergency rule, including any materials incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Reason for Emergency: SB 2541 of the 101st General Assembly creates a new hospital provider assessment and new hospital payment methodologies under the medical assistance program. SB 2541 also grants the Department emergency rulemaking authority to provide for the expeditious and timely implementation of the changes to Articles 5, 5A, 12, and 14 of the Illinois Public Aid Code. This timely implementation of the federally approved assessment and payment methodologies ensures hospital providers will continue to be reimbursed for the services they provide to medical assistance recipients.
- 10) Complete Description of the Subjects and Issues Involved: This emergency amendment implements a billing policy change contained in SB 2541 of the 101st General Assembly. This policy change allows hospitals to bill stand-alone ancillary services, such as radiology and lab work, performed in the institutional outpatient setting using an institutional claim format and be reimbursed through the Enhanced Ambulatory Procedure Grouping system. All references to hospital outpatient services billed by hospital providers using a professional claim format and paid through a fee schedule or ambulatory procedure list require an update.
- 11) Are there any other rulemakings pending on this Part? None

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- 12) Statement of Statewide Policy Objective: This rulemaking is not anticipated to create nor expand a State mandate on units of local government.
- 13) Information and questions regarding this emergency rule shall be directed to:

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

HFS.Rules@illinois.gov

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 125

CHILDREN'S HEALTH INSURANCE PROGRAM

SUBPART A: GENERAL PROVISIONS

Section

- 125.100 General Description
- 125.110 Definitions

SUBPART B: GENERAL ELIGIBILITY AND ENROLLMENT

Section

- 125.200 Eligibility for Children's Health Insurance Program
- 125.205 Eligibility Exclusions and Terminations
- 125.220 Application Process
- 125.225 Presumptive Eligibility for Children
- 125.230 Determination of Financial Eligibility Using Modified Adjusted Gross Income (MAGI)
- 125.240 Eligibility Determination and Enrollment Process
- 125.245 Appeals
- 125.250 Annual Renewals
- 125.260 Adding Children to the Program and Changes in Participation
- 125.265 Adding Eligible Adults to the Program and Changes in Participation (Repealed)

SUBPART C: ALL KIDS HEALTH PLAN

Section

- 125.300 Covered Services
- 125.305 Service Exclusions
- 125.310 Copayments

EMERGENCY

- 125.320 Premium Requirements
- 125.330 Non-payment of Premium
- 125.340 Provider Reimbursement

SUBPART D: ALL KIDS REBATE

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Section

- 125.400 Minimum Coverage Requirements (Repealed)
- 125.420 Coverage Verification Process (Repealed)
- 125.430 Provision of Policyholder's Social Security Number (Repealed)
- 125.440 All Kids Rebate (Repealed)
- 125.445 Rebate Overpayments

AUTHORITY: Implementing and authorized by the Children's Health Insurance Program Act [215 ILCS 106] and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5].

SOURCE: Adopted by emergency rulemaking at 22 Ill. Reg. 15706, effective August 12, 1998, for a maximum of 150 days; adopted at 23 Ill. Reg. 543, effective December 24, 1998; emergency amendment at 24 Ill. Reg. 4217, effective March 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 11822, effective July 28, 2000; amended at 26 Ill. Reg. 12313, effective July 26, 2002; emergency amendment at 26 Ill. Reg. 15066, effective October 1, 2002, for a maximum of 150 days; amended at 27 Ill. Reg. 4723, effective February 25, 2003; emergency amendment at 27 Ill. Reg. 10807, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18623, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 7163, effective May 3, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13632, effective September 28, 2004; emergency amendment at 30 Ill. Reg. 535, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 10328, effective May 26, 2006; emergency amendment at 36 Ill. Reg. 10298, effective July 1, 2012 through June 30, 2013; emergency amendment at 37 Ill. Reg. 5049, effective April 1, 2013 through June 30, 2013; amended at 37 Ill. Reg. 10253, effective June 27, 2013; emergency amendment at 37 Ill. Reg. 15997, effective October 1, 2013, for a maximum of 150 days; emergency amendment at 38 Ill. Reg. 1153, effective January 1, 2014, for a maximum of 150 days; emergency amendment to emergency rule at 38 Ill. Reg. 2943, effective January 10, 2014, for a maximum of 150 days; emergency amendment effective January 10, 2014 repealed by emergency rulemaking at 38 Ill. Reg. 8454, effective April 15, 2014, for the remainder of the 150 days; amended at 38 Ill. Reg. 6006, effective February 26, 2014; emergency amendment at 38 Ill. Reg. 9110, effective April 15, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 18451, effective August 19, 2014; amended at 43 Ill. Reg. 4089, effective March 25, 2019; emergency amendment at 44 Ill. Reg. 12767, effective July 17, 2020, for a maximum of 150 days.

SUBPART C: ALL KIDS HEALTH PLAN

Section 125.310 Copayments**EMERGENCY**

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- a) Effective July 1, 2012, copayments may be charged to the family by a health care professional whenever the service is performed in an office or home setting, except for visits scheduled for well-baby care, well-child care or age-appropriate immunizations. Copayments may also be charged to the family by hospitals, for inpatient hospitalization or outpatient encounter. No copayment is permitted for visits to health care professionals or hospitals made solely for speech, occupational or physical therapy, audiology, radiology or laboratory ~~services~~ (including ~~APL Group 2 procedures~~). Families with an enrolled individual who is an American Indian or Alaska Native shall not be charged copayments.
- b) Effective July 1, 2012, copayment requirements are as follows, subject to federal approval:
- 1) Practitioner office visit:
 - A) All Kids Share copayment: the nominal copayment amount as defined in federal regulations at 42 CFR 447.54, which, for dates of service beginning July 1, 2012 through March 31, 2013, is \$3.65. Beginning April 1, 2013, the nominal copayment amount is \$3.90. Specific copayment amounts are described and updated on the Department's Web site.
 - B) All Kids Premium Level 1 copayment: \$5 per visit.
 - 2) Inpatient hospitalization:
 - A) All Kids Share copayment: a copayment amount as defined in federal regulations at 42 CFR 447, which, for dates of service beginning July 1, 2012 through March 31, 2012, is \$3.65 per admission. Beginning April 1, 2013, the nominal copayment amount is \$3.90 per day. Specific copayment amounts are described and updated annually on the Department's Web site.
 - B) All Kids Premium Level 1 copayment: \$5 per day.
 - 3) Outpatient hospital encounter:
 - A) All Kids Share copayment: the nominal copayment amount as

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defined in federal regulations at 42 CFR 447.54, which, for dates of service beginning July 1, 2012 through March 31, 2013, is \$3.65. Beginning April 1, 2013, the nominal copayment amount is \$3.90. Specific copayment amounts are described and updated annually on the Department's Web site.

- B) All Kids Premium Level 1 copayment: \$5 per visit.
- 4) Prescription drugs:
- A) All Kids Share copayment: \$2 for a 1-day to 30-day supply of generic drugs, including over-the-counter drugs and the nominal copayment amount as defined in federal regulations at 42 CFR 447.54, which, for dates of service beginning July 1, 2012 through March, 31, 2013 is \$3.65. Beginning April 1, 2013, the nominal copayment amount is \$3.90 for a 1-day to 30-day supply of brand name drugs. Specific copayment amounts are described and updated on the Department's Web site.
 - B) All Kids Premium Level 1 copayment: \$3 for a 1-day to 30-day supply of generic drugs or \$5 for 1-day to 30-day supply of brand name drugs.
- 5) Nonemergency visit to an emergency room:
- A) All Kids Share copayment: \$0 per visit.
 - B) All Kids Premium Level 1 copayment: \$25 per visit.
- 6) Emergency room visit:
- A) All Kids Share copayment: \$0 per visit.
 - B) All Kids Premium Level 1 copayment: \$5 per visit.
- c) The maximum out-of-pocket expense a family will incur for copayments during a 12-month eligibility period is \$100.
- d) Once the family has satisfied the copayment cap, the family is responsible for

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submitting receipts, to the Department, documenting the payment of copayments. The Department may return partial documentation received on copayments to the family.

- e) Upon the Department determining that the copayment cap has been satisfied, the following will occur:
 - 1) A notice stating that the copayment cap has been satisfied, and the date satisfied, will be sent to the family.
 - 2) REV will be updated to reflect that the copayment cap has been reached.
- f) Providers will be responsible for collecting copayments under the All Kids Health Plan.
- g) Providers may elect not to charge copayments. If copayments are charged, the copayment must comply with the requirements in this Section.
- h) Providers shall be responsible for refunding to the family copayments they collect after the family has reached the copayment cap.
- i) The Department will not require providers to deliver services when copayments properly charged under the All Kids Health Plan are not paid.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 12767, effective July 17, 2020, for a maximum of 150 days)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

- 1) Heading of the Part: Veterans' Health Insurance Program
- 2) Code Citation: 89 Ill. Adm. Code 128
- 3) Section Number: 128.320 Emergency Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Effective Date of Rule: July 17, 2020
- 6) If this emergency rule is to expire before the end of the 150-day period, please specify the date on which it is to expire: Upon adoption of the proposed general rulemaking.
- 7) Date Filed with the Index Department: July 17, 2020
- 8) A copy of the emergency rule, including any materials incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Reason for Emergency: SB 2541 of the 101st General Assembly creates a new hospital provider assessment and new hospital payment methodologies under the medical assistance program. SB 2541 also grants the Department emergency rulemaking authority to provide for the expeditious and timely implementation of the changes to Articles 5, 5A, 12, and 14 of the Illinois Public Aid Code. This timely implementation of the federally approved assessment and payment methodologies ensures hospital providers will continue to be reimbursed for the services they provide to medical assistance recipients.
- 10) Complete Description of the Subjects and Issues Involved: This emergency amendment implements a billing policy change contained in SB 2541 of the 101st General Assembly. This policy change allows hospitals to bill stand-alone ancillary services, such as radiology and lab work, performed in the institutional outpatient setting using an institutional claim format and be reimbursed through the Enhanced Ambulatory Procedure Grouping system. All references to hospital outpatient services billed by hospital providers using a professional claim format and paid through a fee schedule or ambulatory procedure list require an update.
- 11) Are there any other rulemakings pending on this Part? None

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

- 12) Statement of Statewide Policy Objective: This rulemaking is not anticipated to create nor expand a State mandate on units of local government.
- 13) Information and questions regarding this emergency rule shall be directed to:

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

HFS.Rules@illinois.gov

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 128

VETERANS' HEALTH INSURANCE PROGRAM

SUBPART A: GENERAL PROVISIONS

Section

128.100 General Description
128.110 Definitions

SUBPART B: GENERAL ELIGIBILITY AND ENROLLMENT

Section

128.200 Eligibility
128.210 Eligibility Exclusions and Terminations
128.220 Application Process
128.230 Determination of Monthly Countable Income
128.240 Eligibility Determination and Enrollment Process
128.250 Appeals
128.260 Renewals of Eligibility
128.300 Covered Services
128.310 Service Exclusions
128.320 Co-payments and Cost Sharing

EMERGENCY

128.330 Premium Requirements
128.340 Non-payment of Premium
128.350 Provider Reimbursement

AUTHORITY: The Veterans' Health Insurance Program Act [330 ILCS 126].

SOURCE: Emergency rule adopted at 30 Ill. Reg. 15044, effective September 1, 2006, for a maximum of 150 days; adopted at 31 Ill. Reg. 2643, effective January 28, 2007; amended at 33 Ill. Reg. 12724, effective September 7, 2009; amended at 33 Ill. Reg. 17082, effective December 2, 2009; amended at 36 Ill. Reg. 17062, effective November 26, 2012; emergency amendment at 44 Ill. Reg. 12774, effective July 17, 2020, for a maximum of 150 days.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

SUBPART B: GENERAL ELIGIBILITY AND ENROLLMENT

Section 128.320 Co-payments and Cost Sharing**EMERGENCY**

- a) Co-payments or cost sharing may be charged for services provided to a veteran and spouse by a health care provider as described in subsection (b), except for practitioner visits scheduled for family planning services.
- b) Co-payment and cost sharing requirements are as follows:
 - 1) Practitioner office visits, \$15;
 - 2) Dental visits, \$15;
 - 3) Inpatient hospitalizations, \$150 per hospital stay;
 - 4) Hospital or Ambulatory Surgical Treatment Center outpatient ~~services encounters with a payable service on the Ambulatory Procedure List as~~ set forth at 89 Ill. Adm. Code 148.140(b), 10 percent of the Department rate as set forth in Section 128.350(c);
 - 5) Hospital Emergency Visits, \$50;
 - 6) Prescription drugs, \$6 for a 1- to 30-day supply of generic drugs or \$14 for a 1- to 30-day supply of brand name drugs.
- c) Providers are responsible for collecting co-payments.
- d) Providers may elect not to charge co-payments. If co-payments are charged, the co-payment may not exceed the amounts established in this Section.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 12774, effective July 17, 2020, for a maximum of 150 days)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

- 1) Heading of the Part: Medical Payment
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Number: 140.80 Emergency Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Effective Date of Rule: July 17, 2020
- 6) If this emergency rule is to expire before the end of the 150-day period, please specify the date on which it is to expire: Upon adoption of the proposed general rulemaking.
- 7) Date Filed with the Index Department: July 17, 2020
- 8) A copy of this emergency rule, including any materials incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Reason for Emergency: SB 2541 of the 101st General Assembly creates a new hospital provider assessment and new hospital payment methodologies under the medical assistance program. SB 2541 also grants the Department emergency rulemaking authority to provide for the expeditious and timely implementation of the changes to Articles 5, 5A, 12, and 14 of the Illinois Public Aid Code. This timely implementation of the federally approved assessment and payment methodologies ensures hospital providers will continue to be reimbursed for the services they provide to medical assistance recipients.
- 10) Complete Description of the Subjects and Issues Involved: This emergency amendment implements new hospital provider assessment methodologies pursuant to SB 2541 of the 101st General Assembly.
- 11) Are there any other rulemakings pending on this Part? Yes

<u>Section Numbers</u> :	<u>Proposed Actions</u> :	<u>Illinois Register Citations</u> :
140.442	Amendment	44 Ill. Reg. 4288; March 20, 2020
140.403	Amendment	44 Ill. Reg. 5560; April 3, 2020

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

- 12) Statement of Statewide Policy Objective: This rulemaking is not anticipated to create nor expand a State mandate on units of local government.
- 13) Information and questions regarding this emergency rule shall be directed to:

Steffanie Garrett
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201 South Grand Avenue E., 3rd Floor
Springfield IL 62763-0002

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER d: MEDICAL PROGRAMS

PART 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 EMERGENCY AMENDMENT

- 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)
- 140.74 Resolution of Claims Related to Inaccurate or Updated Enrollment Information
- 140.75 Managed Care – Disputed Provider Claims Resolution Process

SUBPART C: PROVIDER ASSESSMENTS

Section

140.80 Hospital Provider Fund

EMERGENCY

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

140.82	Developmentally Disabled Care Provider Fund
140.84	Long Term Care Provider Fund
140.86	Supportive Living Facility Funds
140.88	Managed Care Organization Provider Assessment
140.94	Medicaid Developmentally Disabled Provider Participation Fee Trust Fund/Medicaid Long Term Care Provider Participation Fee Trust Fund (Repealed)
140.95	Hospital Services Trust Fund (Repealed)
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)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

- 140.372 Review Procedure (Recodified)
- 140.373 Utilization (Repealed)
- 140.374 Alternatives (Recodified)
- 140.375 Exemptions (Recodified)
- 140.376 Utilization, Case-Mix and Discretionary Funds (Repealed)
- 140.390 Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.391 Definitions (Recodified)
- 140.392 Types of Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.394 Payment for Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.396 Rate Appeals for Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.398 Hearings (Recodified)

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section

- 140.400 Payment to Practitioners
- 140.402 Copayments for Noninstitutional Medical Services
- 140.403 Telehealth Services

EMERGENCY

- 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)
- 140.423 Licensed Clinical Psychologist Services
- 140.424 Licensed Clinical Social Worker Services
- 140.425 Podiatry Services
- 140.426 Limitations on Podiatry Services
- 140.427 Requirement for Prescriptions and Dispensing of Pharmacy Items – Podiatry (Repealed)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

140.428	Chiropractic Services
140.429	Limitations on Chiropractic Services (Repealed)
140.430	Independent Clinical Laboratory Services
140.431	Services Not Covered by Independent Clinical Laboratories
140.432	Limitations on Independent Clinical Laboratory Services
140.433	Payment for Clinical Laboratory Services
140.434	Record Requirements for Independent Clinical Laboratories
140.435	Advanced Practice Nurse Services
140.436	Limitations on Advanced Practice Nurse Services
140.438	Diagnostic Imaging Services
140.439	Critical Access Care Pharmacy Payment
140.440	Pharmacy Services
140.441	Pharmacy Services Not Covered
140.442	Prior Approval of Prescriptions
140.443	Filling of Prescriptions
140.444	Compounded Prescriptions
140.445	Legend Prescription Items (Not Compounded)
140.446	Over-the-Counter Items
140.447	Reimbursement
140.448	Returned Pharmacy Items
140.449	Payment of Pharmacy Items
140.450	Record Requirements for Pharmacies
140.451	Prospective Drug Review and Patient Counseling
140.452	Community-based Mental Health Providers Qualified for Payment
140.453	Community-based Mental Health Service Definitions and Professional Qualifications
140.454	Types of Mental Health Services
140.455	Payment for Mental Health Services
140.456	Hearings
140.457	Therapy Services
140.458	Prior Approval for Therapy Services
140.459	Payment for Therapy Services
140.460	Clinic Services
140.461	Clinic Participation, Data and Certification Requirements
140.462	Covered Services in Clinics
140.463	Clinic Service Payment
140.464	Hospital-Based and Encounter Rate Clinic Payments
140.465	Speech and Hearing Clinics (Repealed)
140.466	Rural Health Clinics (Repealed)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

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	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
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	Medical Transportation Limitations and Authorization Process
140.492	Payment for Medical Transportation
140.493	Payment for Helicopter Transportation
140.494	Record Requirements for Medical Transportation Services
140.495	Psychological Services
140.496	Payment for Psychological Services
140.497	Hearing Aids
140.498	Fingerprint-Based Criminal Background Checks
140.499	Behavioral Health Clinic

SUBPART E: GROUP CARE

Section	
140.500	Long Term Care Services
140.502	Cessation of Payment at Federal Direction

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

- 140.503 Cessation of Payment for Improper Level of Care
- 140.504 Cessation of Payment Because of Termination of Facility
- 140.505 Informal Hearing Process for Denial of Payment for New ICF/MR
- 140.506 Provider Voluntary Withdrawal
- 140.507 Continuation of Provider Agreement
- 140.510 Determination of Need for Group Care
- 140.511 Long Term Care Services Covered By Department Payment
- 140.512 Utilization Control
- 140.513 Notification of Change in Resident Status
- 140.514 Certifications and Recertifications of Care (Repealed)
- 140.515 Management of Recipient Funds – Personal Allowance Funds
- 140.516 Recipient Management of Funds
- 140.517 Correspondent Management of Funds
- 140.518 Facility Management of Funds
- 140.519 Use or Accumulation of Funds
- 140.520 Management of Recipient Funds – Local Office Responsibility
- 140.521 Room and Board Accounts
- 140.522 Reconciliation of Recipient Funds
- 140.523 Bed Reserves
- 140.524 Cessation of Payment Due to Loss of License
- 140.525 Quality Incentive Program (QUIP) Payment Levels
- 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
- 140.531 General Service Costs
- 140.532 Health Care Costs
- 140.533 General Administration Costs
- 140.534 Ownership Costs
- 140.535 Costs for Interest, Taxes and Rent
- 140.536 Organization and Pre-Operating Costs
- 140.537 Payments to Related Organizations
- 140.538 Special Costs
- 140.539 Reimbursement for Basic Nursing Assistant, Developmental Disabilities Aide, Basic Child Care Aide and Habilitation Aide Training and Nursing Assistant Competency Evaluation
- 140.540 Costs Associated With Nursing Home Care Reform Act and Implementing Regulations

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

140.541	Salaries Paid to Owners or Related Parties
140.542	Cost Reports – Filing Requirements
140.543	Time Standards for Filing Cost Reports
140.544	Access to Cost Reports (Repealed)
140.545	Penalty for Failure to File Cost Reports
140.550	Update of Operating Costs
140.551	General Service Costs Updates
140.552	Nursing and Program Costs
140.553	General Administrative Costs Updates
140.554	Component Inflation Index (Repealed)
140.555	Minimum Wage
140.560	Components of the Base Rate Determination
140.561	Support Costs Components
140.562	Nursing Costs
140.563	Capital Costs
140.565	Kosher Kitchen Reimbursement
140.566	Out-of-State Placement
140.567	Level II Incentive Payments (Repealed)
140.568	Duration of Incentive Payments (Repealed)
140.569	Clients With Exceptional Care Needs
140.570	Capital Rate Component Determination
140.571	Capital Rate Calculation
140.572	Total Capital Rate
140.573	Other Capital Provisions
140.574	Capital Rates for Rented Facilities
140.575	Newly Constructed Facilities (Repealed)
140.576	Renovations (Repealed)
140.577	Capital Costs for Rented Facilities (Renumbered)
140.578	Property Taxes
140.579	Specialized Living Centers
140.580	Mandated Capital Improvements (Repealed)
140.581	Qualifying as Mandated Capital Improvement (Repealed)
140.582	Cost Adjustments
140.583	Campus Facilities
140.584	Illinois Municipal Retirement Fund (IMRF)
140.590	Audit and Record Requirements
140.642	Screening Assessment for Nursing Facility and Alternative Residential Settings and Services
140.643	In-Home Care Program

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

- 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
- 140.652 Terms of Assurances and Contracts
- 140.680 Effective Date Of Payment Rate
- 140.700 Discharge of Long Term Care Residents
- 140.830 Appeals of Rate Determinations
- 140.835 Determination of Cap on Payments for Long Term Care (Repealed)

SUBPART F: FEDERAL CLAIMING FOR STATE AND
LOCAL GOVERNMENTAL ENTITIES

Section

- 140.850 Reimbursement of Administrative Expenditures
- 140.855 Administrative Claim Review and Reconsideration Procedure
- 140.860 County Owned or Operated Nursing Facilities
- 140.865 Sponsor Qualifications (Repealed)
- 140.870 Sponsor Responsibilities (Repealed)
- 140.875 Department Responsibilities (Repealed)
- 140.880 Provider Qualifications (Repealed)
- 140.885 Provider Responsibilities (Repealed)
- 140.890 Payment Methodology (Repealed)
- 140.895 Contract Monitoring (Repealed)
- 140.896 Reimbursement For Program Costs (Active Treatment) For Clients in Long Term
Care Facilities For the Developmentally Disabled (Recodified)
- 140.900 Reimbursement For Nursing Costs For Geriatric Residents in Group Care
Facilities (Recodified)
- 140.901 Functional Areas of Needs (Recodified)
- 140.902 Service Needs (Recodified)
- 140.903 Definitions (Recodified)
- 140.904 Times and Staff Levels (Repealed)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

140.905	Statewide Rates (Repealed)
140.906	Reconsiderations (Recodified)
140.907	Midnight Census Report (Recodified)
140.908	Times and Staff Levels (Recodified)
140.909	Statewide Rates (Recodified)
140.910	Referrals (Recodified)
140.911	Basic Rehabilitation Aide Training Program (Recodified)
140.912	Interim Nursing Rates (Recodified)

SUBPART G: MATERNAL AND CHILD HEALTH PROGRAM

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

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

Section	
140.940	Illinois Competitive Access and Reimbursement Equity (ICARE) Program (Recodified)
140.942	Definition of Terms (Recodified)
140.944	Notification of Negotiations (Recodified)
140.946	Hospital Participation in ICARE Program Negotiations (Recodified)
140.948	Negotiation Procedures (Recodified)
140.950	Factors Considered in Awarding ICARE Contracts (Recodified)
140.952	Closing an ICARE Area (Recodified)
140.954	Administrative Review (Recodified)
140.956	Payments to Contracting Hospitals (Recodified)
140.958	Admitting and Clinical Privileges (Recodified)
140.960	Inpatient Hospital Care or Services by Non-Contracting Hospitals Eligible for Payment (Recodified)
140.962	Payment to Hospitals for Inpatient Services or Care not Provided under the ICARE Program (Recodified)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

- 140.964 Contract Monitoring (Recodified)
- 140.966 Transfer of Recipients (Recodified)
- 140.968 Validity of Contracts (Recodified)
- 140.970 Termination of ICARE Contracts (Recodified)
- 140.972 Hospital Services Procurement Advisory Board (Recodified)
- 140.980 Elimination Of Aid To The Medically Indigent (AMI) Program (Emergency Expired)
- 140.982 Elimination Of Hospital Services For Persons Age Eighteen (18) And Older And Persons Married And Living With Spouse, Regardless Of Age (Emergency Expired)

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

Section

- 140.1010 Mandatory Enrollment in MCOs

SUBPART L: UNAUTHORIZED USE OF MEDICAL ASSISTANCE

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

Section

140.1300	Definitions
140.1310	Recovery of Money
140.1320	Penalties
140.1330	Enforcement
140.TABLE A	Criteria for Non-Emergency Ambulance Transportation
140.TABLE B	Geographic Areas
140.TABLE C	Capital Cost Areas
140.TABLE D	Schedule of Dental Procedures
140.TABLE E	Time Limits for Processing of Prior Approval Requests
140.TABLE F	Podiatry Service Schedule
140.TABLE G	Travel Distance Standards
140.TABLE H	Areas of Major Life Activity
140.TABLE I	Staff Time and Allocation for Training Programs (Recodified)
140.TABLE J	Rate Regions
140.TABLE K	Services Qualifying for 10% Add-On (Repealed)
140.TABLE L	Services Qualifying for 10% Add-On to Surgical Incentive Add-On (Repealed)
140.TABLE M	Enhanced Rates for Maternal and Child Health Provider Services (Repealed)
140.TABLE N	Program Approval for Specified Behavioral Health Services
140.TABLE O	Criteria for Participation as a Behavioral Health Clinic

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

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

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April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 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;

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amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency 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;

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amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; Notice of Corrections to Adopted Amendment at 15 Ill. Reg. 1174; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 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.

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Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment suspended at 17 Ill. Reg. 18902, effective October 12, 1993; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency 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,

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effective March 4, 1996; amended at 20 Ill. Reg. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days; emergency expired April 29, 1999; amended at 23 Ill. Reg. 5796, effective April 30, 1999; amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9874, effective August 3, 1999; amended at 23 Ill. Reg. 12697, effective October 1, 1999; amended at 23 Ill. Reg. 13646, effective November 1, 1999; amended at 23 Ill. Reg. 14567, effective December 1, 1999; amended at 24 Ill. Reg. 661, effective January 3, 2000; amended at 24 Ill. Reg. 10277, 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

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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 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

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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; preemptory amendment at 32 Ill. Reg. 6743, effective April 1, 2008; preemptory 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; preemptory amendment repealed by emergency rulemaking at 32 Ill. Reg. 18422, effective November 12, 2008, for a maximum of 150 days; emergency expired April 10, 2009; 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

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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 20, 2013, for a maximum of 150 days; amended at 37 Ill. Reg. 17584, effective October 23, 2013; amended at 37 Ill. Reg. 18275, effective November 4, 2013; amended at 37 Ill. Reg. 20339, effective December 9, 2013; amended at 38 Ill. Reg. 859, effective December 23, 2013; emergency amendment at 38 Ill. Reg. 1174, effective January 1, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 4330, effective January 29, 2014; amended at 38 Ill. Reg. 7156, effective March 13, 2014; amended at 38 Ill. Reg. 12141, effective May 30, 2014; amended at 38 Ill. Reg. 15081, effective July 2, 2014; emergency amendment at 38 Ill. Reg. 15673, effective July 7, 2014, for a maximum of 150 days; emergency amendment at 38 Ill. Reg. 18216, effective August 18, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 18462, effective August 19, 2014; amended at 38 Ill. Reg. 23623, effective December 2, 2014; amended at 39 Ill. Reg. 4394, effective March 11, 2015; emergency amendment at 39 Ill. Reg. 6903, effective May 1, 2015 through June 30, 2015; emergency amendment at 39 Ill. Reg. 8137, effective May 20, 2015, for a maximum of 150 days; emergency amendment at 39 Ill. Reg. 10427, effective July 10, 2015, for a maximum of 150 days; emergency expired December 6, 2015; amended at 39 Ill. Reg. 12825, effective September 4, 2015; amended at 39 Ill. Reg. 13380, effective September 25, 2015; amended at 39 Ill. Reg. 14138, effective October 14, 2015; emergency amendment at 40 Ill. Reg. 13677, effective September 16, 2016, for a maximum of 150 days; emergency expired February 12, 2017; amended at 41 Ill. Reg. 999, effective January 19, 2017; amended at 41 Ill. Reg. 3296, effective March 8, 2017; amended at 41 Ill. Reg. 7526, effective June 15, 2017; amended at 41 Ill. Reg. 10950, effective August 9, 2017; amended at 42 Ill. Reg. 4829, effective March 1, 2018; amended at 42 Ill. Reg. 12986, effective June 25, 2018; emergency amendment at 42 Ill. Reg. 13688, effective July 2, 2018, for a maximum of 150 days; emergency amendment to emergency rule at 42 Ill. Reg. 16265, effective August 13, 2018, for the remainder of the 150 days; amended at 42 Ill. Reg. 14383, effective July 23, 2018; amended at 42 Ill. Reg. 20059, effective October 26, 2018; amended at 42 Ill. Reg. 22352, effective November 28, 2018;

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amended at 43 Ill. Reg. 1014, effective December 31, 2018; amended at 43 Ill. Reg. 2227, effective February 4, 2019; amended at 43 Ill. Reg. 4094, effective March 25, 2019; amended at 43 Ill. Reg. 5706, effective May 2, 2019; amended at 43 Ill. Reg. 6736, effective May 28, 2019; emergency amendment at 43 Ill. Reg. 12093, effective October 15, 2019, for a maximum of 150 days; amended at 44 Ill. Reg. 226, effective December 23, 2019; amended at 44 Ill. Reg. 4616, effective March 3, 2020; emergency amendment at 44 Ill. Reg. 5745, effective March 20, 2020, for a maximum of 150 days; emergency amendment at 44 Ill. Reg. 12778, effective July 17, 2020, for a maximum of 150 days.

SUBPART C: PROVIDER ASSESSMENTS

Section 140.80 Hospital Provider Fund**EMERGENCY**

- 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,

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including interest earned on those monies.

b) Provider Assessments

- 1) Subject to Sections 5A-3, 5A-10 and 5A-15 of the Code, for State fiscal years 2009 through 2018, or as long as continued under Section 5A-16, 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 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 5A-12-5 of the Code, with that increase only taking effect upon the date that a State share for those payments is required under federal law. For the period of April through June 2015, the amount of \$218.38 used to calculate the assessment under this subsection (b)(1) shall be increased by a uniform percentage to generate \$20,250,000 in the aggregate for that period from all hospitals subject to the annual assessment under this Section. For State fiscal years 2009 and after, 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. Subject to Sections 5A-3, 5A-10, and 5A-16 of the Code, for State fiscal years 2019 and 2020, an annual assessment on inpatient services is imposed on each hospital provider in an amount equal to \$197.19 multiplied by the difference of the hospital's occupied bed days less the hospital's Medicare bed days; ~~however, for State fiscal year 2021, the amount of \$197.19 shall be increased by a uniform percentage to generate an additional \$6,250,000 in the aggregate for that period from all hospitals subject to the annual assessment under this Section.~~ For State fiscal years 2019 and 2020, a hospital's occupied bed days and Medicare bed days shall be determined using the most recent data available from

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each hospital's 2015 Medicare cost report as contained in the Healthcare Cost Report Information System file, for the quarter ending on March 31, 2017, without regard to any subsequent adjustments or changes to such data. If a hospital's 2015 Medicare cost report is not contained in the Healthcare Cost Report Information System, then the Illinois 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 Illinois Department or its duly authorized agents and employees. Notwithstanding any other provision in this Section, for a hospital provider that did not have a 2015 Medicare cost report, but paid an assessment in State fiscal year 2018 on the basis of hypothetical data, that assessment amount shall be used for State fiscal years 2019 and 2020; ~~however, for State fiscal year 2021, the assessment amount shall be increased by the proportion that it represents of the total annual assessment that is generated from all hospitals in order to generate \$6,250,000 in the aggregate for that period from all hospitals subject to the annual assessment under this Section.~~ Subject to Sections 5A-3 and 5A-10, ~~and in accordance with federal approval and Public Act 101-0650, for the period of July 1, 2020 through December 31, 2020 and calendar years~~State fiscal 2021 and 2022 through 2024, an annual assessment on inpatient services is imposed on each hospital provider in an amount equal to ~~\$221.50~~\$197.19 multiplied by the difference of the hospital's occupied bed days less the hospital's Medicare bed days, provided, however: for the period of July 1, 2020 through December 31, 2020, (i) the assessment shall be equal to 50% of the annual amount; and (ii) the amount of \$221.50 shall be retroactively adjusted by a uniform percentage to generate an amount equal to 50% of the Assessment Adjustment as defined in subsection (1), that the amount of \$197.19 used to calculate the assessment under this subsection (b)(1) shall be adjusted by a uniform percentage to generate the same total annual assessment that was generated in State fiscal year 2020 from all hospitals subject to the annual assessment under this subsection (b)(1) plus \$6,250,000. For the period of July 1, 2020 through December 31, 2020 and calendar~~State fiscal~~ years 2021 and 2022, a hospital's occupied bed days and Medicare bed days shall be determined using the most recent data available from each hospital's ~~2015~~2017 Medicare cost report as contained in the Healthcare Cost Report Information System file, for the quarter ending on March 31, ~~2017~~2019, without regard to any subsequent adjustments or changes to

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such data. If a hospital's 2015 Medicare cost report is not contained in the Healthcare Cost Report Information System, then the Illinois 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 Illinois Department or its duly authorized agents and employees. For a hospital provider that did not have a 2015 Medicare cost report, but paid an assessment in State Fiscal Year 2020 on the basis of hypothetical data, the data that was the basis for the 2020 assessment shall be used to calculate the assessment under this subsection (b)(1).~~For State fiscal years 2023 and 2024, a hospital's occupied bed days and Medicare bed days shall be determined using the most recent data available from each hospital's 2019 Medicare cost report as contained in the Healthcare Cost Report Information System file, for the quarter ending on March 31, 2021, without regard to any subsequent adjustments or changes to such data.~~

- 2) In addition to any other assessments imposed under this Section, effective July 1, 2016 and semiannually thereafter through June 2018, or as provided in Section 5A-16, in addition to any federally required State share as authorized under subsection (b)(1), the amount of \$218.38 shall be increased by a uniform percentage to generate an amount equal to 75% of the ACA Assessment Adjustment, as defined in subsection (1)(1).
- 3) Subject to Sections 5A-3, 5A-10, and 5A-15 of the Code for the portion of State fiscal year 2012 beginning June 10, 2012 through June 30, 2012, and for State fiscal years 2013 through 2018, 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 5A-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 period of April through June 2015, the amount of .008766 used to calculate the assessment under this subsection (b)(3) shall be increased by a uniform percentage to generate \$6,750,000 in the aggregate for that period from all hospitals subject to the annual assessment under this Section. For the portion of State fiscal year 2012 beginning June 10, 2012 through June 30, 2012 and for State fiscal years

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2013 through 2018, 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 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 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. Subject to Sections 5A-3, 5A-10, and 5A-16, for State fiscal years 2019 and 2020, an annual assessment on outpatient services is imposed on each hospital provider in an amount equal to .01358 multiplied by the hospital's outpatient gross revenue; ~~however, for State fiscal year 2021, the amount of .01358 shall be increased by a uniform percentage to generate an additional \$6,250,000 in the aggregate for that period from all hospitals subject to the annual assessment under this subsection (b)(3).~~ For State fiscal years 2019 and 2020, a hospital's outpatient gross revenue shall be determined using the most recent data available from each hospital's 2015 Medicare cost report as contained in the Healthcare Cost Report Information System file, for the quarter ending on March 31, 2017, without regard to any subsequent adjustments or changes to such data. If a hospital's 2015 Medicare cost report is not contained in the Healthcare Cost Report Information System, then the Department may obtain the 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. Notwithstanding any other provision in this Section, for a hospital provider that did not have a 2015 Medicare cost report, but paid an assessment in State fiscal year 2018 on the basis of hypothetical data, that assessment amount shall be used for State fiscal years 2019 and 2020; ~~however, for State fiscal year 2021, the assessment amount shall be increased by the proportion that it represents of the total annual assessment that is generated from all hospitals in order to generate~~

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~~§6,250,000 in the aggregate for that period from all hospitals subject to the annual assessment under this subsection (b)(3). Subject to Sections 5A-3 and 5A-10, for the period of July 1, 2020 through December 31, 2020 and calendarState fiscal years 2021 and 2022through 2024, an annual assessment on outpatient services is imposed on each hospital provider in an amount equal to .01525-.01358 multiplied by the hospital's outpatient gross revenue, provided however: (i) for the period of July 1, 2020 through December 31, 2020, the assessment shall be equal to 50% of the annual amount; and (ii) the amount of .01525 shall be retroactively adjusted by a uniform percentage to generate an amount equal to 50% of the Assessment Adjustment, as defined in subsection (1), that the amount of .01358 used to calculate the assessment under this subsection (b)(3) shall be adjusted by a uniform percentage to generate the same total annual assessment that was generated in State fiscal year 2020 from all hospitals subject to the annual assessment under this subsection (b)(3) plus \$6,250,000. For the period of July 1, 2020 through December 31, 2020 and calendarState fiscal years 2021 and 2022, a hospital's outpatient gross revenue shall be determined using the most recent data available from each hospital's 20152017 Medicare cost report as contained in the Healthcare Cost Report Information System file, for the quarter ending on March 31, 20172019, without regard to any subsequent adjustments or changes to such data. If a hospital's 2015 Medicare cost report is not contained in the Healthcare Cost Report Information System, then the Illinois Department may obtain the hospital provider's outpatient revenue data 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 Illinois Department or its duly authorized agents and employees. For a hospital provider that did not have a 2015 Medicare cost report, but paid an assessment in State Fiscal Year 2020 on the basis of hypothetical data, the data that was the basis for the 2020 assessment shall be used to calculate the assessment under this subsection (b)(3). For State fiscal years 2023 and 2024, a hospital's outpatient gross revenue shall be determined using the most recent data available from each hospital's 2019 Medicare cost report as contained in the Healthcare Cost Report Information System file, for the quarter ending on March 31, 2021, without regard to any subsequent adjustments or changes to such data.~~

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- 4) ~~In addition to any other assessments imposed under Article 5A of the Code, effective July 1, 2016 and semiannually thereafter through June 2018, in addition to any federally required State share as authorized under subsection (b)(3), the amount of .008766 shall be increased by a uniform percentage to generate an amount equal to 25% of the ACA Assessment Adjustment, as defined in subsection (1)(1).~~
- 5) ~~Final Reconciliation~~
- A) ~~The Department shall complete and apply a final reconciliation of the ACA Assessment Adjustment described in subsections (b)(2) and (b)(4) prior to June 30, 2018 to account for:~~
- i) ~~any differences between the actual payments issued or scheduled to be issued prior to June 30, 2018 as authorized in Section 5A-12.5 of the Code for the period of January 1, 2018 through June 30, 2018 and the estimated payments due and payable in the month of October 2017 multiplied by 6 as described in subsection (1)(1)(D); and~~
- ii) ~~any difference between the estimated fee for service payments under Section 5A-12.5(b) of the Code and the amount of those payments that are actually scheduled to be paid.~~
- B) ~~The Department shall notify hospitals of any additional amounts owed or reduction credits to be applied to the June 2018 ACA Assessment Adjustment. This is to be considered the final reconciliation for the ACA Assessment Adjustment.~~
- C) ~~Notwithstanding any other provision of this Section, if, for any reason, the scheduled payments under Section 5A-12.5(b) of the Code are not issued in full by the final day of the period authorized under that statute, funds collected from each hospital pursuant to subsections (1)(1)(D) and (b)(5)(A), attributable to the scheduled payments authorized under Section 5A-12.5(b) of the Code that are not issued in full by the final day of the period attributable to each payment authorized under that statute, shall be refunded.~~

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~~6) The increases authorized under subsections (b)(2) and (b)(4) shall be limited to the federally required State share of the total payments authorized under Section 5A-12.5 of the Code if the sum of those payments yields an annualized amount equal to or less than \$450,000,000, or if the adjustments authorized under Section 5A-12.2(t) of the Code are found not to be actuarially sound; however, this limitation shall not apply to the fee for service payments described in Section 5A-12.5 of the Code.~~

c) Payment of Assessment Due

- 1) The inpatient assessment imposed by Section 5A-2 of the Code for State fiscal year 2009 through State fiscal year 2018, or as provided in Section 5A-16, 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)(3) for the portion of State fiscal year 2012 beginning June 10, 2012 through June 30, 2012 and for State fiscal year 2013 through State fiscal year 2018, or as provided in Section 5A-16, 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)(3) 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) 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)(3) 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) The assessment imposed under [Public Act 101-0650 and](#) Section 5A-2 of the Code for State fiscal year 2019 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 17th State business day of each month. [The Department has discretion to establish a late date due to delays in payments being made to hospitals as required under Section 5A-12.7 of the Code.](#)
 - A) No installment payment of an assessment imposed by [Public Act 101-0650 and](#) Section 5A-2 of the Code 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-12.6 [or 5A-12.7](#) of the Code have been approved by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services, and the waiver under 42 CFR 433.68 for the assessment imposed by [Public Act 101-0650 and](#) Section 5A-2 of the Code, if necessary, has been granted by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services; and
 - ii) The Comptroller [and managed care organizations have](#) ~~has~~ issued the payments required under Section 5A-12.6 [or 5A-12.7](#) of the Code.

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- B) Upon notification to the Department of approval of the payment methodologies required under Section 5A-12.6 or 5A-12.7 of the Code and the waiver granted under 42 CFR 433.68, if necessary, all installments otherwise due under subsection (b)(3) 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 and managed care organizations of the payments required under Section 5A-12.6 or 5A-12.7 of the Code.
- 4) 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.
- 5) 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)(3) 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
- 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

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

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- 4) Notwithstanding any other provision in this Section, for State fiscal years 2019 through ~~calendar year 2022~~2024, in the case of a hospital provider that did not conduct, operate, or maintain a hospital in the year that is the basis of the calculation of the assessment under this Section, the assessment under subsection (b) for the State fiscal year shall be computed on the basis of hypothetical occupied bed days for the full calendar year as determined by the Illinois Department, except that for a hospital provider that did not have a 2015 Medicare cost report, but paid an assessment in State fiscal year 2018 on the basis of hypothetical data, that assessment amount shall be used for State fiscal years 2019 and 2020; ~~however, for State fiscal year 2020, the assessment amount shall be increased by the proportion that it represents of the total annual assessment that is generated from all hospitals in order to generate \$6,250,000 in the aggregate for that period from all hospitals subject to the annual assessment under this Section.~~
- 5) Notwithstanding any other provision in this Section, for State fiscal years 2019 through ~~calendar year 2022~~2024, in the case of a hospital provider that did not conduct, operate, or maintain a hospital in the year that is the basis of the calculation of the assessment under this Section, the assessment under subsection (b) for that State fiscal year shall be computed on the basis of hypothetical gross outpatient revenue for the full calendar year as determined by the Illinois Department, except that for a hospital provider that did not have a 2015 Medicare cost report, but paid an assessment in State fiscal year 2018 on the basis of hypothetical data, that assessment amount shall be used for State fiscal years 2019 and 2020; ~~however, for State fiscal year 2020, the assessment amount shall be increased by the proportion that it represents of the total annual assessment that is generated from all hospitals in order to generate \$6,250,000 in the aggregate for that period from all hospitals subject to the annual assessment under this Section.~~
- 6) 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.

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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% 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, 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.

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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 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:

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- 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); or qualifies as a Medicare DSH hospital under the current federal guidelines.
 - ii) A government-owned facility that meets the cash flow 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

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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 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

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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. 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 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)

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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 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

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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, 12, 15, and 16 of the Code and collect the assessments and penalty assessments imposed under [Public Act 101-0650 and](#) 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, 12, 15 and 16 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.
- 3) Any unpaid assessment under [Public Act 101-0650 and](#) 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, 12, 15 and 16 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 [Public Act 101-0650 and](#)

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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 [Public Act 101-0650](#) and 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 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.

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1) Definitions

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

- 1) "ACA Assessment Adjustment" means:
 - A) For the period of July 1, 2016 through December 31, 2016, the product of .19125 multiplied by the sum of the fee-for-service payments to hospitals authorized under Section 5A-12.5 of the Code and the adjustments authorized under Section 5A-12.2(t) of the Code to managed care organizations for hospital services due and payable in the month of April 2016 multiplied by 6.
 - B) For the period of January 1, 2017 through June 30, 2017, the product of .19125 multiplied by the sum of the fee-for-service payments to hospitals authorized under Section 5A-12.5 of the Code and the adjustments authorized under Section 5A-12.2(t) to managed care organizations for hospital services due and payable in the month of October 2016 multiplied by 6, except that the amount calculated under this subsection (1)(1)(B) shall be adjusted, either positively or negatively, to account for the difference between the actual payments issued under Code Section 5A-12.5 for the period beginning July 1, 2016 through December 31, 2016 and the estimated payments due and payable in the month of April 2016 multiplied by 6 as described in subsection (1)(1)(A).
 - C) For the period of July 1, 2017 through December 31, 2017, the product of .19125 multiplied by the sum of the fee-for-service payments to hospitals authorized under Section 5A-12.5 of the Code and the adjustments authorized under Section 5A-12.2(t) of the Code to managed care organizations for hospital services due and payable in the month of April 2017 multiplied by 6, except that the amount calculated under this subsection (1)(1)(C) shall be adjusted, either positively or negatively, to account for the difference between the actual payments issued under Code Section 5A-12.5 for the period beginning January 1, 2017 through June 30, 2017 and the estimated payments due and payable in the month of October 2016 multiplied by 6 as described in subsection (1)(1)(B).

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- D) For the period of January 1, 2018 through June 30, 2018, the product of .19125 multiplied by the sum of the fee-for-service payments to hospitals authorized under Section 5A-12.5 of the Code and the adjustments authorized under Section 5A-12.2(t) of the Code to managed care organizations for hospital services due and payable in the month of October 2017 multiplied by 6, except that:
- i) the amount calculated under this subsection (l)(1)(D) shall be adjusted, either positively or negatively, to account for the difference between the actual payments issued under Code Section 5A-12.5 for the period of July 1, 2017 through December 31, 2017 and the estimated payments due and payable in the month of April 2017 multiplied by 6 as described in subsection (l)(1)(C); and
 - ii) the amount calculated under this subsection (l)(1)(D) shall be adjusted to include the product of .19125 multiplied by the sum of the fee-for-service payments, if any, estimated to be paid to hospitals under Section 5A-12.5(b) of the Code.
- 2) "Assessment Adjustment" means for the period of July 1, 2020 through December 31, 2020, the product of .3853 multiplied by the total of the actual payments made under subsections (c) through (k) of Section 5A-12.7 of Public Act 101-0650 attributable to the period, less the total of the assessment imposed under subsections (b)(1) and (b)(3) of this Section for the period. For each calendar quarter beginning on and after January 1, 2021, the product of .3853 multiplied by the total of the actual payments made under subsections (c) through (k) of Section 5A-12.7 of Public Act 101-0650 attributable to the period, less the total of the assessment imposed under subsections (b)(1) and (b)(3) of this Section for the period.
- 3) "CMMS" means the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.
- 4) "Code" means the Illinois Public Aid Code [305 ILCS 5].
- 5) "Department" means the Illinois Department of Healthcare and Family

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Services.

- 64) "Fund" means the Hospital Provider Fund.
- 75) "HCRIS" means the federal Centers for Medicare and Medicaid Services Healthcare Cost Report Information System.
- 86) "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.
- 97) "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.
- 108) "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.

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- 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.
- 119) "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.
- 1240) "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 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.

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- 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.
- 1344) "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).
- 1412) "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.
- 1513) "Outpatient Gross Revenue" (prior to State fiscal year 2019 from Medicare 2552-96 cost reports) 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).
- 1614) "Outpatient Gross Revenue" (for State fiscal year 2019 and thereafter from Medicare 2552-10 cost reports) 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 200 less the sum of lines 61, 90, 94, 95, 96, 97, 99, 100, 101, 115, 116, and 117 (and any subset lines of these lines).

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 12778, effective July 17, 2020, for a maximum of 150 days)

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- 1) Heading of the Part: Specialized Healthcare Delivery Systems
- 2) Code Citation: 89 Ill. Adm. Code 146
- 3) Section Number: 146.125 Emergency Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Effective Date of Rule: July 17, 2020
- 6) If this emergency rule is to expire before the end of the 150-day period, please specify the date on which it is to expire: Upon adoption of the proposed general rulemaking.
- 7) Date Filed with the Index Department: July 17, 2020
- 8) A copy of the emergency rule, including any materials incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Reason for Emergency: SB 2541 of the 101st General Assembly creates a new hospital provider assessment and new hospital payment methodologies under the medical assistance program. SB 2541 also grants the Department emergency rulemaking authority to provide for the expeditious and timely implementation of the changes to Articles 5, 5A, 12, and 14 of the Illinois Public Aid Code. This timely implementation of the federally approved assessment and payment methodologies ensures hospital providers will continue to be reimbursed for the services they provide to medical assistance recipients.
- 10) Complete Description of the Subjects and Issues Involved: This emergency amendment implements a new hospital provider assessment and payment methodologies pursuant to SB 2541 of the 101st General Assembly.
- 11) Are there any other rulemakings pending on this Part? None
- 12) Statement of Statewide Policy Objective: This rulemaking is not anticipated to create nor expand a State mandate on units of local government.
- 13) Information and questions regarding this emergency rule shall be directed to:

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The full text of the Emergency Amendment 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 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

EMERGENCY

146.130	Reimbursement for Services
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SUBPART B: SUPPORTIVE LIVING PROGRAM (SLP) SETTINGS

Section

146.200	General Description
146.205	Definitions
146.210	Structural Requirements
146.215	SLP Participation Requirements
146.220	Resident Participation Requirements
146.225	Reimbursement for Medicaid Residents
146.230	Services
146.235	Staffing
146.240	Resident Contract
146.245	Assessment and Service Plan and Quarterly Evaluation
146.250	Resident Rights
146.255	Discharge
146.260	Grievance Procedure
146.265	Records and Reporting Requirements
146.270	Quality Assurance Plan
146.275	Monitoring
146.280	Non-Compliance Action
146.285	Voluntary Surrender of Certification

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146.290	Geographic Groups
146.295	Emergency Contingency Plan
146.300	Waivers
146.305	Reporting of Suspected Abuse, Neglect and Financial Exploitation
146.310	Facility Management of Resident Funds

SUBPART C: STATE HEMOPHILIA PROGRAM

Section	
146.400	Definitions
146.410	Patient Eligibility
146.420	Hemophilia Treatment Centers
146.430	Comprehensive Care Evaluation
146.440	Home Transfusion Arrangements
146.450	Obligations of the Department

SUBPART D: CHILDREN'S COMMUNITY-BASED HEALTH CARE CENTERS

Section	
146.500	General Description
146.510	Definitions
146.520	Participation Requirements
146.530	Records and Data Reporting Requirements
146.540	Covered Children's Community-Based Health Care Center Services
146.550	Reimbursement for Services
146.560	Individuals Eligible for Services Provided in a Children's Community-Based Health Care Center
146.570	Prior and Post Approval of Services

SUBPART E: SUPPORTIVE LIVING PROGRAM (SLP) SETTINGS
WITH DEMENTIA CARE UNITS

Section	
146.600	General Description
146.610	Structural Requirements
146.620	Participation Requirements
146.630	Resident Participation Requirements
146.640	Services
146.650	Reimbursement for Medicaid Residents

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146.660	Staffing
146.670	Assessment and Service Plan and Quarterly Evaluation
146.680	Monitoring
146.690	Reporting Requirements
146.700	Resident Rights
146.710	Discharge

SUBPART F: BIRTH CENTERS

Section	General Description
146.800	General Description
146.810	Participation Requirements
146.820	Record Requirements
146.830	Covered Birth Center Services
146.840	Reimbursement of Birth Center Services

SUBPART G: SPECIALIZED MENTAL HEALTH REHABILITATION FACILITIES

Section	General Provisions
146.900	General Provisions
146.910	Reimbursement

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

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

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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, 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; emergency amendment at 39 Ill. Reg. 6945, effective May 1, 2015 through June 30, 2015; emergency amendment at 42 Ill. Reg. 13733, effective July 2, 2018, for a maximum of 150 days; emergency amendment to emergency rule at 42 Ill. Reg. 16311, effective August 13, 2018, for the remainder of the 150 days; emergency expired November 28, 2018; amended at 42 Ill. Reg. 16731, effective August 28, 2018; emergency amendment at 42 Ill. Reg. 17935, effective September 24, 2018, for a maximum of 150 days; emergency expired February 20, 2019; amended at 43 Ill. Reg. 6803, effective May 28, 2019; Subpart B and Subpart E recodified at 43 Ill. Reg. 7014; amended at 44 Ill. Reg. 2331, effective January 15, 2020; emergency amendment at 44 Ill. Reg. 12825, effective July 17, 2020, for a maximum of 150 days.

SUBPART A: AMBULATORY SURGICAL TREATMENT CENTERS

Section 146.125 Covered Ambulatory Surgical Treatment Center Services**EMERGENCY**

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

- a) The Department of Healthcare and Family Services will reimburse ambulatory surgical treatment centers (ASTCs) for facility services in accordance with covered enhanced ambulatory patient group (EAPG) services as defined in 89 Ill. Adm. Code 148.140(b)(1). The Department may exclude from coverage in an ASTC any procedure identified as only appropriate for coverage in a hospital setting.
- b) Facility services furnished by an ASTC ~~in connection with covered APL codes~~ include, but are not limited to:

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- 1) Nursing, technician and related services.
 - 2) Use of the ASTC facilities.
 - 3) Supplies (such as drugs, biological products (e.g., blood)), surgical dressings, splints, casts and appliances, and equipment directly related to the provision of surgical procedures.
 - 4) Diagnostic or therapeutic services or items directly related to the provision of a surgical procedure.
 - 5) Administrative, record keeping, and housekeeping items and services.
 - 6) Materials for anesthesia.
- c) Facility services do not include items and services for which payment may be made under other provisions of this Section such as physicians' or dentists' services, laboratory, x-ray or diagnostic procedures performed by independent facilities or practitioners on the day of surgery (other than those directly related to performance of the surgical procedure), prosthetic devices, ambulance services, leg, arm, back and neck braces, artificial limbs, and durable medical equipment for use in the patient's home. In addition, they do not include anesthetist services.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 12825, effective July 17, 2020, for a maximum of 150 days)

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

<u>Section Numbers:</u>	<u>Emergency Actions:</u>
148.116	Amendment
148.117	Repealed
148.122	Amendment
148.126	Repealed
148.140	Amendment
148.295	Repealed
148.296	Repealed
148.299	Repealed
148.401	Amendment
148.402	Amendment
148.403	Amendment
148.404	Amendment
148.405	Amendment
148.406	Amendment
148.407	Repealed
148.408	Repealed
148.409	Repealed
148.410	Repealed
148.411	Repealed
148.412	Repealed
148.413	Repealed
148.414	Repealed
148.415	Repealed
148.416	Repealed
148.417	Repealed
148.418	Repealed
148.419	Repealed
148.420	Repealed
148.421	New Section
148.423	New Section
148.425	New Section
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

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- 5) Effective Date of Rules: July 17, 2020
- 6) If these emergency rules are to expire before the end of the 150-day period, please specify the date on which it is to expire: Upon adoption of the proposed general rulemaking.
- 7) Date Filed with the Index Department: July 17, 2020
- 8) A copy of the emergency rules, including any materials incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Reason for Emergency: SB 2541 of the 101st General Assembly creates a new hospital provider assessment and new hospital payment methodologies under the medical assistance program. SB 2541 also grants the Department emergency rulemaking authority to provide for the expeditious and timely implementation of the changes to Articles 5, 5A, 12, and 14 of the Illinois Public Aid Code. This timely implementation of the federally approved assessment and payment methodologies ensures hospital providers will continue to be reimbursed for the services they provide to medical assistance recipients.
- 10) Complete Description of the Subjects and Issues Involved: This emergency amendment implements a new hospital provider assessment and payment methodologies pursuant to SB 2541 of the 101st General Assembly. Specifically, these emergency rules implement: the Fee-For-Service supplemental payments [305 ILCS 5/5A-12.7(d)]; an extension of Assessment Phase 1 claims rate increases [305 ILCS 5/14-12]; updates to Graduate Medical Education payments [305 ILCS 5/5A-12.7(c)]; details regarding the directed payments [305 ILCS 5/5A-12.7(f)]; and the removal of out of date assessment payments.
- 11) Are there any other rulemakings pending on this Part? Yes
- | <u>Section Numbers:</u> | <u>Proposed Actions:</u> | <u>Illinois Register Citations:</u> |
|-------------------------|--------------------------|-------------------------------------|
| 148.50 | Amendment | 44 Ill. Reg. 10065; June 5, 2020 |
| 148.122 | Amendment | 44 Ill. Reg. 10065; June 5, 2020 |
| 148.190 | Amendment | 44 Ill. Reg. 10065; June 5, 2020 |
- 12) Statement of Statewide Policy Objective: This rulemaking is not anticipated to create nor expand a State mandate on units of local government.
- 13) Information and questions regarding these emergency rules shall be directed to:

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

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER d: MEDICAL PROGRAMS

PART 148

HOSPITAL SERVICES

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148.25	Definitions and Applicability
148.30	General Requirements
148.40	Special Requirements
148.50	Covered Hospital Services
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148.70	Limitation On Hospital Services

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Section

148.80	Organ Transplants Services Covered Under Medicaid (Repealed)
148.82	Organ Transplant Services
148.85	Supplemental Tertiary Care Adjustment Payments (Repealed)
148.90	Medicaid Inpatient Utilization Rate (MIUR) Adjustment Payments (Repealed)
148.95	Medicaid Outpatient Utilization Rate (MOUR) Adjustment Payments (Repealed)
148.100	County Trauma Center Adjustment Payments
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148.117	Outpatient Assistance Adjustment Payments <u>(Repealed)</u>
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148.120	Disproportionate Share Hospital (DSH) Adjustments
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148.140 Hospital Outpatient and Clinic Services

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148.160 Payment Methodology for County-Owned Large Public Hospitals

148.170 Payment Methodology for University-Owned Large Public Hospitals

148.175 Supplemental Disproportionate Share Payment Methodology for Hospitals Organized Under the Town Hospital Act (Repealed)

148.180 Payment for Pre-operative Days and Patient Specific Orders

148.190 Copayments

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148.250 Determination of Alternate Payment Rates to Certain Exempt Hospitals (Repealed)

148.260 Calculation and Definitions of Inpatient Per Diem Rates (Repealed)

148.270 Determination of Alternate Cost Per Diem Rates For All Hospitals; Payment Rates for Certain Exempt Hospital Units; and Payment Rates for Certain Other Hospitals (Repealed)

148.280 Reimbursement Methodologies for Children's Hospitals and Hospitals Reimbursed Under Special Arrangements (Repealed)

148.285 Excellence in Academic Medicine Payments (Repealed)

148.290 Adjustments and Reductions to Total Payments

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148.296 Transitional Supplemental Payments (Repealed)

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148.297 Physician Development Incentive Payments

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148.405 Graduate Medical Education (GME) Payment
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148.415 Perinatal and Trauma Center Access Payment [\(Repealed\)](#)

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148.416 Perinatal Care Access Payment [\(Repealed\)](#)

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148.417 Psychiatric Care Access Payment for Distinct Part Units [\(Repealed\)](#)

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148.418 Psychiatric Care Access Payment for Freestanding Psychiatric Hospitals
[\(Repealed\)](#)

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148.419 Safety-Net Hospital, Private Critical Access Hospital, and Outpatient High
Volume Access Payments [\(Repealed\)](#)

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148.420 Trauma Care Access Payment [\(Repealed\)](#)

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[148.421 Hospital Inpatient Adjustment](#)

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148.422 Outpatient Access Payments (Repealed)

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148.454 Magnet Hospital Payments (Repealed)

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148.600	Definitions
148.610	Scope of the Program
148.620	Assistance Level and Reimbursement
148.630	Criteria and Information Required to Establish Eligibility
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SUBPART E: INSTITUTION FOR MENTAL DISEASES PROVISIONS FOR HOSPITALS

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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].

SOURCE: Sections 148.10 thru 148.390 recodified from 89 Ill. Adm. Code 140.94 thru 140.398 at 13 Ill. Reg. 9572; Section 148.120 recodified from 89 Ill. Adm. Code 140.110 at 13 Ill. Reg. 12118; amended at 14 Ill. Reg. 2553, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 11392, effective July 1, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 15358, effective September 13, 1990; amended at 14 Ill. Reg. 16998, effective October 4, 1990; amended at 14 Ill. Reg. 18293, effective October 30, 1990; amended at 14 Ill. Reg. 18499, effective November 8, 1990; emergency amendment at 15 Ill. Reg. 10502, effective July 1, 1991, for a maximum of 150 days; emergency expired October 29, 1991; emergency amendment at 15 Ill. Reg. 12005, effective August 9, 1991, for a maximum of 150 days; emergency expired January 6, 1992; emergency amendment at 15 Ill. Reg. 16166, effective November 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 18684, effective December 23, 1991; amended at 16 Ill. Reg. 6255, effective March 27, 1992; emergency amendment at 16 Ill. Reg. 11335, effective June 30, 1992, for a maximum of 150 days; emergency expired November 27, 1992; emergency amendment at 16 Ill. Reg. 11942, effective July 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19873, effective December 7, 1992; amended at 17 Ill. Reg. 131, effective December 21, 1992; amended at 17 Ill. Reg. 3296, effective March 1, 1993; amended at 17 Ill. Reg. 6649, effective April 21, 1993; amended at 17 Ill. Reg. 14643, effective August 30, 1993; emergency amendment at 17 Ill. Reg. 17323, effective October 1, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 3450, effective February 28, 1994; emergency amendment at 18 Ill. Reg. 12853, effective August 2, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 14117, effective September 1, 1994; amended at 18 Ill. Reg. 17648, effective November 29, 1994; amended at 19 Ill. Reg. 1067, effective January 20, 1995; emergency amendment at 19 Ill. Reg. 3510, effective March 1, 1995, for a maximum of 150

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days; emergency expired July 29, 1995; emergency amendment at 19 Ill. Reg. 6709, effective May 12, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 10060, effective June 29, 1995; emergency amendment at 19 Ill. Reg. 10752, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13009, effective September 5, 1995; amended at 19 Ill. Reg. 16630, effective November 28, 1995; amended at 20 Ill. Reg. 872, effective December 29, 1995; amended at 20 Ill. Reg. 7912, effective May 31, 1996; emergency amendment at 20 Ill. Reg. 9281, effective July 1, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 12510, effective September 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 15722, effective November 27, 1996; amended at 21 Ill. Reg. 607, effective January 2, 1997; amended at 21 Ill. Reg. 8386, effective June 23, 1997; emergency amendment at 21 Ill. Reg. 9552, effective July 1, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 9822, effective July 2, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 10147, effective August 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13349, effective September 23, 1997; emergency amendment at 21 Ill. Reg. 13675, effective September 27, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 16161, effective November 26, 1997; amended at 22 Ill. Reg. 1408, effective December 29, 1997; amended at 22 Ill. Reg. 3083, effective January 26, 1998; amended at 22 Ill. Reg. 11514, effective June 22, 1998; emergency amendment at 22 Ill. Reg. 13070, effective July 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 15027, effective August 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16273, effective August 28, 1998; amended at 22 Ill. Reg. 21490, effective November 25, 1998; amended at 23 Ill. Reg. 5784, effective April 30, 1999; amended at 23 Ill. Reg. 7115, effective June 1, 1999; amended at 23 Ill. Reg. 7908, effective June 30, 1999; emergency amendment at 23 Ill. Reg. 8213, effective July 1, 1999, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 12772, effective October 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13621, effective November 1, 1999; amended at 24 Ill. Reg. 2400, effective February 1, 2000; amended at 24 Ill. Reg. 3845, effective February 25, 2000; emergency amendment at 24 Ill. Reg. 10386, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 11846, effective August 1, 2000; amended at 24 Ill. Reg. 16067, effective October 16, 2000; amended at 24 Ill. Reg. 17146, effective November 1, 2000; amended at 24 Ill. Reg. 18293, effective December 1, 2000; amended at 25 Ill. Reg. 5359, effective April 1, 2001; emergency amendment at 25 Ill. Reg. 5432, effective April 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 6959, effective June 1, 2001; emergency amendment at 25 Ill. Reg. 9974, effective July 23, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 10513, effective August 2, 2001; emergency amendment at 25 Ill. Reg. 12870, effective October 1, 2001, for a maximum of 150 days; emergency expired February 27, 2002; amended at 25 Ill. Reg. 16087, effective December 1, 2001; emergency amendment at 26 Ill. Reg. 536, effective December 31, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 680, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 4825, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 4953, effective March 18,

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2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 7786, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 7340, effective April 30, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 8395, effective May 28, 2002; emergency amendment at 26 Ill. Reg. 11040, effective July 1, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16612, effective October 22, 2002; amended at 26 Ill. Reg. 12322, effective July 26, 2002; amended at 26 Ill. Reg. 13661, effective September 3, 2002; amended at 26 Ill. Reg. 14808, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 14887, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17775, effective November 27, 2002; emergency amendment at 27 Ill. Reg. 580, effective January 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 866, effective January 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 4386, effective February 24, 2003; emergency amendment at 27 Ill. Reg. 8320, effective April 28, 2003, for a maximum of 150 days; emergency amendment repealed at 27 Ill. Reg. 12121, effective July 10, 2003; amended at 27 Ill. Reg. 9178, effective May 28, 2003; emergency amendment at 27 Ill. Reg. 11041, effective July 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16185, effective October 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16268, effective October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18843, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 1418, effective January 8, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 1766, effective January 10, 2004, for a maximum of 150 days; emergency expired June 7, 2004; amended at 28 Ill. Reg. 2770, effective February 1, 2004; emergency amendment at 28 Ill. Reg. 5902, effective April 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7101, effective May 3, 2004; amended at 28 Ill. Reg. 8072, effective June 1, 2004; emergency amendment at 28 Ill. Reg. 8167, effective June 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 9661, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10157, effective July 1, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 12036, effective August 3, 2004, for a maximum of 150 days; emergency expired December 30, 2004; emergency amendment at 28 Ill. Reg. 12227, effective August 6, 2004, for a maximum of 150 days; emergency expired January 2, 2005; amended at 28 Ill. Reg. 14557, effective October 27, 2004; amended at 28 Ill. Reg. 15536, effective November 24, 2004; amended at 29 Ill. Reg. 861, effective January 1, 2005; emergency amendment at 29 Ill. Reg. 2026, effective January 21, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 5514, effective April 1, 2005; emergency amendment at 29 Ill. Reg. 5756, effective April 8, 2005, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 29 Ill. Reg. 11622, effective July 5, 2005, for the remainder of the 150 days; amended at 29 Ill. Reg. 8363, effective June 1, 2005; emergency amendment at 29 Ill. Reg. 10275, effective July 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 15629, effective October 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 19973, effective November 23, 2005; amended at 30 Ill. Reg.

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383, effective December 28, 2005; emergency amendment at 30 Ill. Reg. 596, effective January 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 955, effective January 9, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 2827, effective February 24, 2006; emergency amendment at 30 Ill. Reg. 7786, effective April 10, 2006, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 30 Ill. Reg. 12400, effective July 1, 2006, for the remainder of the 150 days; emergency expired September 6, 2006; amended at 30 Ill. Reg. 8877, effective May 1, 2006; amended at 30 Ill. Reg. 10393, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 11815, effective July 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18672, effective November 27, 2006; emergency amendment at 31 Ill. Reg. 1602, effective January 1, 2007, for a maximum of 150 days; emergency amendment at 31 Ill. Reg. 1997, effective January 15, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 5596, effective April 1, 2007; amended at 31 Ill. Reg. 8123, effective May 30, 2007; amended at 31 Ill. Reg. 8508, effective June 1, 2007; emergency amendment at 31 Ill. Reg. 10137, effective July 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 11688, effective August 1, 2007; amended at 31 Ill. Reg. 14792, effective October 22, 2007; amended at 32 Ill. Reg. 312, effective January 1, 2008; emergency amendment at 32 Ill. Reg. 518, effective January 1, 2008, for a maximum of 150 days; emergency amendment at 32 Ill. Reg. 2993, effective February 16, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. 8718, effective May 29, 2008; amended at 32 Ill. Reg. 9945, effective June 26, 2008; emergency amendment at 32 Ill. Reg. 10517, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27, 2008; amended at 33 Ill. Reg. 501, effective December 30, 2008; peremptory amendment at 33 Ill. Reg. 1538, effective December 30, 2008; emergency amendment at 33 Ill. Reg. 5821, effective April 1, 2009, for a maximum of 150 days; emergency expired August 28, 2009; amended at 33 Ill. Reg. 13246, effective September 8, 2009; emergency amendment at 34 Ill. Reg. 15856, effective October 1, 2010, for a maximum of 150 days; emergency expired February 27, 2011; amended at 34 Ill. Reg. 17737, effective November 8, 2010; amended at 35 Ill. Reg. 420, effective December 27, 2010; expedited correction at 38 Ill. Reg. 12618, effective December 27, 2010; amended at 35 Ill. Reg. 10033, effective June 15, 2011; amended at 35 Ill. Reg. 16572, effective October 1, 2011; emergency amendment at 36 Ill. Reg. 10326, effective July 1, 2012 through June 30, 2013; emergency amendment to Section 148.70(g) suspended at 36 Ill. Reg. 13737, effective August 15, 2012; suspension withdrawn from Section 148.70(g) at 36 Ill. Reg. 18989, December 11, 2012; emergency amendment in response to Joint Committee on Administrative Rules action on Section 148.70(g) at 36 Ill. Reg. 18976, effective December 12, 2012 through June 30, 2013; emergency amendment to Section 148.140(b)(1)(F) suspended at 36 Ill. Reg. 13739, effective August 15, 2012; suspension withdrawn from Section 148.140(b)(1)(F) at 36 Ill. Reg. 14530, September 11, 2012; emergency amendment to Sections 148.140(b) and 148.190(a)(2) in response to Joint Committee on Administrative Rules action at 36 Ill. Reg. 14851, effective September 21, 2012 through June 30, 2013; amended at 37 Ill. Reg. 402, effective December 27, 2012; emergency rulemaking at 37

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Ill. Reg. 5082, effective April 1, 2013 through June 30, 2013; amended at 37 Ill. Reg. 10432, effective June 27, 2013; amended at 37 Ill. Reg. 17631, effective October 23, 2013; amended at 38 Ill. Reg. 4363, effective January 29, 2014; amended at 38 Ill. Reg. 11557, effective May 13, 2014; amended at 38 Ill. Reg. 13263, effective June 11, 2014; amended at 38 Ill. Reg. 15165, effective July 2, 2014; emergency amendment at 39 Ill. Reg. 10453, effective July 10, 2015, for a maximum of 150 days; emergency expired December 6, 2015; amended at 39 Ill. Reg. 10824, effective July 27, 2015; amended at 39 Ill. Reg. 16394, effective December 14, 2015; amended at 41 Ill. Reg. 1041, effective January 19, 2017; amended at 42 Ill. Reg. 3152, effective January 31, 2018; emergency amendment at 42 Ill. Reg. 13740, effective July 2, 2018, for a maximum of 150 days; emergency amendment to emergency rule at 42 Ill. Reg. 16318, effective August 13, 2018, for the remainder of the 150 days; emergency expired November 28, 2018; amended at 42 Ill. Reg. 22401, effective November 29, 2018; emergency amendment at 43 Ill. Reg. 9813, effective August 26, 2019, for a maximum of 150 days; amended at 44 Ill. Reg. 2545, effective January 22, 2020; emergency amendment at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days.

SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

Section 148.116 Reimbursement Methodologies for Children's Specialty Hospitals
EMERGENCY

Effective for dates of outpatient services on or after July 1, 2014 and inpatient discharges on or after July 1, 2014:

- a) Inpatient general acute care services provided by a children's specialty hospital located in Illinois, as defined in Section 148.25(i) and excluded from the DRG PPS pursuant to 89 Ill. Adm. Code 149.50(b), shall, per day of covered inpatient care, be reimbursed as follows:
 - 1) For a hospital that would not have met the definition of a children's specialty hospital as of July 1, 2013, \$1,400.00 per day.
 - 2) For a hospital that would have met the definition of a children's specialty hospital as of July 1, 2013, a rate equal to the per diem base rate in place on July 1, 2013, multiplied by a factor of 1.37.
 - 3) The total payment for inpatient stay will equal the sum of:
 - A) The payment determined in this subsection; and

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- B) Any applicable adjustments to payment specified in Section 148.290.
- b) Effective for dates of service on and after July 1, 2018, rates in subsection (a) are increased by 10.5 percent.
- c) For children's specialty hospitals defined in 148.25(i), outpatient and clinic services shall be reimbursed in accordance with Section 148.140.
- d) ~~Access to Outpatient Care~~
- 1) ~~To ensure access to outpatient care and maintain stability for children's specialty hospitals located in Illinois, the Department shall make annual outpatient transitional payments equal to the product of:~~
- A) ~~The amount of static payments made to the hospital in State fiscal year 2011 in accordance with 89 Ill. Adm. Code 148.126, 148.295, 148.296, and 148.298 pursuant to the methodologies outlined in <https://www.illinois.gov/hfs/medicalproviders/hospitals/hospitalratereform/Pages/default.aspx>; and~~
- B) ~~.8695.~~
- 2) ~~The annual amount determined in this subsection shall be paid in monthly installments equal to 1/12 of the annual amount.~~
- e) ~~The reimbursement methodologies in this Section shall be re-determined prior to July 1, 2018 if implementation of reform to hospital non-institutional service reimbursement occurs. In the absence of reform to hospital non-institutional service reimbursement, the reimbursement methodologies in this Section shall be re-determined to be effective on or after July 1, 2018.~~
- d~~f~~) For cost reporting hospitals located outside of Illinois that meet the definition of a children's specialty hospital as defined in Section 148.25(i) as of 6/30/14, for inpatient general acute care and rehabilitation services, the hospital shall have a per diem amount equal to the rate in place with the Department as of June 30, 2014. The total payment for inpatient stay will equal the sum of the payment

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determined in this Subsection and any applicable adjustments to payments specified in Section 148.290.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.117 Outpatient Assistance Adjustment Payments (Repealed)
EMERGENCY

~~Effective for dates of service on or after July 1, 2014, except when specifically designated otherwise in this Section:~~

- a) ~~Qualifying Criteria. Outpatient Assistance Adjustment Payments, as described in subsection (b) of this Section, shall be made to Illinois hospitals meeting one of the criteria identified in this subsection (a):~~
- ~~1) Prior to July 1, 2018, a general acute care hospital that qualifies for Disproportionate Share Adjustment Payments for rate year 2007, as defined in Section 148.120, that has an emergency care percentage greater than 85%.~~
 - ~~2) A general acute care hospital located outside of Cook County that qualifies for Medicaid Percentage Adjustment Payments for rate year 2007 as defined in Section 148.122, is a trauma center recognized by the Illinois Department of Public Health (DPH) as of July 1, 2006, has an emergency care percentage greater than 58%, and has provided more than 1,000 Medicaid Non-emergency/Screening outpatient ambulatory procedure listing services in the outpatient assistance base year.~~
 - ~~3) Prior to July 1, 2018, a hospital that has an MIUR of greater than 50% and an emergency care percentage greater than 80%, and that provided more than 6,000 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.~~
 - ~~4) Prior to July 1, 2018, a hospital that has an MIUR of greater than 70% and an emergency care percentage greater than 90%.~~
 - ~~5) Prior to July 1, 2018, a general acute care hospital, not located in Cook County, that is not a trauma center recognized by DPH as of July 1, 2006~~

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~~and did not qualify for Medicaid Percentage Adjustment payments for rate year 2007, as defined in Section 148.122, has an MIUR of greater than 25% and an emergency care percentage greater than 50%, and that provided more than 8,500 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.~~

- ~~6) Prior to July 1, 2018, a general acute care hospital, not located in Cook County, that is a Level I trauma center recognized by DPH as of July 1, 2006, has an emergency care percentage greater than 50%, and provided more than 16,000 Medicaid outpatient ambulatory procedure listing services, including more than 1,000 non-emergency screening outpatient ambulatory procedure listing services, in the outpatient assistance base year.~~
- ~~7) A general acute care hospital, not located in Cook County, that qualified for Medicaid Percentage Adjustment payments for rate year 2007, as defined in Section 148.122, has an emergency care percentage greater than 55%, and provided more than 12,000 Medicaid outpatient ambulatory procedure listing services, including more than 600 surgical group outpatient ambulatory procedure listing services and 7,000 emergency services in the outpatient assistance base year.~~
- ~~8) A general acute care hospital that has an emergency care percentage greater than 75% and provided more than 15,000 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.~~
- ~~9) Prior to July 1, 2018, a rural hospital that has an MIUR of greater than 40% and provided more than 16,000 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.~~
- ~~10) Prior to July 1, 2018, a general acute care hospital, not located in Cook County, that is a trauma center recognized by DPH as of July 1, 2006, had more than 500 licensed beds in calendar year 2005, and provided more than 11,000 Medicaid outpatient ambulatory procedure listing services, including more than 950 surgical group outpatient ambulatory procedure listing services, in the outpatient assistance base year.~~
- ~~11) A general acute care hospital that is recognized as a Level I trauma center~~

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by DPH on the first day of the OAAP rate period, has Emergency Level I services greater than 2,000, Emergency Level II services greater than 8,000, and greater than 19,000 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.

b) Outpatient Assistance Adjustment Payments

- 1) For hospitals qualifying under subsection (a)(1), the rate is \$850.00 for dates of service through February 28, 2014. For dates of service on March 1, 2014 through June 30, 2014, the rate is \$1,523.00. For dates of service on or after July 1, 2014, the rate is \$0.00.
- 2) For hospitals qualifying under subsection (a)(2), the rate is \$290.00 for dates of service on or after July 1, 2014.
- 3) For hospitals qualifying under subsection (a)(3), the rate is \$250.00 for dates of service on or after July 1, 2014 through June 30, 2018. For dates of service on or after July 1, 2018, the rate is \$0.00.
- 4) For hospitals qualifying under subsection (a)(4), the rate is \$336.25 for dates of service on or after July 1, 2014 through June 30, 2018. For dates of service on or after July 1, 2018, the rate is \$0.00.
- 5) For hospitals qualifying under subsection (a)(5), the rate is \$110.00 for dates of service on or after July 1, 2014 through June 30, 2018. For dates of service on or after July 1, 2018, the rate is \$0.00.
- 6) For hospitals qualifying under subsection (a)(6), the rate is \$200.00 for dates of service on or after July 1, 2014 through June 30, 2018. For dates of service on or after July 1, 2018, the rate is \$0.00.
- 7) For hospitals qualifying under subsection (a)(7), the rate is \$247.50 for dates of service on July 1, 2014 through March 31, 2017. For dates of service on April 1, 2017 through June 30, 2018, the rate is \$610.20. Effective July 1, 2018, the rate is \$154.00.
- 8) For hospitals qualifying under subsection (a)(8), the rate is \$205.00 for dates of service on or after July 1, 2014. Effective July 1, 2018, the rate is \$70.00.

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- 9) ~~For hospitals qualifying under subsection (a)(9), the rate is \$65.00 for dates of service on or after July 1, 2014 through June 30, 2018. For dates of service on or after July 1, 2018, the rate is \$0.00.~~
 - 10) ~~For hospitals qualifying under subsection (a)(10), the rate is \$90.00 for dates of service on or after July 1, 2014 through June 30, 2018. For dates of service on or after July 1, 2018, the rate is \$0.00.~~
 - 11) ~~For hospitals qualifying under subsection (a)(11), the rate is \$47.00 for dates of service on or after July 1, 2010.~~
- e) **Payment to a Qualifying Hospital**
- 1) ~~The total annual payments to a qualifying hospital shall be the product of the hospital's rate multiplied by the Medicaid outpatient ambulatory procedure listing services in the outpatient assistance adjustment base year.~~
 - 2) ~~For the outpatient assistance adjustment period for fiscal year 2010 and after, total payments will equal the amount determined using the methodologies described in subsection (c)(1) and shall be paid to the hospital, at least, on a quarterly basis.~~
 - 3) ~~The product of subsection (c)(1) will be multiplied by the applicable tiering of Section 148.296(d).~~
 - 4) ~~Payments described in this Section are subject to federal approval.~~
- d) **Definitions**
- 1) ~~"Emergency care percentage" means a fraction, the numerator of which is the total Group 3 ambulatory procedure listing services as described in Section 148.140(b)(1)(C), excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2005 contained in the Department's data base adjudicated through June 30, 2006, and the denominator of which is the total ambulatory procedure listing services as described in Section 148.140(b)(1), excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2005~~

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~~contained in the Department's data base adjudicated through June 30, 2006.~~

- 2) ~~"General acute care hospital" is a hospital that does not meet the definition of a hospital contained in Section 148.25(a) and (d).~~
- 3) ~~"Outpatient Ambulatory Procedure Listing Payments" means, for a given hospital, the sum of payments for ambulatory procedure listing services as described in Section 148.140(b)(1), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient assistance base period that were adjudicated by the Department through June 30, 2006.~~
- 4) ~~"Outpatient assistance year" means, beginning January 1, 2007, the 6-month period beginning on January 1, 2007 and ending June 30, 2007, and beginning July 1, 2007, the 12-month period beginning July 1 of the year and ending June 30 of the following year.~~
- 5) ~~"Outpatient assistance base period" means the 12-month period beginning on July 1, 2004 and ending June 30, 2005.~~
- 6) ~~"Surgical group outpatient ambulatory procedure listing services" means, for a given hospital, the sum of ambulatory procedure listing services as described in Section 148.140(b)(1)(A), excluding services for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient assistance base period that were adjudicated by the Department through June 30, 2006.~~
- 7) ~~"Non-emergency/screening outpatient ambulatory procedure listing services" means, for a given hospital, the sum of ambulatory procedure listing services as described in Section 148.140(b)(1)(C)(iii), excluding services for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient assistance base period that were adjudicated by the Department through June 30, 2006.~~

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- 8) ~~"High tech diagnostic Medicaid outpatient ambulatory procedure listing services" means, for a given hospital, the sum of ambulatory procedure listing services described in Section 148.140(b)(1)(B)(ii), excluding services for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient assistance base period that were adjudicated by the Department through June 30, 2006.~~
- e) ~~Payment Limitations: In order to be eligible for any new payment or rate increase under this Section that would otherwise become effective for dates of service on or after July 1, 2010, a hospital located in a geographic area of the State in which the Department mandates some or all of the beneficiaries of the Medical Assistance Program residing in the area to enroll in a Care Coordination program as defined in 305 ILCS 5/5-30 must be a Coordinated Care Participating Hospital as defined in Section 148.295(g)(5). This payment limitation takes effect six months after the Department begins mandatory enrollment in the geographic area.~~
- f) ~~Expiration of Payment Criteria and Rates. The payment criteria and corresponding rates found in subsections: (a)(1),(a)(3) through (a)(6), (a)(9), (a)(10), (b)(1), (b)(3) through (b)(6), (b)(9), and (b)(10) are no longer in effect as of July 1, 2018.~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.122 Medicaid Percentage Adjustments**EMERGENCY**

Effective for dates of service on or after July 1, 2014, the Department shall make an annual determination of those hospitals qualified for adjustments under this Section effective October 1 of each year unless otherwise noted.

- a) **Qualified Medicaid Percentage Hospitals.** The Department shall make adjustment payments to hospitals that are deemed as a Medicaid percentage hospital by the Department. A hospital, except those that are owned or operated by a unit of government, may qualify for a Medicaid Percentage Adjustment in one of the following ways:

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- 1) The hospital's Medicaid inpatient utilization rate (MIUR), as defined in Section 148.120(i)(4), is at least one-half standard deviation above the mean Medicaid utilization rate, as defined in Section 148.120(i)(3).
 - 2) The hospital's low income utilization rate, as defined in Section 148.120(i)(6), exceeds 25 per centum.
 - 3) Illinois hospitals that, on July 1, 1991, had an MIUR, as defined in Section 148.120(i)(4), that was at least the mean Medicaid inpatient utilization rate, as defined in Section 148.120(i)(3), and that were located in a planning area with one-third or fewer excess beds as determined by the Illinois Health Facilities Planning Board (77 Ill. Adm. Code 1100), and that, as of June 30, 1992, were located in a federally designated Health Manpower Shortage Area (42 CFR 5 (1989)).
 - 4) Illinois hospitals that meet the following criteria:
 - A) Have an MIUR, as defined in Section 148.120(i)(4), that is at least the mean Medicaid inpatient utilization rate, as defined in Section 148.120(i)(3).
 - B) Have a Medicaid obstetrical inpatient utilization rate, as defined in subsection (g)(3), that is at least one standard deviation above the mean Medicaid obstetrical inpatient utilization rate, as defined in subsection (g)(2).
 - 5) Any children's hospital, as defined in Section 148.25(d)(3).
 - 6) Out of state hospitals meeting the criteria in Section 148.120(e).
- b) In making the determination described in subsections (a)(1) and (a)(4)(A), the Department shall utilize the data described in Section 148.120(c) and received in compliance with Section 148.120(f).
 - c) Hospitals that qualified as a Medicaid Percentage Adjustment hospital under subsection (a)(2) for the Medicaid percentage determination year beginning October 1, 2013 may apply annually to become qualified under subsection (a)(2) by submitting audited certified financial statements as described in Section 148.120(d) and received in compliance with Section 148.120(f).

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- d) Medicaid Percentage Adjustments. The adjustment payments required by subsection (a) of this Section for qualified hospitals shall be calculated annually as follows for hospitals defined in Section 148.25(b)(1), excluding hospitals defined in Section 148.25(a).
- 1) The payment adjustment shall be calculated based upon the hospital's MIUR, as defined in Section 148.120(i)(4), and subject to subsection (e) of this Section, as follows:
 - A) Hospitals with an MIUR below the mean Medicaid inpatient utilization rate shall receive a payment adjustment of \$25;
 - B) Hospitals with an MIUR that is equal to or greater than the mean Medicaid inpatient utilization rate but less than one standard deviation above the mean Medicaid inpatient utilization rate shall receive a payment adjustment of \$25 plus \$1 for each one percent that the hospital's MIUR exceeds the mean Medicaid inpatient utilization rate;
 - C) Hospitals with an MIUR that is equal to or greater than one standard deviation above the mean Medicaid inpatient utilization rate but less than 1.5 standard deviations above the mean Medicaid inpatient utilization rate shall receive a payment adjustment of \$40 plus \$7 for each one percent that the hospital's MIUR exceeds one standard deviation above the mean Medicaid inpatient utilization rate; and
 - D) Hospitals with an MIUR that is equal to or greater than 1.5 standard deviations above the mean Medicaid inpatient utilization rate shall receive a payment adjustment of \$90 plus \$2 for each one percent that the hospital's MIUR exceeds 1.5 standard deviations above the mean Medicaid inpatient utilization rate.
 - 2) The Medicaid Percentage Adjustment payment, calculated in accordance with this subsection (d), to a hospital shall not exceed \$155 per day for a children's hospital, as defined in Section 148.25(d)(3), and shall not exceed \$215 per day for all other hospitals.

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- 3) The amount calculated pursuant to subsections (d)(1) through (d)(2) of this Section shall be adjusted by the aggregate annual increase in the national hospital market basket price proxies (DRI) hospital cost index from DSH determination year 1993, as defined in Section 148.120(i)(2), through DSH determination year 2003 and annually thereafter, by a percentage equal to the lesser of:
 - A) The increase in the national hospital market basket price proxies (DRI) hospital cost index for the most recent 12 month period for which data are available; or
 - B) The percentage increase in the Statewide average hospital payment rate, over the previous year's Statewide average hospital payment rate.
- 4) The amount calculated pursuant to subsections (d)(1) through (d)(3) shall be the inpatient payment adjustment in dollars for the applicable Medicaid percentage determination year. The adjustments calculated under subsections (d)(1) through (d)(3) shall be paid on a per diem basis and shall be applied to each covered day of care provided.
- e) Inpatient Adjustor for Children's Hospitals. For a children's hospital, as defined in Section 148.25(d)(3), the payment adjustment calculated under subsection (d)(1) shall be multiplied by 2.0.
- f) Medicaid Percentage Adjustment Limitations.
 - 1) In addition, to be deemed a Medicaid Percentage Adjustment hospital, a hospital must provide to the Department, in writing, the names of at least two obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to such services under a State Medicaid plan. In the case of a hospital located in a rural area (that is, an area outside of a Metropolitan Statistical Area, as defined by the federal Executive Office of Management and Budget), the term "obstetrician" includes any physician with staff privileges to perform non-emergency obstetric procedures at the hospital. This requirement does not apply to a hospital in which the inpatients are predominantly individuals under 18 years of age, or does not offer non-emergency obstetric services as of December 22, 1987. Hospitals that do not offer non-emergency

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obstetrics to the general public, with the exception of those hospitals described in Section 148.25(d), must submit a statement to that effect.

- 2) Hospitals that qualify for Medicaid Percentage Adjustments under this Section shall not be eligible for the total Medicaid Percentage Adjustment if, during the Medicaid Percentage Adjustment determination year, the hospital discontinues provision of non-emergency obstetrical care. The provisions of this subsection (f)(2) shall not apply to those hospitals described in Section 148.25(d) or those hospitals that have not offered non-emergency obstetrical services as of December 22, 1987. In this instance, the adjustments calculated under subsection (d) shall cease to be effective on the date that the hospital discontinued the provision of non-emergency obstetrical care.
 - 3) Appeals based upon a hospital's ineligibility for Medicaid Percentage payment adjustments, or their payment adjustment amounts, in accordance with Section 148.310(b), that result in a change in a hospital's eligibility for Medicaid Percentage payment adjustments or a change in a hospital's payment adjustment amounts, shall not affect the Medicaid Percentage status of any other hospital or the payment adjustment amount of any other hospital that has received notification from the Department of its eligibility for Medicaid Percentage payment adjustments based upon the requirements of this Section.
 - 4) Medicaid Inpatient Utilization Rate Limit. Hospitals that qualify for Medicaid percentage payment adjustments under this Section shall not be eligible for Medicaid percentage payment adjustments if the hospital's MIUR, as defined in Section 148.120(i)(4), is less than one percent.
- g) Inpatient Payment Adjustment Definitions. The definitions of terms used with reference to calculation of Inpatient Payment Adjustments are as follows:
- 1) "Medicaid Percentage determination year" has the same meaning as the DSH determination year defined in Section 148.120(i)(2).
 - 2) "Mean Medicaid obstetrical inpatient utilization rate" means a fraction, the numerator of which is the total Medicaid (Title XIX) obstetrical inpatient days, as defined in subsection (g)(4), provided by all Medicaid-participating Illinois hospitals providing obstetrical services to patients

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who, for such days, were eligible for Medicaid under Title XIX of the federal Social Security Act (42 USC 1396a), and the denominator of which is the total Medicaid inpatient days, as defined in subsection (g)(~~6~~), for all such hospitals. That information shall be derived from claims for applicable services provided in the Medicaid obstetrical inpatient utilization rate base year that were subsequently adjudicated by the Department through the last day of June preceding the Medicaid percentage determination year and contained within the Department's paid claims data base.

- 3) "Medicaid obstetrical inpatient utilization rate" means a fraction, the numerator of which is the Medicaid (Title XIX) obstetrical inpatient days, as defined in subsection (g)(4), provided by a Medicaid-participating Illinois hospital providing obstetrical services to patients who, for such days, were eligible for Medicaid under Title XIX of the federal Social Security Act (42 USC 1396a), and the denominator of which is the total Medicaid (Title XIX) inpatient days, as defined in subsection (g)(~~6~~), provided by such hospital. This information shall be derived from claims for applicable services provided in the Medicaid obstetrical inpatient utilization rate base year that were subsequently adjudicated by the Department through the last day of June preceding the Medicaid Percentage determination year and contained within the Department's paid claims data base.
- 4) "Medicaid (Title XIX) obstetrical inpatient days" means hospital inpatient days that were subsequently adjudicated by the Department through the last day of June preceding the Medicaid Percentage Adjustment determination year and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act (specifically excluding Medicare/Medicaid crossover claims), with a Diagnosis Related Grouping (DRG) of:
 - A) 370 through 375 for claims adjudicated before July 1, 2014; or
 - B) 540, 541, 542 or 560 for claims adjudicated on or after July 1, 2014.
- 5) "Total Medicaid (Title XIX) inpatient days", as referred to in subsections (g)(2) and (g)(3), means hospital inpatient days, excluding days for normal

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newborns, that were subsequently adjudicated by the Department through the last day of June preceding the Medicaid Percentage determination year and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, and specifically excludes Medicare/Medicaid crossover claims.

- 67) "Medicaid obstetrical inpatient utilization rate base year" means, for example, fiscal year 2002 for the October 1, 2003, Medicaid Percentage Adjustment determination year; fiscal year 2003 for the October 1, 2004, Medicaid Percentage Adjustment determination year; etc.
- 78) "Obstetric services" shall at a minimum include non-emergency inpatient deliveries in the hospital.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.126 Safety Net Adjustment Payments (Repealed)
EMERGENCY

~~Effective for dates of service on or after July 1, 2014, except when specifically designated otherwise in this Section:~~

- ~~a) Qualifying criteria: Safety net adjustment payments shall be made to a qualifying hospital, as defined in this subsection (a), unless the hospital does not provide comprehensive emergency treatment services as defined in 77 Ill. Adm. Code 250.710(a) on or after July 1, 2006, but did provide comprehensive emergency treatment services as defined in 77 Ill. Adm. Code 250.710(a) on January 1, 2006. A hospital not otherwise excluded under subsection (b) shall qualify for payment if it meets one of the following criteria:~~
- ~~1) Prior to July 1, 2018, the hospital has, as provided in subsection (c)(6), an MIUR equal to or greater than 40 percent.~~
- ~~2) Prior to July 1, 2018, the hospital is, as of October 1, 2001, a rural hospital, as described in Section 148.446(a)(1), that meets all of the following criteria:~~
- ~~A) Has an MIUR greater than 33 percent.~~

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- ~~B) Is designated a perinatal level two center by the Illinois Department of Public Health.~~
 - ~~C) Has fewer than 125 licensed beds.~~
- 3) ~~Prior to July 1, 2018, the hospital meets all of the following criteria:~~
 - ~~A) Has an MIUR greater than 30 percent.~~
 - ~~B) Had an occupancy rate greater than 80 percent in the safety net hospital base year.~~
 - ~~C) Provided greater than 15,000 total days in the safety net hospital base year.~~
- 4) ~~The hospital meets all of the following criteria:~~
 - ~~A) Does not already qualify under subsections (a)(1) through (a)(3).~~
 - ~~B) Has an MIUR greater than 25 percent.~~
 - ~~C) Had an occupancy rate greater than 68 percent in the safety net hospital base year.~~
 - ~~D) Provided greater than 12,000 total days in the safety net hospital base year.~~
- 5) ~~Prior to July 1, 2018, the hospital meets all of the following criteria in the safety net base year:~~
 - ~~A) Is a psychiatric hospital, as described in Section 148.25(d)(1).~~
 - ~~B) Has licensed beds greater than 120.~~
 - ~~C) Has an average length of stay less than 10 days.~~
- 6) ~~The hospital meets all of the following criteria in the safety net base year:~~

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- A) ~~Does not already qualify under subsections (a)(1) through (a)(5) of this Section.~~
 - B) ~~Has an MIUR greater than 17 percent.~~
 - C) ~~Has licensed beds greater than 450.~~
 - D) ~~Has an average length of stay less than four days.~~
- 7) ~~Prior to July 1, 2018, the hospital meets all of the following criteria in the safety net base year:~~
- A) ~~Does not already qualify under subsections (a)(1) through (a)(6) of this Section.~~
 - B) ~~Has an MIUR greater than 21 percent.~~
 - C) ~~Has licensed beds greater than 350.~~
 - D) ~~Has an average length of stay less than 3.15 days.~~
- 8) ~~Prior to July 1, 2018, the hospital meets all of the following criteria in the safety net base year:~~
- A) ~~Does not already qualify under subsections (a)(1) through (a)(7) of this Section.~~
 - B) ~~Has a Combined MIUR greater than 25 percent.~~
 - C) ~~Has an MIUR greater than 12 percent.~~
 - D) ~~Is designated a perinatal Level II center by the Illinois Department of Public Health.~~
 - E) ~~Has licensed beds greater than 400.~~
 - F) ~~Has an average length of stay less than 3.5 days.~~

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- 9) ~~Prior to July 1, 2018, the hospital meets all of the following criteria in the safety net base year:~~
- ~~A) Does not already qualify under subsections (a)(1) through (a)(8) of this Section.~~
 - ~~B) Is located outside Health Service Area (HSA) 6.~~
 - ~~C) Has an MIUR greater than 16%.~~
 - ~~D) Has licensed beds greater than 475.~~
 - ~~E) Has an average length of stay less than five days.~~
- 10) ~~The hospital meets all of the following criteria in the safety net base year:~~
- ~~A) Provided greater than 5,000 obstetrical care days.~~
 - ~~B) Has a combined MIUR greater than 80%.~~
- 11) ~~The hospital meets all of the following criteria in the safety net base year:~~
- ~~A) Does not already qualify under subsections (a)(1) through (a)(10) of this Section.~~
 - ~~B) Has a CMIUR greater than 28 percent.~~
 - ~~C) Is designated a perinatal Level II center by the Illinois Department of Public Health.~~
 - ~~D) Has licensed beds greater than 320.~~
 - ~~E) Had an occupancy rate greater than 37 percent in the safety net hospital base year.~~
 - ~~F) Has an average length of stay less than 3.1 days.~~
- 12) ~~The hospital meets all of the following criteria in the safety net base year:~~

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- A) ~~Does not already qualify under subsections (a)(1) through (a)(11) of this Section.~~
 - B) ~~Is a general acute care hospital.~~
 - C) ~~Is designated a perinatal Level II center by the Illinois Department of Public Health.~~
 - D) ~~Provided greater than 1,000 rehabilitation days in the safety net hospital base year.~~
- b) ~~For a hospital qualifying under subsection (a)(1) that is neither a rehabilitation hospital nor a children's hospital, that is located outside HSA-6, that has an MIUR greater than 50 per centum, and that:~~
- 1) ~~Provides obstetrical care—\$210.00 for dates of service on or after July 1, 2014 through June 30, 2018. For dates of service on or after July 1, 2018, the rate is \$0.00.~~
 - 2) ~~Does not provide obstetrical care—\$90.00 for dates of service on or after July 1, 2014 through June 30, 2018. For dates of service on or after July 1, 2018, the rate is \$0.00.~~
- e) ~~For a hospital qualifying under subsection (a)(2), the rate shall be \$55.00 for dates of service on or after July 1, 2014 through June 30, 2018. For dates of service on or after July 1, 2018, the rate is \$0.00.~~
- d) ~~For a hospital qualifying under subsection (a)(3), the rate shall be \$3.00 on or after July 1, 2014. For dates of service on or after July 1, 2018, the rate is \$0.00.~~
- e) ~~For a hospital qualifying under subsection (a)(4), the rate shall be \$140.00 on or after July 1, 2014. Effective July 1, 2018, the rate is \$105.00.~~
- f) ~~For a hospital qualifying under subsection (a)(5), the rate shall be \$119.50 on or after July 1, 2014 through June 30, 2018. For dates of service on or after July 1, 2018, the rate is \$0.00.~~
- g) ~~For a hospital qualifying under subsection (a)(7), the rate shall be \$221.00 on or after July 1, 2014 through June 30, 2018. For dates of service on or after July 1,~~

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~~2018, the rate is \$0.00.~~

- h) ~~For a hospital qualifying under (a)(8), the rate shall be \$100.00 on or after July 1, 2014 through June 30, 2018. For dates of service on or after July 1, 2018, the rate is \$0.00.~~
- i) ~~For a hospital qualifying under subsection (a)(9), the rate shall be \$69.00 on or after July 1, 2014 through June 30, 2018. For dates of service on or after July 1, 2018, the rate is \$0.00.~~
- j) ~~For a hospital qualifying under subsection (a)(10), the rate is \$56.00 for dates of service through February 28, 2014. For dates of service on or after March 1, 2014 through June 30, 2014, the rate is \$136.00. For dates of service on or after July 1, 2014, the rate is \$56.00. Effective July 1, 2018, the rate is \$40.00.~~
- k) ~~For a hospital qualifying under subsection (a)(11) of this Section, the rate is \$197.00 on or after July 1, 2014.~~
- l) ~~For a hospital qualifying under subsection (a)(6) of this Section, the rate is \$25.00 on or after July 1, 2014.~~
- m) ~~For a hospital qualifying under subsection (a)(12), the rate is \$71.00 on or after July 1, 2014.—~~
- n) ~~Payment to a Qualifying Hospital~~
 - 1) ~~The total annual payments to a qualifying hospital shall be the product of the hospital's rate multiplied by two multiplied by total days.~~
 - 2) ~~For safety net adjustment periods occurring after State fiscal year 2010, total payments made under this Section shall be paid in installments on, at least, a quarterly basis.~~
 - 3) ~~The product of subsection (n)(1) will be multiplied by the applicable tiering of Section 148.296(d).~~
- o) ~~Definitions~~
 - 1) ~~"Average length of stay" means, for a given hospital, a fraction in which~~

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~~the numerator is the number of total days and the denominator is the number of total admissions.~~

- 2) ~~"CMIUR" means, for a given hospital, the sum of the MIUR plus the Medicaid obstetrical inpatient utilization rate, determined as of October 1, 2001, as defined in Section 148.122(g)(3).~~
- 3) ~~"General care admissions" means, for a given hospital, the number of hospital inpatient admissions for recipients of medical assistance under Title XIX of the Social Security Act, as tabulated from the Department's claims data for admissions occurring in the safety net hospital base year that were adjudicated by the Department by June 30, 2001, excluding admissions for: obstetrical care, as defined in subsection (m)(7); normal newborns; psychiatric care; physical rehabilitation; and those covered in whole or in part by Medicare (Medicaid/Medicare crossover admissions).~~
- 4) ~~"HSA" means Health Service Area, as defined by DPH.~~
- 5) ~~"Licensed beds" means, for a given hospital, the number of licensed beds, excluding long term care and substance abuse beds, as listed in the July 25, 2001, DPH report entitled "Percent Occupancy by Service in Year 2000 for Short Stay, Non-Federal Hospitals in Illinois."~~
- 6) ~~"MIUR", for a given hospital, has the meaning as defined in Section 148.120(i)(4) and shall be determined in accordance with Section 148.120(c) and (f). For purposes of this Section, the MIUR determination that was used to determine a hospital's eligibility for Disproportionate Share Hospital Adjustment payments in rate year 2002 shall be the same determination used to determine a hospital's eligibility for safety net adjustment payments in the Safety Net Adjustment Period.~~
- 7) ~~"Obstetrical care admissions" means, for a given hospital, the number of hospital inpatient admissions for recipients of medical assistance under Title XIX of the Social Security Act, as tabulated from the Department's claims data, for admissions occurring in the safety net hospital base year that were adjudicated by the Department through June 30, 2001, and were assigned by the Department a diagnosis related grouping (DRG) code of 370 through 375.~~

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- 8) ~~"Obstetrical care days" means, for a given hospital, days of hospital inpatient service associated with the obstetrical care admissions described in subsection (c)(7).~~
- 9) ~~"Occupancy rate" means, for a given hospital, a fraction, the numerator of which is the hospital's total days, excluding long term care and substance abuse days, and the denominator of which is the hospital's total beds, excluding long term care and substance abuse beds, multiplied by 365 days. The data used for calculation of the hospital occupancy rate is as listed in the July 25, 2001, Illinois Department of Public Health report entitled "Percent Occupancy by Service in Year 2000 for Short Stay, Non-Federal Hospitals in Illinois".~~
- 10) ~~"Safety net hospital base year" means the 12-month period beginning on July 1, 1999, and ending on June 30, 2000.~~
- 11) ~~"Safety net adjustment period" means, beginning July 1, 2002, the 12-month period beginning on July 1 of a year and ending on June 30 of the following year.~~
- 12) ~~"Total admissions" means, for a given hospital, the number of hospital inpatient admissions for recipients of medical assistance under Title XIX of the Social Security Act, excluding admissions for individuals eligible for Medicare under Title XVIII of that Act (Medicaid/Medicare crossover admissions), as tabulated from the Department's claims data for admissions occurring in the safety net hospital base year that were adjudicated by the Department through June 30, 2001.~~
- 13) ~~"Total days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of that Act (Medicaid/Medicare crossover days), as tabulated from the Department's claims data for admissions occurring in the safety net hospital base year that were adjudicated by the Department through June 30, 2001.~~
- p) ~~Payment Limitations: In order to be eligible for any new payment or rate increase under this Section that would otherwise become effective for dates of service on or after July 1, 2010, a hospital located in a geographic area of the State in which the~~

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~~Department mandates some or all of the beneficiaries of the Medical Assistance Program residing in the area to enroll in a Care Coordination program as defined in 305 ILCS 5/5-30 must be a Coordinated Care Participating Hospital as defined in Section 148.295(b)(5). The payment limitation takes effect 60 days, unless extended by the Department in its sole discretion, after the Department begins mandatory enrollment in the geographic area.~~

- ~~g) Expiration of Payment Criteria and Rates. The payment criteria and corresponding rates found in subsections (a)(1) through (a)(3), (a)(5), (a)(7), (a)(9), (b), (c), (d), (f), (g), (h), and (i) are no longer in effect as of July 1, 2018.~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.140 Hospital Outpatient and Clinic Services
EMERGENCY

Effective for dates of service on or after July 1, 2014, unless another date is specified:

- a) Fee-For-Service Professional Services Reimbursement. Effective for dates of service on or after July 1, 2020, all fee-for-service hospital outpatient professional services will be reimbursed in accordance with subsection (b)(1) except for end stage renal disease treatment (ESRDT) services, as described in subsection (g).
- 1) ~~Reimbursement for hospital outpatient services shall be made on a fee for service basis, except for:~~
- A) ~~Services described in subsection (b)(1).~~
- B) ~~End stage renal disease treatment (ESRDT) services, as described in subsection (g).~~
- 2) ~~Except for the services reimbursed under the EAPG PPS, described in subsection (b)(1), fee for service reimbursement levels shall be at the lower of the hospital's usual and customary charge to the public or the Department's statewide maximum reimbursement screens. Hospitals will be required to bill the Department utilizing specific service codes. However, all specific client coverage policies (relating to client eligibility and scope of services available to those clients) that pertain to the service~~

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~~billed are applicable to hospitals in the same manner as to non-hospital providers who bill fee for service.~~

- ~~3) Hospitals are required to bill the Department utilizing specific service codes. All specific client coverage policies (relating to client eligibility and scope of services available to those clients) that pertain to the service billed are applicable to hospitals in the same manner as to non-hospital providers who bill fee for service.~~
- ~~4) Payments under Section 148.140(a)(4) shall cease as of June 30, 2014 for Maternal and Child Health Program Clinics.~~

- b) EAPG PPS Reimbursement. Reimbursement under EAPG PPS, described in subsection (c), shall be all-inclusive for all services provided by the hospital, without regard to the amount charged by a hospital. Except as provided in subsection (b)(3), no separate reimbursement will be made for ancillary services or the services of hospital personnel.
- 1) Outpatient hospital services reimbursed through the EAPG PPS shall include:
 - A) Surgical services.
 - B) Diagnostic and therapeutic services.
 - C) Emergency department services.
 - D) Observation services.
 - E) Psychiatric treatment services.
 - 2) Excluded from reimbursement under the EAPG PPS are outpatient hospital services reimbursed pursuant to 59 Ill. Adm. Code 131 and 132, 77 Ill. Adm. Code 2090, and Section 148.330 of this Part.
 - 3) As an exception~~Exceptions~~ to the all~~All~~-inclusive EAPG PPS rate~~Rate~~, a separate professional claim may be submitted under a physician's name and NPI for a physician who provided direct patient care. For purposes of this subsection (b)(3), a physician means:

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- ~~A) A hospital may bill separately for:~~
- ~~i) Professional services of a physician who provided direct patient care.~~
 - ~~ii) Chemotherapy services provided in conjunction with radiation therapy services.~~
 - ~~iii) Physical rehabilitation, occupational or speech therapy services provided in conjunction with an APG PPS reimbursed service.~~
- ~~B) For the purposes of subsection (b)(3)(A), a physician means:~~
- ~~Ai) A physician salaried by the hospital. Physicians salaried by the hospital do not include radiologists, pathologists, nurse practitioners, or certified registered nurse anesthetists; no separate reimbursement will be allowed for those providers.~~
 - ~~Bi) A physician who is reimbursed by the hospital through a contractual arrangement to provide direct patient care.~~
 - ~~Cii) A group of physicians with a financial contract to provide emergency department care.~~
- c) EAPG PPS Payment. The reimbursement to hospitals for outpatient services provided on the same day shall be the product, rounded to the nearest hundredth, of the following:
- 1) The EAPG weighting factor of the EAPG to which the service was assigned by the EAPG grouper.
 - 2) The EAPG conversion factor, based on the sum of:
 - A) The product, rounded to the nearest hundredth, of:
 - i) the labor-related share;

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- ii) the Medicare IPPS wage index; and
 - iii) the applicable EAPG standardized amount.
 - B) The product, rounded to the nearest hundredth, of:
 - i) non-labor share; and
 - ii) the applicable EAPG standardized amount.
 - 3) The applicable consolidation factor.
 - 4) The applicable packaging factor.
 - 5) The applicable discounting factor.
 - 6) The applicable policy adjustment factors, as defined in subsection (f), for which the service qualifies.
- d) EAPG Standardized Amount. The standardized amount established by the Department as the basis for EAPG conversion factor differs based on the provider type:
- 1) County-operated Large Public Hospital EAPG Standardized Amount. For a large public hospital, as defined in Section 148.25(a)(1), the EAPG standardized amount is determined in Section 148.160.
 - 2) University-operated Large Public Hospital EAPG Standardized Amount. For a large public hospital, as defined in Section 148.25(a)(2), the EAPG standardized amount is determined in Section 148.170.
 - 3) Critical Access Hospital EAPG Standardized Amount. For critical access hospitals, as defined in Section 148.25(g), the EAPG standardized amounts are determined separately for each critical access hospital such that simulated EAPG payments using outpatient base period paid claim data plus payments as defined in Section 148.456 net of tax costs are equal to the estimated costs of outpatient base period claims data with a rate year cost inflation factor applied.

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- A) Effective July 1, 2018 through March 8, 2019, simulated EAPG payments are determined using outpatient base period paid claim data plus payments as defined in Section 148.404, net of tax costs equal to estimated costs of outpatient base period claims data.
 - B) Effective March 9, 2019, simulated EAPG payments are determined using outpatient base period paid claim data results in a 23% increase compared to the sum of the hospital outpatient base period claims allowed amount.
- 4) Acute EAPG Standardized Amount
- A) Qualifying Criteria. General acute hospitals and freestanding emergency centers as defined in 148.25(e) excluding providers in subsections (d)(1) through (d)(3), freestanding psychiatric hospitals, psychiatric distinct part units, freestanding rehabilitation hospitals, and rehabilitation distinct part units.
 - B) The acute EAPG standardized amount is based on a single statewide amount determined such that:
 - i) Simulated EAPG payments, without P.A. 97-0689 reductions or policy adjustments defined in subsection (f), using general acute hospital outpatient base period paid claims data, result in approximately a \$75 million increase compared to the amount derived in subsection (d)(4)(B)(ii).
 - ii) The sum of general acute hospital base period paid claims data reported payments and allocated outpatient static payments.
 - iii) Effective July 1, 2018, in-state hospital simulated EAPG payment using general acute hospital outpatient base period claims data less the rate reductions defined in P.A. 97-0689 results in approximately a \$238 million increase inclusive of add-on payments as defined in Section 148.402, compared to the sum of the acute hospital outpatient based period claims allowed amount.

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- 5) Psychiatric EAPG Standardized Amount
 - A) Qualifying Criteria. Freestanding psychiatric hospitals and psychiatric distinct part units.
 - B) The psychiatric EAPG standardized amount is based on a single statewide amount, determined such that:
 - i) Simulated EAPG payments, without policy adjustments defined in subsection (f), using freestanding psychiatric hospitals and psychiatric distinct part units outpatient base period paid claims data, results in payments approximately equal to the amount derived in subsection (d)(5)(B)(ii).
 - ii) The sum of freestanding psychiatric hospitals and psychiatric distinct part units outpatient base period paid claims data reported payments and allocated outpatient static payments.
 - iii) Effective July 1, 2018, in-state hospital simulated EAPG payment using freestanding psychiatric hospitals and psychiatric distinct part units outpatient base period claims data less the rate reductions defined in P.A. 97-0689 results in approximately a \$3,870,000 increase compared to the sum of psychiatric hospital outpatient based period claims allowed amount.
- 6) Rehabilitation EAPG Standardized Amount
 - A) Qualifying Criteria. Freestanding rehabilitation hospitals and rehabilitation distinct part units.
 - B) The rehabilitation EAPG standardized amount is based on a single statewide amount, determined such that:
 - i) Simulated EAPG payments, without P.A. 97-0689 reductions or policy adjustments defined in subsection (f), using freestanding rehabilitation hospitals and rehabilitation distinct part units outpatient base period paid

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- claims data, results in payments approximately equal to the annual derived in subsection (d)(6)(B)(ii).
- ii) The sum of freestanding rehabilitation hospitals and rehabilitation distinct part units outpatient base period paid claims data reported payments and allocated outpatient static payments.
 - iii) Effective July 1, 2018, in-state hospital simulated EAPG payments using freestanding rehabilitation hospitals and rehabilitation distinct part units outpatient base period claims data less the rate reductions defined in P.A. 97-0689 results in approximately a \$57,400 increase compared to the sum of rehabilitation hospital outpatient base period claims allowed amount.
- 7) Ambulatory Surgical Treatment Center (ASTC) EAPG Standardized Amount. For ASTC's, as defined in 89 Ill. Adm. Code 146.105, the EAPG standardized amount is determined such that simulated EAPG payments using outpatient base period paid claims data are equal to reported payments of outpatient base period paid claims data as contained in the Department's claims data warehouse.
- 8) Out-of-State Non-Cost Reporting Hospital EAPG Standardized Amount. For non-cost reporting hospitals, the EAPG standardized amount is \$362.32, and is not wage adjusted.
- e) Discounting Factor. The applicable discounting factor is based on the discounting flags designated by the EAPG grouper under default EAPG settings:
- 1) The discounting factor will be 1.0000, if the following criteria are met:
 - A) The service has not been designated with a Bilateral Procedure Discounting flag, Multiple Procedure Discounting flag, Repeat Ancillary Discounting flag or Terminated Procedure Discounting flag by the EAPG grouper under default EAPG settings; or
 - B) The service has not been designated with a Bilateral Procedure Discounting flag and has been designated with a Multiple

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Procedure Discounting flag by the EAPG grouper under default EAPG settings and the service has the highest EAPG weighting factor among other services with a Multiple Procedure Discounting flag provided on the same day.

- 2) The discounting factor will be 0.5000 if the following criteria are met:
 - A) The service has been designated with a Multiple Procedure Discounting flag, Repeat Ancillary Discounting flag or Terminated Procedure Discounting flag by the EAPG grouper under default EAPG settings; and if the Multiple Procedure Discounting flag is present, the service does not have the highest EAPG weighting factor among other services with a Multiple Procedure Discounting flag provided on the same day; and
 - B) The service has not been designated with a Bilateral Procedure Discounting flag by the EAPG grouper under default EAPG settings.
- 3) The discounting factor will be 0.7500 if the following criteria are met:
 - A) The service has been designated with a Bilateral Procedure Discounting flag by the EAPG grouper under default EAPG settings; and
 - B) The service has been designated with a Multiple Procedure Discounting flag, the Repeat Ancillary Discounting flag or Terminated Procedure Discounting flag by the EAPG grouper under default EAPG settings; and if the Multiple Procedure Discounting flag is present, the service does not have the highest EAPG weighting factor among other services with a Multiple Procedure Discounting flag provided on the same day.
- 4) The discounting factor will be 1.5000 if the following criteria are met:
 - A) The service has been designated with a Bilateral Procedure Discounting flag by the EAPG grouper under default EAPG settings; and

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- B) The service has not been designated with a Multiple Procedure Discounting flag, the Repeat Ancillary Discounting flag or Terminated Procedure Discounting flag by the EAPG grouper under default EAPG settings; or if the Multiple Procedure Discounting flag is present, the service has the highest EAPG weighting factor among other services with a Multiple Procedure Discounting flag provided on the same day.
- f) Policy Adjustments. Claims for services by providers that meet certain criteria shall qualify for further adjustments to payment. If a claim qualifies for more than one policy adjustment, then the EAPG PPS payment will be multiplied by both factors.
- 1) ~~Prior to July 1, 2018 Safety Net Hospital Qualifying Criteria~~
- A) ~~The service is described in subsection (b)(1), excluding Medicare crossover claims.~~
- B) ~~The hospital is a Safety Net hospital, as defined in Section 5-5e.1 of the Illinois Public Aid Code that is not:~~
- i) ~~A critical access hospital, as defined in Section 148.25(g).~~
- ii) ~~A large public hospital, as defined in Section 148.25(a).~~
- C) ~~Policy adjustment factor effective SFY 2015 and 2016 is 1.3218.~~
- 2) ~~Prior to July 1, 2018 High Outpatient Volume Hospital Qualifying Criteria~~
- A) ~~The service is described in subsection (b)(1), excluding Medicare crossover claims.~~
- B) ~~The hospital is a High Outpatient Volume hospital, as defined in subsection (f)(2)(C) that is not:~~
- i) ~~A critical access hospital, as defined in Section 148.25(g).~~
- ii) ~~A large public hospital, as defined in Section 148.25(a).~~

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- ~~iii) A Safety Net hospital, as defined in Section 5-5e.1 of the Illinois Public Aid Code.~~
 - ~~C) A High Outpatient Volume hospital for which the high outpatient volume is at least:
 - ~~i) 1.5 standard deviations above the mean regional high outpatient volume; or~~
 - ~~ii) 1.5 standard deviations above the mean statewide high outpatient volume.~~~~
 - ~~D) Policy adjustment factor effective SFY 2015 and 2016 is 1.3218.~~
- 13) Crossover Adjustment Factor
 - A) Acute EAPG standardized amounts, as defined in subsection (d)(4), shall be reduced by a Crossover Adjustment factor such that:
 - i) The absolute value of the total simulated payment reduction that occurs when applying the Crossover Adjustment Factor to simulated EAPG payments, including Policy Adjustments, using general acute hospital outpatient base period paid claims data, is equal to the amount derived in subsection (f)(13)(A)(ii):
 - ii) The difference of total simulated EAPG payments using general acute hospital outpatient crossover paid claims data, and general acute hospital outpatient crossover paid claims data total reported Medicaid net liability.
 - B) Crossover Adjustment Factor effective SFY 2015 and 2016 is 0.98912. Effective July 1, 2018, the Crossover Adjustment Factor is defined in (f)(13)(A)(i).
- 24) If a claim does not qualify for a Policy Adjustment described in subsections (f)(1) through (f)(3), the policy adjustment factor is 1.0.

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35) High Outpatient Volume Hospital Effective July 1, 2018

A) High Outpatient Volume Hospital is defined as:

- i) an Illinois hospital for which the high outpatient volume is at least one and one-half standard deviations above the mean regional high outpatient volume;
- ii) an Illinois hospital for which the high outpatient volume is at least one and one-half standard deviations above the mean statewide high outpatient volume;
- iii) an Illinois Safety-Net Hospital as defined in Section 149.100; or
- iv) an Illinois Small Public Hospital is as defined as any publicly owned hospital that is not a large public hospital as defined in Section 148.25-148.409.

B) Policy adjustment factor is set:

- i) For acute care claims such that total expenditures on qualifying claims less the rate reductions defined in P.A. 97-0689 is increased by \$79.2 million more than base period qualifying claims allowed amount.
- ii) For non-acute care claims to equal the factor in place prior to July 1, 2018.

~~6) The policy adjustment criteria found in subsections (f)(1) and (f)(2) are no longer in effect as of July 1, 2018.~~

g) Payment for outpatient end-stage renal disease treatment (ESRDT) services provided pursuant to Section 148.40(b) shall be made at the Department's payment rates, as follows:

- 1) For outpatient services or home dialysis treatments provided pursuant to Section 148.40(c)(2) or (c)(3), the Department will reimburse hospitals

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and clinics for ESRDT services at a rate that will reimburse the provider for the dialysis treatment and all related supplies and equipment, as defined in 42 CFR 405.2124 and 413.170 (2010). This rate will be the rate established by Medicare pursuant to 42 CFR 405.2124 and 413.170 (2010).

- 2) Payment for Non-routine Services. For services that are provided during outpatient or home dialysis treatment pursuant to Section 148.40(c)(2) or (c)(3), but are not defined as a routine service under 42 CFR 405.2163 (1994), separate payment will be made to independent laboratories, pharmacies, and medical supply providers pursuant to 89 Ill. Adm. Code 140.430 through 140.434, 140.440 through 140.50, and 140.75 through 140.481, respectively.
- 3) Payment for physician services relating to ESRDT will be made separately to physicians, pursuant to 89 Ill. Adm. Code 140.400.
- 4) Effective with dates of service July 1, 2013, hospital and freestanding chronic dialysis centers will receive an add-on payment of \$60 per treatment day to the rate described in subsection (g)(1) for outpatient renal dialysis treatments or home dialysis treatments provided to Medicaid recipients under Title XIX of the Social Security Act, excluding services for individuals eligible for Medicare under Title XVIII of that Act (Medicaid/Medicare crossovers) and excluding services provided under Subpart D: State Chronic Renal Disease Program, as defined in Sections 148.600 through 148.640.
- h) Updates to EAPG PPS Reimbursement. The Department may annually review the components listed in subsection (c) and make adjustments as needed. Grouper shall be updated at least triennially and no more frequently than annually.
- i) Definitions, as used in this Section:

"Aggregate ancillary cost-to-charge ratio" means the ratio of each hospital's total ancillary costs and charges reported in the Medicare cost report, excluding special purpose cost centers and the ambulance cost center, for the cost reporting period matching the outpatient base period claims data. Aggregate ancillary cost-to-charge ratios applied to SFY 2011 outpatient base period claims data will be based on fiscal year ending 2011 Medicare cost report data.

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"Allowed amounts" means the calculated fee schedule amount prior to any adjustment for secondary payer amounts for outpatient base period claims data. If volume in base period date is estimated to differ from rate year volume, then completion factors are applied~~fiscal year 2015 MCO encounter data adjusted with a completion factor and fee for service claims data, excluding Medicare dual eligible claims, renal dialysis claims, and therapy claims.~~

"Consolidation factor" means a factor of 0 percent applicable for services designated with a Same Procedure Consolidation flag or Clinical Procedure Consolidation flag by the EAPG grouper under default EAPG settings.

"Default EAPG settings" means the default EAPG grouper options in 3M's Core Grouping Software for each EAPG grouper version, except where the Department made adjustments.

"Detailed ancillary cost-to-charge ratios" means for each standardized ancillary Medicare cost-center cost-to-charge ratios for each hospital calculated by dividing total costs in Worksheet C, Part 1, Column 5 and Worksheet B, Part 1, Columns 21 and 22 by total charges for each standardized ancillary Medicare cost center in Worksheet C, Part 1, Columns 6 and 7. For all hospitals missing Worksheet C, Part 1, Column 5 data, use Worksheet C, Part 1, Column 3 data. Use aggregate ancillary cost-to-charge ratios as a default when a cost-center specific cost-to-charge ratio is not available or the claim revenue code is all-inclusive ancillary.

"EAPG" means Enhanced Ambulatory Patient Groups, as defined in the EAPG grouper, which is a patient classification system designed to explain the amount and type of resources used in an ambulatory visit. Services provided in each EAPG have similar clinical characteristics and similar resource use and cost.

"EAPG grouper" means the ~~most recently released~~ version of the EAPG software, distributed by 3M Health Information Systems, being used by the Department for pricing hospital outpatient services available to the Department as of January 1 of the calendar year during with the discharge occurred; except, for the calendar year beginning January 1, 2014, EAPG grouper means version 3.7 of the EAPG software. Effective July 1, 2018, "EAPG grouper" means the EAPG grouper version 3.11 of the Enhanced Ambulatory Patient Group (EAPG) software, distributed by 3M Health Information Systems.

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"EAPG PPS" means the EAPG prospective payment system as described in this Section.

"EAPG weighting factor" means, for each EAPG, the product, rounded to the nearest ten-thousandth, of:

the national weighting factor, as published by 3M Health Information Systems for the EAPG grouper; and

the Illinois experience adjustment.

"Estimated cost of outpatient base period claims data" means:

Prior to July 1, 2018, the product of:

outpatient base period paid claims data total covered charges;

the critical access hospital's aggregate ancillary cost-to-charge ratio; and

a rate year cost inflation factor.

Effective July 1, 2018, the product of:

Outpatient base period claims data total covered charges;

The critical access hospital's detailed ancillary cost-to-charge ratios; and

A rate year cost inflation factor.

"High outpatient volume" means the number paid outpatient claims described in subsection (b)(1) provided during the high volume outpatient base period paid claims data.

"High volume outpatient base period paid claims data" means:

Prior to July 1, 2018, SFY 2011 outpatient Medicaid fee-for-service paid claims data, excluding Medicare dual eligible claims, renal dialysis claims,

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and therapy claims, for EAPG PPS payment for services provided in SFY 2015 and 2016. For subsequent dates of service, the term means the SFY ending 30 months prior to the beginning of the calendar year during which the service is provided.

Effective July 1, 2018, SFY 2015 outpatient Medicaid fee-for-service paid claims data and completed MCO encounter claims data, excluding Medicare dual eligible claims, renal dialysis claims, and therapy claims, for EAPG PPS payment for services provided in SFY 2019 and 2020; for subsequent dates of service, the most recently available adjudicated 12 months of outpatient paid claims data to be identified by the Department.

"Illinois experience adjustment" means, for the calendar year beginning January 1, 2014, a factor of 1.0; for subsequent calendar years, means the factor applied to 3M EAPG national weighting factors when updating EAPG grouper versions determined such that the arithmetic mean EAPG weighting factor under the new EAPG grouper version is equal to the arithmetic mean EAPG weighting factor under the prior EAPG grouper version using outpatient base period claims data.

"In-state" means all:

Illinois hospitals; and

out-of-state hospitals that are designated a level I pediatric trauma center or a level I trauma center by the Illinois Department of Public Health as of December 1, 2017.

"Labor-related share" means that portion of the statewide standardized amount that is allocated in the EAPG PPS methodology to reimburse the costs associated with personnel. The labor-related share for a hospital is 0.60.

"Mean regional high outpatient volume" means the quotient, rounded to the nearest tenth, resulting from the number of paid outpatient services described in subsections (b)(1)(A) through (D), provided by hospitals within a region, based on outpatient base period paid claims data.

"Mean statewide high outpatient volume" means the quotient, rounded to the nearest tenth, resulting from the number of paid outpatient services described in

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subsections (b)(1)(A) through (D), provided by hospitals within the state, based on outpatient base period paid claims data.

"Medicare IPPS wage index" means for in-state providers and out-of-state Illinois Medicaid cost reporting providers, the wage index used for inpatient reimbursement as described in 89 Ill. Adm. Code 149.100. For out-of-state non-cost reporting providers, the wage index used to adjust the EAPG standardized amount shall be a factor of 1.0.

"Non-labor share" means the difference resulting from the labor-related share being subtracted from 1.0.

"Outpatient base period paid claims data" means:

Prior to July 1, 2018, SFY 2011 outpatient Medicaid fee-for-service paid claims data, excluding Medicare dual eligible claims, renal dialysis claims, and therapy claims, for EAPG PPS payment for services provided in SFY 2015, 2016 and 2017;

Effective July 1, 2018 through June 30, 2020, for in-state SFY 2015 outpatient Medicaid fee-for-service paid claims data and completed MCO encounter claims data, excluding Medicare dual eligible claims, renal dialysis claims, and therapy claims, for EAPG PPS payment for services provided in SFY 2019 and 2020; ~~for subsequent dates of service, the most recently available adjudicated 12 months of outpatient paid claims data to be identified by the Department.~~

Effective July 1, 2020:

State fiscal year 2017, or the most recent 12 months of available data as identified by the Department, outpatient Medicaid claims data, for in-state hospitals that are not large public hospitals; and

State fiscal years 2017 and 2018, or the most recent 12 months of available data as identified by the Department, outpatient Medicaid claims data for out-of-state hospitals.

"Outpatient crossover paid claims data" means:

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~~Outpatient~~~~Prior to July 1, 2018, SFY 2011 outpatient~~ Medicaid/Medicare dual eligible fee-for-service and managed care paid claims data, excluding renal dialysis claims and therapy claims, with dates of service from the same time period as outpatient base period claims data~~for EAPG PPS payment for services provided in SFY 2015, 2016 and 2017; for subsequent dates of service, the term means most recently available adjudicated 12 months of outpatient paid claims data to be identified by the Department.~~

~~Effective July 1, 2018, SFY 2015 outpatient Medicaid/Medicare dual eligible fee for service paid claims data, excluding renal dialysis claims and therapy claims, for EAPG PPS payment for services provided in SFY 2019 and 2020; for subsequent dates of service, the most recently available adjudicated 12 months of outpatient paid claims data to be identified by the Department.~~

"Packaging factor" means a factor of 0 percent applicable for services designated with a Packaging flag by the EAPG grouper under default EAPG settings plus EAPG 430 (CLASS I CHEMOTHERAPY DRUGS), EAPG 435 (CLASS I PHARMACOTHERAPY), EAPG 495 (MINOR CHEMOTHERAPY DRUGS), EAPG 496 (MINOR PHARMACOTHERAPY), and EAPGs 1001-1020 (DURABLE MEDICAL EQUIPMENT LEVEL 1-20), and non-covered revenue codes defined in the Handbook for Hospital Services.

"Rate year cost inflation factor" means the cost inflation from the midpoint of the outpatient base period paid claims data to the midpoint of the rate year based on changes in Centers for Medicare and Medicaid Services (CMMS) input price index levels. For critical access hospital rates effective SFY 2015, the rate year cost inflation factor will be based on changes in CMMS input price index levels from the midpoint of SFY 2011 to SFY 2015.

"Region" means, for a given hospital, the rate region, as defined in 89 Ill. Adm. Code 140. Table J, within which the hospital is located.

"Total covered charges" means the amount entered for revenue code 001 in column 53 (Total Charges) on the Uniform Billing Form (form CMMS 1450), or one of its electronic transaction equivalents.

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- j) Supplemental Payment. A one-time supplemental payment will be made to a critical access hospital (which is an Illinois hospital designated by the Illinois Department of Public Health in accordance with 42 CFR 485 Subpart F) for outpatient discharges occurring in SFY 2019 for which the outpatient claims were priced and paid under the methodology in subsection (d)(3)(A). The amount of the supplemental payment will be equal to the difference of:
- 1) The payment amount of each claim calculated using the critical access hospital EAPG standardized amount set to equal a 23% increase in simulated EAPG payments using base period paid claims data set forth in subsection (d)(3)(B); and
 - 2) The payment amount of each claim calculated using the critical access hospital EAPG standardized amount in effect on July 1, 2018.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.295 Critical Hospital Adjustment Payments (Repealed)
EMERGENCY

~~Effective for dates of service on or after July 1, 2014, except those Sections specifically designated otherwise, Critical Hospital Adjustment Payments (CHAP) shall be made to all eligible hospitals excluding county-owned hospitals, as described in Section 148.25(a) for inpatient admissions occurring on or after July 1, 1998, in accordance with this Section. For a hospital that is located in a geographic area of the State in which the Department mandates some or all of the beneficiaries of the Medical Assistance Program residing in the area to enroll in a Care Coordination program as defined in 305 ILCS 5/5-30 no new payment or rate increase that would otherwise become effective for dates of service on or after July 1, 2010 shall take effect under this Section unless the qualifying hospital also meets the definition of a Coordinated Care Participating Hospital as defined in subsection (g)(5) of this Section no later than six months after the effective date of the first mandatory enrollment in the Coordinated Care Program.~~

- a) ~~Direct Hospital Adjustment (DHA) Criteria~~
- 1) ~~Qualifying Criteria~~
~~Hospitals may qualify for the DHA under this subsection (a) under the following categories unless the hospital does not provide comprehensive emergency treatment services as defined in 77 Ill. Adm. Code 250.710(a) on or after July 1, 2006, but did provide comprehensive emergency~~

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~~treatment services as defined in 77 Ill. Adm. Code 250.710(a) on January 1, 2006:~~

- A) ~~Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals and long term stay hospitals, all other hospitals located in Health Service Area (HSA) 6 that either:~~
- ~~i) were eligible for Direct Hospital Adjustments under the CHAP program as of July 1, 1999 and had a Medicaid inpatient utilization rate (MIUR) equal to or greater than the statewide mean in Illinois on July 1, 1999;~~
 - ~~ii) were eligible under the Supplemental Critical Hospital Adjustment Payment (SCHAP) program as of July 1, 1999 and had an MIUR equal to or greater than the statewide mean in Illinois on July 1, 1999; or~~
 - ~~iii) were county owned hospitals as defined in 89 Ill. Adm. Code 148.25(a)(1), and had an MIUR equal to or greater than the statewide mean in Illinois on July 1, 1999.~~
- B) ~~Illinois hospitals located outside of HSA 6 that had an MIUR greater than 60 percent on July 1, 1999 and an average length of stay less than ten days. The following hospitals are excluded from qualifying under this subsection (c)(1)(B): children's hospitals; psychiatric hospitals; rehabilitation hospitals; and long term stay hospitals.~~
- C) ~~Prior to July 1, 2018, Children's hospitals, as defined under Section 148.125(d)(3), on July 1, 1999.~~
- D) ~~Illinois teaching hospitals with more than 40 graduate medical education programs on July 1, 1999 not qualifying under subsection (a)(1)(A), (B) or (C).~~
- E) ~~Prior to July 1, 2018, except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals, long term stay hospitals and hospitals~~

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~~otherwise qualifying in subsection (a)(1)(A) through (a)(1)(D), all other hospitals that had an MIUR greater than 23 percent on July 1, 1999, had an average length of stay less than four days, provided more than 4,200 total days and provided 100 or more Alzheimer days for patients diagnosed as having the disease.~~

2) DHA Rates

- A) ~~Hospitals qualifying under subsection (a)(1)(A) with an average length of stay less than 3.9 days will continue to receive the rate in effect as of December 31, 2013, \$254.00 per day, for dates of service on or after July 1, 2014.~~
- B) ~~Hospitals qualifying under subsection (a)(1)(B) that have more than 1,500 obstetrical days will continue to receive the rate in effect as of December 31, 2013, \$224.00 per day, for dates of service on or after July 1, 2014.~~
- C) ~~Prior to July 1, 2018, hospitals qualifying under subsection (a)(1)(C) that are not located in Illinois, have an MIUR greater than 45 percent, and greater than 4,000 days will continue to receive the rate in effect as of December 31, 2013, \$117.00 per day, for dates of service on or after July 1, 2014 through June 30, 2018. For dates of service on or after July 1, 2018, the rate is \$0.00.~~
- D) ~~Hospitals qualifying under subsection (a)(1)(D) with a combined MIUR that is equal to or greater than 35 percent will receive a rate of \$54.00 for dates of service on or after July 1, 2014.~~

3) DHA Payments

- A) ~~Payments under this subsection (a) will be made at least quarterly.~~
- B) ~~Payment rates will be multiplied by the total days.~~
- C) ~~The product of subsection (a)(3)(B) will be multiplied by the applicable tiering of Section 148.296(d).~~

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- b) ~~Critical Hospital Adjustment Payment Definitions~~
The definitions of terms used with reference to calculation of the CHAP required by this Section are as follows:
- 1) ~~"Alzheimer days" means total paid days contained in the Department's paid claims database with a ICD-9-CM diagnosis code of 331.0 for dates of service occurring in State fiscal year 2001 and adjudicated through June 30, 2002.~~
 - 2) ~~"CHAP base period" means State fiscal year 1994 for CHAP calculated for the July 1, 1995 CHAP rate period; State fiscal year 1995 for CHAP calculated for the July 1, 1996 CHAP rate period; etc.~~
 - 3) ~~"CHAP rate period" means, beginning July 1, 1995, the 12-month period beginning on July 1 of the year and ending June 30 of the following year.~~
 - 4) ~~"Combined MIUR" means the sum of Medicaid Inpatient Utilization Rate (MIUR) as of July 1, 1999, and as defined in Section 148.120(i)(4), plus the Medicaid obstetrical inpatient utilization rate, as described in Section 148.120(i)(5), as of July 1, 1999.~~
 - 5) ~~"Coordinated Care Participating Hospital" means a hospital that is located in a county of the State in which the Department mandates some or all of the beneficiaries of the Medical Assistance Program residing in the area to enroll in a care coordination program as defined in 305 ILCS 5/5-30, including an out-of-state hospital in a county contiguous to a managed care region that is one of the following:~~
 - A) ~~Has entered into a contract to provide hospital services with one or more MCOs to enrollees of the care coordination program.~~
 - B) ~~Has not been offered a contract by a care coordination plan that the Department has determined to be a good faith offer when the plan pays not less than the Department would have paid on a fee-for-service basis, but excluding disproportionate share hospital adjustment payments or any other supplement payment that the Department pays directly, except to the extent those adjustments or supplemental payments are incorporated into the development of the applicable MCO capitated rates.~~

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- ~~C) Is not licensed to serve the population mandated to enroll in the care coordination program.~~
- ~~D) As used in this subsection (b)(5), "MCO" means any entity that contracts with the Department to provide services when payment for medical services is made on a capitated basis.~~
- 6) ~~"Medicaid general care admission" means hospital inpatient admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, excluding admissions for normal newborns, Medicare/Medicaid crossover admissions, psychiatric and rehabilitation admissions.~~
- 7) ~~"Medicaid obstetrical care admission" means hospital inpatient admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of Social Security Act, with Diagnosis Related Grouping (DRG) of 370 through 375; and specifically excludes Medicare/Medicaid crossover claims.~~
- 8) ~~"Total admissions" means total paid admissions contained in the Department's paid claims database, including obstetrical admissions multiplied by two and excluding Medicare crossover admissions, for dates of service occurring in State fiscal year 1998 and adjudicated through June 30, 1999.~~
- 9) ~~"Total days" means total paid days contained in the Department's paid claims database, including obstetrical days multiplied by two and excluding Medicare crossover days, for dates of service occurring in State fiscal year 1998 and adjudicated through June 30, 1999.~~
- 10) ~~"Total obstetrical days" means hospital inpatient days for dates of service occurring in State fiscal year 1998 and adjudicated through June 30, 1999, with an ICD-9-CM principal diagnosis code of 640.0 through 648.9 with a 5th digit of 1 or 2; 650; 651.0 through 659.9 with a 5th digit of 1, 2, 3, or 4;~~

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~~660.0 through 669.9 with a 5th digit of 1, 2, 3, or 4; 670.0 through 676.9 with a 5th digit of 1 or 2; V27 through V27.9; V30 through V39.9; or any ICD-9 CM principal diagnosis code that is accompanied with a surgery procedure code between 72 and 75.99; and specifically excludes Medicare/Medicaid crossover claims.~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.296 Transitional Supplemental Payments (Repealed)
EMERGENCY

~~Effective for dates of service on or after July 1, 2014, to provide stability to the hospital industry in the midst of replacing a twenty year old reimbursement system that relied heavily on non-claims based static payments, in favor of an updated APR-DRG grouper for inpatient services and an entirely new outpatient reimbursement methodology in the EAPG system, the Department shall create transitional supplemental payments to hospitals. These payments are essential to maintaining access to care for an expanding population of Illinois Medical Assistance recipients for a limited time period to allow the hospital providers time to adjust to the new reimbursement policies, rates and methodologies.~~

- ~~a) Transitional Supplemental Payments shall be made to providers with a simulated payment loss under the new inpatient and outpatient systems combined.~~
 - ~~1) The following providers will not qualify for Transitional Supplemental Payments:
 - ~~A) University owned large public hospitals, county owned large public hospitals, children's specialty hospitals and non cost reporting hospitals.~~
 - ~~B) Providers with a simulated payment gain under the new inpatient and outpatient systems combined.~~
 - ~~C) Out of state hospitals, effective July 1, 2018.~~~~
 - ~~2) Simulated payment loss or gain under the new inpatient and outpatient systems combined shall be based on:~~

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- A) ~~SFY 2013 legacy system reported claim payments: Reported payments in Illinois Medicaid FFS inpatient and outpatient paid claims data, including Medicare Medicaid dual eligible claims and non-Medicare eligible claims, for claims with submittal dates during SFY 2013 and admission dates on or after July 1, 2011, excluding DSH payments outpatient therapy claims, and claims with invalid/ungroupable inpatient DRGs or outpatient EAPGs.~~
- B) ~~SFY 2013 new system simulated claim payments: Simulated payments under the new inpatient and outpatient systems using SFY 2013 claims data described in subsection (a)(2)(A), including MPA/MHVA payments and excluding DSH payments and inpatient GME payment increases.~~
- C) ~~SFY 2011 legacy system supplemental payments, excluding payments that will continue in current form in SFY 2015.~~
- D) ~~All legacy and new system payment amounts used to determine Transitional Supplemental Payments will be adjusted for SMART Act reductions.~~
- E) ~~Estimated payment gain or loss under the combined new inpatient and outpatient systems shall be determined as follows: (Simulated new system SFY 2013 claim payments) - [(Reported legacy system SFY 2013 claim payments) + (SFY 2011 legacy system supplemental payments)].~~
- b) ~~Transitional Supplemental Payments for qualifying providers shall be equal to the estimated payment loss under the combined new inpatient and outpatient systems, as defined in subsection (a)(2)(E).~~
- e) ~~Timing~~
- 1) ~~The Department shall make Transitional Supplemental Payments for the first four years of the new inpatient and outpatient payment systems effective during SFY 2015 through SFY 2018.~~
 - 2) ~~Commencing January 2017, the Department shall convene a Technical Advisory Group to determine the need to continue any new supplemental~~

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~~payments to maintain access to care to be effective July 1, 2018. Any new supplemental payments may be based on one or more of the following considerations critical to maintaining access to care for those eligible for Medicaid services:~~

- ~~A) Provider specific payment increases received from the Medicaid expansion population.~~
 - ~~B) Provider specific Medicaid volume (both total volume and Medicaid utilization rate).~~
 - ~~C) Provider specific new system payments compared to UPL cost.~~
 - ~~D) Provider specific new system payments compared to estimated payments under Medicare, using an aggregate Medicare payment-to-charge ratio.~~
 - ~~E) Provider specific payments under the hospital assessment.~~
 - ~~F) Available inpatient and outpatient UPL gap for each provider class.~~
 - ~~G) The financial implications of the loss of Transitional Supplemental Payments in excess of \$10,000,000 and have an MIUR at least of 1.5 standard deviations above the mean.~~
 - ~~H) An analysis of new hospital revenues and losses from all sources.~~
- 3) ~~Effective July 1, 2018, the Department shall direct unused funds from legacy Transitional Supplemental Payments to increase either inpatient DRG PPS base rates or EAPG PPS conversion factors, adjust current policy adjustors defined in Section 148.140(f) and 89 Ill. Adm. Code 149.100(f) if needed, and/or create new policy adjustors, which may include but are not limited to, Perinatal level II or II+ facilities and expensive drugs and devices if needed, based on analysis and recommendations from the Technical Advisory Group defined in subsection (c)(2).~~
- d) ~~Effective July 1, 2018, a portion of the Transitional Payments shall be known as Transformation Payments.~~

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- 1) ~~Tier 1: A hospital with a rate year 2017 MIUR equal to or greater than 45% the payment shall be equal to 100% of payments outlined in subsection (a)(2).~~
- 2) ~~Tier 2: A hospital with a rate year 2017 MIUR equal to or greater than 25% but less than 45% the payment shall be equal to 75% of payments outlined in subsection (a)(2).~~
- 3) ~~Tier 3: A hospital with a rate year 2017 MIUR less than 25% the payment shall be equal to 50% outlined in subsection (a)(2).~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.299 Medicaid Facilitation and Utilization Payments (Repealed)
EMERGENCY

~~Prior to July 1, 2018, Medicaid Facilitation and Utilization Payments shall be made on a monthly basis as follows:~~

- a) ~~Qualifying Hospitals. Hospitals may qualify for the Medicaid Facilitation and Utilization Payments if they meet any of the following criteria:~~
 - 1) ~~The hospital must be an Illinois general acute care hospital that had an increase over 35% of the total Medicaid days, excluding Medicare crossover days, from State fiscal year 2009 to State fiscal year 2013 as recorded in the Department's paid claims data, had more than 50 routine beds as included in the 2012 cost report filed with the Department, and, for State fiscal year 2013, the average length of stay was less than 4.5 days.~~
 - 2) ~~The hospital must be an Illinois general acute care hospital that had a Medicaid Inpatient Utilization Rate (MIUR), as defined in Section 148.120(i)(4), between 50 and 80 percent, is designated a Perinatal Level II facility, and had less than 110 routine beds as included in the 2012 Cost Report on file with the Department, and, for State fiscal year 2013, provided greater than 6,000 Medicaid days, excluding Medicare crossover days, as recorded in the Department's paid claims database.~~

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- 3) ~~The hospital must be an Illinois children's hospital, as defined in Section 148.25(d)(3)(B), had greater than 10 routine beds as included in the 2012 cost report on file with the Department, and for State fiscal year 2013, the average length of stay was less than 4.5 days.~~
- b) Rates
- 1) ~~Hospitals qualifying under subsection (a)(1) will receive the following:~~
- A) ~~If the hospital provided more than 4,000 covered Medicaid days, excluding Medicare crossover days in State fiscal year 2013, as recoded in the Department's paid claims database, the rate is \$947.00 for dates of service on July 1, 2014 through June 30, 2015. For dates of service on July 1, 2015 through March 31, 2017, the rate is \$0.00. For dates of service on or after April 1, 2017 through June 30, 2018, the rate is \$738.00. For dates of service on or after July 1, 2018, the rate is \$0.00.~~
- B) ~~If the hospital provided less than 4,000 covered Medicaid days, excluding Medicare crossover days, in State fiscal year 2013, as recoded in the Department's paid claims database, the rate is \$76.00 for dates of service on July 1, 2014 through June 30, 2015. For dates of service on or after July 1, 2015, the rate is \$0.00.~~
- 2) ~~Hospitals qualifying under subsection (a)(2) will receive the following:~~
- A) ~~If the hospital had greater than 100 routine beds, as included in the 2012 cost report on file with the Department, the rate is \$205.00 for dates of service on July 1, 2014 through June 30, 2015. For dates of service on or after July 1, 2015, the rate is \$0.00.~~
- B) ~~If the hospital had less than 100 routine beds, as included in the 2012 cost report on file with the Department, the rate is \$59.00 for dates of service on July 1, 2014 through June 30, 2015. For dates of service on or after July 1, 2015, the rate is \$0.00.~~

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- 3) ~~Hospitals qualifying under subsection (a)(3) will receive a rate of \$390.00 for dates of service on July 1, 2014 through June 30, 2015. For dates of service on or after July 1, 2015, the rate is \$0.00.~~
- e) ~~Payment for a qualifying hospital shall be the product of the rate as defined in subsection (b), multiplied by the hospital's SFY 2013 covered days less Medicare crossover days as recorded in the Department's paid claims data (adjudicated through February 21, 2014).~~
- d) ~~The payment criteria and corresponding rates found in this Section are no longer in effect as of July 1, 2018.~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.401 Alzheimer's Treatment Access Payment**EMERGENCY**

Effective for dates of service starting July 1, ~~2018 through June 30, 2020~~, except when specifically designated otherwise in this Section:

- a) **Qualifying Criteria.** An Illinois academic medical center or teaching hospital as defined in Section 148.25(h) that is identified as the primary hospital affiliate of one of the regional Alzheimer's Disease Assistance Centers as designated by the Alzheimer's Disease Assistance Act [410 ILCS 405] and identified in the Illinois Department of Public Health Alzheimer's Disease State Plan dated December 2016.
- b) **Payment.** A qualifying hospital shall receive a payment that is the product of the following factors:
- 1) ~~The hospital's State fiscal year 2018 inpatient days; and \$10,000,000;~~
 - 2) ~~The hospital's Alzheimer's Treatment Rate~~A quotient of:
 - A) ~~For qualifying hospitals located in Cook County: \$226~~The numerator of which is the qualifying hospital's Fiscal Year 2015 total admissions; and

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- B) For qualifying hospitals located outside of Cook County: \$116.21 ~~The denominator of which is the Fiscal Year 2015 total admissions for all hospitals meeting the qualifying criteria under this Section.~~
- c) "Inpatient days" means, for a given hospital, the sum of inpatient fee-for-service hospital days provided to recipients of medical assistance under Title XIX of the Social Security Act for general acute care, psychiatric care, and rehabilitation care, excluding days for individuals eligible for Medicare under Title XVIII of the Social Security Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for total days occurring during State fiscal year 2018 as of July 10, 2019.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.402 Expensive Drugs and Devices Add-On Payment**EMERGENCY**

- a) Qualifying Criteria: Beginning July 1, 2018, in addition to the statewide standardized amounts for in-state hospitals as defined in 89 Ill. Adm Code Section 149.100(i), ~~excluding critical access hospitals~~, the Department shall make an add-on payment for outpatient expensive devices and drugs. This add-on payment shall apply to claim lines that:
- 1) Are:
 - A) assigned with one of the following EAPGs: 490 or 1001 through 1020; and
 - B) coded with one of the following revenue codes: 0274 through 0276, 0278; or
 - 2) Are assigned with one of the following EAPGs: 430 through 441, 443, 444, 460 to 465, 495, 496, 1090.
- b) The add-on payment shall be the sum of the following calculations:
- 1) The product of:

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- A) The claim line's covered charges; and
 - B) The hospital's total acute cost to charge ratio as defined in subsection [\(b\)\(3\)](#).
- 2) The sum of:
- A) The claim line's EAPG payment; and
 - B) \$1,000.
- 3) The product of:
- A) The difference between subsections [\(b\)\(2\)\(A\)](#) and [\(2\)\(B\)](#); and
 - B) 0.8.
- c) For purposes of this Section, estimated claim cost is based on the product of the claim total covered charges and the hospital's Medicare IPPS outlier cost-to-charge ratio. The Medicare IPPS outlier cost-to-charge ratio is determined based on:
- 1) For Medicare IPPS hospitals, the outlier cost-to-charge ratio is based on the sum of the Medicare inpatient prospective payment system hospital-specific operating and capital outlier cost-to-charge ratios effective at the beginning of the federal fiscal year starting three months prior to the calendar year during which the discharge occurred.
 - 2) For non-Medicare IPPS, the outlier cost-to-charge ratio is based on the sum of the Medicare inpatient prospective payment system statewide average operating and capital outlier cost-to-charge ratios for urban hospitals for the state in which the hospital is located, effective at the beginning of the federal fiscal year starting three months prior to the calendar year during which the discharge occurred.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

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**Section 148.403 General Provisions – Inpatient
EMERGENCY**

Effective for dates of service starting July 1, 2018 ~~through June 30, 2020~~, except when specifically designated otherwise in this Section:

- a) General Provisions. Unless otherwise indicated, the following apply to these Sections: 148.401 ~~and 148.421, 148.407, 148.408, 148.409, 148.410, 148.411, 148.414, 148.415, 148.416, 148.417, and 148.418.~~
 - 1) Payments
 - A) Effective July 1, 2018, payments shall be paid in 12 installments on or before the 7th State business day of the month.
 - B) The Department may adjust payments made under these Sections to comply with federal law or regulations regarding disproportionate share, hospital-specific payment limitations on government-owned or government-operated hospitals.
 - C) If the State or federal Centers for Medicare and Medicaid Services finds that any federal upper payment limit applicable to the payments under these Sections is exceeded, then the payments under these Sections that exceed the applicable federal upper payment limit shall be reduced uniformly to the extent necessary to comply with the federal limit.
- b) Definitions. As used in this Section, unless the context requires otherwise:
 - 1) *"General acute care admissions" means, for a given hospital, the sum of inpatient hospital admissions provided to recipients of medical assistance under Title XIX of the Social Security Act for general acute care, excluding admissions for individuals eligible for Medicare under Title XVIII of the Social Security Act (Medicaid/Medicare crossover admissions), as tabulated from the Department's paid claims data for general acute care admissions occurring during State fiscal year 2015 as of October 28, 2016.*

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- 2) *"Occupancy ratio" is determined utilizing the Illinois Department of Public Health Hospital Profile CY15 – Facility Utilization Data – Source 2015 Annual Hospital Questionnaire. Utilizes all beds and days including observation days but excludes Long Term Care and Swing bed and their associated beds and days.*
- 3) *"Outpatient services" means, for a given hospital, the sum of the number of outpatient encounters identified as unique services provided to recipients of medical assistance under Title XIX of the Social Security Act for general acute care, psychiatric care, and rehabilitation care, excluding outpatient services for individuals eligible for Medicare under Title XVIII of the Social Security Act (Medicaid/Medicare crossover services), as tabulated from the Department's paid claims data for outpatient services occurring during State fiscal year 2015 as of October 28, 2016.*
- 4) *"Total days" means, for a given hospital, the sum of inpatient hospital days provided to recipients of medical assistance under Title XIX of the Social Security Act for general acute care, psychiatric care, and rehabilitation care, excluding days for individuals eligible for Medicare under Title XVIII of the Social Security Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for total days occurring during State fiscal year 2015 as of October 28, 2016.*
- 5) *"Total admissions" means, for a given hospital, the sum of inpatient hospital admissions provided to recipients of medical assistance under Title XIX of the Social Security Act for general acute care, psychiatric care, and rehabilitation care, excluding admissions for individuals eligible for Medicare under Title XVIII of that Act (Medicaid/Medicare crossover admissions), as tabulated from the Department's paid claims data for admissions occurring during State fiscal year 2015 as of October 28, 2016. [305 ILCS 5/5A-12.6(p)]*
- 6) "Academic medical centers and major teaching hospital" means the academic medical centers and major teaching hospital definition found in Section 148.25.
- 7) "'MIUR" means Medicaid inpatient utilization rate for rate year 2017.

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- 8) "Publicly owned hospital" means any hospital owned by a political subdivision.
 - 9) As used in this subsection, "service credit factor" is determined based on a hospital's rate year 2017 Medicaid inpatient utilization rate ("MIUR") rounded to the nearest whole percentage.
- c) Rate reviews
- 1) A hospital shall be notified in writing of the results of the payment determination pursuant to the applicable Section.
 - 2) Hospitals shall have a right to appeal the calculation of, or their ineligibility for, payment if the hospital believes that the Department has made a technical error. The appeal must be submitted in writing to the Department and must be received or postmarked within 30 days after the date of the Department's notice to the hospital of its qualification for the payment amounts, or a letter of notification that the hospital does not qualify for payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.404 General Provisions – Outpatient
EMERGENCY

Effective for dates of service starting July 1, 2018 ~~through June 30, 2020~~, except when specifically designated otherwise in this Section:

- a) General Provisions. Unless otherwise indicated, the following apply to Sections 148.412, 148.413, 148.419, ~~and~~ 148.420, and 148.423:
 - 1) Payments
 - A) Effective July 1, 2018, payments shall be paid in 12 installments on or before the 7th State business day of the month.

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- B) The Department may adjust payments made under these Sections to comply with federal law or regulations regarding disproportionate share, hospital-specific payment limitations on government-owned or government-operated hospitals.
- C) If the State or federal Centers for Medicare and Medicaid Services finds that any federal upper payment limit applicable to the payments under these Sections is exceeded, then the payments under these Sections that exceed the applicable federal upper payment limit shall be reduced uniformly to the extent necessary to comply with the federal limit.

b) ~~Definitions. As used in this Section, unless the context requires otherwise:~~

~~"Hospital" means an Illinois hospital, except as otherwise noted in Sections 148.412, 148.413, 148.419, and 148.420.~~

~~"MIUR" means Medicaid inpatient utilization rate as defined in 148.25(i)(4) for rate year 2017.~~

~~"Outpatient services" means, for a given hospital, the sum of the number of outpatient encounters identified as unique services provided to recipients of medical assistance under Title XIX of the Social Security Act for general acute care, psychiatric care, and rehabilitation care, excluding outpatient services for individuals eligible for Medicare under Title XVIII of the Social Security Act (Medicaid/Medicare crossover services), as tabulated from the Department's paid claims data for outpatient services occurring during State fiscal year 2015 that was adjudicated by the Department through October 28, 2016. [305 ILCS 5/5A-12.6 (p)]~~

~~"Region" as defined in Section 148.140.~~

be) Rate reviews

- 1) A hospital shall be notified in writing of the results of the payment determination pursuant to these Sections.

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- 2) Hospitals shall have a right to appeal the calculation of, or their ineligibility for, payment if the hospital believes that the Department has made a technical error. The appeal must be submitted in writing to the Department and must be received or postmarked within 30 days after the date of the Department's notice to the hospital of its qualification for the payment amounts, or a letter of notification that the hospital does not qualify for payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.405 Graduate Medical Education (GME) Payment
EMERGENCY

Effective for dates of service starting July 1, ~~2018 through June 30, 2020~~, except when specifically designated otherwise in this Section:

- a) Definitions. As used in this Section, unless the context requires otherwise:
 - 1) Medicare cost report ending in ~~2018~~~~2015~~, as reported in Medicare cost reports released on October 19, ~~2019~~~~2016~~, with data through September 30, ~~2019~~~~2016~~.
 - 2) "Hospital's annualized Medicaid Intern Resident Cost" is the product of the following factors:
 - A) Annualized intern and resident costs obtained from Worksheet B Part I, Column 21 and 22 the sum of lines 30 through 43, 50 through 76, 90 through 93, 96 through 98, and 105 through 112;
 - B) A quotient of:
 - i) The numerator of which is the hospital's Medicaid days (Worksheet S3 Part I, Column 7, Lines ~~2 through 4, 14, and 16 through 18, and 32~~); and

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- ii) The denominator of which is the hospital's total days (Worksheet S3 Part I, Column 8, Lines ~~14, and~~ 16 through ~~18, and~~ 32); and
- 3) "Hospital Annualized Medicaid Indirect Medical Education (IME) payment" is the product of the following factors:
 - A) Hospital IME payments (Worksheet E Part A, Line 29, Col 1); and
 - B) A quotient of:
 - i) The numerator of which is the hospital Medicaid days (Worksheet S3 Part I, Column 7, Lines 2 through 4, 14, and 16 through 18, and 32); and
 - ii) The denominator of which is the hospital Medicare days (Worksheet S3 Part I, Column 6, Lines 2 through 4, 14, and 16 through 18).
- 4) "Statewide average cost per intern and resident" is the quotient of subsection (a)(4)(A) divided by subsection (a)(4)(B).
 - A) The sum of:
 - i) All qualifying hospitals annualized Medicaid Intern Resident Cost; and
 - ii) All qualifying hospitals annualized Medicaid IME payment.
 - B) The sum of all qualifying hospitals interns and residents as reported on Worksheet S3, Part 1, Col 9, Line 14.
- b) Qualifying Criteria: An Illinois hospital, excluding large public hospitals defined in Section 148.25, reporting intern and resident cost on its Medicare cost report ending in ~~2018~~2015 shall be eligible for a Graduate Medical Education (GME) payment.

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- c) Payment. A qualifying hospital shall receive a payment that is the product of the following factors:
- 1) The lesser of:
 - A) The sum of ~~the each~~ hospital's annualized Medicaid Intern Resident Cost and annualized Medicaid IME payment; ~~and~~
 - B) The product of:
 - i) The number of interns and residents as reported on Worksheet S3, Part 1, Col 9, Line 14; and
 - ii) 120% of the statewide average cost per intern and resident for all eligible hospitals.
 - 2) 22.633 percent.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.406 Graduate Medical Education (GME) Payment for Large Public Hospitals
EMERGENCY

Effective for dates of service starting July 1, 2018 ~~through June 30, 2020~~, except when specifically designated otherwise in this Section:

- a) Inpatient Graduate Medical Education (GME) Payment
 - 1) Definitions. As used in this Section, unless the context requires otherwise:
 - A) "Medicare cost report" means the Medicare cost report ending in 2015, as reported in Medicare cost reports released on October 19, 2016, with data through September 30, 2016.
 - B) "Hospital's Annualized Medicaid Inpatient Intern Resident Cost" is the product of the following factors:

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- i) Annualized intern and resident costs obtained from Worksheet B Part I, Column 21 and 22 the sum of ~~Lines~~ lines 30 through 43, 50 through 76, 90 through 93, 96 through 98, and 105 through 112;
 - ii) A quotient of:
 - The numerator of which is the hospital's Medicaid days (Worksheet S3 Part I, Column 7, Lines 2 through 4, 14, ~~and~~ 16 through 18, ~~and~~ 32); and
 - The denominator of which is the hospital's total days (Worksheet S3 Part I, Column 8, Lines 14 and 16 through 18); and.
 - iii) The quotient of:
 - The numerator of which is the hospital's total inpatient charges; and
 - The denominator of which is the hospital's total charges.
- C) "Hospital Annualized Medicaid Indirect Medical Education (IME) Payment" is the product of the following factors:
- i) Hospital IME payments (Worksheet E Part A, Line 29, Col 1); and
 - ii) The quotient of:
 - The numerator of which is the hospital Medicaid days (Worksheet S3 Part I, Column 7, Lines 2 through 4, 14, ~~and~~ 16 through 18, ~~and~~ 32), and
 - The denominator of which is the hospital Medicare days (Worksheet S3 Part I, Column 6, Lines 2 through 4, 14, and 16 through 18).

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- 2) Qualifying Criteria: An Illinois large public hospital reporting intern and resident cost on its Medicare cost report ending in 2015 shall be eligible for an inpatient GME payment.
 - 3) Payment. A qualifying large public hospital shall receive a payment that is the sum of each large public hospital's annualized Medicaid Intern Resident Cost and annualized Medicaid IME payment.
 - 4) Effective July 1, 2020, payment amounts in this subsection (a) may be calculated annually, or at least every 3 years, using updated Medicare Cost Report information. Updated Medicare Cost Report information shall be the most recent Medicare Cost Report available as of October of the calendar year preceding the State fiscal year.
- b) Outpatient (GME) Payment
- 1) Definitions. As used in this Section, unless the context requires otherwise:
 - A) "Medicare Cost Report" means the Medicare cost report ending in 2015, as reported in Medicare cost reports released on October 19, 2016, with data through September 30, 2016.
 - B) "Hospital's Annualized Medicaid Outpatient Intern Resident Cost" is the product of the following factors:
 - i) Annualized intern and resident costs obtained from Worksheet B Part I, Column 21 and 22 the sum of ~~Lines~~ lines 30 through 43, 50 through 76, 90 through 93, 96 through 98, and 10 through 112; and
 - ii) A quotient of:
 - the numerator of which is the hospital's Medicaid days (Worksheet S3 Part I, Column 7, Lines 2 through 4, 14, ~~and~~ 16 through 18, and 32); and
 - the denominator of which is the hospital's total days (Worksheet S3 Part I, Column 8, Lines 14 and 16 through 18); and

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- C) The quotient of:
- i) The numerator of which is the hospital's total outpatient charges; and
 - ii) The denominator of which is the hospital's total charges.
- 2) Qualifying Criteria: A large public hospital reporting intern and resident cost on its Medicare cost report ending in 2015 shall be eligible for a outpatient graduate medical education payment.
- 3) Payment. A qualifying large public hospital shall receive an outpatient GME payment that is equal to subsection (d)(2).
- 4) Effective July 1, 2020, payment amounts in this subsection may be calculated annually, or at least every 3 years, using updated Medicare Cost Report information. Updated Medicare Cost Report information shall be the most recent Medicare Cost Report available as of October of the calendar year preceding the State fiscal year.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.407 Medicaid High Volume Hospital Access Payment (Repealed)
EMERGENCY

~~Effective for dates of service starting July 1, 2018 through June 30, 2020, except when specifically designated otherwise in this Section:~~

- a) ~~Qualifying Criteria. To qualify for a Medicaid high volume hospital access payment, a hospital shall:~~
- 1) ~~Not qualify as a Medicaid-dependent hospital, per Section 148.411;~~
 - 2) ~~Be an Illinois general acute care hospital with the highest number of FY 2015 total admissions that when ranked in descending order from the highest FY 2015 total admissions to the lowest FY 2015 total admissions,~~

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~~in the aggregate, sum to at least 50% of the total admissions for all such hospitals in FY 2015.~~

- b) ~~Payments. Each qualifying hospital shall be paid a Medicaid dependent hospital access payment equal to the product of:~~
- 1) ~~\$300,000,000; and~~
 - 2) ~~A quotient, the numerator of which is the hospital's FY 2015 total admissions and the denominator of which is the FY 2015 total admissions for all hospitals meeting the qualifying criteria under this Section.~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.408 Inpatient Simulated Base Rate Adjustment (Repealed)
EMERGENCY

~~Effective for dates of service starting July 1, 2018 through June 30, 2020, except when specifically designated otherwise in this Section:~~

- a) ~~Qualifying criteria. Non-publically owned hospitals qualifying for this Inpatient Simulated Base Rate Adjustment Payment include:~~
- 1) ~~General acute care hospitals, as of July 1, 2018, located in Illinois;~~
 - 2) ~~Psychiatric hospitals, as of July 1, 2018, located in Illinois;~~
 - 3) ~~Rehabilitation hospitals, as of July 1, 2018, located in Illinois;~~
 - 4) ~~Children's hospitals, as of July 1, 2018, located in Illinois; and~~
 - 5) ~~Children's hospitals located in St. Louis that are designated a Level III perinatal center by the Illinois Department of Public Health and also designated a Level I pediatric trauma center by the Illinois Department of Public Health as of December 1, 2017.~~
- b) ~~Definitions. As used in this Section, unless the context requires otherwise:~~

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- 1) ~~Tier 1: A hospital with a MIUR equal to or greater than 60% shall have a service credit factor of 200%.~~
 - 2) ~~Tier 2: A hospital with a MIUR equal to or greater than 33% but less than 60% shall have a service credit factor of 100%.~~
 - 3) ~~Tier 3: A hospital with a MIUR equal to or greater than 20% but less than 33% shall have a service credit factor of 50%.~~
 - 4) ~~Tier 4: A hospital with a MIUR less than 20% shall have a service credit factor of 10%.~~
 - 5) ~~Inpatient general acute care pool amount is equal to \$268,051,572.~~
 - 6) ~~Inpatient Rehabilitation Care Pool amount is equal to \$24,500,610.~~
 - 7) ~~Inpatient Psychiatric Care Pool amount is equal to \$94,617,812.~~
- e) ~~Payment.~~
- 1) ~~Each qualified hospital shall be assigned a pool allocation percentage for each category of service that is equal to the ratio of:~~
 - A) ~~The hospital's estimated FY 2019 claims-based payments including all applicable FY 2019 policy adjusters;~~
 - B) ~~Multiplied by the applicable service credit factor for the hospital;
and~~
 - C) ~~Divided by the total of the FY 2019 claims-based payments including all FY 2019 policy adjusters for each category of service adjusted by each hospital's applicable service credit factor for all qualified hospitals.~~
 - 2) ~~For each category of service, a qualified hospital shall receive a Simulated Base Rate Adjustment payment equal to its pool allocation percentage multiplied by the total pool amount.~~

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(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.409 Inpatient Small Public Hospital Access Payment (Repealed)
EMERGENCY

~~Effective for dates of service starting July 1, 2018 through June 30, 2020, except when specifically designated otherwise in this Section:~~

- ~~a) *Qualifying Criteria. As used in this Section, "Small Public Hospital" means any Illinois publicly owned hospital which is not a "Large Public Hospital" as defined in Section 148.25(a). [305 ILCS 5/5A-12.6(m)(1)]*~~
- ~~b) *Payment. Each small public hospital shall be paid an Inpatient Small Public Hospital Access Payment equal to the product of:*~~
 - ~~1) *\$2,825,000; and*~~
 - ~~2) *A quotient of:*~~
 - ~~A) *The numerator of which is the hospital's FY 2015 total days; and*~~
 - ~~B) *The denominator of which is the FY 2015 total days for all hospitals meeting the qualifying criteria under this Section.*~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.410 Long-Term Acute Care Access Payment (Repealed)
EMERGENCY

~~Effective for dates of service starting July 1, 2018 through June 30, 2020, except when specifically designated otherwise in this Section:~~

- ~~a) *Qualifying Criteria. To qualify for a Long-Term Acute Care Access Payment, a hospital shall meet all of the following criteria:*~~
 - ~~1) *Is a hospital located in Illinois;*~~

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- 2) ~~Is not publicly owned;~~
 - 3) ~~Meets the definition of a Long-Term Acute Care Hospital;~~
 - 4) ~~Has a Rate Year 2017 Medicaid inpatient utilization rate equal to or greater than 25%; and~~
 - 5) ~~Has a calendar year 2015 occupancy ratio equal to or greater than 60%.~~
- b) ~~Payment. Each qualifying hospital shall be paid a Long-Term Acute Care Access Payment equal to the product of:~~
- 1) ~~\$19,000,000; and~~
 - 2) ~~A quotient of:~~
 - A) ~~The numerator of which is the hospital's FY 2015 general acute care admissions; and~~
 - B) ~~The denominator of which is the FY 2015 general acute care admissions for all hospitals meeting the qualifying criteria under this Section.~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.411 Medicaid Dependent Hospital Access Payment (Repealed)
EMERGENCY

~~Effective for dates of service starting July 1, 2018 through June 30, 2020, except when specifically designated otherwise in this Section:~~

- a) ~~Qualifying Criteria. To qualify for a Medicaid Dependent Hospital Access Payment, a hospital shall meet one of the following criteria:~~
 - 1) ~~Be a non-publicly owned general acute care hospital that is a Safety-Net Hospital, as defined in 305 ILCS 5/5-5e.1 for rate year 2017.~~

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- 2) ~~Be a pediatric hospital that is a Safety-Net Hospital, as defined in 305 ILCS 5/5-5e.1 for Rate Year 2017 and have a Medicaid inpatient utilization rate equal to or greater than 50%.~~
 - 3) ~~Be a general acute care hospital with a Medicaid inpatient utilization rate equal to or greater than 50% in Rate Year 2017.~~
- b) ~~Definitions. As used in this Section, unless the context requires otherwise:~~
- 1) ~~A Tier 1 Medicaid Dependent Hospital means a qualifying hospital with a rate year 2017 Medicaid inpatient utilization rate equal to or greater than the statewide mean but less than the statewide mean plus 0.5 standard deviation.~~
 - 2) ~~A Tier 2 Medicaid Dependent Hospital means a qualifying hospital with a rate year 2017 Medicaid inpatient utilization rate equal to or greater than the statewide mean plus 0.5 standard deviations but less than the statewide mean plus one standard deviation.~~
 - 3) ~~A Tier 3 Medicaid Dependent Hospital means a qualifying hospital with a rate year 2017 Medicaid inpatient utilization rate equal to or greater than the statewide mean plus one standard deviation but less than the statewide mean plus 1.5 standard deviations.~~
 - 4) ~~A Tier 4 Medicaid Dependent Hospital means a qualifying hospital with a rate year 2017 Medicaid inpatient utilization rate equal to or greater than the statewide mean plus 1.5 standard deviations but less than the statewide mean plus 2 standard deviations.~~
 - 5) ~~A Tier 5 Medicaid Dependent Hospital means a qualifying hospital with a rate year 2017 Medicaid inpatient utilization rate equal to or greater than the statewide mean plus 2 standard deviations.~~
- e) ~~Payment: Medicaid Dependent Hospital Access Payments shall be determined as follows:~~
- 1) ~~Each Tier 1 Medicaid Dependent Hospital shall be paid a Medicaid dependent hospital access payment equal to the product of:~~

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- A) ~~\$23,000,000; and~~
 - B) ~~A quotient of:~~
 - i) ~~The numerator of which is the hospital's FY 2015 total days; and~~
 - ii) ~~The denominator of which is the FY 2015 total days for all hospitals eligible under this Section for this payment.~~
- 2) ~~Each Tier 2 Medicaid Dependent Hospital shall be paid a Medicaid Dependent Hospital Access Payment equal to the product of:~~
- A) ~~\$15,000,000; and~~
 - B) ~~A quotient, the numerator of which is the hospital's FY 2015 total days and the denominator of which is the FY 2015 total days for all hospitals meeting the qualifying criteria under this Section.~~
- 3) ~~Each Tier 3 Medicaid Dependent Hospital shall be paid a Medicaid Dependent Hospital Access Payment equal to the product of:~~
- A) ~~\$15,000,000; and~~
 - B) ~~A quotient, the numerator of which is the hospital's FY 2015 total days and the denominator of which is the FY 2015 total days for all hospitals meeting the qualifying criteria under this Section.~~
- 4) ~~Each Tier 4 Medicaid Dependent Hospital shall be paid a Medicaid Dependent Hospital Access Payment equal to the product of:~~
- A) ~~\$53,000,000; and~~
 - B) ~~A quotient, the numerator of which is the hospital's FY 2015 total days and the denominator of which is the FY 2015 total days for all hospitals meeting the qualifying criteria under this Section.~~
- 5) ~~Each Tier 5 Medicaid Dependent Hospital shall be paid a Medicaid Dependent Hospital Access Payment equal to the product of:~~

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- A) ~~\$75,000,000; and~~
- B) ~~A quotient, the numerator of which is the hospital's FY 2015 total days and the denominator of which is the FY 2015 total days for all hospitals meeting the qualifying criteria under this Section.~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.412 Outpatient Simulated Base Rate Adjustment (Repealed)
EMERGENCY

~~Effective for dates of service starting July 1, 2018 through June 30, 2020, except when specifically designated otherwise in this Section:~~

- a) ~~Qualifying Criteria. Non-publically owned hospitals qualifying for the Inpatient Simulated Base Rate Adjustment Payment include:~~
 - 1) ~~General acute care hospitals, as of July 1, 2018, located in Illinois;~~
 - 2) ~~Psychiatric hospitals, as of July 1, 2018, located in Illinois;~~
 - 3) ~~Rehabilitation hospitals, as of July 1, 2018, located in Illinois;~~
 - 4) ~~Children's hospitals, as of July 1, 2018, located in Illinois; and~~
 - 5) ~~Children's hospitals located in St. Louis that are designated a Level III perinatal center by the Illinois Department of Public Health and also designated a Level I pediatric trauma center by the Illinois Department of Public Health as of December 1, 2017.~~
- b) ~~Definitions. As used in this Section, unless the context requires otherwise:~~
 - 1) ~~Tier 1: A hospital with a MIUR equal to or greater than 60% shall have a service credit factor of 200%.~~
 - 2) ~~Tier 2: A hospital with a MIUR equal to or greater than 33% but less than 60% shall have a service credit factor of 100%.~~

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- 3) ~~Tier 3: A hospital with a MIUR equal to or greater than 20% but less than 33% shall have a service credit factor of 50%.~~
- 4) ~~Tier 4: A hospital with a MIUR less than 20% shall have a service credit factor of 10%.~~
- e) ~~Payment~~
 - 1) ~~Each qualified hospital shall be assigned a pool allocation percentage for each category of service that is equal to the ratio of:~~
 - A) ~~The hospital's estimated FY 2019 claims-based payments, including all applicable FY 2019 policy adjusters;~~
 - B) ~~Multiplied by the applicable service credit factor for the hospital; and~~
 - C) ~~Divided by the total of the FY 2019 claims-based payments including all FY 2019 policy adjusters adjusted by each hospital's applicable service credit factor for all qualified hospitals.~~
 - 2) ~~A hospital shall receive a supplemental payment equal to its pool allocation percentage multiplied by the total pool amount of \$328,828,641.~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.413 Outpatient Small Public Hospital Access Payment (Repealed)
EMERGENCY

~~Effective for dates of service starting July 1, 2018 through June 30, 2020, except when specifically designated otherwise in this Section:~~

- a) ~~Qualifying Criteria. As used in this Section, "Small Public Hospital" means any Illinois publicly owned hospital which is not a "Large Public Hospital" as defined in Section 148.25(a) [305 ILCS 5/5A-12.6(m)(1)].~~

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- b) ~~Payment. Each Small Public Hospital shall be paid an outpatient access payment equal to the product of:~~
- 1) ~~\$24,000,000; and~~
 - 2) ~~A quotient of:~~
 - A) ~~The numerator of which is the hospital's FY 2015 outpatient services; and~~
 - B) ~~The denominator of which is the FY 2015 outpatient services for all hospitals meeting the qualifying criteria under this Section.~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.414 Perinatal and Rural Care Access Payment (Repealed)
EMERGENCY

~~Effective for dates of service starting July 1, 2018 through June 30, 2020, except when specifically designated otherwise in this Section:~~

- a) ~~Qualifying Criteria. An Illinois rural non-publically owned general acute care hospital that is classified as a Perinatal Level II or II+ Center qualifies for this payment if the hospital has:~~
- 1) ~~100 hospital beds or less, total admits are 1,250 or less, and has an occupancy ratio equal to or greater than 35%; or~~
 - 2) ~~An MIUR of at least 33% or greater in rate year 2017 with an occupancy ratio equal to or greater than 60%.~~
- b) ~~Payment. A qualifying hospital shall receive a payment that is the product of the following factors:~~
- 1) ~~\$10,000,000; and~~
 - 2) ~~A quotient of:~~

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- A) ~~The numerator of which is the qualifying hospital's State FY 2015 total admissions; and~~
- B) ~~The denominator of which is all State FY 2015 total admissions for qualifying hospitals.~~
- e) ~~Definitions. As used in this Section, unless the context requires otherwise:~~
- 1) ~~"Occupancy Ratio" is determined utilizing the IDPH Hospital Profile CY15—Facility Utilization Data—Source 2015 Annual Hospital Questionnaire. Utilizes all beds and days including observation days but excludes Long Term Care and Swing bed and their associated beds and days. (305 ILCS 5/5A-12.6 (p))~~
 - 2) ~~"Beds" is determined utilizing the IDPH Hospital Profile CY15—Facility Utilization Data—Source 2015 Annual Hospital Questionnaire. Utilizes all beds and days but excludes Long Term Care beds and Swing bed.~~
 - 3) ~~"Perinatal Level II or II+" means a center as defined by the Illinois Department of Public Health as of December 1, 2017.~~
 - 4) ~~"Rural Hospital" refers to hospitals not located in a Metropolitan Statistical Area.~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.415 Perinatal and Trauma Center Access Payment (Repealed)**EMERGENCY**

~~Effective for dates of service starting July 1, 2018 through June 30, 2020, except when specifically designated otherwise in this Section:~~

- a) ~~Qualifying Criteria. To qualify for a Perinatal and Trauma Care Access Payment, an Illinois non-publicly owned hospital must have a rate year 2017 Medicaid inpatient utilization rate equal to or greater than 20%, a calendar year 2015 occupancy ratio equal to or greater than 50% and meet one of the following criteria:~~

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- 1) ~~Be designated a Level III perinatal center and a Level I or II trauma center by the Illinois Department of Public Health as of December 1, 2017; or~~
 - 2) ~~Be designated a Level II or II+ perinatal center and a Level I or II trauma center by the Illinois Department of Public Health as of December 1, 2017.~~
- b) ~~Payment. Perinatal and Trauma Care Access Payments shall be determined as follows:~~
- 1) ~~Each hospital qualifying under subsection (a)(1) shall be paid a Perinatal and Trauma Care Access Payment equal to the product of:~~
 - A) ~~\$160,000,000; and~~
 - B) ~~A quotient of:~~
 - i) ~~The numerator of which is the hospital's FY 2015 total admissions; and~~
 - ii) ~~The denominator of which is the FY 2015 total admissions for all hospitals meeting the qualifying criteria under this Section.~~
 - 2) ~~Each hospital qualifying under subsection (a)(2) shall be paid a Perinatal and Trauma Care Access Payment equal to the product of:~~
 - A) ~~\$200,000,000; and~~
 - B) ~~A quotient of:~~
 - i) ~~The numerator of which is the hospital's FY 2015 total admissions; and~~
 - ii) ~~The denominator of which is the FY 2015 total admissions for all hospitals meeting the qualifying criteria under this Section.~~

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(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.416 Perinatal Care Access Payment (Repealed)
EMERGENCY

~~Effective for dates of service starting July 1, 2018 through June 30, 2020, except when specifically designated otherwise in this Section:~~

- a) ~~Qualifying Criteria. A hospital qualifies for a Perinatal Care Access Payment, if the hospital is one of the following:~~
 - 1) ~~An Illinois non-publicly owned hospital designated a Level II or II+ perinatal center by the Illinois Department of Public Health as of December 1, 2017.~~
 - 2) ~~An Illinois non-publicly owned hospital designated a Level III perinatal center by the Illinois Department of Public Health as of December 1, 2017.~~

- b) ~~Payment. Perinatal Care Access Payments shall be determined as follows:~~
 - 1) ~~Each hospital qualifying under subsection (a)(1), shall be paid a Perinatal Care Access Payment equal to the product of:~~
 - A) ~~\$200,000,000; and~~
 - B) ~~A quotient of:~~
 - i) ~~The numerator of which is the hospital's Fiscal Year 2015 total admissions; and~~
 - ii) ~~The denominator of which is the Fiscal Year 2015 total admissions for all hospitals meeting the qualifying criteria under this Section.~~
 - 2) ~~Each hospital qualifying under subsection (a)(2) shall be paid a Perinatal Care Access Payment equal to the product of:~~

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- A) ~~\$100,000,000; and~~
- B) ~~A quotient of:~~
 - i) ~~The numerator of which is the hospital's Fiscal Year 2015 total admissions; and~~
 - ii) ~~The denominator of which is the Fiscal Year 2015 total admissions for all hospitals meeting the qualifying criteria under this Section.~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.417 Psychiatric Care Access Payment for Distinct Part Units (Repealed)
EMERGENCY

~~Effective for dates of service starting July 1, 2018 through June 30, 2020, except when specifically designated otherwise in this Section:~~

- a) ~~Qualifying Criteria. To qualify for a Psychiatric Care Access Payment for Distinct Part Units Payment, an In-state cost reporting acute care hospital must maintain a psychiatric distinct part unit, as defined in Section 148.25(c).~~
- b) ~~Payment. The annual payment amount shall be the greater of:~~
 - 1) ~~Zero; or~~
 - 2) ~~The difference of:~~
 - A) ~~The product of:~~
 - i) ~~Modeled payment increase;~~
 - ii) ~~90 percent; and~~
 - iii) ~~75 percent.~~
 - B) ~~The inpatient base period claims data allowed amount.~~

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- e) ~~Definitions. As used in this Section, unless the context requires otherwise:~~
- 1) ~~"DRG Modeled Payments" means the lesser of charges, or the product, rounded to the nearest hundredth, of:~~
 - A) ~~The DRG weighting factor of the DRG and Severity of Illness (SOI), to which the inpatient stay was assigned by the DRG grouper; and~~
 - B) ~~The DRG base rate, equal to the sum of:~~
 - i) ~~The product, rounded to the nearest hundredth, of the Medicare IPPS labor share percentage, Medicare IPPS wage index (as defined in Section 148.418) and the psychiatric standardized amount.~~
 - ii) ~~The product, rounded to the nearest hundredth, of the Medicare IPPS non-labor share percentage and the psychiatric standardized amount.~~
 - 2) ~~"Psychiatric standardized amount" means the average amount as the basis for the DRG base rate established by the Department such that simulated DRG PPS allowed amount, without PA 97-0689 reductions or GME factor adjustments, using psychiatric hospital inpatient based period paid claims data, are \$59,637,125 more than the sum of psychiatric inpatient based period paid claims data allowed amounts.~~
 - 3) ~~"Medicare IPPS labor share percentage" means the Medicare inpatient prospective payment system operating standardized amount labor share percentage for the federal fiscal year ending three months prior to the calendar year during which the discharge occurred.~~
 - 4) ~~"Medicare IPPS non-labor share" means the difference of 1.0 and the Medicare IPPS labor share percentage.~~
 - 5) ~~"Diagnosis Related Group" or "DRG" means diagnosis related group, as defined in the DRG grouper, based on the principal diagnosis, surgical procedure used, age of patient, etc.~~

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- 6) ~~"Severity of Illness" or "SOI" means one of four subclasses of each DRG, as published by 3M Health Information Systems for the DRG grouper that relate to severity of illness (the extent of physiologic de-compensation or organ-system loss of function experience by the patient) and risk of (the likelihood of) dying.~~
- 7) ~~"Inpatient base period claims data" means State FY 2015 inpatient psychiatric Medicaid fee for service and statistically completed MCO encounter claims data, excluding Medicare dual eligible claims.~~
- 8) ~~"DRG weighting factor" means the product of each DRG and SOI combination, rounded to the nearest ten thousandth, of the national weighting factor for that combination, as published by 3M Health Information Systems for the DRG grouper, and the Illinois experience adjustment.~~
- 9) ~~"Illinois experience adjustment" means a quotient, rounded to the nearest ten thousandth, of the constant 1.0000 divided by the arithmetic mean 3M APR DRG national weighting factors of claims for inpatient stays using inpatient base period claims data.~~
- 10) ~~"DRG grouper" means the version 33 of the All Patient Refined Diagnosis Related Grouping (APR DRG) software, distributed by 3M Health Information Systems.~~
- 11) ~~"Modeled payment increase" means the difference between: DRG modeled payments and the Actual Allowed Amount.~~
- 12) ~~"Actual Allowed Amount" means the calculated Department fee schedule amount prior to any adjustment for secondary payer amounts for fiscal year 2015 psychiatric MCO encounter data adjusted with a completion factor and fee for service claims data, excluding Medicare dual eligible claims.~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

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**Section 148.418 Psychiatric Care Access Payment for Freestanding Psychiatric Hospitals
(Repealed)
EMERGENCY**

~~Effective for dates of service starting July 1, 2018 through June 30, 2020, except when specifically designated otherwise in this Section:~~

- a) ~~Qualifying Criteria. An Illinois freestanding psychiatric hospital, as defined in Section 148.25(d) shall qualify for the Psychiatric Care Access Payment for Freestanding Psychiatric Hospitals.~~
- b) ~~Payment. A qualifying hospital's payment shall be the greater of:~~
 - 1) ~~The product of:~~
 - A) ~~Modeled payment increase;~~
 - B) ~~90 percent; and~~
 - C) ~~75 percent.~~
 - 2) ~~Zero.~~
- c) ~~Definitions. As used in this Section, unless the context requires otherwise:~~
 - 1) ~~$DRG\ Weight\ Per\ Day = (DRG\ Weight) / (DRG\ Average\ Length\ of\ Stay)$~~
 - 2) ~~$Wage\ Index\ Adjustment = (Medicare\ IPPS\ Labor\ Share\ Percentage) \times (Medicare\ IPPS\ Wage\ Index) + [1 - (Medicare\ IPPS\ Labor\ Share\ Percentage)]$~~
 - 3) ~~$Acuity\ and\ Wage\ Index\ Adjusted\ Days = (Covered\ Days) \times (DRG\ Weight\ Per\ Day) \times (Wage\ Index\ Adjustment)$~~
 - 4) ~~$DRG\ Per\ Diem\ Rate = (Enhanced\ Funding\ Pool) / (SUM\ of\ Acuity\ and\ Wage\ Index\ Adjusted\ Days)$~~
 - 5) ~~"Modeled allowed amount" means the product of:~~

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- A) ~~Covered Days;~~
 - B) ~~DRG Weight Per Day;~~
 - C) ~~Wage Index Adjustment; and~~
 - D) ~~DRG Per Diem Rate.~~
- 6) ~~"Modeled payment increase" shall means be the difference in:~~
- A) ~~Modeled allowed amount; and~~
 - B) ~~Actual allowed amount.~~
- 7) ~~"Actual allowed amount" means the total allowed amount according to the Illinois Medicaid fee schedule, inclusive of a portion of the Illinois Medicaid fee schedule amount that is paid by a third party.~~
- 8) ~~"DRG Weight" means the product of each DRG and SOI combination, rounded to the nearest ten thousandth, of the national weighting factor for that combination, as published by 3M Health Information Systems for the Version 30 DRG grouper, and the Illinois Experience Adjustment.~~
- 9) ~~"DRG Average Length of Stay" means for each DRG and SOI combination, the national arithmetic mean length of stay for that combination rounded to the nearest tenth, as published by 3M Health Information Systems for the Version 30 DRG grouper.~~
- 10) ~~"Medicare IPPS wage index" means:~~
- A) ~~For hospitals identified as inpatient psychiatric in the quarterly CMS provider-specific files, the wage index is based on the Medicare Final Rule inpatient psychiatric facility prospective payment system (IPF PPS) post-reclass wage index effective October 1, 2016.~~
 - B) ~~For hospitals not identified as inpatient psychiatric in the quarterly CMS provider-specific files and that are in-state or out-of-state Medicaid cost reporting hospitals, the wage index is based on the~~

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~~Medicare Proposed Rule inpatient prospective payment system (IPPS) post reclass wage index effective October 1, 2017.~~

- ~~C) For hospitals not identified as inpatient psychiatric in the quarterly CMS provider-specific files and that are in-state non-Medicare IPPS hospitals and out-of-state non-Medicaid cost reporting hospitals, the wage index is based on the Medicare Proposed Rule inpatient prospective payment system wage index for the hospital's Medicare Core Based Statistical Area (CBSA) effective October 1, 2017.~~

~~11) "Medicare IPPS Labor Share Percentage" means:~~

- ~~A) For hospitals identified as inpatient psychiatric in the quarterly CMS provider-specific files, the labor share percentage is the Medicare Final Rule IPF PPS labor share percentage effective October 1, 2016, which is 0.7510.~~
- ~~B) For hospitals not identified as inpatient psychiatric in the quarterly CMS provider-specific files, the labor share percentage is the Medicare Proposed Rule IPPS labor share percentage effective October 1, 2017, which is 0.6830 for hospitals with a Medicare IPPS wage index greater than 1.0 and 0.6200 for all other hospitals.~~

~~12) "Enhanced Funding Pool" means \$105,927,553.~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.419 Safety-Net Hospital, Private Critical Access Hospital, and Outpatient High Volume Access Payments (Repealed)

EMERGENCY

~~Effective for dates of service starting July 1, 2018 through June 30, 2020, except when specifically designated otherwise in this Section:~~

- ~~a) **Qualifying Criteria.** A hospital qualifies for this payment if the hospital is one of the following:~~

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- 1) ~~A Safety Net Hospital, as defined in 305 ILCS 5/5-5e.1 for Rate Year 2017 that is not publicly owned.~~
 - 2) ~~A Critical Access Hospital that is not publicly owned.~~
 - 3) ~~A Tier 1 Outpatient High Volume Hospital.~~
 - 4) ~~A Tier 2 Outpatient High Volume Hospital.~~
 - 5) ~~A Tier 3 Outpatient High Volume Hospital.~~
- b) ~~Payment. Safety Net Hospital, Private Critical Access Hospital, and Outpatient High Volume Access Payments shall be determined as follows:~~
- 1) ~~Each hospital qualifying under subsection (a)(1) shall receive a payment that is equal to the product of:~~
 - A) ~~\$40,000,000; and~~
 - B) ~~A quotient, the numerator of which is the hospital's FY 2015 outpatient services and the denominator of which is the FY 2015 outpatient services for all hospitals meeting the qualifying criteria under this Section.~~
 - 2) ~~Each hospital qualifying under subsection (a)(2) shall receive a payment that is equal to the product of:~~
 - A) ~~\$55,000,000; and~~
 - B) ~~A quotient, the numerator of which is the hospital's FY 2015 outpatient services and the denominator of which is the FY 2015 outpatient services for all hospitals meeting the qualifying criteria under this Section.~~
 - 3) ~~Each hospital qualifying under subsection (a)(3) shall receive a payment that is equal to the product of:~~
 - A) ~~\$25,000,000; and~~

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- B) ~~A quotient, the numerator of which is the hospital's FY 2015 outpatient services and the denominator of which is the FY 2015 outpatient services for all hospitals meeting the qualifying criteria under this Section.~~
- 4) ~~Each hospital qualifying under subsection (a)(4) shall receive a payment that is equal to the product of:~~
- A) ~~\$25,000,000; and~~
- B) ~~A quotient, the numerator of which is the hospital's FY 2015 outpatient services and the denominator of which is the FY 2015 outpatient services for all hospitals meeting the qualifying criteria under this Section.~~
- 5) ~~Each hospital qualifying under subsection (a)(5) shall receive a payment that is equal to the product of:~~
- A) ~~\$58,000,000; and~~
- B) ~~A quotient, the numerator of which is the hospital's FY 2015 outpatient services and the denominator of which is the FY 2015 outpatient services for all hospitals meeting the qualifying criteria under this Section.~~
- e) ~~Definitions. As used in this Section, unless the context requires otherwise:~~
- 1) ~~"Tier 1 Outpatient High Volume Hospital" means one of the following:~~
- A) ~~A non-publicly owned hospital, excluding a Safety Net Hospital as defined in 305 ILCS 5/5-5e.1 for rate year 2017, with total outpatient services equal to or greater than the regional mean plus one standard deviation for all hospitals in the region but less than the mean plus 1.5 standard deviations;~~
- B) ~~An Illinois non-publicly owned hospital with total outpatient service units equal to or greater than the statewide mean plus one standard deviation; or~~

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- ~~€) A non-publicly owned Safety Net Hospital as defined in 305 ILCS 5/5-5e.1 for rate year 2017, with total outpatient services equal to or greater than the regional mean plus one standard deviation for all hospitals in the region.~~
- 2) ~~"Tier 2 Outpatient High Volume Hospital" means a non-publicly owned hospital, excluding a Safety Net Hospital as defined in 305 ILCS 5/5-5e.1 for rate year 2017, with total outpatient services equal to or greater than the regional mean plus 1.5 standard deviations for all hospitals in the region but less than the mean plus 2 standard deviations.~~
- 3) ~~"Tier 3 Outpatient High Volume Hospital" means a non-publicly owned hospital, excluding a Safety Net Hospital as defined in 305 ILCS 5/5-5e.1 for rate year 2017, with total outpatient services equal to or greater than the regional mean plus 2 standard deviations for all hospitals in the region.~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.420 Trauma Care Access Payment (Repealed)
EMERGENCY

~~Effective for dates of service starting July 1, 2018 through June 30, 2020, except when specifically designated otherwise in this Section:~~

- a) ~~Qualifying Criteria. To qualify for a Trauma Care Access Payment, an Illinois non-publicly owned hospital shall meet one of the following criteria:~~
- 1) ~~Be designated a Level I trauma center by the Illinois Department of Public Health as of December 1, 2017; or~~
- 2) ~~Be designated a Level II trauma center by the Illinois Department of Public Health as of December 1, 2017.~~
- b) ~~Payment. Trauma Care Access Payments shall be determined as follows:~~
- 1) ~~Each hospital qualifying under subsection (a)(1) shall be paid a Trauma Care Access Payment equal to the product of:~~

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- A) ~~\$160,000,000; and~~
 - B) ~~A quotient of:~~
 - i) ~~The numerator of which is the hospital's FY 2015 total admissions; and~~
 - ii) ~~The denominator of which is the FY 2015 total admissions for all hospitals eligible under this paragraph for this payment.~~
- 2) ~~Each hospital qualifying under subsection (a)(2) shall be paid a Trauma Care Access Payment equal to the product of:~~
- A) ~~\$200,000,000; and~~
 - B) ~~A quotient of:~~
 - i) ~~The numerator of which is the hospital's FY 2015 total admissions; and~~
 - ii) ~~The denominator of which is the FY 2015 total admissions for all hospitals eligible under this paragraph for this payment.~~

(Source: Repealed by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.421 Hospital Inpatient Adjustment
EMERGENCY

- a) Qualifying Criteria. Effective July 1, 2020, the following categories of non-large public hospitals located in Illinois shall qualify for a Hospital Inpatient Adjustment Payment:
 - 1) General Acute Care Hospitals, as defined in Section 148.25
 - 2) Safety-Net Hospitals, as defined in subsection (c)(2)

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- 3) Long Term Acute Care (LTAC) Hospitals, as defined in Section 148.25
 - 4) Psychiatric Hospitals, as defined in Section 148.25(d)(1)
 - 5) Rehabilitation Hospitals, as defined in Section 148.(d)(2)
 - 6) Critical Access Hospitals, as defined 42 CFR 485 Subpart F.
- b) Payment. Each qualifying hospital shall receive an annual payment equal to the product of:
- 1) The hospital's calendar year 2019 inpatient days; and
 - 2) The rate assigned to the group to which the hospital qualifies:
 - A) General Acute Care Hospitals: \$350
 - B) Safety-Net Hospitals: \$960
 - C) LTAC Hospitals: \$295
 - D) Psychiatric Hospitals: \$125
 - E) Rehabilitation Hospitals: \$355
 - F) Critical Access Hospitals: \$385
- c) Definitions. For purposes of this Section:
- 1) "Inpatient days" means, for a given hospital, the sum of fee-for-service inpatient hospital days provided to recipients of medical assistance under Title XIX of the Social Security Act for general acute care, psychiatric care, and rehabilitation care, excluding days for individuals eligible for Medicare under Title XVIII of the Social Security Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for total days occurring during calendar year 2019 as of May 11, 2020.

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- 2) "Safety-Net Hospital" means, a hospital, as defined in 89 Ill. Adm. Code 149.100(f)(4), except that stand-alone children's hospitals that are not specialty children's hospitals will not be included.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.423 Hospital Outpatient Adjustment
EMERGENCY

- a) Qualifying Criteria. Effective July 1, 2020, the following categories of non-large public hospitals located in Illinois shall qualify for a Hospital Outpatient Adjustment Payment:
 - 1) General Acute Care Hospitals, as defined in Section 148.25
 - 2) Safety-Net Hospitals, as defined in subsection (c)(2)
 - 3) Psychiatric Hospitals, as defined in Section 148.25(d)(1)
 - 4) Critical Access Hospitals, as defined 42 CFR 485 Subpart F.
- b) Payment. Each qualifying hospital shall receive an annual payment equal to the product of:
 - 1) The hospital's calendar year 2019 outpatient claims; and
 - 2) The rate assigned to the group to which the hospital qualifies:
 - A) General Acute Care Hospitals: \$620
 - B) Safety-Net Hospitals: \$625
 - C) Psychiatric Hospitals: \$130
 - D) Critical Access Hospitals: \$530
- c) Definitions. For purposes of this Section:

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- 1) "Outpatient claims" means, for a given hospital, the sum of fee-for-service outpatient hospital claims accepted by the Department for outpatient services provided to recipients of medical assistance under Title XIX of the Social Security Act for general acute care, psychiatric care, and rehabilitation care, excluding days for individuals eligible for Medicare under Title XVIII of the Social Security Act (Medicaid/Medicare crossover claims), as tabulated from the Department's paid claims data for services occurring during calendar year 2019 as of May 11, 2020.
- 2) "Safety-Net Hospital" means, a hospital, as defined in 89 Ill. Adm. Code 149.100(f)(4), except that stand-alone children's hospitals that are not specialty children's hospitals will not be included.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

Section 148.425 Directed Payment Classifications
EMERGENCY

- a) For purposes of calculating quarterly directed payment amounts as described in Section 5A-12.7(g) and (h) of the Public Aid Code, effective July 1, 2020 and January 1 of each following calendar year, the Department shall classify Illinois Hospitals into the following classes:
 - 1) Critical Access Hospitals as defined in Section 148.25(g)
 - 2) Safety-Net Hospitals as defined in 89 Ill. Adm. Code 149.100(f)(4), except that stand-alone children's hospitals as defined in Section 148.25(d)(3)(A) that are not specialty children's specialty hospitals as defined in Section 148.25(i) will not be included.
 - 3) Long Term Acute Care Hospitals as defined in Section 148.25(d)(4)
 - 4) Freestanding Psychiatric Hospitals as defined in Section 148.25(d)(1)
 - 5) Freestanding Rehabilitation Hospitals as defined in Section 148.25(d)(2)
 - 6) High Medicaid Hospitals

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7) Other General Acute Care Hospitalsb) Definitions. For purposes of this Section:

1) "Applicable Period" means, for the period July 1, 2020 through December 31, 2020, rate year 2020 MIUR and inpatient days with dates of service in State fiscal year 2018. For each calendar year thereafter, the MIUR calculated for the rate year beginning October 1 preceding the calendar year and inpatient days with dates of service within the State fiscal year ending 18 months prior to the calendar year.

2) "High Medicaid Hospital" means a general acute care hospital that is not a safety-net hospital or critical access hospital and for the applicable period has either:

A) A Medicaid Inpatient Utilization Rate (MIUR) as defined in Section 148.120(i)(4) above 30% during the applicable period; or

B) A hospital that had over 35,000 inpatient Medicaid days during the applicable period.

3) "Other General Acute Care Hospital" means a hospital that is not a hospital defined in subsection (a)(1) through (6).

c) For purposes of calculating MIUR under this Section, children's hospitals and affiliated general acute care hospitals shall be considered a single hospital.

d) Hospitals can be reclassified by the Department every calendar year. The Department will notify hospitals, by December 1 of each year, what class a hospital is assigned to for the next calendar year.

(Source: Added by emergency rulemaking at 44 Ill. Reg. 12832, effective July 17, 2020, for a maximum of 150 days)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS TO EMERGENCY RULE

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

<u>Section Numbers:</u>	<u>Emergency Actions:</u>
300.340	Amendment
300.696	Amendment
- 4) Statutory Authority: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45]
- 5) Effective Date of Rules: July 14, 2020
- 6) If these emergency rules are to expire before the end of the 150-day period, please specify the date on which they are to expire: These emergency rules will expire at the end of the 150-day period or upon repeal of the emergency rule.
- 7) Date Filed with the Index Department: July 14, 2020
- 8) A copy of the emergency rules, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Reason for Emergency: This emergency rule is adopted in response to Governor JB Pritzker's Gubernatorial Disaster Proclamations issued during 2020 related to COVID-19.

Section 5-45 of the Illinois Administrative Procedure Act [5 ILCS 100/5-45] defines "emergency" as "the existence of any situation that any agency finds reasonably constitutes a threat to the public interest, safety, or welfare." The COVID-19 outbreak in Illinois is a significant public health crisis that warrants these emergency rules.
- 10) A Complete Description of the Subject and Issues Involved: This rule amends the Department's requirements for a long term care facility's infection control policies and procedures. The rule adds new incorporated materials from the CDC to address COVID-19 infection control and strikes the requirement that facilities must comply with infection control recommendations provided by the Department or their local health department
- 11) Are there any other rulemakings pending on this Part? Yes

Section Numbers:Proposed Actions:Illinois Register Citations:

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NOTICE OF EMERGENCY AMENDMENTS TO EMERGENCY RULE

300.230	Amendment	44 Ill. Reg. 435; January 10, 2020
300.650	Amendment	44 Ill. Reg. 435; January 10, 2020
300.686	Amendment	44 Ill. Reg. 435; January 10, 2020
300.1230	Amendment	44 Ill. Reg. 435; January 10, 2020
300.1231	New Section	44 Ill. Reg. 435; January 10, 2020
200.1232	New Section	44 Ill. Reg. 435; January 10, 2020
300.1233	New Section	44 Ill. Reg. 435; January 10, 2020
300.1234	New Section	44 Ill. Reg. 435; January 10, 2020
300.Appendix A	New Section	44 Ill. Reg. 435; January 10, 2020
300.Appendix B	New Section	44 Ill. Reg. 435; January 10, 2020

- 12) Statement of Statewide Policy Objective: This rulemaking will not create or expand a State mandate.
- 13) Information and questions regarding these emergency rules shall be directed to:

Erin Conley
Rules Coordinator
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield IL 62761

217/782-2043
dph.rules@illinois.gov

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS TO EMERGENCY RULE

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

SUBPART A: GENERAL PROVISIONS

Section

300.1	COVID-19 Emergency Provisions
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300.2	COVID-19 Emergency Provisions for Licenses and Inspections
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300.110	General Requirements
300.120	Application for License
300.130	Licensee
300.140	Issuance of an Initial License for a New Facility
300.150	Issuance of an Initial License Due to a Change of Ownership
300.160	Issuance of a Renewal License
300.163	Alzheimer's Special Care Disclosure
300.165	Criteria for Adverse Licensure Actions
300.170	Denial of Initial License
300.175	Denial of Renewal of License
300.180	Revocation of License
300.190	Experimental Program Conflicting With Requirements
300.200	Inspections, Surveys, Evaluations and Consultation
300.210	Filing an Annual Attested Financial Statement
300.220	Information to Be Made Available to the Public By the Department
300.230	Information to Be Made Available to the Public By the Licensee
300.240	Municipal Licensing
300.250	Ownership Disclosure
300.260	Issuance of Conditional Licenses
300.270	Monitor and Receivership
300.271	Presentation of Findings
300.272	Determination to Issue a Notice of Violation or Administrative Warning
300.274	Determination of the Level of a Violation
300.276	Notice of Violation
300.277	Administrative Warning

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300.278	Plans of Correction
300.280	Reports of Correction
300.282	Conditions for Assessment of Penalties
300.284	Calculation of Penalties (Repealed)
300.286	Notice of Penalty Assessment; Response by Facility
300.287	Consideration of Factors for Assessing Penalties
300.288	Reduction or Waiver of Penalties
300.290	Quarterly List of Violators (Repealed)
300.300	Alcoholism Treatment Programs In Long-Term Care Facilities
300.310	Department May Survey Facilities Formerly Licensed
300.315	Supported Congregate Living Arrangement Demonstration
300.320	Waivers
300.330	Definitions
300.340	Incorporated and Referenced Materials

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SUBPART B: ADMINISTRATION

Section	
300.510	Administrator

SUBPART C: POLICIES

Section	
300.610	Resident Care Policies
300.615	Determination of Need Screening and Request for Resident Criminal History Record Information
300.620	Admission, Retention and Discharge Policies
300.624	Criminal History Background Checks for Persons Who Were Residents on May 10, 2006 (Repealed)
300.625	Identified Offenders
300.626	Discharge Planning for Identified Offenders
300.627	Transfer of an Identified Offender
300.630	Contract Between Resident and Facility
300.640	Residents' Advisory Council
300.650	Personnel Policies
300.651	Whistleblower Protection
300.655	Initial Health Evaluation for Employees
300.660	Nursing Assistants

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NOTICE OF EMERGENCY AMENDMENTS TO EMERGENCY RULE

300.661	Health Care Worker Background Check
300.662	Resident Attendants
300.663	Registry of Certified Nursing Assistants
300.665	Student Interns
300.670	Disaster Preparedness
300.680	Restraints
300.682	Nonemergency Use of Physical Restraints
300.684	Emergency Use of Physical Restraints
300.686	Unnecessary, Psychotropic, and Antipsychotic Drugs
300.690	Incidents and Accidents
300.695	Contacting Local Law Enforcement
300.696	Infection Control

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SUBPART D: PERSONNEL

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

SUBPART E: MEDICAL AND DENTAL CARE OF RESIDENTS

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300.1010	Medical Care Policies
300.1020	Communicable Disease Policies
300.1025	Tuberculin Skin Test Procedures
300.1030	Medical Emergencies
300.1035	Life-Sustaining Treatments
300.1040	Care and Treatment of Sexual Assault Survivors
300.1050	Dental Standards
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SUBPART F: NURSING AND PERSONAL CARE

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300.1210	General Requirements for Nursing and Personal Care
300.1220	Supervision of Nursing Services

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- 300.1230 Direct Care Staffing
- 300.1240 Additional Requirements

SUBPART G: RESIDENT CARE SERVICES

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- 300.1410 Activity Program
- 300.1420 Specialized Rehabilitation Services
- 300.1430 Work Programs
- 300.1440 Volunteer Program
- 300.1450 Language Assistance Services

SUBPART H: MEDICATIONS

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

SUBPART I: RESIDENT AND FACILITY RECORDS

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

SUBPART J: FOOD SERVICE

- Section
- 300.2010 Director of Food Services
- 300.2020 Dietary Staff in Addition to Director of Food Services
- 300.2030 Hygiene of Dietary Staff

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300.2040	Diet Orders
300.2050	Meal Planning
300.2060	Therapeutic Diets (Repealed)
300.2070	Scheduling Meals
300.2080	Menus and Food Records
300.2090	Food Preparation and Service
300.2100	Food Handling Sanitation
300.2110	Kitchen Equipment, Utensils, and Supplies

SUBPART K: MAINTENANCE, HOUSEKEEPING, AND LAUNDRY

Section	
300.2210	Maintenance
300.2220	Housekeeping
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SUBPART L: FURNISHINGS, EQUIPMENT, AND SUPPLIES

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

SUBPART M: WATER SUPPLY AND SEWAGE DISPOSAL

Section	
300.2610	Codes
300.2620	Water Supply
300.2630	Sewage Disposal
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SUBPART N: DESIGN AND CONSTRUCTION STANDARDS
FOR NEW INTERMEDIATE CARE AND SKILLED NURSING FACILITIES

Section	
300.2810	Applicability of these Standards
300.2820	Codes and Standards
300.2830	Preparation of Drawings and Specifications
300.2840	Site

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENTS TO EMERGENCY RULE

300.2850	Administration and Public Areas
300.2860	Nursing Unit
300.2870	Dining, Living, Activities Rooms
300.2880	Therapy and Personal Care
300.2890	Service Departments
300.2900	General Building Requirements
300.2910	Structural
300.2920	Mechanical Systems
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SUBPART O: DESIGN AND CONSTRUCTION STANDARDS
FOR EXISTING INTERMEDIATE CARE AND SKILLED NURSING FACILITIES

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- 300.4000 Applicability of Subpart S
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- 300.4040 General Requirements for Facilities Subject to Subpart S
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- 300.4080 Community-Based Rehabilitation Programs for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S
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Section

- 300.6000 Applicability of Subpart T (Repealed)
- 300.6005 Quality Assessment and Improvement for Facilities Subject to Subpart T (Repealed)
- 300.6010 Comprehensive Assessments for Residents of Facilities Subject to Subpart T (Repealed)
- 300.6020 Reassessments for Residents of Facilities Subject to Subpart T (Repealed)
- 300.6030 Individualized Treatment Plan for Residents of Facilities Subject to Subpart T (Repealed)
- 300.6040 General Requirements for Facilities Subject to Subpart T (Repealed)
- 300.6045 Serious Incidents and Accidents in Facilities Subject to Subpart T (Repealed)
- 300.6047 Medical Care Policies for Facilities Subject to Subpart T (Repealed)

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- 300.6049 Emergency Use of Restraints for Facilities Subject to Subpart T (Repealed)
- 300.6050 Psychiatric Rehabilitation Services for Facilities Subject to Subpart T (Repealed)
- 300.6060 Discharge Plans for Residents of Facilities Subject to Subpart T (Repealed)
- 300.6070 Work Programs for Residents of Facilities Subject to Subpart T (Repealed)
- 300.6080 Community-Based Rehabilitation Programs for Residents of Facilities Subject to Subpart T (Repealed)
- 300.6090 Personnel for Providing Services to Residents of Facilities Subject to Subpart T (Repealed)
- 300.6095 Training and Continuing Education for Facilities Subject to Subpart T (Repealed)

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- 300.7000 Applicability
 - 300.7010 Admission Criteria
 - 300.7020 Assessment and Care Planning
 - 300.7030 Ability-Centered Care
 - 300.7040 Activities
 - 300.7050 Staffing
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-
- 300.APPENDIX A Interpretation, Components, and Illustrative Services for Intermediate Care Facilities and Skilled Nursing Facilities (Repealed)
 - 300.APPENDIX B Classification of Distinct Part of a Facility for Different Levels of Service (Repealed)
 - 300.APPENDIX C Federal Requirements Regarding Patients'/Residents' Rights (Repealed)
 - 300.APPENDIX D Forms for Day Care in Long-Term Care Facilities
 - 300.APPENDIX E Criteria for Activity Directors Who Need Only Minimal Consultation (Repealed)
 - 300.APPENDIX F Guidelines for the Use of Various Drugs
 - 300.APPENDIX G Facility Report
 - 300.TABLE A Sound Transmission Limitations in New Skilled Nursing and Intermediate Care Facilities
 - 300.TABLE B Pressure Relationships and Ventilation Rates of Certain Areas for New Intermediate Care Facilities and Skilled Nursing Facilities
 - 300.TABLE C Construction Types and Sprinkler Requirements for Existing Skilled

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300.TABLE D Nursing Facilities/Intermediate Care Facilities
 Heat Index Table/Apparent Temperature

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

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 1066, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 311, effective July 28, 1980; emergency amendment at 6 Ill. Reg. 3229, effective March 8, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 6454, effective May 14, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 11631, effective September 14, 1982; amended at 6 Ill. Reg. 14550 and 14554, effective November 8, 1982; amended at 6 Ill. Reg. 14684, effective November 15, 1982; amended at 7 Ill. Reg. 285, effective December 22, 1982; amended at 7 Ill. Reg. 1972, effective January 28, 1983; amended at 7 Ill. Reg. 8579, effective July 11, 1983; amended at 7 Ill. Reg. 15831, effective November 10, 1983; amended at 7 Ill. Reg. 15864, effective November 15, 1983; amended at 7 Ill. Reg. 16992, effective December 14, 1983; amended at 8 Ill. Reg. 15599, 15603, and 15606, effective August 15, 1984; amended at 8 Ill. Reg. 15947, effective August 17, 1984; amended at 8 Ill. Reg. 16999, effective September 5, 1984; codified at 8 Ill. Reg. 19766; amended at 8 Ill. Reg. 24186, effective November 29, 1984; amended at 8 Ill. Reg. 24668, effective December 7, 1984; amended at 8 Ill. Reg. 25102, effective December 14, 1984; amended at 9 Ill. Reg. 132, effective December 26, 1984; amended at 9 Ill. Reg. 4087, effective March 15, 1985; amended at 9 Ill. Reg. 11049, effective July 1, 1985; amended at 11 Ill. Reg. 16927, effective October 1, 1987; amended at 12 Ill. Reg. 1052, effective December 24, 1987; amended at 12 Ill. Reg. 16811, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18477, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 4684, effective March 24, 1989; amended at 13 Ill. Reg. 5134, effective April 1, 1989; amended at 13 Ill. Reg. 20089, effective December 1, 1989; amended at 14 Ill. Reg. 14950, effective October 1, 1990; amended at 15 Ill. Reg. 554, effective January 1, 1991; amended at 16 Ill. Reg. 681, effective January 1, 1992; amended at 16 Ill. Reg. 5977, effective March 27, 1992; amended at 16 Ill. Reg. 17089, effective November 3, 1992; emergency amendment at 17 Ill. Reg. 2420, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 8026, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15106, effective September 3, 1993; amended at 17 Ill. Reg. 16194, effective January 1, 1994; amended at 17 Ill. Reg. 19279, effective October 26, 1993; amended at 17 Ill. Reg. 19604, effective November 4, 1993; amended at 17 Ill. Reg. 21058, effective November 20, 1993; amended at 18 Ill. Reg. 1491, effective January 14, 1994; amended at 18 Ill. Reg. 15868, effective October 15, 1994; amended at 19 Ill. Reg. 11600, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 567, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996;

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amended at 20 Ill. Reg. 10142, effective July 15, 1996; amended at 20 Ill. Reg. 12208, effective September 10, 1996; amended at 21 Ill. Reg. 15000, effective November 15, 1997; amended at 22 Ill. Reg. 4094, effective February 13, 1998; amended at 22 Ill. Reg. 7218, effective April 15, 1998; amended at 22 Ill. Reg. 16609, effective September 18, 1998; amended at 23 Ill. Reg. 1103, effective January 15, 1999; amended at 23 Ill. Reg. 8106, effective July 15, 1999; amended at 24 Ill. Reg. 17330, effective November 1, 2000; amended at 25 Ill. Reg. 4911, effective April 1, 2001; amended at 26 Ill. Reg. 3113, effective February 15, 2002; amended at 26 Ill. Reg. 4846, effective April 1, 2002; amended at 26 Ill. Reg. 10523, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 2181, effective February 1, 2003, for a maximum of 150 days; emergency expired June 30, 2003; emergency amendment at 27 Ill. Reg. 5452, effective March 25, 2003, for a maximum of 150 days; emergency expired August 21, 2003; amended at 27 Ill. Reg. 5862, effective April 1, 2003; emergency amendment at 27 Ill. Reg. 14204, effective August 15, 2003, for a maximum of 150 days; emergency expired January 11, 2004; amended at 27 Ill. Reg. 15855, effective September 25, 2003; amended at 27 Ill. Reg. 18105, effective November 15, 2003; expedited correction at 28 Ill. Reg. 3528, effective November 15, 2003; amended at 28 Ill. Reg. 11180, effective July 22, 2004; amended at 28 Ill. Reg. 14623, effective October 20, 2004; amended at 29 Ill. Reg. 876, effective December 22, 2004; emergency amendment at 29 Ill. Reg. 11824, effective July 12, 2005, for a maximum of 150 days; emergency rule modified in response to JCAR Recommendation at 29 Ill. Reg. 15101, effective September 23, 2005, for the remainder of the maximum 150 days; emergency amendment expired December 8, 2005; amended at 29 Ill. Reg. 12852, effective August 2, 2005; amended at 30 Ill. Reg. 1425, effective January 23, 2006; amended at 30 Ill. Reg. 5213, effective March 2, 2006; amended at 31 Ill. Reg. 6044, effective April 3, 2007; amended at 31 Ill. Reg. 8813, effective June 6, 2007; amended at 33 Ill. Reg. 9356, effective June 17, 2009; amended at 34 Ill. Reg. 19182, effective November 23, 2010; amended at 35 Ill. Reg. 3378, effective February 14, 2011; amended at 35 Ill. Reg. 11419, effective June 29, 2011; expedited correction at 35 Ill. Reg. 17468, effective June 29, 2011; amended at 36 Ill. Reg. 14090, effective August 30, 2012; amended at 37 Ill. Reg. 2298, effective February 4, 2013; amended at 37 Ill. Reg. 4954, effective March 29, 2013; amended at 38 Ill. Reg. 22851, effective November 21, 2014; amended at 39 Ill. Reg. 5456, effective March 25, 2015; amended at 41 Ill. Reg. 14811, effective November 15, 2017; amended at 43 Ill. Reg. 3536, effective February 28, 2019; emergency amendment at 44 Ill. Reg. 8521, effective May 5, 2020, for a maximum of 150 days; emergency amendment at 44 Ill. Reg. 10217, effective May 28, 2020, for a maximum of 150 days; amended by emergency amendment to emergency rule at 44 Ill. Reg. 12931, effective July 14, 2020, for the remainder of the 150 days.

SUBPART A: GENERAL PROVISIONS

Section 300.340 Incorporated and Referenced Materials

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EMERGENCY

- a) The following regulations and standards are incorporated in this Part:
- 1) Private and professional association standards:
 - A) ANSI/ASME Standard No. A17.1-2000, Safety Code for Elevators and Escalators, which may be obtained from the American Society of Mechanical Engineers (ASME) International, 22 Law Drive, Box 2900, Fairfield, New Jersey 07007-2900.
 - B) American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), Handbook of Fundamentals (2001), and Handbook of Applications (1999), which may be obtained from the American Society of Heating, Refrigerating, and Air Conditioning Engineers, Inc., 1791 Tullie Circle, N.E., Atlanta, Georgia 30329.
 - C) American Society for Testing and Materials (ASTM) International Standard No. E90-02 (1996): Standard Test Method for Laboratory Measurement of Airborne Sound Transmission Loss of Building Partitions and Elements, and Standard No. E84-08a, Standard Test Method for Surface Burning Characteristics of Building Materials (2006), which may be obtained from ASTM International, 100 Barr Harbor Drive, P.O. Box C700, West Conshohocken, Pennsylvania 19428-2959.
 - D) International Building Code (IBC) (2000), which may be obtained from the International Code Council (ICC), 4051 W. Flossmoor Road, Country Club Hills, Illinois 60478-5795.
 - E) For existing facilities (see Subpart O), National Fire Protection Association (NFPA) Standard No. 101: Life Safety Code, Appendix B (1981) and the following additional standards, which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169:
 - i) No. 10 (1978): Standards for Portable Extinguishers
 - ii) No. 13 (1980): Standards for the Installation of Sprinkler

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Systems

- iii) No. 54 (1999): National Fuel Gas Code
 - iv) No. 56F (1977): Standards for Non-Flammable Medical Gas Systems
 - v) No. 70 (1981): National Electric Code
 - vi) No. 90A (1999): Standard for the Installation of Air Conditioning and Ventilating Systems
 - vii) No. 96 (1998): Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations
 - viii) No. 220 (1979): Standard Types of Building Construction
 - ix) No. 253 (1978): Flooring Radiant Heat Energy Test
 - x) No. 255 (1972): Test of Surface Burning Characteristics of Building Materials
 - xi) Appendix C (1981): Fire Safety Evaluation System for Health Occupancies
- F) For new facilities (see Subpart N), the following standards of the National Fire Protection Association (NFPA), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169:
- i) NFPA 17A, Standard for Wet Chemical Extinguishing Systems – 2002 Edition
 - ii) NFPA 20, Standard for the Installation of Stationary Pumps for Fire Protection – 1999 Edition
 - iii) NFPA 22, Standard for Water Tanks for Private Fire Protection – 1998 Edition

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- iv) NFPA 24, Standard for the Installation of Private Fire Service Mains and Their Appurtenances – 2002 Edition
- v) NFPA 50, Standard for Bulk Oxygen Systems at Consumer Sites – 2001 Edition
- vi) NFPA 54, National Fuel Gas Code – 1999 Edition
- vii) NFPA 70B, Recommended Practice for Electrical Equipment Maintenance – 2002 Edition
- viii) NFPA 70E, Standard for Electrical Safety Requirements for Employee Workplaces – 2000 Edition
- ix) NFPA 80A, Recommended Practice for Protection of Buildings from Exterior Fire Exposures – 2001 Edition
- x) NFPA 90A, Standard for the Installation of Air Conditioning and Ventilating Systems – 1999 Edition
- xi) NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations – 1998 Edition
- xii) NFPA 101, Life Safety Code – 2000 Edition
- xiii) NFPA 105, Recommended Practice for the Installation of Smoke-Control Door Assemblies – 1999 Edition
- G) For new and existing facilities (see Section 300.1610), NFPA 99: Standard for Health Care Facilities – 2003 Edition.
- H) The following standards, which may be obtained from Underwriters Laboratories (UL), Inc., 333 Pfingsten Rd., Northbrook, Illinois 60062:
 - i) Fire Resistance Directory (2003 Edition)
 - ii) Building Material Directory (2003 Edition)

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- I) American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (1994), which may be obtained from the American Psychiatric Association, 1000 Wilson Blvd., Suite 1825, Arlington, Virginia, 22209-3901.
- J) American College of Obstetricians and Gynecologists, Guidelines for Women's Health Care, Third Edition (2007), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta, Georgia 31193-3104 (800-762-2264). (See Section 300.3220.)

2) Federal guidelines:

The following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, which may be obtained from the National Technical Information Service (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161.

- A) Guideline for Prevention of Catheter-Associated Urinary Tract Infections (~~2009~~~~October 1981~~) which can be found at <https://www.cdc.gov/infectioncontrol/guidelines/cauti/index.html>
- B) Guideline for Hand Hygiene in Health-Care Settings (October 2002) which can be found at <https://www.cdc.gov/mmwr/pdf/rr/rr5116.pdf>
- C) Guidelines for Prevention of Intravascular Catheter-Related Infections (~~2011~~~~2002~~) which can be found at <https://www.cdc.gov/hai/pdfs/bsi-guidelines-2011.pdf>
- D) Guideline for Prevention of Surgical Site Infection (~~2017~~~~1999~~) which can be found at <https://jamanetwork.com/journals/jamasurgery/fullarticle/2623725>
- E) <https://www.cdc.gov> [Guidelines for Preventing Healthcare-Associated Pneumonia \(2003\) Guideline for Prevention of Nosocomial Pneumonia \(February 1994\)](https://www.cdc.gov)-which can be found at <https://www.cdc.gov>

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</mmwr/preview/mmwrhtml/rr5303a1.htm>

- F) [2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(July 2019\)](#) ~~in Hospitals (February 18, 1997)~~ available at <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>
- G) [Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services \(October 25, 2019\)](#) ~~Guidelines for Infection Control in Health Care Personnel (1998)~~ available in two parts at <https://www.cdc.gov/infectioncontrol/pdf/guidelines/infection-control-HCP-H.pdf> and <https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>
- H) [Testing Guidelines for Nursing Homes \(July 1, 2020\)](#) available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>
- D) [Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2 \(July 2, 2020\)](#) available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html>
- J) [Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes \(May 19, 2020\)](#) available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html>
- K) [Preparing for COVID-19 in Nursing Homes \(June 25, 2020\)](#) available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- L) [Responding to Coronavirus \(COVID-19\) in Nursing Homes \(April 30, 2020\)](#) available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>
- M) [Nursing Home Reopening Recommendations for State and Local Officials \(QSO-20-30-NH; May 18, 2020\)](#); available online at: <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>

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- 3) Federal regulations:
 - A) 21 CFR 1306, Prescriptions (April 1, 2002)
 - B) 42 CFR 483.151-156, Requirements for States and Long-Term Care Facilities (October 1, 2002)
- b) All incorporations by reference of federal regulations and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any amendments or editions subsequent to the date specified.
- c) The following statutes and State regulations are referenced in this Part:
 - 1) Federal statutes:
 - A) Civil Rights Act of 1964 (42 USC 2000e et seq.)
 - B) Social Security Act (42 USC 301 et seq., 1395 et seq. and 1396 et seq.)
 - C) Controlled Substances Act (21 USC 802)
 - 2) State of Illinois statutes:
 - A) Illinois Alcoholism and Other Drug Dependency Act [20 ILCS 305]
 - B) Boiler and Pressure Vessel Safety Act [430 ILCS 75]
 - C) Child Care Act of 1969 [225 ILCS 10]
 - D) Court of Claims Act [705 ILCS 505]
 - E) Illinois Dental Practice Act [225 ILCS 25]
 - F) Election Code [10 ILCS 5]
 - G) Freedom of Information Act [5 ILCS 140]

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- H) General Not For Profit Corporation Act of 1986 [805 ILCS 105]
- I) Hospital Licensing Act [210 ILCS 85]
- J) Illinois Controlled Substances Act [720 ILCS 570]
- K) Illinois Health Facilities Planning Act [20 ILCS 3960]
- L) Illinois Municipal Code [65 ILCS 5]
- M) Nurse Practice Act [225 ILCS 65]
- N) Illinois Occupational Therapy Practice Act [225 ILCS 75]
- O) Illinois Physical Therapy Act [225 ILCS 90]
- P) Life Care Facilities Act [210 ILCS 40]
- Q) Local Governmental and Governmental Employees Tort Immunity Act [745 ILCS 10]
- R) Medical Practice Act of 1987 [225 ILCS 60]
- S) Mental Health and Developmental Disabilities Code [405 ILCS 5]
- T) Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70]
- U) Nursing Home Care Act [210 ILCS 45]
- V) Pharmacy Practice Act [225 ILCS 85]
- W) Private Sewage Disposal Licensing Act [225 ILCS 225]
- X) Probate Act of 1975 [775 ILCS 5]
- Y) Illinois Public Aid Code [305 ILCS 5]

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- Z) Safety Glazing Materials Act [430 ILCS 60]
- AA) Illinois Administrative Procedure Act [5 ILCS 100]
- BB) Clinical Psychologist Licensing Act [225 ILCS 15]
- CC) Dietetic and Nutrition Services Practice Act [225 ILCS 30]
- DD) Health Care Worker Background Check Act [225 ILCS 46]
- EE) Clinical Social Work and Social Work Practice Act [225 ILCS 20]
- FF) Living Will Act [755 ILCS 35]
- GG) Powers of Attorney for Health Care Law [755 ILCS 45/Art. IV]
- HH) Health Care Surrogate Act [755 ILCS 45]
- II) Right of Conscience Act [745 ILCS 70]
- JJ) Abused and Neglected Long-Term Care Facility Residents Reporting Act [210 ILCS 30]
- KK) Supportive Residences Licensing Act [210 ILCS 65]
- LL) Community Residential Alternatives Licensing Act [210 ILCS 40]
- MM) Community Living Facilities Licensing Act [210 ILCS 35]
- NN) Community-Integrated Living Arrangements Licensure and Certification Act [210 ILCS 135]
- OO) Counties Code [55 ILCS 5]
- PP) Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107]
- QQ) Podiatric Medical Practice Act of 1987 [225 ILCS 100]

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- RR) Illinois Optometric Practice Act of 1987 [225 ILCS 80]
 - SS) Physician Assistant Practice Act of 1987 [225 ILCS 95]
 - TT) Alzheimer's Special Care Disclosure Act [210 ILCS 4]
 - UU) Illinois Act on the Aging [20 ILCS 105]
 - VV) Alternative Health Care Delivery Act [210 ILCS 3]
 - WW) Assisted Living and Shared Housing Act [210 ILCS 9]
 - XX) Language Assistance Services Act [210 ILCS 87]
- 3) State of Illinois rules:
- A) Office of the State Fire Marshal, Boiler and Pressure Vessel Safety (41 Ill. Adm. Code 120)
 - B) Capital Development Board, Illinois Accessibility Code (71 Ill. Adm. Code 400)
 - C) Department of Public Health:
 - i) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)
 - ii) Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693)
 - iii) Food Service Sanitation Code (77 Ill. Adm. Code 750)
 - iv) Illinois Plumbing Code (77 Ill. Adm. Code 890)
 - v) Private Sewage Disposal Code (77 Ill. Adm. Code 905)
 - vi) Drinking Water Systems Code (77 Ill. Adm. Code 900)
 - vii) Illinois Water Well Construction Code (77 Ill. Adm. Code

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- viii) Illinois Water Well Pump Installation Code (77 Ill. Adm. Code 925)
 - ix) Access to Public Records of the Department of Public Health (2 Ill. Adm. Code 1127)
 - x) Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)
 - xi) Sheltered Care Facilities Code (77 Ill. Adm. Code 330)
 - xii) Intermediate Care for the Developmentally Disabled Facilities Code (77 Ill. Adm. Code 350)
 - xiii) Long-Term Care for Under Age 22 Facilities Code (77 Ill. Adm. Code 390)
 - xiv) Long-Term Care Assistants and Aides Training Programs Code (77 Ill. Adm. Code 395)
 - xv) Control of Tuberculosis Code (77 Ill. Adm. Code 696)
 - xvi) Health Care Worker Background Check Code (77 Ill. Adm. Code 955)
 - xvii) Language Assistance Services Code (77 Ill. Adm. Code 940)
- D) Department of Financial and Professional Regulation:
- i) Controlled Substances Act (68 Ill. Adm. Code 3100)
 - ii) Pharmacy Practice Act (68 Ill. Adm. Code 1330)
- E) Department of Human Services, Alcoholism and Substance Abuse Treatment and Intervention Licenses (77 Ill. Adm. Code 2060)

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- F) Department of Natural Resources, Regulation of Construction within Flood Plains (17 Ill. Adm. Code 2706)
- G) Department of Healthcare and Family Services, Medical Payment (89 Ill. Adm. Code 140)

(Source: Added to emergency rule by emergency amendment to emergency rule and amended at 44 Ill. Reg. 12931, effective July 14, 2020, for a maximum of 150 days)

SUBPART C: POLICIES

Section 300.696 Infection Control**EMERGENCY**

- a) Policies and procedures for investigating, controlling, preventing and testing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. ~~A copy of the facility's infection control policies and procedures shall be provided to the resident and the resident's family or representative.~~ Infection control policies and procedures shall be maintained in the facility and made available upon request to the resident and the resident's family or representative, the Department, the Department's agent or the local health authority.
- b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically, but no less than annually, review the results of investigations and activities to control infections. Upon request, the facility shall provide the Department with the group's recommendations to control infections within the facility.
- c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340):
 - 1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections
 - 2) Guideline for Hand Hygiene in Health-Care Settings

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- 3) Guidelines for Prevention of Intravascular Catheter-Related Infections
- 4) Guideline for Prevention of Surgical Site Infection
- 5) ~~Guidelines for Preventing Healthcare-Associated Pneumonia~~
~~Guideline for Prevention of Nosocomial Pneumonia~~
- 6) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings in Hospitals
- 7) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services
~~Guidelines for Infection Control in Health Care Personnel~~
- 8) Testing Guidelines for Nursing Homes (July 1, 2020) available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>
- 9) Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2 (July 2, 2020) available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html>
- 10) Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes (May 19, 2020) available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html>
- 11) Preparing for COVID-19 in Nursing Homes (June 25, 2020) available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- 12) Responding to Coronavirus (COVID-19) in Nursing Homes (April 30, 2020) available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>
- 13) Nursing Home Reopening Recommendations for State and Local Officials (QSO-20-30-NH; May 18, 2020); available online at: <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>

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- ~~d)~~ ~~Each facility shall comply with infection control recommendations provided by the Department or certified local health department, including, but not limited to, testing plans, infection control assessments, training or other measures designed to reduce infection rates and disease outbreaks.~~
- de) Each facility shall conduct testing of residents and staff for the control or detection of communicable diseases when:
- 1) the facility is experiencing an outbreak; or
 - 2) directed by the Department or the certified local health department where the chance of transmission is high, including, but not limited to, regional outbreaks, pandemics or epidemics.
- ef) Each facility shall make arrangements with a testing laboratory to process any specimens collected under subsection (de) and ensure that complete information is submitted with each specimen, including name, address, date of birth, sex, race and ethnicity.
- eg) For testing done under subsection (de), each facility shall report to the Department or the certified local health department the number of residents and staff tested, and the number of positive, negative and indeterminate cases as directed by the Department or certified local health department.

(Source: Amended by emergency rulemaking at 44 Ill. Reg. 10217, effective May 28, 2020, for a maximum of 150 days; amended by emergency amendment to emergency rule at 44 Ill. Reg. 12931, effective July 14, 2020, for the remainder of the 150 days)

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- 1) Heading of the Part: Pay Plan
- 2) Code Citation: 80 Ill. Adm. Code 310
- 3) Section Number: 310.Appendix A Table S Peremptory Action: Amendment
- 4) Reference to the Specific State or Federal Court Order, Federal Rule or Statute which Requires this Peremptory Rulemaking: The Department of Central Management Services (CMS) is amending the Pay Plan (80 Ill. Adm. Code 310) Section 310.Appendix A Table S to reflect the Memorandum of Understanding (MOU) for the Corrections Treatment Senior Security Supervisor title between the Department of Central Management Services and Laborers' International Union of North America – Illinois State Employees Association, Local 2002 and the Southern and Central Illinois Laborers' District Council signed June 9, 2020 and amended June 17, 2020. The MOU assigns to the Corrections Treatment Senior Security Supervisor title the pay grade VR-704-24 effective January 28, 2020. On that date, the Illinois Labor Relations Board issues the Certification of Representative (Case No. S-RC-20-022) that the Corrections Treatment Senior Security Supervisor title (title code 09867) is represented by the VR-704 bargaining unit. The title was established as approved by the Civil Service Commission effective November 1, 2016.
- 5) Statutory Authority: Authorized by Sections 8, 8a and 9(7) of the Personnel Code [20 ILCS 415/8, 20 ILCS 415/8a and 20 ILCS 415/9(7)], subsection (d) of Section 1-5 of the Illinois Administrative Procedure Act [5 ILCS 100/1-5(d)] and by Sections 4, 6, 15 and 21 of the Illinois Public Labor Relations Act [5 ILCS 315/4, 5 ILCS 315/6, 5 ILCS 315/15 and 5 ILCS 315/21].
- 6) Effective Date of Rule: July 16, 2020
- 7) A Complete Description of the Subjects and Issues Involved: In Section 310.Appendix A Table S and its title table, the Corrections Treatment Senior Security Supervisor title, its title code, bargaining unit and pay code are added. A Corrections Treatment Senior Security Supervisor Title Note is added to other Notes describing the rate paid to the employees in the positions allocated to the title.
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Date Filed with the Index Department: July 16, 2020

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- 10) This and other Pay Plan amendments are available in the Division of Technical Services of the Bureau of Personnel.
- 11) Is this in compliance with Section 5-50 of the Illinois Administrative Procedure Act?
Yes
- 12) Are there any other rulemakings pending on this Part? No
- 13) Statement of Statewide Policy Objective: The amendments to the Pay Plan affect only the employees subject to the Personnel Code and do not set out any guidelines that affect local or other jurisdictions in the State.
- 14) Information and questions regarding this peremptory rule shall be directed to:

Ms. Lisa Fendrich
Compensation Section
Division of Technical Services
Bureau of Personnel
Department of Central Management Services
504 William G. Stratton Building
Springfield IL 62706

217/782-7976
fax: 217/524-4570
CMS.PayPlan@Illinois.gov

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

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TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND
POSITION CLASSIFICATIONS

CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 310
PAY PLAN

SUBPART A: NARRATIVE

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

SUBPART B: SCHEDULE OF RATES

Section	
310.205	Introduction
310.210	Prevailing Rate
310.220	Negotiated Rate
310.230	Part-Time Daily or Hourly Special Services Rate (Repealed)
310.240	Daily or Hourly Rate Conversion
310.250	Member, Patient and Inmate Rate
310.260	Trainee Rate

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310.270	Legislated Rate (Repealed)
310.280	Designated Rate
310.290	Out-of-State Rate (Repealed)
310.295	Foreign Service Rate (Repealed)
310.300	Educator Schedule for RC-063 and HR-010
310.310	Physician Specialist Rate
310.320	Annual Compensation Ranges for Executive Director and Assistant Executive Director, State Board of Elections (Repealed)
310.330	Excluded Classes Rate (Repealed)

SUBPART C: MERIT COMPENSATION SYSTEM

Section	
310.410	Jurisdiction
310.415	Merit Compensation Salary Range Assignments
310.420	Objectives
310.430	Responsibilities
310.440	Merit Compensation Salary Schedule
310.450	Procedures for Determining Annual Merit Increases and Bonuses
310.455	Intermittent Merit Increase (Repealed)
310.456	Merit Zone (Repealed)
310.460	Other Pay Increases
310.470	Adjustment
310.480	Decreases in Pay
310.490	Other Pay Provisions
310.495	Broad-Band Pay Range Classes
310.500	Definitions
310.510	Conversion of Base Salary to Pay Period Units (Repealed)
310.520	Conversion of Base Salary to Daily or Hourly Equivalents
310.530	Implementation
310.540	Annual Merit Increase and Bonus Guidechart
310.550	Fiscal Year 2021 Merit Compensation Cost-of-Living Adjustment
310.560	Merit Incentive Program (Repealed)
310.570	Gain Sharing Program (Repealed)

SUBPART D: FROZEN NEGOTIATED-RATES-OF-PAY DUE TO
FISCAL YEAR APPROPRIATIONS AND EXPIRED SALARY SCHEDULES IN
COLLECTIVE BARGAINING UNIT AGREEMENTS

Section

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- 310.600 Jurisdiction (Repealed)
- 310.610 Pay Schedules (Repealed)
- 310.620 In-Hiring Rate (Repealed)
- 310.630 Definitions (Repealed)
- 310.640 Increases in Pay (Repealed)
- 310.650 Other Pay Provisions (Repealed)
- 310.660 Effective Date (Repealed)
- 310.670 Negotiated Rate (Repealed)
- 310.680 Trainee Rate (Repealed)
- 310.690 Educator Schedule for Frozen RC-063 and Frozen HR-010 (Repealed)
- 310.APPENDIX A Negotiated Rates of Pay
- 310.TABLE A RC-104 (Conservation Police Supervisors, Illinois Fraternal Order of Police Labor Council)
- 310.TABLE B VR-706 (Assistant Automotive Shop Supervisors, Automotive Shop Supervisors and Meat and Poultry Inspector Supervisors, Laborers' – ISEA Local #2002)
- 310.TABLE C RC-056 (Site Superintendents and Departments of Veterans' Affairs, Natural Resources, Human Services and Agriculture and Historic Preservation Agency Managers, IFPE)
- 310.TABLE D HR-001 (Teamsters Local #700)
- 310.TABLE E RC-020 (Teamsters Locals #330 and #705)
- 310.TABLE F RC-019 (Teamsters Local #25)
- 310.TABLE G RC-045 (Automotive Mechanics, IFPE)
- 310.TABLE H RC-006 (Corrections Employees, AFSCME)
- 310.TABLE I RC-009 (Institutional Employees, AFSCME)
- 310.TABLE J RC-014 (Clerical Employees, AFSCME)
- 310.TABLE K RC-023 (Registered Nurses, INA)
- 310.TABLE L RC-008 (Boilermakers)
- 310.TABLE M RC-110 (Conservation Police Lodge) (Repealed)
- 310.TABLE N RC-010 (Professional Legal Unit, AFSCME)
- 310.TABLE O RC-028 (Paraprofessional Human Services Employees, AFSCME)
- 310.TABLE P RC-029 (Paraprofessional Investigatory and Law Enforcement Employees, Meat and Poultry Inspectors and Meat and Poultry Inspector Trainees, IFPE)
- 310.TABLE Q RC-061 (Conservation Police Officer Trainees and Conservation Police Officer I's and II's, Illinois Fraternal Order of Police Labor Council)
- 310.TABLE R RC-042 (Residual Maintenance Workers, AFSCME)

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310.TABLE S	VR-704 (Departments of Corrections, Financial and Professional Regulation, Juvenile Justice and State Police Supervisors, Laborers' – ISEA Local #2002)
310.TABLE T	HR-010 (Teachers of Deaf, IFT)
310.TABLE U	HR-010 (Teachers of Deaf, Extracurricular Paid Activities)
310.TABLE V	CU-500 (Supervisory Employees in Corrections and Juvenile Justice, AFSCME)
310.TABLE W	RC-062 (Technical Employees, AFSCME)
310.TABLE X	RC-063 (Professional Employees, AFSCME)
310.TABLE Y	RC-063 (Educators, Juvenile Justice School Counselors and Special Education Resources Coordinators, AFSCME)
310.TABLE Z	RC-063 (Physicians, AFSCME)
310.TABLE AA	NR-916 (Departments of Central Management Services, Natural Resources and Transportation, Teamsters)
310.TABLE AB	RC-150 (Public Service Administrators Option 6, AFSCME) (Repealed)
310.TABLE AC	RC-036 (Public Service Administrators Option 8L Department of Healthcare and Family Services, INA)
310.TABLE AD	RC-184 (Blasting Experts, Blasting Specialists and Blasting Supervisors Department of Natural Resources, SEIU Local 73)
310.TABLE AE	RC-090 (Internal Security Investigators, Metropolitan Alliance of Police Chapter 294) (Repealed)
310.APPENDIX B	Frozen Negotiated-Rates-of-Pay (Repealed)
310.TABLE A	Frozen RC-104-Rates-of-Pay (Conservation Police Supervisors, Laborers' – ISEA Local #2002) (Repealed)
310.TABLE C	Frozen RC-056-Rates-of-Pay (Site Superintendents and Departments of Veterans' Affairs, Natural Resources, Human Services and Agriculture and Historic Preservation Agency Managers, IFPE) (Repealed)
310.TABLE H	Frozen RC-006-Rates-of-Pay (Corrections Employees, AFSCME) (Repealed)
310.TABLE I	Frozen RC-009-Rates-of-Pay (Institutional Employees, AFSCME) (Repealed)
310.TABLE J	Frozen RC-014-Rates-of-Pay (Clerical Employees, AFSCME) (Repealed)
310.TABLE K	Frozen RC-023-Rates-of-Pay (Registered Nurses, INA) (Repealed)
310.TABLE M	Frozen RC-110-Rates-of-Pay (Conservation Police Lodge) (Repealed)
310.TABLE N	Frozen RC-010 (Professional Legal Unit, AFSCME) (Repealed)

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310.TABLE O	Frozen RC-028-Rates-of-Pay (Paraprofessional Human Services Employees, AFSCME) (Repealed)
310.TABLE P	Frozen RC-029-Rates-of-Pay (Paraprofessional Investigatory and Law Enforcement Employees, IFPE) (Repealed)
310.TABLE R	Frozen RC-042-Rates-of-Pay (Residual Maintenance Workers, AFSCME) (Repealed)
310.TABLE S	Frozen VR-704-Rates-of-Pay (Departments of Corrections, Financial and Professional Regulation, Juvenile Justice and State Police Supervisors, Laborers' – ISEA Local #2002) (Repealed)
310.TABLE T	Frozen HR-010-Rates-of-Pay (Teachers of Deaf, IFT) (Repealed)
310.TABLE V	Frozen CU-500-Rates-of-Pay (Corrections Meet and Confer Employees) (Repealed)
310.TABLE W	Frozen RC-062-Rates-of-Pay (Technical Employees, AFSCME) (Repealed)
310.TABLE X	Frozen RC-063-Rates-of-Pay (Professional Employees, AFSCME) (Repealed)
310.TABLE Y	Frozen RC-063-Rates-of-Pay (Educators and Educator Trainees, AFSCME) (Repealed)
310.TABLE Z	Frozen RC-063-Rates-of-Pay (Physicians, AFSCME) (Repealed)
310.TABLE AB	Frozen RC-150-Rates-of-Pay (Public Service Administrators Option 6, AFSCME) (Repealed)
310.TABLE AD	Frozen RC-184-Rates-of-Pay (Public Service Administrators Option 8X Department of Natural Resources, SEIU Local 73) (Repealed)
310.TABLE AE	Frozen RC-090-Rates-of-Pay (Internal Security Investigators, Metropolitan Alliance of Police Chapter 294) (Repealed)
310.APPENDIX C	Comparison of Pay Grades or Salary Ranges Assigned to Classifications
310.ILLUSTRATION A	Classification Comparison Flow Chart: Both Classes are Whole
310.ILLUSTRATION B	Classification Comparison Flow Chart: One Class is Whole and One is Divided
310.ILLUSTRATION C	Classification Comparison Flow Chart: Both Classes are Divided
310.APPENDIX D	Merit Compensation System Salary Schedule
310.APPENDIX E	Teaching Salary Schedule (Repealed)
310.APPENDIX F	Physician and Physician Specialist Salary Schedule (Repealed)
310.APPENDIX G	Broad-Band Pay Range Classes Salary Schedule

AUTHORITY: Implementing and authorized by Sections 8 and 8a of the Personnel Code [20

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ILCS 415].

SOURCE: Filed June 28, 1967; codified at 8 Ill. Reg. 1558; emergency amendment at 8 Ill. Reg. 1990, effective January 31, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 2440, effective February 15, 1984; emergency amendment at 8 Ill. Reg. 3348, effective March 5, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 4249, effective March 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 5704, effective April 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 7290, effective May 11, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 11299, effective June 25, 1984; emergency amendment at 8 Ill. Reg. 12616, effective July 1, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 15007, effective August 6, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15367, effective August 13, 1984; emergency amendment at 8 Ill. Reg. 21310, effective October 10, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21544, effective October 24, 1984; amended at 8 Ill. Reg. 22844, effective November 14, 1984; emergency amendment at 9 Ill. Reg. 1134, effective January 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 1320, effective January 23, 1985; amended at 9 Ill. Reg. 3681, effective March 12, 1985; emergency amendment at 9 Ill. Reg. 4163, effective March 15, 1985, for a maximum of 150 days; emergency amendment at 9 Ill. Reg. 9231, effective May 31, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9420, effective June 7, 1985; amended at 9 Ill. Reg. 10663, effective July 1, 1985; emergency amendment at 9 Ill. Reg. 15043, effective September 24, 1985, for a maximum of 150 days; amended at 10 Ill. Reg. 3230, effective January 24, 1986; preemptory amendment at 10 Ill. Reg. 3325, effective January 22, 1986; emergency amendment at 10 Ill. Reg. 8904, effective May 13, 1986, for a maximum of 150 days; preemptory amendment at 10 Ill. Reg. 8928, effective May 13, 1986; emergency amendment at 10 Ill. Reg. 12090, effective June 30, 1986, for a maximum of 150 days; preemptory amendment at 10 Ill. Reg. 13675, effective July 31, 1986; preemptory amendment at 10 Ill. Reg. 14867, effective August 26, 1986; amended at 10 Ill. Reg. 15567, effective September 17, 1986; emergency amendment at 10 Ill. Reg. 17765, effective September 30, 1986, for a maximum of 150 days; preemptory amendment at 10 Ill. Reg. 19132, effective October 28, 1986; preemptory amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill. Reg. 648, effective December 22, 1986; preemptory amendment at 11 Ill. Reg. 3363, effective February 3, 1987; preemptory amendment at 11 Ill. Reg. 4388, effective February 27, 1987; preemptory amendment at 11 Ill. Reg. 6291, effective March 23, 1987; amended at 11 Ill. Reg. 5901, effective March 24, 1987; emergency amendment at 11 Ill. Reg. 8787, effective April 15, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 11830, effective July 1, 1987, for a maximum of 150 days; preemptory amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; preemptory amendment at 11 Ill. Reg. 15273, effective September 1, 1987; preemptory amendment at 11 Ill. Reg. 17919, effective October 19, 1987; preemptory amendment at 11 Ill. Reg. 19812, effective November

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19, 1987; emergency amendment at 11 Ill. Reg. 20664, effective December 4, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20778, effective December 11, 1987; peremptory amendment at 12 Ill. Reg. 3811, effective January 27, 1988; peremptory amendment at 12 Ill. Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 7783, effective April 14, 1988; peremptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; peremptory amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; peremptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; peremptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; peremptory amendment at 13 Ill. Reg. 8970, effective May 26, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; emergency amendment expired November 17, 1989; amended at 13 Ill. Reg. 11451, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days; corrected at 13 Ill. Reg. 12647; peremptory amendment at 13 Ill. Reg. 12887, effective July 24, 1989; amended at 13 Ill. Reg. 16950, effective October 20, 1989; amended at 13 Ill. Reg. 19221, effective December 12, 1989; amended at 14 Ill. Reg. 615, effective January 2, 1990; peremptory amendment at 14 Ill. Reg. 1627, effective January 11, 1990; amended at 14 Ill. Reg. 4455, effective March 12, 1990; peremptory amendment at 14 Ill. Reg. 7652, effective May 7, 1990; amended at 14 Ill. Reg. 10002, effective June 11, 1990; emergency amendment at 14 Ill. Reg. 11330, effective June 29, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14361, effective August 24, 1990; emergency amendment at 14 Ill. Reg. 15570, effective September 11, 1990, for a maximum of 150 days; emergency amendment expired February 8, 1991; corrected at 14 Ill. Reg. 16092; peremptory amendment at 14 Ill. Reg. 17098, effective September 26, 1990; amended at 14 Ill. Reg. 17189, effective October 2, 1990; amended at 14 Ill. Reg. 17189, effective October 19, 1990; amended at 14 Ill. Reg. 18719, effective November 13, 1990; peremptory amendment at 14 Ill. Reg. 18854, effective November 13, 1990; peremptory amendment at 15 Ill. Reg. 663, effective January 7, 1991; amended at 15 Ill. Reg. 3296, effective February 14, 1991; amended at 15 Ill. Reg. 4401, effective March 11, 1991; peremptory amendment at 15 Ill. Reg. 5100, effective March 20, 1991; peremptory amendment at 15 Ill. Reg. 5465, effective April 2, 1991; emergency amendment at 15 Ill. Reg. 10485, effective July 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 11080, effective July 19, 1991; amended at 15 Ill. Reg. 13080, effective August 21, 1991; amended at 15 Ill. Reg. 14210, effective September 23, 1991; emergency amendment at 16 Ill. Reg. 711, effective December 26, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3450, effective February 20, 1992;

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peremptory amendment at 16 Ill. Reg. 5068, effective March 11, 1992; peremptory amendment at 16 Ill. Reg. 7056, effective April 20, 1992; emergency amendment at 16 Ill. Reg. 8239, effective May 19, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 8382, effective May 26, 1992; emergency amendment at 16 Ill. Reg. 13950, effective August 19, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14452, effective September 4, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 238, effective December 23, 1992; peremptory amendment at 17 Ill. Reg. 498, effective December 18, 1992; amended at 17 Ill. Reg. 590, effective January 4, 1993; amended at 17 Ill. Reg. 1819, effective February 2, 1993; amended at 17 Ill. Reg. 6441, effective April 8, 1993; emergency amendment at 17 Ill. Reg. 12900, effective July 22, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 13409, effective July 29, 1993; emergency amendment at 17 Ill. Reg. 13789, effective August 9, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 14666, effective August 26, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19103, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 21858, effective December 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 22514, effective December 15, 1993; amended at 18 Ill. Reg. 227, effective December 17, 1993; amended at 18 Ill. Reg. 1107, effective January 18, 1994; amended at 18 Ill. Reg. 5146, effective March 21, 1994; peremptory amendment at 18 Ill. Reg. 9562, effective June 13, 1994; emergency amendment at 18 Ill. Reg. 11299, effective July 1, 1994, for a maximum of 150 days; peremptory amendment at 18 Ill. Reg. 13476, effective August 17, 1994; emergency amendment at 18 Ill. Reg. 14417, effective September 9, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16545, effective October 31, 1994; peremptory amendment at 18 Ill. Reg. 16708, effective October 28, 1994; amended at 18 Ill. Reg. 17191, effective November 21, 1994; amended at 19 Ill. Reg. 1024, effective January 24, 1995; peremptory amendment at 19 Ill. Reg. 2481, effective February 17, 1995; peremptory amendment at 19 Ill. Reg. 3073, effective February 17, 1995; amended at 19 Ill. Reg. 3456, effective March 7, 1995; peremptory amendment at 19 Ill. Reg. 5145, effective March 14, 1995; amended at 19 Ill. Reg. 6452, effective May 2, 1995; peremptory amendment at 19 Ill. Reg. 6688, effective May 1, 1995; amended at 19 Ill. Reg. 7841, effective June 1, 1995; amended at 19 Ill. Reg. 8156, effective June 12, 1995; amended at 19 Ill. Reg. 9096, effective June 27, 1995; emergency amendment at 19 Ill. Reg. 11954, effective August 1, 1995, for a maximum of 150 days; peremptory amendment at 19 Ill. Reg. 13979, effective September 19, 1995; peremptory amendment at 19 Ill. Reg. 15103, effective October 12, 1995; amended at 19 Ill. Reg. 16160, effective November 28, 1995; amended at 20 Ill. Reg. 308, effective December 22, 1995; emergency amendment at 20 Ill. Reg. 4060, effective February 27, 1996, for a maximum of 150 days; peremptory amendment at 20 Ill. Reg. 6334, effective April 22, 1996; peremptory amendment at 20 Ill. Reg. 7434, effective May 14, 1996; amended at 20 Ill. Reg. 8301, effective June 11, 1996; amended at 20 Ill. Reg. 8657, effective June 20, 1996; amended at 20 Ill. Reg. 9006, effective June 26, 1996; amended at 20 Ill. Reg. 9925, effective July 10, 1996; emergency amendment at 20 Ill. Reg. 10213, effective July 15, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 10841,

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effective August 5, 1996; preemptory amendment at 20 Ill. Reg. 13408, effective September 24, 1996; amended at 20 Ill. Reg. 15018, effective November 7, 1996; preemptory amendment at 20 Ill. Reg. 15092, effective November 7, 1996; emergency amendment at 21 Ill. Reg. 1023, effective January 6, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 1629, effective January 22, 1997; amended at 21 Ill. Reg. 5144, effective April 15, 1997; amended at 21 Ill. Reg. 6444, effective May 15, 1997; amended at 21 Ill. Reg. 7118, effective June 3, 1997; emergency amendment at 21 Ill. Reg. 10061, effective July 21, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 12859, effective September 8, 1997, for a maximum of 150 days; preemptory amendment at 21 Ill. Reg. 14267, effective October 14, 1997; preemptory amendment at 21 Ill. Reg. 14589, effective October 15, 1997; preemptory amendment at 21 Ill. Reg. 15030, effective November 10, 1997; amended at 21 Ill. Reg. 16344, effective December 9, 1997; preemptory amendment at 21 Ill. Reg. 16465, effective December 4, 1997; preemptory amendment at 21 Ill. Reg. 17167, effective December 9, 1997; preemptory amendment at 22 Ill. Reg. 1593, effective December 22, 1997; amended at 22 Ill. Reg. 2580, effective January 14, 1998; preemptory amendment at 22 Ill. Reg. 4326, effective February 13, 1998; preemptory amendment at 22 Ill. Reg. 5108, effective February 26, 1998; preemptory amendment at 22 Ill. Reg. 5749, effective March 3, 1998; amended at 22 Ill. Reg. 6204, effective March 12, 1998; preemptory amendment at 22 Ill. Reg. 7053, effective April 1, 1998; preemptory amendment at 22 Ill. Reg. 7320, effective April 10, 1998; preemptory amendment at 22 Ill. Reg. 7692, effective April 20, 1998; emergency amendment at 22 Ill. Reg. 12607, effective July 2, 1998, for a maximum of 150 days; preemptory amendment at 22 Ill. Reg. 15489, effective August 7, 1998; amended at 22 Ill. Reg. 16158, effective August 31, 1998; preemptory amendment at 22 Ill. Reg. 19105, effective September 30, 1998; preemptory amendment at 22 Ill. Reg. 19943, effective October 27, 1998; preemptory amendment at 22 Ill. Reg. 20406, effective November 5, 1998; amended at 22 Ill. Reg. 20581, effective November 16, 1998; amended at 23 Ill. Reg. 664, effective January 1, 1999; preemptory amendment at 23 Ill. Reg. 730, effective December 29, 1998; emergency amendment at 23 Ill. Reg. 6533, effective May 10, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 7065, effective June 3, 1999; emergency amendment at 23 Ill. Reg. 8169, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 11020, effective August 26, 1999; amended at 23 Ill. Reg. 12429, effective September 21, 1999; preemptory amendment at 23 Ill. Reg. 12493, effective September 23, 1999; amended at 23 Ill. Reg. 12604, effective September 24, 1999; amended at 23 Ill. Reg. 13053, effective September 27, 1999; preemptory amendment at 23 Ill. Reg. 13132, effective October 1, 1999; amended at 23 Ill. Reg. 13570, effective October 26, 1999; amended at 23 Ill. Reg. 14020, effective November 15, 1999; amended at 24 Ill. Reg. 1025, effective January 7, 2000; preemptory amendment at 24 Ill. Reg. 3399, effective February 3, 2000; amended at 24 Ill. Reg. 3537, effective February 18, 2000; amended at 24 Ill. Reg. 6874, effective April 21, 2000; amended at 24 Ill. Reg. 7956, effective May 23, 2000; emergency amendment at 24 Ill. Reg. 10328, effective July 1, 2000, for a maximum of 150 days; emergency expired November 27, 2000; preemptory

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amendment at 24 Ill. Reg. 10767, effective July 3, 2000; amended at 24 Ill. Reg. 13384, effective August 17, 2000; preemptory amendment at 24 Ill. Reg. 14460, effective September 14, 2000; preemptory amendment at 24 Ill. Reg. 16700, effective October 30, 2000; preemptory amendment at 24 Ill. Reg. 17600, effective November 16, 2000; amended at 24 Ill. Reg. 18058, effective December 4, 2000; preemptory amendment at 24 Ill. Reg. 18444, effective December 1, 2000; amended at 25 Ill. Reg. 811, effective January 4, 2001; amended at 25 Ill. Reg. 2389, effective January 22, 2001; amended at 25 Ill. Reg. 4552, effective March 14, 2001; preemptory amendment at 25 Ill. Reg. 5067, effective March 21, 2001; amended at 25 Ill. Reg. 5618, effective April 4, 2001; amended at 25 Ill. Reg. 6655, effective May 11, 2001; amended at 25 Ill. Reg. 7151, effective May 25, 2001; preemptory amendment at 25 Ill. Reg. 8009, effective June 14, 2001; emergency amendment at 25 Ill. Reg. 9336, effective July 3, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 9846, effective July 23, 2001; amended at 25 Ill. Reg. 12087, effective September 6, 2001; amended at 25 Ill. Reg. 15560, effective November 20, 2001; preemptory amendment at 25 Ill. Reg. 15671, effective November 15, 2001; amended at 25 Ill. Reg. 15974, effective November 28, 2001; emergency amendment at 26 Ill. Reg. 223, effective December 21, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 1143, effective January 17, 2002; amended at 26 Ill. Reg. 4127, effective March 5, 2002; preemptory amendment at 26 Ill. Reg. 4963, effective March 15, 2002; amended at 26 Ill. Reg. 6235, effective April 16, 2002; emergency amendment at 26 Ill. Reg. 7314, effective April 29, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 10425, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 10952, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13934, effective September 10, 2002; amended at 26 Ill. Reg. 14965, effective October 7, 2002; emergency amendment at 26 Ill. Reg. 16583, effective October 24, 2002, for a maximum of 150 days; emergency expired March 22, 2003; preemptory amendment at 26 Ill. Reg. 17280, effective November 18, 2002; amended at 26 Ill. Reg. 17374, effective November 25, 2002; amended at 26 Ill. Reg. 17987, effective December 9, 2002; amended at 27 Ill. Reg. 3261, effective February 11, 2003; expedited correction at 28 Ill. Reg. 6151, effective February 11, 2003; amended at 27 Ill. Reg. 8855, effective May 15, 2003; amended at 27 Ill. Reg. 9114, effective May 27, 2003; emergency amendment at 27 Ill. Reg. 10442, effective July 1, 2003, for a maximum of 150 days; emergency expired November 27, 2003; preemptory amendment at 27 Ill. Reg. 17433, effective November 7, 2003; amended at 27 Ill. Reg. 18560, effective December 1, 2003; preemptory amendment at 28 Ill. Reg. 1441, effective January 9, 2004; amended at 28 Ill. Reg. 2684, effective January 22, 2004; amended at 28 Ill. Reg. 6879, effective April 30, 2004; preemptory amendment at 28 Ill. Reg. 7323, effective May 10, 2004; amended at 28 Ill. Reg. 8842, effective June 11, 2004; preemptory amendment at 28 Ill. Reg. 9717, effective June 28, 2004; amended at 28 Ill. Reg. 12585, effective August 27, 2004; preemptory amendment at 28 Ill. Reg. 13011, effective September 8, 2004; preemptory amendment at 28 Ill. Reg. 13247, effective September 20, 2004; preemptory amendment at 28 Ill. Reg. 13656, effective September 27, 2004; emergency amendment at 28 Ill. Reg. 14174, effective October 15, 2004, for a

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maximum of 150 days; emergency expired March 13, 2005; preemptory amendment at 28 Ill. Reg. 14689, effective October 22, 2004; preemptory amendment at 28 Ill. Reg. 15336, effective November 15, 2004; preemptory amendment at 28 Ill. Reg. 16513, effective December 9, 2004; preemptory amendment at 29 Ill. Reg. 726, effective December 15, 2004; amended at 29 Ill. Reg. 1166, effective January 7, 2005; preemptory amendment at 29 Ill. Reg. 1385, effective January 4, 2005; preemptory amendment at 29 Ill. Reg. 1559, effective January 11, 2005; preemptory amendment at 29 Ill. Reg. 2050, effective January 19, 2005; preemptory amendment at 29 Ill. Reg. 4125, effective February 23, 2005; amended at 29 Ill. Reg. 5375, effective April 4, 2005; preemptory amendment at 29 Ill. Reg. 6105, effective April 14, 2005; preemptory amendment at 29 Ill. Reg. 7217, effective May 6, 2005; preemptory amendment at 29 Ill. Reg. 7840, effective May 10, 2005; amended at 29 Ill. Reg. 8110, effective May 23, 2005; preemptory amendment at 29 Ill. Reg. 8214, effective May 23, 2005; preemptory amendment at 29 Ill. Reg. 8418, effective June 1, 2005; amended at 29 Ill. Reg. 9319, effective July 1, 2005; preemptory amendment at 29 Ill. Reg. 12076, effective July 15, 2005; preemptory amendment at 29 Ill. Reg. 13265, effective August 11, 2005; amended at 29 Ill. Reg. 13540, effective August 22, 2005; preemptory amendment at 29 Ill. Reg. 14098, effective September 2, 2005; amended at 29 Ill. Reg. 14166, effective September 9, 2005; amended at 29 Ill. Reg. 19551, effective November 21, 2005; emergency amendment at 29 Ill. Reg. 20554, effective December 2, 2005, for a maximum of 150 days; preemptory amendment at 29 Ill. Reg. 20693, effective December 12, 2005; preemptory amendment at 30 Ill. Reg. 623, effective December 28, 2005; preemptory amendment at 30 Ill. Reg. 1382, effective January 13, 2006; amended at 30 Ill. Reg. 2289, effective February 6, 2006; preemptory amendment at 30 Ill. Reg. 4157, effective February 22, 2006; preemptory amendment at 30 Ill. Reg. 5687, effective March 7, 2006; preemptory amendment at 30 Ill. Reg. 6409, effective March 30, 2006; amended at 30 Ill. Reg. 7857, effective April 17, 2006; amended at 30 Ill. Reg. 9438, effective May 15, 2006; preemptory amendment at 30 Ill. Reg. 10153, effective May 18, 2006; preemptory amendment at 30 Ill. Reg. 10508, effective June 1, 2006; amended at 30 Ill. Reg. 11336, effective July 1, 2006; emergency amendment at 30 Ill. Reg. 12340, effective July 1, 2006, for a maximum of 150 days; preemptory amendment at 30 Ill. Reg. 12418, effective July 1, 2006; amended at 30 Ill. Reg. 12761, effective July 17, 2006; preemptory amendment at 30 Ill. Reg. 13547, effective August 1, 2006; preemptory amendment at 30 Ill. Reg. 15059, effective September 5, 2006; preemptory amendment at 30 Ill. Reg. 16439, effective September 27, 2006; emergency amendment at 30 Ill. Reg. 16626, effective October 3, 2006, for a maximum of 150 days; preemptory amendment at 30 Ill. Reg. 17603, effective October 20, 2006; amended at 30 Ill. Reg. 18610, effective November 20, 2006; preemptory amendment at 30 Ill. Reg. 18823, effective November 21, 2006; preemptory amendment at 31 Ill. Reg. 230, effective December 20, 2006; emergency amendment at 31 Ill. Reg. 1483, effective January 1, 2007, for a maximum of 150 days; preemptory amendment at 31 Ill. Reg. 2485, effective January 17, 2007; preemptory amendment at 31 Ill. Reg. 4445, effective February 28, 2007; amended at 31 Ill. Reg. 4982, effective March 15, 2007; preemptory amendment at 31 Ill.

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Reg. 7338, effective May 3, 2007; amended at 31 Ill. Reg. 8901, effective July 1, 2007; emergency amendment at 31 Ill. Reg. 10056, effective July 1, 2007, for a maximum of 150 days; preemptory amendment at 31 Ill. Reg. 10496, effective July 6, 2007; preemptory amendment at 31 Ill. Reg. 12335, effective August 9, 2007; emergency amendment at 31 Ill. Reg. 12608, effective August 16, 2007, for a maximum of 150 days; emergency amendment at 31 Ill. Reg. 13220, effective August 30, 2007, for a maximum of 150 days; preemptory amendment at 31 Ill. Reg. 13357, effective August 29, 2007; amended at 31 Ill. Reg. 13981, effective September 21, 2007; preemptory amendment at 31 Ill. Reg. 14331, effective October 1, 2007; amended at 31 Ill. Reg. 16094, effective November 20, 2007; amended at 31 Ill. Reg. 16792, effective December 13, 2007; preemptory amendment at 32 Ill. Reg. 598, effective December 27, 2007; amended at 32 Ill. Reg. 1082, effective January 11, 2008; preemptory amendment at 32 Ill. Reg. 3095, effective February 13, 2008; preemptory amendment at 32 Ill. Reg. 6097, effective March 25, 2008; preemptory amendment at 32 Ill. Reg. 7154, effective April 17, 2008; expedited correction at 32 Ill. Reg. 9747, effective April 17, 2008; preemptory amendment at 32 Ill. Reg. 9360, effective June 13, 2008; amended at 32 Ill. Reg. 9881, effective July 1, 2008; preemptory amendment at 32 Ill. Reg. 12065, effective July 9, 2008; preemptory amendment at 32 Ill. Reg. 13861, effective August 8, 2008; preemptory amendment at 32 Ill. Reg. 16591, effective September 24, 2008; preemptory amendment at 32 Ill. Reg. 16872, effective October 3, 2008; preemptory amendment at 32 Ill. Reg. 18324, effective November 14, 2008; preemptory amendment at 33 Ill. Reg. 98, effective December 19, 2008; amended at 33 Ill. Reg. 2148, effective January 26, 2009; preemptory amendment at 33 Ill. Reg. 3530, effective February 6, 2009; preemptory amendment at 33 Ill. Reg. 4202, effective February 26, 2009; preemptory amendment at 33 Ill. Reg. 5501, effective March 25, 2009; preemptory amendment at 33 Ill. Reg. 6354, effective April 15, 2009; preemptory amendment at 33 Ill. Reg. 6724, effective May 1, 2009; preemptory amendment at 33 Ill. Reg. 9138, effective June 12, 2009; emergency amendment at 33 Ill. Reg. 9432, effective July 1, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 10211, effective July 1, 2009; preemptory amendment at 33 Ill. Reg. 10823, effective July 2, 2009; preemptory amendment at 33 Ill. Reg. 11082, effective July 10, 2009; preemptory amendment at 33 Ill. Reg. 11698, effective July 23, 2009; preemptory amendment at 33 Ill. Reg. 11895, effective July 31, 2009; preemptory amendment at 33 Ill. Reg. 12872, effective September 3, 2009; amended at 33 Ill. Reg. 14944, effective October 26, 2009; preemptory amendment at 33 Ill. Reg. 16598, effective November 13, 2009; preemptory amendment at 34 Ill. Reg. 305, effective December 18, 2009; emergency amendment at 34 Ill. Reg. 957, effective January 1, 2010, for a maximum of 150 days; preemptory amendment at 34 Ill. Reg. 1425, effective January 5, 2010; preemptory amendment at 34 Ill. Reg. 3684, effective March 5, 2010; preemptory amendment at 34 Ill. Reg. 5776, effective April 2, 2010; preemptory amendment at 34 Ill. Reg. 6214, effective April 16, 2010; amended at 34 Ill. Reg. 6583, effective April 30, 2010; preemptory amendment at 34 Ill. Reg. 7528, effective May 14, 2010; amended at 34 Ill. Reg. 7645, effective May 24, 2010; preemptory amendment at 34 Ill. Reg. 7947, effective May

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26, 2010; preemptory amendment at 34 Ill. Reg. 8633, effective June 18, 2010; amended at 34 Ill. Reg. 9759, effective July 1, 2010; preemptory amendment at 34 Ill. Reg. 10536, effective July 9, 2010; preemptory amendment at 34 Ill. Reg. 11864, effective July 30, 2010; emergency amendment at 34 Ill. Reg. 12240, effective August 9, 2010, for a maximum of 150 days; preemptory amendment at 34 Ill. Reg. 13204, effective August 26, 2010; preemptory amendment at 34 Ill. Reg. 13657, effective September 8, 2010; preemptory amendment at 34 Ill. Reg. 15897, effective September 30, 2010; preemptory amendment at 34 Ill. Reg. 18912, effective November 15, 2010; preemptory amendment at 34 Ill. Reg. 19582, effective December 3, 2010; amended at 35 Ill. Reg. 765, effective December 30, 2010; emergency amendment at 35 Ill. Reg. 1092, effective January 1, 2011, for a maximum of 150 days; preemptory amendment at 35 Ill. Reg. 2465, effective January 19, 2011; preemptory amendment at 35 Ill. Reg. 3577, effective February 10, 2011; emergency amendment at 35 Ill. Reg. 4412, effective February 23, 2011, for a maximum of 150 days; preemptory amendment at 35 Ill. Reg. 4803, effective March 11, 2011; emergency amendment at 35 Ill. Reg. 5633, effective March 15, 2011, for a maximum of 150 days; preemptory amendment at 35 Ill. Reg. 5677, effective March 18, 2011; amended at 35 Ill. Reg. 8419, effective May 23, 2011; amended at 35 Ill. Reg. 11245, effective June 28, 2011; emergency amendment at 35 Ill. Reg. 11657, effective July 1, 2011, for a maximum of 150 days; emergency expired November 27, 2011; preemptory amendment at 35 Ill. Reg. 12119, effective June 29, 2011; preemptory amendment at 35 Ill. Reg. 13966, effective July 29, 2011; preemptory amendment at 35 Ill. Reg. 15178, effective August 29, 2011; emergency amendment at 35 Ill. Reg. 15605, effective September 16, 2011, for a maximum of 150 days; preemptory amendment at 35 Ill. Reg. 15640, effective September 15, 2011; preemptory amendment at 35 Ill. Reg. 19707, effective November 23, 2011; amended at 35 Ill. Reg. 20144, effective December 6, 2011; amended at 36 Ill. Reg. 153, effective December 22, 2011; preemptory amendment at 36 Ill. Reg. 564, effective December 29, 2011; preemptory amendment at 36 Ill. Reg. 3957, effective February 24, 2012; preemptory amendment at 36 Ill. Reg. 4158, effective March 5, 2012; preemptory amendment at 36 Ill. Reg. 4437, effective March 9, 2012; amended at 36 Ill. Reg. 4707, effective March 19, 2012; amended at 36 Ill. Reg. 8460, effective May 24, 2012; preemptory amendment at 36 Ill. Reg. 10518, effective June 27, 2012; emergency amendment at 36 Ill. Reg. 11222, effective July 1, 2012, for a maximum of 150 days; preemptory amendment at 36 Ill. Reg. 13680, effective August 15, 2012; preemptory amendment at 36 Ill. Reg. 13973, effective August 22, 2012; preemptory amendment at 36 Ill. Reg. 15498, effective October 16, 2012; amended at 36 Ill. Reg. 16213, effective November 1, 2012; preemptory amendment at 36 Ill. Reg. 17138, effective November 20, 2012; preemptory amendment at 37 Ill. Reg. 3408, effective March 7, 2013; amended at 37 Ill. Reg. 4750, effective April 1, 2013; preemptory amendment at 37 Ill. Reg. 5925, effective April 18, 2013; preemptory amendment at 37 Ill. Reg. 9563, effective June 19, 2013; amended at 37 Ill. Reg. 9939, effective July 1, 2013; emergency amendment at 37 Ill. Reg. 11395, effective July 1, 2013, for a maximum of 150 days; preemptory amendment at 37 Ill. Reg. 11524, effective July 3, 2013; preemptory amendment at

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37 Ill. Reg. 12588, effective July 19, 2013; preemptory amendment at 37 Ill. Reg. 13762, effective August 8, 2013; preemptory amendment at 37 Ill. Reg. 14219, effective August 23, 2013; amended at 37 Ill. Reg. 16925, effective October 8, 2013; preemptory amendment at 37 Ill. Reg. 17164, effective October 18, 2013; preemptory amendment at 37 Ill. Reg. 20410, effective December 6, 2013; preemptory amendment at 38 Ill. Reg. 2974, effective January 9, 2014; amended at 38 Ill. Reg. 5250, effective February 4, 2014; preemptory amendment at 38 Ill. Reg. 6725, effective March 6, 2014; emergency amendment at 38 Ill. Reg. 9080, effective April 11, 2014, for a maximum of 150 days; preemptory amendment at 38 Ill. Reg. 9136, effective April 11, 2014; amended at 38 Ill. Reg. 9207, effective April 21, 2014; preemptory amendment at 38 Ill. Reg. 13416, effective June 11, 2014; amended at 38 Ill. Reg. 14818, effective July 1, 2014; preemptory amendment at 38 Ill. Reg. 15739, effective July 2, 2014; preemptory amendment at 38 Ill. Reg. 17481, effective July 29, 2014; amended at 38 Ill. Reg. 17556, effective August 6, 2014; preemptory amendment at 38 Ill. Reg. 18791, effective August 26, 2014; preemptory amendment at 38 Ill. Reg. 19806, effective September 26, 2014; amended at 38 Ill. Reg. 20695, effective October 14, 2014; amended at 38 Ill. Reg. 24005, effective December 9, 2014; preemptory amendment at 39 Ill. Reg. 728, effective December 23, 2014; emergency amendment at 39 Ill. Reg. 708, effective December 26, 2014, for a maximum of 150 days; preemptory amendment at 39 Ill. Reg. 6964, effective April 29, 2015; amended at 39 Ill. Reg. 7878, effective May 22, 2015; amended at 39 Ill. Reg. 11220, effective July 28, 2015; preemptory amendment at 39 Ill. Reg. 12004, effective August 13, 2015; preemptory amendment at 39 Ill. Reg. 15807, effective November 25, 2015; amended at 40 Ill. Reg. 5893, effective March 28, 2016; preemptory amendment at 40 Ill. Reg. 8462, effective June 1, 2016; preemptory amendment at 40 Ill. Reg. 9658, effective June 30, 2016; amended at 40 Ill. Reg. 9356, effective July 1, 2016; preemptory amendment at 40 Ill. Reg. 11207, effective August 5, 2016; preemptory amendment at 41 Ill. Reg. 1210, effective January 19, 2017; amended at 41 Ill. Reg. 1695, effective January 25, 2017; preemptory amendment at 41 Ill. Reg. 2078, effective February 2, 2017; amended at 41 Ill. Reg. 3191, effective March 6, 2017; amended at 41 Ill. Reg. 4615, effective April 24, 2017; preemptory amendment at 41 Ill. Reg. 5822, effective May 15, 2017; preemptory amendment at 41 Ill. Reg. 6695, effective May 24, 2017; preemptory amendment at 41 Ill. Reg. 7227, effective June 9, 2017; amended at 41 Ill. Reg. 8314, effective July 1, 2017; preemptory amendment at 41 Ill. Reg. 10974, effective August 10, 2017; preemptory amendment at 41 Ill. Reg. 11447, effective August 25, 2017; preemptory amendment at 41 Ill. Reg. 12179, effective September 13, 2017; preemptory amendment at 41 Ill. Reg. 15837, effective December 12, 2017; amended at 42 Ill. Reg. 712, effective December 28, 2017; amended at 42 Ill. Reg. 5357, effective March 9, 2018; preemptory amendment at 42 Ill. Reg. 8967, effective May 16, 2018; amended at 42 Ill. Reg. 13464, effective July 1, 2018; amended at 42 Ill. Reg. 16651, effective September 4, 2018; preemptory amendment at 43 Ill. Reg. 3999, effective March 15, 2019; amended at 43 Ill. Reg. 8746, effective July 31, 2019; preemptory amendment at 43 Ill. Reg. 9886, effective August 21, 2019; preemptory amendment at 43 Ill. Reg. 10811, effective September 20, 2019; preemptory

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amendment at 43 Ill. Reg. 11734, effective September 27, 2019; preemptory amendment at 43 Ill. Reg. 12119, effective October 8, 2019; preemptory amendment at 43 Ill. Reg. 13031, effective October 25, 2019; emergency amendment at 43 Ill. Reg. 14216, effective November 22, 2019, for a maximum of 150 days; amended at 44 Ill. Reg. 1819, effective January 1, 2020; preemptory amendment at 44 Ill. Reg. 2380, effective January 15, 2020; preemptory amendment at 44 Ill. Reg. 2588, effective January 17, 2020; preemptory amendment at 44 Ill. Reg. 2985, effective January 31, 2020; preemptory amendment at 44 Ill. Reg. 5497, effective March 13, 2020; amended at 44 Ill. Reg. 6859, effective April 16, 2020; preemptory amendment at 44 Ill. Reg. 8083, effective April 22, 2020; preemptory amendment at 44 Ill. Reg. 10232, effective May 28, 2020; amended at 44 Ill. Reg. 12146, effective July 13, 2020; preemptory amendment at 44 Ill. Reg. 12957, effective July 16, 2020.

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Section 310.APPENDIX A Negotiated Rates of Pay**Section 310.TABLE S VR-704 (Departments of Corrections, Financial and Professional Regulation, Juvenile Justice and State Police Supervisors, Laborers' – ISEA Local #2002)**

<u>Title</u>	<u>Title Code</u>	<u>Bargaining Unit</u>	<u>Pay Grade</u>
Clinical Services Supervisor (Public Service Administrator (PSA) Option 7 Clinical Service Supervisor function Department of Corrections (DOC) and Department of Juvenile Justice (DJJ))	08260	VR-704	24
Computer Evidence Recovery Specialist (formerly PSA Option 7 Computer Evidence Recovery Specialist function Department of State Police (ISP), non-sworn)	08980	VR-704	25
Corrections Command Center Supervisor (formerly PSA Option 7 Operations Center Supervisor function DOC and DJJ)	09500	VR-704	25
Corrections Family Services Coordinator (formerly PSA Option 7 Women and Family Services Coordinator function DOC)	09600	VR-704	25
Corrections Intelligence Program Unit Manager	09798	VR-704	24
Corrections Placement Resources Regional Supervisor (formerly PSA Option 7 District Supervisor function DOC)	09839	VR-704	24
Corrections Program Administrator (formerly PSA Option 7 Staff Assistant function DOC)	09849	VR-704	24
Corrections Psychologist Administrator (formerly PSA Option 8K Mental Health Professional function DOC)	09855	VR-704	25
Corrections Regional Mental Health Services Administrator (formerly PSA Option 8K Mental Health Professional function DOC)	09857	VR-704	25
Corrections Training Program Supervisor (formerly PSA Option 7 Training Supervisor function DOC and DJJ)	09860	VR-704	25
<u>Corrections Treatment Senior Security Supervisor (see Note)</u>	<u>09867</u>	<u>VR-704</u>	<u>24</u>
Corrections Unit Superintendent (formerly PSA Option 7 Superintendent function DOC)	09868	VR-704	25

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Criminal Intelligence Analyst Supervisor (formerly PSA Option 7 Criminal Intelligence Analyst Supervisor function ISP, non-sworn)	10169	VR-704	25
Developmental Psychological Services Administrator (formerly PSA Option 8K Mental Health Professional function Department of Human Services (DHS) position)	12380	VR-704	25
Firearms Eligibility Administrator	15280	VR-704	25
Food Services Program Manager (DOC)	15800	VR-704	24
Forensic Science Administrator I (formerly PSA Option 7 Forensic Science Administrator function Forensic Bureau ISP)	15911	VR-704	24
Forensic Science Administrator II (formerly PSA Option 7 Forensic Science Administrator function Forensic Bureau ISP)	15912	VR-704	25
Forensic Science Administrator III	15913	VR-704	26
Internal Investigations Principal Evaluation Supervisor (formerly PSA Option 7 Office of Inspector General Investigator function DHS)	21735	VR-704	24
Internal Investigations Supervisor (formerly PSA Option 7 Office of Inspector General Investigator function DHS)	21740	VR-704	24
Juvenile Justice Chief of Security (formerly PSA Option 7 Chief of Security DJJ)	21965	VR-704	24
Juvenile Justice Psychologist Administrator (formerly PSA Option 8K Mental Health Professional function DOC and DJJ)	21967	VR-704	25
Juvenile Justice Unit Superintendent (formerly PSA Option 7 Superintendent function DJJ)	21985	VR-704	25
Law Enforcement Training Administrator (formerly PSA Option 7 Firearms Specialist function ISP, non-sworn)	23260	VR-704	25
Licensing Investigations Supervisor (formerly PSA Option 7 Chief of Medical Investigations, Chief of Health Related Investigations, Chief of Detective/Design Investigations, Chief of Probation Compliance and Chief of General Investigations functions Department of Financial and Professional Regulation (DFPR))	23577	VR-704	25

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Narcotics and Currency Unit Supervisor (formerly PSA Option 7 Narcotics and Currency Unit Supervisor ISP, non-sworn)	28750	VR-704	25
Police Lieutenant	32977	VR-704	24
Public Service Administrator, Option 8L (DOC)	37015	VR-704	24
Sex Offender Registration Unit Supervisor (formerly PSA Option 7 Sex Offender Registry Supervisor ISP, non-sworn)	40700	VR-704	26
Shift Supervisor at Department of Corrections at Correctional Facilities or at Correctional Work Camps – Hired before or on June 30, 2014 (formerly PSA Option 7 Shift Commander function DOC and DJJ)	40800	VR-704	24
Shift Supervisor at Department of Corrections Correctional Work Camps – Hired on or after July 1, 2014 (formerly PSA Option 7 Shift Commander function DOC and DJJ)	40800	VR-704	22
State Police Inspector (formerly PSA Option 7 Inspector function ISP, sworn)	42100	VR-704	26

NOTES: Step Rates – The pay scale for bargaining unit employees accepting a position after April 1, 2013, shall be 5% lower than the salary grade established in the applicable collective bargaining agreement, except for Step 6 and Step 7, for which the pay scale will be lower by 3.5% and 2%, respectively. Upon reaching Step 8, an employee shall be paid the full Step 8 rate as established in the collective bargaining agreement.

General Increases – The pay rates for all bargaining unit classifications and steps shall be increased by the specified percentage amounts effective on the following dates: January 1, 2020, 1.50%; July 1, 2020, 2.10%; July 1, 2021, 3.95%; and July 1, 2022, 3.95%. Pay rates for each step and their effective dates are listed in the rate tables in this Section.

Step Increases – Employees shall receive a step increase to the next higher step upon satisfactory completion of 12 months creditable service in a step.

2015-2019 Stipend – All bargaining unit employees on active payroll on the date of effectuation of the applicable collective bargaining agreement shall receive a one-time stipend of \$2,500 prorated by 25% for each year the employee was employed from July 1, 2015 through June 30, 2019.

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Longevity Pay – Effective July 1, 2010, the Step 8 rate shall be increased by \$50 per month for those employees who attain 10 years of continuous service and have three or more years of creditable service on Step 8 in the same or higher pay grade on or before July 1, 2010. For those employees who attain 15 years continuous service and have three or more years of creditable service on Step 8 in the same or higher pay grade on or before July 1, 2010, the Step 8 rate shall be increased by \$75 per month. Effective July 1, 2013, an employee on Step 8, having 10 years of continuous service and three years creditable service at Step 8, shall be paid an additional \$75 per month. An employee with 15 years continuous service and three years of creditable service at Step 8 shall receive an additional \$100 per month.

Corrections Treatment Senior Security Supervisor Title – Employees hired into the positions allocated to the Corrections Treatment Senior Security Supervisor title on or after April 1, 2013 are paid the "hired before or on March 31, 2013" Pay Plan Code Q or S rates.

Hired Before or On March 31, 2013

**Effective July 1, 2020
Bargaining Unit: VR-704**

Pay Grade	Pay Plan Code	S T E P S							
		1	2	3	4	5	6	7	8
22	Q	6084	6278	6472	6812	7146	7481	7826	8156
22	S	6173	6369	6566	6898	7236	7570	7919	8249
24	B	6990	7361	7749	8119	8495	8877	9435	9811
24	Q	7307	7696	8096	8487	8875	9277	9861	10253
24	S	7398	7782	8184	8573	8967	9370	9948	10347
25	B	7451	7859	8272	8685	9098	9512	10123	10528
25	Q	7783	8211	8640	9079	9511	9940	10579	11002
25	S	7875	8303	8732	9166	9598	10027	10668	11097

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26	B	7950	8385	8832	9278	9711	10146	10802	11234
26	Q	8334	8787	9252	9719	10172	10628	11317	11768

Effective July 1, 2021
Bargaining Unit: VR-704

Pay Grade	Pay Plan Code	S T E P S							
		1	2	3	4	5	6	7	8
22	Q	6324	6526	6728	7081	7428	7776	8135	8478
22	S	6417	6621	6825	7170	7522	7869	8232	8575
24	B	7266	7652	8055	8440	8831	9228	9808	10199
24	Q	7596	8000	8416	8822	9226	9643	10251	10658
24	S	7690	8089	8507	8912	9321	9740	10341	10756
25	B	7745	8169	8599	9028	9457	9888	10523	10944
25	Q	8090	8535	8981	9438	9887	10333	10997	11437
25	S	8186	8631	9077	9528	9977	10423	11089	11535
26	B	8264	8716	9181	9644	10095	10547	11229	11678
26	Q	8663	9134	9617	10103	10574	11048	11764	12233

Effective July 1, 2022
Bargaining Unit: VR-704

Pay Grade	Pay Plan Code	S T E P S							
		1	2	3	4	5	6	7	8
22	Q	6574	6784	6994	7361	7721	8083	8456	8813
22	S	6670	6883	7095	7453	7819	8180	8557	8914
24	B	7553	7954	8373	8773	9180	9593	10195	10602

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENT

24	Q	7896	8316	8748	9170	9590	10024	10656	11079
24	S	7994	8409	8843	9264	9689	10125	10749	11181
25	B	8051	8492	8939	9385	9831	10279	10939	11376
25	Q	8410	8872	9336	9811	10278	10741	11431	11889
25	S	8509	8972	9436	9904	10371	10835	11527	11991
26	B	8590	9060	9544	10025	10494	10964	11673	12139
26	Q	9005	9495	9997	10502	10992	11484	12229	12716

Hired On or After April 1, 2013

Effective July 1, 2020
Bargaining Unit: VR-704

Pay Grade	Pay Plan Code	S T E P S							
		1	2	3	4	5	6	7	8
22	Q	6084	6278	6472	6812	7146	7481	7826	8156
22	S	6173	6369	6566	6898	7236	7570	7919	8249
24	B	6641	6993	7362	7713	8070	8566	9246	9811
24	Q	6941	7312	7690	8063	8431	8953	9664	10253
24	S	7029	7393	7776	8145	8518	9042	9749	10347
25	B	7079	7466	7859	8250	8643	9179	9921	10528
25	Q	7394	7800	8208	8625	9035	9592	10367	11002
25	S	7481	7887	8296	8707	9119	9676	10455	11097
26	B	7551	7966	8390	8814	9226	9790	10587	11234
26	Q	7918	8348	8790	9233	9664	10255	11091	11768

Effective July 1, 2021

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENT

Bargaining Unit: VR-704

Pay Grade	Pay Plan Code	S T E P S							
		1	2	3	4	5	6	7	8
22	Q	6324	6526	6728	7081	7428	7776	8135	8478
22	S	6417	6621	6825	7170	7522	7869	8232	8575
24	B	6903	7269	7653	8018	8389	8904	9611	10199
24	Q	7215	7601	7994	8381	8764	9307	10046	10658
24	S	7307	7685	8083	8467	8854	9399	10134	10756
25	B	7359	7761	8169	8576	8984	9542	10313	10944
25	Q	7686	8108	8532	8966	9392	9971	10776	11437
25	S	7776	8199	8624	9051	9479	10058	10868	11535
26	B	7849	8281	8721	9162	9590	10177	11005	11678
26	Q	8231	8678	9137	9598	10046	10660	11529	12233

Effective July 1, 2022
Bargaining Unit: VR-704

Pay Grade	Pay Plan Code	S T E P S							
		1	2	3	4	5	6	7	8
22	Q	6574	6784	6994	7361	7721	8083	8456	8813
22	S	6670	6883	7095	7453	7819	8180	8557	8914
24	B	7176	7556	7955	8335	8720	9256	9991	10602
24	Q	7500	7901	8310	8712	9110	9675	10443	11079
24	S	7596	7989	8402	8801	9204	9770	10534	11181
25	B	7650	8068	8492	8915	9339	9919	10720	11376
25	Q	7990	8428	8869	9320	9763	10365	11202	11889
25	S	8083	8523	8965	9409	9853	10455	11297	11991

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENT

26	B	8159	8608	9065	9524	9969	10579	11440	12139
26	Q	8556	9021	9498	9977	10443	11081	11984	12716

(Source: Amended by peremptory rulemaking at 44 Ill. Reg. 12957, effective July 16, 2020)

ILLINOIS DEPARTMENT OF INSURANCE

NOTICE OF REQUEST FOR EXPEDITED CORRECTION

- 1) Heading of the Part: Pharmacy Benefit Managers
- 2) Code Citation: 50 Ill. Adm. Code 3145
- 3) Section Number: 30
- 4) Date Proposal published in *Illinois Register*: 44 Ill. Reg. 2207; January 31, 2020
- 5) Date Adoption published in *Illinois Register*: 44 Ill. Reg. 10123; June 12, 2020
- 6) Summary and Purpose of Expedited Correction: The Department is requesting correction of a typographical error ("biannually" to "biennially").
- 7) Information and questions regarding this request shall be directed to:

Susan Anders
Rules Coordinator
Department of Insurance
320 West Washington, 4th Floor
Springfield IL 62767-0001

217/558-0957

The full text of the Requested Expedited Correction begins on the next page:

ILLINOIS DEPARTMENT OF INSURANCE

NOTICE OF REQUEST FOR EXPEDITED CORRECTION

TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER ii: INSURANCE PRODUCERS, LIMITED INSURANCE
REPRESENTATIVES AND BUSINESS ENTITIES

PART 3145
PHARMACY BENEFIT MANAGERS

Section

3145.10	Purpose and Scope
3145.20	Registration
3145.30	Registration and Renewal Fee

AUTHORITY: Implementing Article XXXIIB, and authorized by Sections 401 and 513b2(e) of the Illinois Insurance Code [215 ILCS 5].

SOURCE: Adopted at 44 Ill. Reg. 10123, effective May 29, 2020; expedited correction at 44 Ill. Reg. _____, effective May 29, 2020.

Section 3145.30 Registration and Renewal Fee

Each pharmacy benefit manager doing business in this State shall pay a registration fee of \$500.00 on the initial application for registration and ~~biennially~~~~biannually~~ thereafter on or before its expiration date, as long as the registration remains active.

(Source: Adopted at 44 Ill. Reg. 10123, effective May 29, 2020; expedited correction at 44 Ill. Reg. _____, effective May 29, 2020)

JOINT COMMITTEE ON ADMINISTRATIVE RULES

MICHAEL A. BILANDIC BUILDING
ROOM 600C
CHICAGO, ILLINOIS
AUGUST 11, 2020
11:00 A.M.

***NOTICE:** It is the policy of the Committee to allow only representatives of State agencies to testify orally on any rule under consideration at Committee hearings. If members of the public wish to express their views with respect to a proposed rule, they should submit written comments to the Office of the Joint Committee on Administrative Rules at the following address:*

*Joint Committee on Administrative Rules
700 Stratton Office Building
Springfield, Illinois 62706*

RULEMAKINGS SCHEDULED FOR JCAR REVIEW

The following rulemakings are scheduled for review at this meeting. JCAR staff may be proposing action with respect to some of these rulemakings. JCAR members may have questions concerning, and may initiate action with respect to, any item scheduled for JCAR review and any other issues within the Committee's purview.

PROPOSED RULEMAKINGSCentral Management Services

1. Acquisition, Management and Disposal of Real Property (44 Ill. Adm. Code 5000)
 - First Notice Published: 44 Ill. Reg. 8454 – 5/22/20
 - Expiration of Second Notice: 8/23/20

Education

2. Dismissal of Tenured Teachers under Article 24 and Dismissal of Tenured Teachers and Principals under Article 34 of the School Code (23 Ill. Adm. Code 51)
 - First Notice Published: 44 Ill. Reg. 4546 – 3/20/20
 - Expiration of Second Notice: 8/19/20
3. Registered Apprenticeship Program (23 Ill. Adm. Code 255)
 - First Notice Published: 44 Ill. Reg. 4553 – 3/20/20
 - Expiration of Second Notice: 8/19/20

JOINT COMMITTEE ON ADMINISTRATIVE RULES

4. Voluntary Registration and Recognition of Nonpublic Schools (23 Ill. Adm. Code 425)
 - First Notice Published: 44 Ill. Reg. 3844 – 3/13/20
 - Expiration of Second Notice: 8/19/20

Human Services

5. Aid to the Aged, Blind or Disabled (89 Ill. Adm. Code 113)
 - First Notice Published: 44 Ill. Reg. 3825 – 3/13/20
 - Expiration of Second Notice: 9/4/20
6. Related Program Provisions (89 Ill. Adm. Code 117)
 - First Notice Published: 44 Ill. Reg. 5993 – 4/17/20
 - Expiration of Second Notice: 9/2/20

Insurance

7. Construction and Filing of Accident and Health Insurance Policy Forms (50 Ill. Adm. Code 2001)
 - First Notice Published: 44 Ill. Reg. 6218 – 4/24/20
 - Expiration of Second Notice: 9/3/20
8. Temporary Health Coverage Requirements During an Epidemic or Public Health Emergency (50 Ill. Adm. Code 2040)
 - First Notice Published: 44 Ill. Reg. 6693 – 5/1/20
 - Expiration of Second Notice: 9/3/20

Liquor Control Commission

9. The Illinois Liquor Control Commission (11 Ill. Adm. Code 100)
 - First Notice Published: 43 Ill. Reg. 14571 – 12/20/19
 - Expiration of Second Notice: 7/17/20

Natural Resources

10. The Taking of Wild Turkeys – Spring Season (17 Ill. Adm. Code 710)
 - First Notice Published: 44 Ill. Reg. 8122 – 5/15/20
 - Expiration of Second Notice: 8/13/20

Pollution Control Board

JOINT COMMITTEE ON ADMINISTRATIVE RULES

11. General Rules (35 Ill. Adm. Code 101)
 - First Notice Published: 44 Ill. Reg. 4316 – 3/20/20
 - Expiration of Second Notice: 8/12/20
12. Appeals of Final Decisions of State Agencies (35 Ill. Adm. Code 105)
 - First Notice Published: 44 Ill. Reg. 4347 – 3/20/20
 - Expiration of Second Notice: 8/12/20
13. Major Stationary Sources Construction and Modification (35 Ill. Adm. Code 203)
 - First Notice Published: 44 Ill. Reg. 4367 – 3/20/20
 - Expiration of Second Notice: 8/12/20
14. Prevention of Significant Deterioration (35 Ill. Adm. Code 204)
 - First Notice Published: 44 Ill. Reg. 4375 – 3/20/20
 - Expiration of Second Notice: 8/12/20
15. Definitions and General Provisions (35 Ill. Adm. Code 211)
 - First Notice Published: 44 Ill. Reg. 4463 – 3/20/20
 - Expiration of Second Notice: 8/12/20
16. Organic Material Emission Standards and Limitations (35 Ill. Adm. Code 215)
 - First Notice Published: 44 Ill. Reg. 4487 – 3/20/20
 - Expiration of Second Notice: 8/12/20

Public Health

17. AIDS Drug Assistance Code (77 Ill. Adm. Code 692)
 - First Notice Published: 44 Ill. Reg. 5326 – 3/27/20
 - Expiration of Second Notice: 8/23/20
18. Control of Sexually Transmissible Infections Code (77 Ill. Adm. Code 693)
 - First Notice Published: 44 Ill. Reg. 5331 – 3/27/20
 - Expiration of Second Notice: 8/23/20
19. HIV/AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697)
 - First Notice Published: 44 Ill. Reg. 5337 – 3/27/20
 - Expiration of Second Notice: 8/23/20
20. Grade A Pasteurized Milk and Milk Products (77 Ill. Adm. Code 775)
 - First Notice Published: 44 Ill. Reg. 4503 – 3/20/20
 - Expiration of Second Notice: 8/23/20

JOINT COMMITTEE ON ADMINISTRATIVE RULES

21. Drinking Water Systems Code (77 Ill. Adm. Code 900)
-First Notice Published: 44 Ill. Reg. 4509 – 3/20/20
-Expiration of Second Notice: 8/23/20

Revenue

22. Use Tax (86 Ill. Adm. Code 150)
-First Notice Published: 44 Ill. Reg. 7855 – 5/8/20
-Expiration of Second Notice: 8/23/20

Secretary of State

23. Business Corporation Act (14 Ill. Adm. Code 150)
-First Notice Published: 44 Ill. Reg. 5710 – 4/3/20
-Expiration of Second Notice: 8/30/20
24. General Not For Profit Corporations (14 Ill. Adm. Code 160)
-First Notice Published: 44 Ill. Reg. 5712 – 4/3/20
-Expiration of Second Notice: 8/30/20
25. Uniform Partnership Act (2001) (14 Ill. Adm. Code 171)
-First Notice Published: 44 Ill. Reg. 5716 – 4/3/20
-Expiration of Second Notice: 8/30/20
26. Limited Liability Company Act (14 Ill. Adm. Code 178)
-First Notice Published: 44 Ill. Reg. 5718 – 4/3/20
-Expiration of Second Notice: 8/30/20
27. Procedures and Standards (92 Ill. Adm. Code 1001)
-First Notice Published: 44 Ill. Reg. 2246 – 1/31/20
-Expiration of Second Notice: 9/2/20
28. Cancellation, Revocation or Suspension of Licenses or Permits (92 Ill. Adm. Code 1040)
-First Notice Published: 44 Ill. Reg. 2324 – 1/31/20
-Expiration of Second Notice: 9/2/20

EMERGENCY RULEMAKINGSCommerce and Economic Opportunity

JOINT COMMITTEE ON ADMINISTRATIVE RULES

29. Cannabis Business Incubator and Sponsorship Program (14 Ill. Adm. Code 651)
-44 Ill. Reg. 11811; effective 7/2/20
-Emergency Expires: 11/28/20
30. Local Coronavirus Urgent Remediation Emergency (or Local CURE) Support Program (14 Ill. Adm. Code 700)
-44 Ill. Reg. 11824; effective 7/2/20
-Emergency Expires: 11/28/20

Elections

31. Vote by Mail Expansion (26 Ill. Adm. Code 225)
-44 Ill. Reg. 11914; effective 7/2/20
-Emergency Expires: 11/28/20

Employment Security

32. Claims, Adjudication, Appeals and Hearings (56 Ill. Adm. Code 2720)
-44 Ill. Reg. 12656; effective 7/10/20
-Emergency Expires: 12/6/20
33. Administrative Hearings and Appeals (56 Ill. Adm. Code 2725)
-44 Ill. Reg. 12666; effective 7/10/20
-Emergency Expires: 12/6/20
34. Claimant's Availability for Work, Ability to Work and Active Search for Work (56 Ill. Adm. Code 2865)
-44 Ill. Reg. 11840; effective 7/6/20
-Emergency Expires: 12/2/20
35. Academic Personnel (56 Ill. Adm. Code 2915)
-44 Ill. Reg. 12671; effective 7/10/20
-Emergency Expires: 12/6/20

Human Rights

36. Procedures of the Department of Human Rights (56 Ill. Adm. Code 2520)
-44 Ill. Reg. 12676; effective 7/10/20
-Emergency Expires: 12/6/20

Human Services

JOINT COMMITTEE ON ADMINISTRATIVE RULES

37. WIC Vendor Management Code (77 Ill. Adm. Code 672)
-44 Ill. Reg. 11847; effective 7/1/20
-Emergency Expires: 11/27/20
38. Developmental Disabilities Services (89 Ill. Adm. Code 144)
-44 Ill. Reg. 11861; effective 7/1/20
-Emergency Expires: 11/27/20

Labor Relations Board

39. General Procedures (80 Ill. Adm. Code 1200)
-44 Ill. Reg. 11866; effective 7/6/20
-Emergency Expires: 12/2/20
40. Unfair Labor Practice Proceedings (80 Ill. Adm. Code 1220)
-44 Ill. Reg. 11873; effective 7/6/20
-Emergency Expires: 12/2/20

Revenue

41. Income Tax (86 Ill. Adm. Code 100)
-44 Ill. Reg. 11209; effective 6/17/20
-Emergency Expires: 11/13/20

Secretary of State

42. Public Library Non-resident Services (23 Ill. Adm. Code 3050)
-44 Ill. Reg. 11910; effective 7/1/20
-Emergency Expires: 11/27/20
43. Merit Commission (Emergency Repeal) (80 Ill. Adm. Code 50)
-44 Ill. Reg. 11585; effective 6/30/20
44. Merit Commission (80 Ill. Adm. Code 50)
-44 Ill. Reg. 11878; effective 6/30/20
-Emergency Expires: 11/26/20
45. Procedures and Standards (Emergency Repeal) (92 Ill. Adm. Code 1001)
-44 Ill. Reg. 11588; effective 6/30/20

JOINT COMMITTEE ON ADMINISTRATIVE RULES

46. Procedures and Standards (92 Ill. Adm. Code 1001)
-44 Ill. Reg. 11882; effective 6/30/20
-Emergency Expires: 11/26/20
47. Certificates of Title, Registration of Vehicles (Emergency Repeal) (92 Ill. Adm. Code 1010)
-44 Ill. Reg. 11890; effective 6/30/20
48. Certificates of Title, Registration of Vehicles (92 Ill. Adm. Code 1010)
-44 Ill. Reg. 11595; effective 7/10/20
49. Issuance of Licenses (Emergency Repeal) (92 Ill. Adm. Code 1030)
-44 Ill. Reg. 11603; effective 6/30/20
50. Issuance of Licenses (92 Ill. Adm. Code 1030)
-44 Ill. Reg. 11898; effective 6/30/20
-Emergency Expires: 11/26/20
51. Commercial Driver Training Schools (Emergency Amendment to Emergency Rule) (92 Ill. Adm. Code 1060)
-44 Ill. Reg. 11610; effective 6/25/20
-Emergency Expires: 10/17/20
52. Rules of the Road – Persons with Disabilities Parking Program (92 Ill. Adm. Code 1100)
-44 Ill. Reg. 11618; effective 6/30/20
53. Rules of the Road – Persons with Disabilities Parking Program (92 Ill. Adm. Code 1100)
-44 Ill. Reg. 11906; effective 6/30/20
-Emergency Expires: 11/26/20

EXPEDITED CORRECTIONSAgriculture

54. Cannabis Regulation and Tax Act (8 Ill. Adm. Code 1300)
-First Notice Published: 44 Ill. Reg. 12684 – 7/24/20

AGENCY RESPONSESSecretary of State

JOINT COMMITTEE ON ADMINISTRATIVE RULES

55. Business Corporations Act (14 Ill. Adm. Code 150)
 - First Notice Published: 44 Ill. Reg. 7944 – 5/8/20
 - Agency Response: Agree

56. General Not For Profit Corporations (Emergency Amendment to Emergency Rule) (14 Ill. Adm. Code 160)
 - First Notice Published: 44 Ill. Reg. 7951 – 5/8/20
 - Agency Response: Agree

57. Uniform Limited Partnership Act (Emergency Amendment to Emergency Rule) (14 Ill. Adm. Code 171)
 - First Notice Published: 44 Ill. Reg. 7961 – 5/8/20
 - Agency Response: Agree

58. Limited Liability Company Act (Emergency Amendment to Emergency Rule) (14 Ill. Adm. Code 178)
 - First Notice Published: 44 Ill. Reg. 7966 – 5/8/20
 - Agency Response: Agree

JOINT COMMITTEE ON ADMINISTRATIVE RULES

SECOND NOTICES RECEIVED

The following second notices were received during the period of July 14, 2020 through July 20, 2020. These rulemakings are scheduled for the August 11, 2020 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.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
8/30/20	<u>Secretary of State</u> , Business Corporation Act (14 Ill. Adm. Code 150)	4/3/20 44 Ill. Reg. 5710	8/11/20
8/30/20	<u>Secretary of State</u> , General Not For Profit Corporations (14 Ill. Adm. Code 160)	4/3/20 44 Ill. Reg. 5712	8/11/20
8/30/20	<u>Secretary of State</u> , Uniform Partnership Act (2001) (14 Ill. Adm. Code 171)	4/3/20 44 Ill. Reg. 5716	8/11/20
8/30/20	<u>Secretary of State</u> , Limited Liability Company Act (14 Ill. Adm. Code 178)	4/3/20 44 Ill. Reg. 5718	8/11/20
9/2/20	<u>Secretary of State</u> , Procedures and Standards (92 Ill. Adm. Code 1001)	1/31/20 44 Ill. Reg. 2246	8/11/20
9/2/20	<u>Secretary of State</u> , <u>Cancellation</u> , Revocation or Suspension of Licenses or Permits (92 Ill. Adm. Code 1040)	1/31/20 44 Ill. Reg. 2324	8/11/20
9/2/20	<u>Department of Human Services</u> , Related Program Provisions (89 Ill. Adm. Code 117)	4/17/20 44 Ill. Reg. 5993	8/11/20

ILLINOIS ADMINISTRATIVE CODE
Issue Index - With Effective Dates

Rules acted upon in Volume 44, Issue 31 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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89 - 148	7/17/2020	12832
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**REQUEST FOR EXPEDITED
CORRECTION**

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