



## TABLE OF CONTENTS

August 2, 2024 Volume 48, Issue 31

### PROPOSED RULES

FINANCIAL AND PROFESSIONAL REGULATION, DEPARTMENT OF Mortgage Community Reinvestment 38 Ill. Adm. Code 1055.....	10965
GAMING BOARD, ILLINOIS Video Gaming (General) 11 Ill. Adm. Code 1800.....	10972
STATE UNIVERSITIES RETIREMENT SYSTEM OF ILLINOIS Universities Retirement 80 Ill. Adm. Code 1600.....	10992

### ADOPTED RULES

AGING, DEPARTMENT ON Community Care Program 89 Ill. Adm. Code 240.....	11053
CENTRAL MANAGEMENT SERVICES, DEPARTMENT OF Federal Surplus Property: Illinois State Plan, State Agency for Surplus Property 44 Ill. Adm. Code 5020.....	11297
Merit and Fitness 80 Ill. Adm. Code 302.....	11318

### JOINT COMMITTEE ON ADMINISTRATIVE RULES STATEMENTS OF

#### PROHIBITED FILINGS

HUMAN SERVICES, DEPARTMENT ON Fiscal/Administrative Recordkeeping and Requirements 89 Ill. Adm. Code 509.....	11375
---	-------

#### SECOND NOTICES RECEIVED

JOINT COMMITTEE ON ADMINISTRATIVE RULES Second Notices Received.....	11376
---	-------

### EXECUTIVE ORDERS AND PROCLAMATIONS

#### PROCLAMATIONS

Gubernatorial Disaster Proclamation 2024-198.....	11377
--	-------

## 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 2024

<b>Issue#</b>	<b>Rules Due Date</b>	<b>Date of Issue</b>
1	December 26, 2023	January 5, 2024
2	January 2, 2024	January 12, 2024
3	January 8, 2024	January 19, 2024
4	January 16, 2024	January 26, 2024
5	January 22, 2024	February 2, 2024
6	January 29, 2024	February 9, 2024
7	February 5, 2024	February 16, 2024
8	February 13, 2024	February 23, 2024
9	February 20, 2024	March 1, 2024
10	February 26, 2024	March 8, 2024
11	March 4, 2024	March 15, 2024
12	March 11, 2024	March 22, 2024
13	March 18, 2024	March 29, 2024
14	March 25, 2024	April 5, 2024
15	April 1, 2024	April 12, 2024
16	April 8, 2024	April 19, 2024
17	April 15, 2024	April 26, 2024
18	April 22, 2024	May 3, 2024
19	April 29, 2024	May 10, 2024
20	May 6, 2024	May 17, 2024
21	May 13, 2024	May 24, 2024

22	May 20, 2024	May 31, 2024
23	May 28, 2024	June 7, 2024
24	June 3, 2024	June 14, 2024
25	June 10, 2024	June 21, 2024
26	June 17, 2024	June 28, 2024
27	June 24, 2024	July 5, 2024
28	July 1, 2024	July 12, 2024
29	July 8, 2024	July 19, 2024
30	July 15, 2024	July 26, 2024
31	July 22, 2024	August 2, 2024
32	July 29, 2024	August 9, 2024
33	August 5, 2024	August 16, 2024
34	August 12, 2024	August 23, 2024
35	August 19, 2024	August 30, 2024
36	August 26, 2024	September 6, 2024
37	September 3, 2024	September 13, 2024
38	September 9, 2024	September 20, 2024
39	September 16, 2024	September 27, 2024
40	September 23, 2024	October 4, 2024
41	September 30, 2024	October 11, 2024
42	October 7, 2024	October 18, 2024
43	October 15, 2024	October 25, 2024
44	October 21, 2024	November 1, 2024
45	October 28, 2024	November 8, 2024
46	November 4, 2024	November 15, 2024
47	November 12, 2024	November 22, 2024
48	November 18, 2024	December 2, 2024
49	November 25, 2024	December 6, 2024
50	December 2, 2024	December 13, 2024
51	December 9, 2024	December 20, 2024
52	December 16, 2024	December 27, 2024

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Mortgage Community Reinvestment
- 2) Code Citation: 38 Ill. Adm. Code 1055
- 3) 

<u>Section Numbers:</u>	<u>Proposed Actions:</u>
1055.460	Amendment
1055.470	Amendment
- 4) Statutory Authority: Implementing and authorized by the Illinois Community Reinvestment Act [205 ILCS 735].
- 5) A Complete Description of the Subjects and Issues Involved: The proposed amendments would replace the current \$2,200-per-examination-day fee in section 1055.460(a)(1) with a standalone subsection (a) that includes a schedule of annual fees for fiscal years 2025 and 2026 to be paid by covered mortgage licensees based on each licensee's total mortgage loan volume as shown by its Mortgage Call Reports for the previous calendar year. The proposed amendments would also relabel existing sections 1055.460(a)(2), (a)(3), and (b) to sections 1055.460(b)(1), (b)(2), and (c), respectively. Additionally, the proposed amendments would create a new subsection 1055.460(d) to specify that annual fees for fiscal year 2025 are due by November 1, 2024, and that annual fees thereafter are due within 30 days after the start of each fiscal year. Finally, the proposed amended rule would modify Section 1055.470(c) to extend the earliest date on which examinations of covered mortgage licensees that made at least 100 home mortgage loans in the State in the prior calendar year may be initiated, from November 1, 2024, to February 1, 2025.
- 6) Published studies or reports, and source of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: 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.

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 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, 2<sup>nd</sup> Floor  
Springfield, IL 62786

(217) 785-0810  
Fax: (217) 557-4451  
Craig.Cellini@illinois.gov

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: Covered mortgage licensees as defined in section 1055.20 may be affected.
  - B) Reporting, bookkeeping or other procedures required for compliance: The proposed amended rule does not require any new reporting, bookkeeping, or other procedures required for compliance other than payment of the required annual fee by each covered mortgage licensee. However, the annual fees are based on independent existing reporting requirements.
  - C) Types of professional skills necessary for compliance: The types of professional skills necessary for compliance are generally business administration and knowledge of the Residential Mortgage License Act of 1987, the Illinois Community Reinvestment Act, and various other federal and state laws.
- 14) Small Business Impact Analysis:
- A) Types of businesses subject to the proposed rule:

---

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

B) Categories that the agency reasonably believes the rulemaking will impact, including:

v. Licensing (examination) fees

15) Regulatory Agenda on which this rulemaking was summarized: July 2024

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

TITLE 38: FINANCIAL INSTITUTIONS

CHAPTER II: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

PART 1055

MORTGAGE COMMUNITY REINVESTMENT

SUBPART A: GENERAL

Section

- 1055.10 Authority, Purposes and Scope
- 1055.20 Definitions

SUBPART B: STANDARDS OF ASSESSING PERFORMANCE

Section

- 1055.200 Assessment Factors
- 1055.210 Performance Tests, Standards, and Ratings, in General
- 1055.220 Lending Test
- 1055.230 Service Test
- 1055.240 Assigned Ratings
- 1055.250 Effect of Record of Performance on Applications

SUBPART C: RECORDS, REPORTING, AND DISCLOSURE REQUIREMENTS;  
EXAMINATIONS

Section

- 1055.400 Data Collection and Reporting
- 1055.410 Content and Availability of Public Information
- 1055.420 Publication of Planned Examination Schedule
- 1055.430 Alternative Examination Procedures
- 1055.440 Examination Authority and Cooperation
- 1055.450 Examination Frequency
- 1055.460 Examination Fees
- 1055.470 Implementation Period
- 1055.480 Enforcement

- 1055.APPENDIX A Ratings
- 1055.APPENDIX B CRA Notice



## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

AUTHORITY: Implementing and authorized by the Illinois Community Reinvestment Act [205 ILCS 735].

SOURCE: Adopted at 48 Ill. Reg. 7172, effective May 1, 2024; amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART C: RECORDS, REPORTING, AND DISCLOSURE REQUIREMENTS;  
EXAMINATIONS

**Section 1055.460 Examination Fees**

- a) Annual fees. Each fiscal year, a covered mortgage licensee pursuant to Section 35-15 of the ILCRA shall pay an annual ILCRA fee to the Department based upon its total mortgage loan volume as shown by its Mortgage Call Reports for the previous calendar year, at the following rates:

<u>MORTGAGE LOAN VOL.</u>	<u>ILCRA ANNUAL FISCAL YEAR 2025 FEE</u>	<u>ILCRA ANNUAL FISCAL YEAR 2026 FEE</u>
<u>50-99</u>	<u>\$2,000</u>	<u>\$2,250</u>
<u>100-199</u>	<u>\$2,250</u>	<u>\$2,500</u>
<u>200-299</u>	<u>\$2,500</u>	<u>\$3,000</u>
<u>300-399</u>	<u>\$3,000</u>	<u>\$3,750</u>
<u>400-499</u>	<u>\$3,250</u>	<u>\$4,750</u>
<u>500-749</u>	<u>\$3,500</u>	<u>\$5,750</u>
<u>750-999</u>	<u>\$4,000</u>	<u>\$7,000</u>
<u>1000-1999</u>	<u>\$4,500</u>	<u>\$8,250</u>
<u>2000-2999</u>	<u>\$5,000</u>	<u>\$9,750</u>
<u>3000-3999</u>	<u>\$5,500</u>	<u>\$11,250</u>
<u>4000-4999</u>	<u>\$6,000</u>	<u>\$13,000</u>
<u>5000-5999</u>	<u>\$6,500</u>	<u>\$14,750</u>
<u>6000-6999</u>	<u>\$7,500</u>	<u>\$16,750</u>
<u>7000-7999</u>	<u>\$10,000</u>	<u>\$19,000</u>
<u>Over 8000</u>	<u>\$14,000</u>	<u>\$22,000</u>

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- ~~b)a)~~ ~~Out~~Hourly rate and out-of-state travel expenses
- ~~1)~~ ~~For fiscal years 2025 and 2026, time expended in the conduct of any examination of a covered mortgage licensee pursuant to Section 35-15 of the ILCRA shall be billed by the Department at a rate of \$2,200 per day, up to a maximum of 20 days per examination. Fees will be billed following completion of the examination and shall be paid within 30 days after receipt of the billing.~~
- ~~1)2)~~ When out-of-state travel occurs in the conduct of any examination, the covered mortgage licensee shall make arrangements to reimburse the Department all charges for services such as travel expenses, including airfare, hotel and per diem incurred by the employee. These expenses are to be in accord with applicable travel regulations published by the Department of Central Management Services and approved by the Governor's Travel Control Board (80 Ill. Adm. Code 2800).
- ~~23)~~ For purposes of this Section, "fiscal year" means a period beginning on July 1 of any calendar year and ending on June 30 of the next calendar year.
- ~~c)b)~~ All fees received pursuant to this Part shall be deposited in the Residential Finance Regulatory Fund.
- ~~d)~~ The fee for fiscal year 2025 shall be due on November 1, 2024. The fee for each fiscal year thereafter shall be due within 30 days after the start of each fiscal year.

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1055.470 Implementation Period**

- a) Covered mortgage licensees shall comply with the requirements of this Part by November 1, 2024.
- b) For covered mortgage licensees that made fewer than 100 home mortgage loans in the State in the last calendar year, the Secretary shall not cause an examination to be initiated under the ILCRA or this Part until November 1, 2025; provided that, the Secretary may conduct an examination at any time upon finding:

## DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

## NOTICE OF PROPOSED AMENDMENTS

- 1) the covered mortgage licensee has been found to be in "substantial noncompliance" with another state's Community Reinvestment Act;
  - 2) substantial evidence of discriminatory or other illegal credit practices; or
  - 3) the Secretary otherwise finds sufficient cause.
- c) For covered mortgage licensees that made at least 100 home mortgage loans in the State in the last calendar year, the Secretary shall not cause an examination to be initiated under the ILCRA or this Part until February 1, 2025~~November 1, 2024~~.
- d) For purposes of Section 1055.450, with regard to the timing of the initial examination of a covered mortgage licensee under ILCRA, the "most recent prior exam under the ILCRA" shall be read as the most recent examination by an other state regulator pursuant to that state's Community Reinvestment Act.

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Video Gaming (General)
- 2) Code Citation: 11 Ill. Adm. Code 1800
- 3) Section Number: 1800.110                      Proposed Action: Amendment
- 4) Statutory Authority: Authorized by Section 78 (a) (3) and (b) of the Video Gaming Act (Act) [230 ILCS 40].
- 5) A Complete Description of the Subjects and Issues Involved: There is currently a difference in the statutory definition of "video gaming terminal" contained in the Video Gaming Act (the "Act") at [230 ILCS 40/5] and the rule definition of this term contained in 11 Ill. Adm. Code 1800.110. The Act's definition allows the "insertion of cash, electronic cards or vouchers, or any combination thereof" to place a wager. Section 1800.110 narrows this definition by only permitting the use of cash to place a wager. The proposed rulemaking amends the rule definition of "video gaming terminal" to make it identical to the statutory definition.

The amended definition will facilitate implementation of Ticket In – Ticket Out functionality, commonly referred to as "TITO," to video gaming terminals across the State. It will also permit implementation of other technological changes and modernization initiatives that the Illinois Gaming Board (IGB) is developing in cooperation with video gaming stakeholders.

- 6) Published studies and reports, and underlying sources of data, used to compose this rulemaking: None
- 7) Will this proposed rulemaking replace an emergency rule already in effect? No
- 8) Does this proposed rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any rulemakings pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Actions:</u>	<u>Illinois Register Citations:</u>
1800.370	New Section	47 Ill. Reg. 19279; December 29, 2023
1800.420	Amendment	48 Ill. Reg. 1541; January 26, 2024

## ILLINOIS GAMING BOARD

## NOTICE OF PROPOSED AMENDMENT

1800.320	Amendment	48 Ill. Reg. 8252; June 2, 2024
1800.322	New Section	48 Ill. Reg. 8252; June 2, 2024
1800.430	Amendment	48 Ill. Reg. 8252; June 2, 2024
1800.450	New Section	48 Ill. Reg. 8252; June 2, 2024

11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate under 30 ILCS 805.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Any interested person may submit comments in writing concerning this proposed rulemaking not later than 45 days after publication of this Notice in the *Illinois Register* to:

Daniel Gerber  
General Counsel  
Illinois Gaming Board  
160 North LaSalle Street  
Chicago, Illinois 60601

Telephone: (312) 814-4700  
Fax No.: (312) 814-7253  
IGB.RuleComments@illinois.gov

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: The rulemaking will apply to all licensed video gaming locations which qualify as small businesses.

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:

55 Management of Companies and Enterprises  
71 Arts, Entertainment, and Recreation

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENT

- B) Categories that the agency reasonably believes the rulemaking will impact, including:
- ii. regulatory requirements
- 15) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not summarized in a regulatory agenda.

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

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENT

TITLE 11: ALCOHOL, HORSE RACING, LOTTERY, AND VIDEO GAMING  
SUBTITLE D: VIDEO GAMING  
CHAPTER I: ILLINOIS GAMING BOARD

PART 1800  
VIDEO GAMING (GENERAL)

SUBPART A: GENERAL PROVISIONS

Section	
1800.110	Definitions
1800.115	Gender
1800.120	Inspection
1800.130	Board Meetings
1800.140	Service Via E-mail

SUBPART B: DUTIES OF LICENSEES

Section	
1800.210	General Duties of All Video Gaming Licensees
1800.220	Continuing Duty to Report Information
1800.230	Duties of Licensed Manufacturers
1800.240	Duties of Licensed Distributors
1800.250	Duties of Terminal Operators
1800.260	Duties of Licensed Technicians and Licensed Terminal Handlers
1800.265	Duties of Sales Agents and Brokers
1800.270	Duties of Licensed Video Gaming Locations

SUBPART C: STANDARDS OF CONDUCT FOR LICENSEES

Section	
1800.310	Grounds for Disciplinary Actions
1800.320	Minimum Standards for Use Agreements
1800.321	Solicitation of Use Agreements or Agreements that Purport to Control the Placement and Operation of Video Gaming Terminals
1800.330	Economic Disassociation
1800.340	Change in Ownership of Terminal Operators and Assets Held by Terminal Operators
1800.350	Inducements

## ILLINOIS GAMING BOARD

## NOTICE OF PROPOSED AMENDMENT

1800.360 Terminal Operator Record Retention

## SUBPART D: LICENSING QUALIFICATIONS

## Section

1800.410 Coverage of Subpart  
1800.420 Qualifications for Licensure  
1800.430 Persons with Significant Influence or Control  
1800.440 Undue Economic Concentration

## SUBPART E: LICENSING PROCEDURES

## Section

1800.510 Coverage of Subpart  
1800.520 Applications  
1800.530 Submission of Application  
1800.540 Application Fees  
1800.550 Consideration of Applications by the Board  
1800.555 Withdrawal of Applications and Surrender of Licenses  
1800.560 Issuance of License  
1800.570 Renewal of License  
1800.580 Annual Fees  
1800.590 Death and Change of Ownership of Video Gaming Licensee  
1800.595 Temporary Identification Badge

## SUBPART F: DENIALS OF APPLICATIONS FOR LICENSURE

## Section

1800.610 Coverage of Subpart  
1800.615 Requests for Hearing  
1800.620 Appearances  
1800.625 Appointment of Administrative Law Judge  
1800.630 Discovery  
1800.635 Subpoenas  
1800.640 Motions for Summary Judgment  
1800.650 Proceedings  
1800.660 Evidence  
1800.670 Prohibition on Ex Parte Communication  
1800.680 Sanctions and Penalties



ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENT

- 1800.690 Transmittal of Record and Recommendation to the Board
- 1800.695 Status of Applicant for Licensure Upon Filing Request for Hearing

SUBPART G: DISCIPLINARY ACTIONS AGAINST LICENSEES

Section

- 1800.710 Coverage of Subpart
- 1800.715 Notice of Proposed Disciplinary Action Against Licensees
- 1800.720 Hearings in Disciplinary Actions
- 1800.725 Appearances
- 1800.730 Appointment of Administrative Law Judge
- 1800.735 Discovery
- 1800.740 Subpoenas
- 1800.745 Motions for Summary Judgment
- 1800.750 Proceedings
- 1800.760 Evidence
- 1800.770 Prohibition on Ex Parte Communication
- 1800.780 Sanctions and Penalties
- 1800.790 Transmittal of Record and Recommendation to the Board
- 1800.795 Persons Subject to Proposed Orders of Economic Disassociation

SUBPART H: LOCATION OF VIDEO GAMING TERMINALS IN LICENSED VIDEO GAMING LOCATIONS

Section

- 1800.810 Location and Placement of Video Gaming Terminals
- 1800.815 Licensed Video Gaming Locations Within Malls
- 1800.820 Measurement of Distances from Locations
- 1800.830 Waivers of Location Restrictions

SUBPART I: SECURITY INTERESTS

Section

- 1800.910 Approvals Required, Applicability, Scope of Approval
- 1800.920 Notice of Enforcement of a Security Interest
- 1800.930 Prior Registration

SUBPART J: TRANSPORTATION, REGISTRATION, AND DISTRIBUTION OF VIDEO GAMING TERMINALS

## ILLINOIS GAMING BOARD

## NOTICE OF PROPOSED AMENDMENT

## Section

- 1800.1010 Restriction on Sale, Distribution, Transfer, Supply and Operation of Video Gaming Terminals
- 1800.1020 Transportation of Video Gaming Terminals into the State
- 1800.1030 Receipt of Video Gaming Terminals in the State
- 1800.1040 Transportation of Video Gaming Terminals Between Locations in the State
- 1800.1050 Approval to Transport Video Gaming Terminals Outside of the State
- 1800.1060 Placement of Video Gaming Terminals
- 1800.1065 Registration of Video Gaming Terminals
- 1800.1070 Disposal of Video Gaming Terminals

## SUBPART K: STATE-LOCAL RELATIONS

## Section

- 1800.1110 State-Local Relations

## SUBPART L: FINGERPRINTING OF APPLICANTS

## Section

- 1800.1210 Definitions
- 1800.1220 Entities Authorized to Perform Fingerprinting
- 1800.1230 Qualification as a Livescan Vendor
- 1800.1240 Fingerprinting Requirements
- 1800.1250 Fees for Fingerprinting
- 1800.1260 Grounds for Revocation, Suspension and Denial of Contract

## SUBPART M: PUBLIC ACCESS TO INFORMATION

## Section

- 1800.1310 Public Requests for Information

## SUBPART N: PAYOUT DEVICES AND REQUIREMENTS

## Section

- 1800.1410 Ticket Payout Devices
- 1800.1420 Redemption of Tickets Following Removal or Unavailability of Ticket Payout Devices
- 1800.1421 Redemption of Video Gaming Tickets During a Coin Shortage

ILLINOIS GAMING BOARD

NOTICE OF PROPOSED AMENDMENT

SUBPART O: NON-PAYMENT OF TAXES

Section  
1800.1510 Non-Payment of Taxes

SUBPART P: CENTRAL COMMUNICATIONS SYSTEM

Section  
1800.1610 Use of Gaming Device or Individual Game Performance Data

SUBPART Q: RESPONSIBLE GAMING

Section  
1800.1710 Conversations About Responsible Gaming  
1800.1720 Responsible Gaming Education Programs  
1800.1730 Problem Gambling Registry  
1800.1740 Utilization of Technology to Prevent Problem Gambling  
1800.1750 Problem Gambling Signage

SUBPART R: IMPLEMENTATION OF TECHNOLOGY

Section  
1800.1810 Implementation of Technology

SUBPART S: INDEPENDENT TESTING LABORATORIES

Section  
1800.1910 Independent Outside Testing Laboratories  
1800.1920 Minimum Duties of an Independent Outside Testing Laboratory  
1800.1930 Testing of Video Gaming Equipment  
1800.1940 Approval of Video Gaming Equipment

SUBPART T: IN-LOCATION PROGRESSIVE GAMES

Section  
1800.2010 In-location Progressive Games  
1800.2020 Optional Nature of In-location Progressive Games  
1800.2030 Procedures Within Licensed Video Gaming Locations

## ILLINOIS GAMING BOARD

## NOTICE OF PROPOSED AMENDMENT

1800.2040	Payments of Progressive Jackpot Amount
1800.2050	Deductions from Progressive Jackpots
1800.2060	Progressive Jackpot Coordinator
1800.2070	Progressive Meters

## SUBPART U: UNDERAGE GAMBLING COMPLIANCE

## Section

1800.2110	Statement of Purpose
1800.2120	Program Considerations
1800.2130	Utilization of Confidential Sources
1800.2140	Provision of Funds
1800.2150	Operational Procedures
1800.2160	Reporting and Evidence
1800.2170	Cooperation with Local Law Enforcement Agencies

1800.EXHIBIT A	Youth Participant Consent Form
1800.EXHIBIT B	Underage Gambling Participant Acknowledgment

**AUTHORITY:** Implementing and authorized by the Video Gaming Act [230 ILCS 40].

**SOURCE:** Adopted by emergency rulemaking at 33 Ill. Reg. 14793, effective October 19, 2009, for a maximum of 150 days; adopted at 34 Ill. Reg. 2893, effective February 22, 2010; emergency amendment at 34 Ill. Reg. 8589, effective June 15, 2010, for a maximum of 150 days; emergency expired November 11, 2010; amended at 35 Ill. Reg. 1369, effective January 5, 2011; emergency amendment at 35 Ill. Reg. 13949, effective July 29, 2011, for a maximum of 150 days; emergency expired December 25, 2011; amended at 36 Ill. Reg. 840, effective January 6, 2012; amended by emergency rulemaking at 36 Ill. Reg. 4150, effective February 29, 2012, for a maximum of 150 days; amended at 36 Ill. Reg. 5455, effective March 21, 2012; amended at 36 Ill. Reg. 10029, effective June 28, 2012; emergency amendment at 36 Ill. Reg. 11492, effective July 6, 2012, for a maximum of 150 days; emergency expired December 2, 2012; emergency amendment at 36 Ill. Reg. 12895, effective July 24, 2012, for a maximum of 150 days; amended at 36 Ill. Reg. 13178, effective July 30, 2012; amended at 36 Ill. Reg. 15112, effective October 1, 2012; amended at 36 Ill. Reg. 17033, effective November 21, 2012; expedited correction at 39 Ill. Reg. 8183, effective November 21, 2012; amended at 36 Ill. Reg. 18550, effective December 14, 2012; amended at 37 Ill. Reg. 810, effective January 11, 2013; amended at 37 Ill. Reg. 4892, effective April 1, 2013; amended at 37 Ill. Reg. 7750, effective May 23, 2013; amended at 37 Ill. Reg. 18843, effective November 8, 2013; emergency amendment at 37 Ill. Reg. 19882, effective November 26, 2013, for a maximum of 150 days; emergency amendment suspended by the Joint

## ILLINOIS GAMING BOARD

## NOTICE OF PROPOSED AMENDMENT

Committee on Administrative Rules at 38 Ill. Reg. 3384, effective January 14, 2014; suspension withdrawn at 38 Ill. Reg. 5897; emergency repeal of emergency amendment at 38 Ill. Reg. 7337, effective March 12, 2014, for the remainder of the 150 days; amended at 38 Ill. Reg. 849, effective December 27, 2013; amended at 38 Ill. Reg. 14275, effective June 30, 2014; amended at 38 Ill. Reg. 19919, effective October 2, 2014; amended at 39 Ill. Reg. 5401, effective March 27, 2015; amended at 39 Ill. Reg. 5593, effective April 1, 2015; amended at 40 Ill. Reg. 2952, effective January 27, 2016; amended at 40 Ill. Reg. 8760, effective June 14, 2016; amended at 40 Ill. Reg. 12762, effective August 19, 2016; amended at 40 Ill. Reg. 15131, effective October 18, 2016; emergency amendment at 41 Ill. Reg. 2696, effective February 7, 2017, for a maximum of 150 days; amended at 41 Ill. Reg. 2939, effective February 24, 2017; amended at 41 Ill. Reg. 4499, effective April 14, 2017; amended at 41 Ill. Reg. 10300, effective July 13, 2017; amended at 42 Ill. Reg. 3126, effective February 2, 2018; amended at 42 Ill. Reg. 3735, effective February 6, 2018; emergency amendment at 43 Ill. Reg. 9261, effective August 13, 2019, for a maximum of 150 days; emergency amendment, except for the definition of "in-location bonus jackpot game" or "in-location progressive game" and the definition of "progressive jackpot" in Section 1800.110 and except for Section 1800.250(x), suspended at 43 Ill. Reg. 11061, effective September 18, 2019; amended at 44 Ill. Reg. 489, effective December 27, 2019; emergency amendment at 43 Ill. Reg. 9788, effective August 19, 2019, for a maximum of 150 days; amended at 44 Ill. Reg. 1961, effective December 31, 2019; emergency amendment at 43 Ill. Reg. 11688, effective September 26, 2019, for a maximum of 150 days; amended at 44 Ill. Reg. 3205, effective February 7, 2020; emergency amendment at 43 Ill. Reg. 13464, effective November 8, 2019, for a maximum of 150 days; emergency amendment suspended by the Joint Committee on Administrative Rules at 43 Ill. Reg. 13479, effective November 12, 2019; suspension withdrawn at 44 Ill. Reg. 3583; emergency amendment to emergency rule at 44 Ill. Reg. 3568, effective February 21, 2020, for the remainder of the 150 days; amended at 44 Ill. Reg. 10891, effective June 10, 2020; amended at 43 Ill. Reg. 14099, effective November 21, 2019; emergency amendment at 44 Ill. Reg. 10193, effective May 27, 2020, for a maximum of 150 days; amended at 44 Ill. Reg. 16454, effective September 25, 2020; emergency amendment at 44 Ill. Reg. 11104, effective June 15, 2020, for a maximum of 150 days; emergency expired November 11, 2020; amended at 44 Ill. Reg. 11134, effective June 22, 2020; emergency amendment at 44 Ill. Reg. 13463, effective July 28, 2020, for a maximum of 150 days; emergency expired December 24, 2020; amended at 45 Ill. Reg. 3424, effective March 8, 2021; amended at 45 Ill. Reg. 5375, effective April 12, 2021; amended at 45 Ill. Reg. 9971, effective July 20, 2021; emergency amendment at 45 Ill. Reg. 10074, effective July 26, 2021, for a maximum of 150 days; emergency expired December 22, 2021; amended at 46 Ill. Reg. 5530, effective March 16, 2022; amended at 46 Ill. Reg. 6916, effective April 25, 2022; amended at 46 Ill. Reg. 17107, effective September 28, 2022; amended at 46 Ill. Reg. 18049, effective October 31, 2022; amended at 46 Ill. Reg. 17107, effective September 28, 2022; amended at 46 Ill. Reg. 18049, effective October 31, 2022; amended at 47 Ill. Reg. 2682, effective February 10, 2023;

## ILLINOIS GAMING BOARD

## NOTICE OF PROPOSED AMENDMENT

amended at 47 Ill. Reg. 16355, effective November 1, 2023; amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL PROVISIONS

**Section 1800.110 Definitions**

For purposes of this Part the following terms shall have the following meanings:

"Act": The Video Gaming Act [230 ILCS 40].

"Adjusted gross receipts": The gross receipts less winnings paid to wagerers. The value of expired vouchers shall be included in computing adjusted gross receipts.

"Administrator": The chief executive officer responsible for day-to-day operations of the Illinois Gaming Board.

"Affiliate": An "affiliate of", or person "affiliated with", a specified person shall mean a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, that person.

"Affiliated entity": An "affiliated entity" of a person is any business entity that directly or indirectly, through one or more intermediaries, controls, is controlled by, or is under common control with, the person.

"Applicant": A person applying for any license under the Act.

"Application": All material submitted, including the instructions, definitions, forms and other documents issued by the Illinois Gaming Board, comprising the video gaming license application submitted to the Illinois Gaming Board.

"Associated video gaming equipment": Ticket payout systems and validation procedures; wireless, promotional and bonusing systems; kiosks; gaming-related peripherals; hardware, software and systems; and other gaming devices and equipment for compliance with:

Illinois laws, regulations and requirements as codified or otherwise set forth; and

## ILLINOIS GAMING BOARD

## NOTICE OF PROPOSED AMENDMENT

Board-approved video gaming industry standards.

"Attributed interest": A direct or indirect interest in an enterprise deemed to be held by an individual not through the individual's actual holdings but either through the holdings of the individual's relatives or through a third party or parties on behalf of the individual pursuant to a plan, arrangement, agreement or contract.

"Board": The Illinois Gaming Board.

"Business entity" or "Business": A partnership, incorporated or unincorporated association or group, firm, corporation, limited liability company, partnership for shares, trust, sole proprietorship or other business enterprise.

"Chi-square test": A statistical test used to determine if a relationship between variables exists by comparing expected and observed cell frequencies. Specifically, a chi-square test examines the observed frequencies in a category and compares them to what would be expected by chance or would be expected if there was no relationship between variables.

"Control": The possession, direct or indirect, of power to direct or cause the direction of the management and policies of an applicant or licensee through the ownership of voting securities, by contract or otherwise.

"Convenience store": A retail store that is open long hours and sells motor fuel and a limited selection of snacks and general goods.

"Credit": One, five, 10 or 25 cents.

"Distributor": An individual, partnership, corporation or limited liability company licensed under the Act to buy, sell, lease or distribute video gaming terminals or major components or parts of video gaming terminals to or from terminal operators.

"Enforce a security interest": To transfer possession of ownership or title pursuant to a security interest.

"EPROM": An acronym for Erasable, Programmable, Read Only Memory, which is a microprocessor component that stores memory and affects payout percentage

## ILLINOIS GAMING BOARD

## NOTICE OF PROPOSED AMENDMENT

and/or contains a random number generator that selects the outcome of a game on a video gaming terminal.

"Facility-pay" or "facility payment": A manual payment of currency by an authorized employee of a licensed video gaming location or an authorized employee of a terminal operator for amounts owed to a patron by a video gaming terminal when a video gaming terminal or ticket payout device has malfunctioned and is unable to produce or redeem a ticket.

"Fraternal organization": An organization or institution organized and conducted on a not-for-profit basis with no personal profit inuring to anyone as a result of the operation and that is exempt from federal income taxation under section 501(c)(8) or (c)(10) of the Internal Revenue Code (26 U.S.C. 501(c)(8) or (c)(10)).

"Game": A gambling activity that is played for money, property or anything of value, including without limitation those played with cards, chips, tokens, vouchers, dice, implements, or electronic, electrical or mechanical devices or machines.

"Gaming": The dealing, operating, carrying on, conducting, maintaining or exposing for play of any game.

"Gaming operation": The conducting of gaming or the providing or servicing of gaming equipment.

"Gaming property collateral": Video gaming equipment subject to a security interest.

"Illinois resident":

With respect to an individual, an individual who is either:

domiciled in Illinois or maintains a bona fide place of abode in Illinois; or

is required to file an Illinois tax return during the taxable year.



## ILLINOIS GAMING BOARD

## NOTICE OF PROPOSED AMENDMENT

With respect to a corporation, any corporation organized under the laws of this State and any foreign corporation with a certificate of authority to transact business in Illinois. A foreign corporation not authorized to transact business in this State is a nonresident of this State.

With respect to a partnership, a partnership in which any partner is an Illinois resident, or where the partnership has an office and is doing business in Illinois.

With respect to an irrevocable trust, a trust where the grantor was an Illinois resident individual at the time the trust became irrevocable.

"Immediate family": A spouse (other than a spouse who is legally separated from the individual under a decree of divorce or separate maintenance), parents, grandparents, siblings, children whether by blood, marriage or adoption, grandchildren, and step-children, whether by blood, marriage, or adoption.

"In-location bonus jackpot game" or "in-location progressive game": A video game in which the value of the top prize increases each time the game is played and the top prize is not won.

"Institutional investor":

A retirement fund administered by a public agency for the exclusive benefit of federal, state or local public employees;

An investment company registered under section 8 of the Investment Company Act of 1940 (15 U.S.C. 80a-8);

A collective investment trust organized by a bank under Part 9 of the Rules of the Comptroller of the Currency (12 CFR 9.18);

A closed end investment trust registered with the United States Securities and Exchange Commission;

A chartered or licensed life insurance company or property and casualty insurance company;

A federal or state bank;

## ILLINOIS GAMING BOARD

## NOTICE OF PROPOSED AMENDMENT

An investment advisor registered under the Investment Advisors Act of 1940 (15 U.S.C. 80b-1 through 80b-21); or

Such other person as the Illinois Gaming Board may determine for reasons consistent with the Act and this Part.

"License": Authorization granted by the Board permitting a licensee to engage in the defined activities of video gaming.

"Licensed establishment": Any retail establishment licensed under the Act where alcoholic liquor is drawn, poured, mixed or otherwise served for consumption on the premises. Licensed establishment does not include a facility operated by an organization licensee, an intertrack wagering licensee, or an intertrack wagering location licensee licensed under the Illinois Horse Racing Act of 1975 [230 ILCS 5] or a riverboat or casino licensed under the Illinois Gambling Act [230 ILCS 10].

"Licensed fraternal establishment": The location licensed under the Act where a qualified fraternal organization that derives its charter from a national fraternal organization regularly meets.

"Licensed large truck stop establishment": A facility located within 3 road miles from a freeway interchange, as measured in accordance with the Department of Transportation's rules regarding the criteria for the installation of business signs:

that is at least a 3-acre facility with a convenience store;

with separate diesel islands for fueling commercial motor vehicles;

that sells at retail more than 50,000 gallons of diesel or biodiesel fuel per month; and

with parking spaces for commercial motor vehicles. "Commercial motor vehicle" has the meaning ascribed at Section 18b-101 of the Illinois Vehicle Code.

The requirement of this definition may be met by showing that estimated future sales or past sales average at least 50,000 gallons per month.

## ILLINOIS GAMING BOARD

## NOTICE OF PROPOSED AMENDMENT

"Licensed technician": An individual who is licensed under the Act to repair, service and maintain video gaming terminals. A licensed technician is not licensed under the Act to possess or control a video gaming terminal or have access to the inner workings of a video gaming terminal (i.e., the logic area maintained in a separately locked cabinet of the video gaming terminal that houses electronic components that have the potential to significantly influence the operation of the video gaming terminal).

"Licensed terminal handler": A person, including but not limited to an employee or independent contractor working for a manufacturer, distributor, supplier, technician or terminal operator, who is licensed under the Act to possess or control a video gaming terminal or to have access to the inner workings of a video gaming terminal. A licensed terminal handler does not include an individual, partnership, corporation or limited liability company defined as a manufacturer, distributor, supplier, technician or terminal operator under Section 5 of the Act.

"Licensed truck stop establishment": A facility licensed under the Act that is at least a 3-acre facility with a convenience store, that has separate diesel islands for fueling commercial motor vehicles, that sells at retail more than 10,000 gallons of diesel or biodiesel fuel per month, and that has parking spaces for commercial motor vehicles. "Commercial motor vehicle" has the meaning ascribed at Section 18b-101 of the Illinois Vehicle Code [625 ILCS 5]. The 10,000 gallon requirement may be met by showing that estimated future sales or past sales average at least 10,000 gallons per month.

"Licensed veterans establishment": The location licensed under the Act where a qualified veterans organization that derives its charter from a national veterans organization regularly meets.

"Licensed video gaming location": A licensed establishment, licensed fraternal establishment, licensed veterans establishment, licensed truck stop establishment, or licensed large truck stop establishment, all as defined in Section 5 of the Act and this Part.

"Liquor license": A license issued by a governmental body authorizing the holder to sell and offer for sale at retail alcoholic liquor for use or consumption.

## ILLINOIS GAMING BOARD

## NOTICE OF PROPOSED AMENDMENT

"Major components or parts": Components or parts that comprise the inner workings and peripherals of a video gaming terminal, including but not limited to the device's hardware, software, human interface devices, interface ports, power supply, ticket payout system, bill validator, printer and any component that affects or could affect the result of a game played on the device.

"Manufacturer": An individual, partnership, corporation or limited liability company that is licensed under the Act and that manufactures or assembles video gaming terminals.

"Net terminal income": Money put into a video gaming terminal minus credits paid out to players.

"Nominee": Any individual or business entity that holds as owner of record the legal title to tangible or intangible personal or real property, including without limitation any stock, bond, debenture, note, investment contract or real estate on behalf of another individual or business entity, and as such is designated and authorized to act on his, her or its behalf with respect to the property.

"Ownership interest": Includes, but is not limited to, direct, indirect, beneficial or attributed interest, or holder of stock options, convertible debt, warrants or stock appreciation rights, or holder of any beneficial ownership or leasehold interest in a business entity.

"Payout device": A device, approved by the Board and provided by a supplier or distributor, that redeems for cash tickets dispensed by a video gaming terminal in exchange for credits accumulated on a video gaming terminal.

"Person": Includes both individuals and business entities.

"Place of worship under the Religious Corporation Act": A structure belonging to, or operated by, a church, congregation or society formed for the purpose of religious worship and eligible for incorporation under the Religious Corporation Act [805 ILCS 110], provided that the structure is used primarily for purposes of religious worship and related activities.

"Problem gambling": "A repetitive set of gaming behaviors that negatively impacts someone's life.

## ILLINOIS GAMING BOARD

## NOTICE OF PROPOSED AMENDMENT

"Progressive jackpot": The top prize in an in-location bonus jackpot game or in-location progressive game.

"Redemption period": The one-year period, starting on the date of issuance, during which a ticket dispensed by a video gaming terminal may be redeemed for cash.

"Responsible gaming" means all of the following:

Policies for reducing harms related to gaming;

Providing a transparent and fair game;

Playing within time and money limits; and

Gaming for entertainment and fun.

"Secured party": A person who is a lender, seller or other person who holds a valid security interest.

"Security": An ownership right or creditor relationship.

"Security agreement": An agreement that creates or provides a security interest, including but not limited to a use agreement.

"Security interest": An interest in property that secures the payment or performance of an obligation or judgment.

"Sole proprietor": An individual who in their own name owns 100% of the assets and who is solely liable for the debts of a business.

"Substantial interest": With respect to a partnership, a corporation, an organization, an association, a business or a limited liability company means:

When, with respect to a sole proprietorship, an individual or their spouse owns, operates, manages, or conducts, directly or indirectly, the organization, association or business, or any part thereof; or

## ILLINOIS GAMING BOARD

## NOTICE OF PROPOSED AMENDMENT

When, with respect to a partnership, the individual or their spouse shares in any of the profits, or potential profits, of the partnership activities; or

When, with respect to a corporation, an individual or their spouse is an officer or director or the individual or their spouse is a holder, directly or beneficially, of 5% or more of any class of stock of the corporation; or

When, with respect to a limited liability company, an individual or their spouse is a member, or the individual or their spouse is a holder, directly or beneficially, of 5% or more of the membership interest of the limited liability company; or

When, with respect to any other organization not covered in the preceding four paragraphs, an individual or their spouse is an officer or manages the business affairs, or the individual or their spouse is the owner of, or otherwise controls, 10% or more of the assets of the organization; or

When an individual or their spouse furnishes 5% or more of the capital, whether in cash, goods or services, for the operation of any business, association or organization during any calendar year.

For purposes of this definition, "individual" includes all individuals or their spouses whose combined interest would qualify as a substantial interest under this definition and whose activities with respect to an organization, association, or business are so closely aligned or coordinated as to constitute the activities of a single entity.

"Supplier": An individual, partnership, corporation or limited liability company that is licensed under the Act to supply major components or parts to video gaming terminals to licensed terminal operators.

"Terminal operator": An individual, partnership, corporation or limited liability company that is licensed under the Act that owns, services, and maintains video gaming terminals for placement in licensed establishments, licensed truck stop establishments, licensed fraternal establishments or licensed veterans establishments.

"Use agreement": A contractual agreement between a licensed terminal operator and a licensed video gaming location establishing terms and conditions for

## ILLINOIS GAMING BOARD

## NOTICE OF PROPOSED AMENDMENT

placement and operation of video gaming terminals by the licensed terminal operator within the premises of the licensed video gaming location, and complying with all of the minimum standards for use agreements contained in Section 1800.320.

"Veterans organization": An organization or institution organized and conducted on a not-for-profit basis with no personal profit inuring to anyone as a result of the operation and that is exempt from federal income taxation under section 501(c)(19) of the Internal Revenue Code (26 U.S.C. 501(c)(19)).

"Video gaming equipment": Video gaming terminals, associated video gaming equipment and major components or parts.

"Video gaming location": Any licensed video gaming location as defined in this Section, any applicant to become a licensed video gaming location, or any person that a terminal operator or sales agent and broker has reason to believe may apply to become a licensed video gaming location.

"Video gaming manager": An employee or owner or designated representative of a licensed video gaming location who manages, oversees or is responsible for video gaming operations at the location, and coordinates the video gaming operations with a terminal operator or the central communications system vendor.

"Video gaming operation": As the context requires, the conducting of video gaming and all related activities.

"Video gaming terminal": Any electronic video game machine that, upon insertion of cash, electronic cards or vouchers, or any combination thereof, is available to play or simulate the play of a video game, including but not limited to video poker, line up and blackjack, as authorized by the Board utilizing a video display and microprocessors in which the player may receive free games or credits that can be redeemed for cash. The term does not include a machine that directly dispenses coins, cash, or tokens or is for amusement purposes only.

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Universities Retirement

2) Code Citation: 80 Ill. Adm. Code 1600

<u>Section Numbers:</u>	<u>Proposed Actions:</u>
1600.100	Amendment
1600.160	New Section
1600.260	Amendment
1600.270	Amendment
1600.330	New Section
1600.410	Amendment
1600.420	Amendment
1600.450	Amendment
1600.455	New Section
1600.460	Amendment
1600.461	Amendment
1600.550	Amendment
1600.555	New Section
1600.710	Amendment

4) Statutory Authority: Implementing and authorized by Section 15-177 of the Illinois Pension Code [40 ILCS 5].

5) A Complete Description of the Subjects and Issues Involved: Amend Section 1600.100 to further clarify the definition of annuity payment period.

Add Section 1600.160 to provide specific definitions and procedures to implement [40 ILCS 5/15-168] (concerning information requests necessary for the proper administration of the System and suspensions for non-compliance by members and penalties for non-compliance by employers).

Amend Section 1600.260 to further clarify the date the adjustment is effective.

Amend Section 1600.270 to add a new section to of Section 15-155(g), earnings shall exclude any earnings increase paid in an academic year beginning on or after July 1, 2020, resulting from overload work performed in an academic year subsequent to an academic year in which the employer was unable to offer or allow to be conducted overload work due to an emergency declaration limiting such activities.



## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

Add Section 1600.330 to establish acceptable documentary evidence for demographic information such as birth dates and marital status.

Amend Section 1600.410 to further clarify the date the adjustment is effective.

Amend Section 1600.420 to clarify how a PEP calculation is impacted by reciprocal service.

Amend Section 1600.450 to add a De Minimis Exception.

Add Section 1600.455 for clarification on Benefit Forfeitures Relating to Felony Convictions. This would clarify SURS' benefit forfeiture procedures and refund calculation methods arising from work-related felonies under Section 15-187 of the Illinois Pension Code [40 ILCS 5/15-187].

Amend Section 1600.460 to clarify the application deadline.

Amend Section 1600.461 to clarify the application deadline.

Amend Section 1600.550 to clarify a) concerning line-of-duty disability benefits for police officers.

Add Section 1600.555 to establish acceptable Disability Retirement Annuity Claims Procedures.

Amend Section 1600.710 to allow for electronic signatures.

- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rule currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- 11) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice to:  
  
Albert J. Lee, Associate General Counsel  
State Universities Retirement System  
1901 Fox Drive  
Champaign, IL 61820  
  
(217) 378-8861  
alee@surs.org
- 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: There is no impact on small businesses (fewer than 50 full-time employees or less than \$4,000,000 in gross annual sales).
- 15) Regulatory Agenda on which this rulemaking was summarized: January 2024

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

STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF PROPOSED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES  
SUBTITLE D: RETIREMENT SYSTEMS  
CHAPTER II: STATE UNIVERSITIES RETIREMENT SYSTEM

PART 1600  
UNIVERSITIES RETIREMENT

SUBPART A: GENERAL

Section

- 1600.100 Definitions
- 1600.110 Freedom of Information Act
- 1600.120 Open Meetings Act
- 1600.130 Procurement
- 1600.140 Compliance with the Internal Revenue Code
- 1600.145 Compliance with Final 415 Treasury Regulations
- 1600.150 Group Trust Provisions
- 1600.160 [Information Submission Deadlines, Penalties, and Suspensions](#)

SUBPART B: CONTRIBUTIONS AND SERVICE CREDIT

Section

- 1600.200 Definition of "Employee" for SURS Participation
- 1600.202 Return to Employment
- 1600.203 Independent Contractors
- 1600.205 Earnings Subject to Withholding and Crediting
- 1600.210 Crediting Interest on Participant Contributions and Other Reserves
- 1600.220 Election to Make Contributions Covering Leave of Absence at Less Than 50% Pay
- 1600.230 Election to Pay Contributions Based upon Employment that Preceded Certification as a Participant
- 1600.240 Election to Make Contributions Covering Periods of Military Leave Protected under USERRA
- 1600.241 Survivor Benefits for Members Who Die While on Military Leave Protected under USERRA
- 1600.250 Sick Leave Accrual Schedule
- 1600.260 Part-time/Concurrent Service Adjustment
- 1600.270 Employer Contributions for Benefit Increases Resulting from Earnings Increases Exceeding 6%

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- 1600.271 Employer Contributions for Earnings in Excess of the Governor's Salary  
1600.275 Employer Contributions for Employing Affected Annuitants

## SUBPART C: SURVIVORS AND BENEFICIARIES

## Section

- 1600.300 Effective Beneficiary Designations  
1600.305 Full-Time Student Survivors Insurance Beneficiaries  
1600.310 Dependency of Beneficiaries  
1600.320 Disability Claims Procedure (Renumbered)  
[1600.330 Evidence of Age, Parentage, and Marital Status](#)

## SUBPART D: BENEFIT CALCULATION AND PAYMENT

## Section

- 1600.400 Determination of Final Rate of Earnings Period  
1600.410 Twenty Percent Limitation on Final Rate of Earnings Increases  
1600.420 Making Preliminary Estimated Payments  
1600.430 Excess Benefit Arrangement  
1600.431 Indirect Payments to Minors and Legally Disabled Persons  
1600.432 Indirect Payments to Child Survivors Through the Surviving Spouse  
1600.440 Voluntary Deductions from Annuity Payments  
1600.450 Overpayment Recovery  
[1600.455 Benefit Forfeitures Relating to Felony Convictions](#)  
1600.460 Accelerated Pension Benefit Payment In Lieu of Any Pension Benefit  
1600.461 Accelerated Pension Benefit Payment for a Reduction and Delay in AAI

## SUBPART E: DISABILITY CLAIMS AND ADMINISTRATIVE REVIEW

## Section

- 1600.500 Administrative Staff Determinations and Rules for Appeal – Nature and Requirements of Formal Hearings  
1600.510 Employer-Related Determinations and Rules for Appeal  
1600.550 Disability Claims Procedure  
[1600.555 Disability Retirement Annuity Claims Procedure](#)

## SUBPART F: QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDERS

## Section

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

1600.600	Definitions
1600.605	Requirements for a Valid Qualified Illinois Domestic Relations Order
1600.610	Invalid Orders
1600.615	Filing a QILDRO with the System
1600.620	Modified QILDROs
1600.625	Benefits Affected by a QILDRO
1600.630	Effect of a Valid QILDRO
1600.635	QILDROs Against Persons Who Became Members Prior to July 1, 1999
1600.640	Alternate Payee's Address
1600.645	Electing Form of Payment
1600.650	Automatic Annual Increases
1600.655	Expiration of a QILDRO
1600.660	Reciprocal Systems QILDRO Policy Statement
1600.665	Providing Benefit Information for Divorce Purposes

## SUBPART G: BOARD TRUSTEE ELECTION

## Section

1600.700	Nomination of Candidates
1600.705	Election Date/Election Day – Defined
1600.710	Petitions
1600.715	Eligible Voters
1600.720	Election Materials
1600.725	Casting Votes
1600.730	Return of Ballots and Ballot Counting Process
1600.735	Certification of Ballot Counting
1600.740	Challenges to Election Results
1600.745	Candidate Informational Communication
1600.750	Filling a Vacancy in the Term of an Elected Trustee

AUTHORITY: Implementing and authorized by Section 15-177 of the Illinois Pension Code [40 ILCS 5].

SOURCE: Amended September 2, 1977; amended at 2 Ill. Reg. 31, p. 53, effective July 30, 1978; amended at 7 Ill. Reg. 8139, effective June 29, 1983; codified at 8 Ill. Reg. 19683; amended at 11 Ill. Reg. 15656, effective September 9, 1987; amended at 13 Ill. Reg. 18939, effective November 21, 1989; amended at 14 Ill. Reg. 6789, effective April 20, 1990; emergency amendment at 21 Ill. Reg. 4864, effective March 26, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 6095, effective May 2, 1997; amended at 21 Ill. Reg. 11962, effective August 13,

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

1997; amended at 21 Ill. Reg. 12653, effective August 28, 1997; amended at 22 Ill. Reg. 4116, effective February 9, 1998; amended at 23 Ill. Reg. 13667, effective November 1, 1999; amended at 25 Ill. Reg. 10206, effective July 30, 2001; amended at 28 Ill. Reg. 2292, effective January 23, 2004; expedited correction at 28 Ill. Reg. 7575, effective January 23, 2004; amended at 29 Ill. Reg. 2729, effective March 1, 2005; amended at 29 Ill. Reg. 11819, effective July 12, 2005; amended at 29 Ill. Reg. 14060, effective September 1, 2005; amended at 29 Ill. Reg. 14351, effective September 6, 2005; amended at 30 Ill. Reg. 6170, effective March 21, 2006; amended at 30 Ill. Reg. 7778, effective April 5, 2006; amended at 30 Ill. Reg. 9911, effective May 9, 2006; amended at 30 Ill. Reg. 17509, effective October 19, 2006; amended at 31 Ill. Reg. 4267, effective February 22, 2007; amended at 31 Ill. Reg. 4927, effective March 12, 2007; recodified at 31 Ill. Reg. 10194; amended at 32 Ill. Reg. 16515, effective September 25, 2008; emergency amendment at 33 Ill. Reg. 6525, effective April 27, 2009, for a maximum of 150 days; emergency expired September 23, 2009; amended at 33 Ill. Reg. 10757, effective July 1, 2009; amended at 33 Ill. Reg. 16755, effective November 23, 2009; amended at 34 Ill. Reg. 9523, effective June 25, 2010; amended at 35 Ill. Reg. 10952, effective June 22, 2011; amended at 36 Ill. Reg. 3938, effective February 22, 2012; amended at 37 Ill. Reg. 1309, effective January 15, 2013; amended at 37 Ill. Reg. 3866, effective March 15, 2013; amended at 37 Ill. Reg. 10698, effective June 26, 2013; amended at 37 Ill. Reg. 15517, effective September 12, 2013; amended at 38 Ill. Reg. 5659, effective February 11, 2014; emergency amendment at 38 Ill. Reg. 11376, effective May 9, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 16375, effective July 17, 2014; amended at 38 Ill. Reg. 17457, effective July 30, 2014; amended at 39 Ill. Reg. 8317, effective June 1, 2015; amended at 40 Ill. Reg. 8437, effective June 3, 2016; amended at 41 Ill. Reg. 11606, effective September 1, 2017; amended at 41 Ill. Reg. 15353, effective December 5, 2017; amended at 42 Ill. Reg. 19078, effective October 5, 2018; amended at 43 Ill. Reg. 8562, effective July 26, 2019; amended at 44 Ill. Reg. 17714, effective October 22, 2020; emergency amendment at 45 Ill. Reg. 492, effective December 18, 2020, for a maximum of 150 days; amended at 45 Ill. Reg. 2259, effective February 5, 2021; amended at 45 Ill. Reg. 6649, effective May 11, 2021; amended at 46 Ill. Reg. 1883, effective January 18, 2022; amended at 47 Ill. Reg. 14005, effective September 14, 2023; amended at 48 Ill. Reg. 4218, effective February 29, 2024; amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART A: GENERAL

**Section 1600.100 Definitions**

Certain terms used frequently throughout this Part are defined in this Section. Unless the context requires a different meaning, other terms used in this Part shall be defined and interpreted in accordance with Article 15 of the Illinois Pension Code [40 ILCS 5/Art. 15]. The definition of a term under a specific Section or Subpart shall supersede~~superecede~~, for the purposes of that

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

Section or Subpart, this Section.

"Annuitant" – *A person receiving a retirement, reversionary, survivors or beneficiary annuity or disability retirement annuity from the System. [40 ILCS 5/15-119]*

"Annuity Payment Period" – *The annuity payment period shall begin on the date specified by the participant or the recipient of a disability retirement annuity submitting a written application. For a participant, the date on which the annuity payment period begins shall not be prior to termination of employment or more than one year before the application is received by the board; however, if the participant is not an employee of an employer participating in this System or in a participating system as defined in Article 20 of this Code on April 1 of the calendar year next following the calendar year in which the participant attains the age specified under Section 401(a)(9) of the Internal Revenue Code of 1986, as amended, the annuity payment period shall begin on that date regardless of whether an application has been filed. For a recipient of a disability retirement annuity, the date on which the annuity payment period begins shall not be prior to the discontinuation of the disability retirement annuity under Section 15-153.2 of the Code.* ~~*The period beginning on the date specified by the participant or the recipient of a disability retirement annuity submitting a written application, which shall not be prior to termination of employment or more than one year before the application is received by the Board; however, if the participant is not an employee of an employer participating in SURS or in a participating system as defined in Article 20 of the Code on April 1 of the calendar year next following the calendar year in which the participant attains age 70½, the annuity payment period shall begin on that date regardless of whether an application has been filed.*~~ [40 ILCS 5/15-135(b)] *For purposes of this definition, the "termination of employment" shall be immediately prior to midnight on the last day the person is an employee; and the "discontinuation of the disability retirement annuity" shall be the day following the last day the disability retirement annuity is payable.*

"Board" – The Board of Trustees of the State Universities Retirement System as constituted under Section 15-159 of the Code.

"Chairperson" – The chairperson of the Board.

"Claims Panel" – The quasi-adjudicative body constituted under the Board's bylaws that hears all administrative contested matters as fiduciaries pursuant to

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

Section 1600.500.

"Code" or "Pension Code" – The Illinois Pension Code [40 ILCS 5].

"Effective Rate of Interest" – *The interest rate for all or any part of a fiscal year that is determined by the Board based on factors including the System's past and expected investment experience; historical and expected fluctuations in the market value of investments; the desirability of minimizing volatility in the effective rate of interest from year to year; and the provision of reserves for anticipated losses upon sales, redemptions, or other disposition of investments and for variations in interest experience.* [40 ILCS 5/15-125(2)] See Section 15-125(2) of the Code for the effective rate of interest set by the State Comptroller for purposes of Rule 2 of Section 15-136(a) of the Code (i.e., the Money Purchase Formula).

"Employee" – A person defined as an "employee" under Section 15-107 of the Code.

"Employer" – An entity defined as an "employer" under Section 15-106 of the Code.

"Executive Director" – The chief administrative officer of SURS, appointed by the Board.

"FOIA" – Freedom of Information Act [5 ILCS 140].

"General Counsel" – In-house legal counsel for SURS.

"IRS" – Internal Revenue Service of the U.S. Department of the Treasury.

"IRC" – Internal Revenue Code of 1986, as amended (26 [U.S.C.](#)~~USC~~ 1 et seq.).

"Member" – A SURS participant or annuitant.

"Participant" – A person participating in SURS under Section 15-134 of the Code.

"Participating Employee" – A participant who at the time is an employee under Section 15-107 of the Code.



## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

"Prescribed Rate of Interest" – *The rate of interest to be used in actuarial valuation and in development of actuarial tables. The prescribed rate of interest is determined by the Board on the basis of the probable average effective rate of interest on a long term basis.* [40 ILCS 5/15-125(1)]

"Principal Office of SURS" – State Universities Retirement System, 1901 Fox Drive, Champaign IL 61820.

"SURS" or "System" – State Universities Retirement System created by Article 15 of the Code [40 ILCS 5/Art. 15].

"Tier 1 Member" – A SURS participant or annuitant defined under Section 15-108.1 of the Code.

"Tier 2 Member" – A SURS participant or annuitant defined under Section 15-108.2 of the Code.

"USERRA" – Uniformed Services Employment and Reemployment Rights Act of 1994 (38 U.S.C. ~~USC~~ 4301 et seq.).

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

### **Section 1600.160 Information Submission Deadlines, Penalties, and Suspensions**

Purpose. This Section implements Section 15-168 of the Code, which authorizes the System to require such information as shall be necessary for the proper operation of the system from any participant or beneficiary or annuitant or from any current or former employer of a participant or annuitant. Such information may include, but is not limited to, employment contracts. [40 ILCS 5/15-168].

- a) Necessary Information. Information deemed necessary for the proper operation of the System shall include the following categories of information. Any information requested under this Section shall be treated as "submitted" only if the information is complete and accurate.
- 1) Information necessary to calculate, pay, or finalize any benefit claim;
  - 2) Information necessary to prepare a benefit estimate;

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- 3) Information necessary to clarify or correct information previously received;
  - 4) Payroll reversal information or other accounting data concerning employee earnings and contributions; or
  - 5) Employment history documents, such as certification and termination reports, and other reports concerning employment status.
- b) Employer Submission Deadlines and Penalties.
- 1) A "request" for necessary information is any solicitation of information or data to be provided in electronic format, letter, e-mail, fax, or other written correspondence. Each item of information or data shall constitute a separate request for information, even if multiple items are solicited on the same form or document.
  - 2) An employer in receipt of a System request for necessary information shall submit the requested information to the System within 90 calendar days after the date of the initial request.
  - 3) Penalty Determination. The System may decide to assess penalties at any time after the 91<sup>st</sup> calendar day following the date of the initial request. The determination of whether to assess penalties shall be made on a case-by-case basis and shall be based on the following considerations:
    - A) whether the delay in submitting the information is due to factors that are beyond the employer's control;
    - B) whether the employer has exhibited repeated patterns of noncompliance within the past three years; and
    - C) whether the employer has been properly notified of the need for the requested information according to this Section.
  - 4) Notice of Penalties. If the System determines that penalties are to be assessed, it shall issue a notice to the employer stating that penalties shall accrue if the necessary information is not submitted within a 30-day grace period starting from the date of the notice. The notice shall describe the

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

nature of the necessary information that has been requested. If the employer submits the necessary information within the 30-day grace period, then no penalties shall be assessed.

- 5) Penalty Billing. If the employer fails to submit the requested information within the 30-day grace period, then the System shall assess penalties at the rate of \$250 per calendar day counting from the 91<sup>st</sup> day after the initial request date until the information is submitted, with a maximum penalty of \$25,000 per delinquent request. Upon the employer's submission of the necessary information or the accrual of \$25,000 in penalties per delinquent request, whichever occurs earlier, the System shall issue the final penalty bill to the employer. The final bill shall contain a calculation of the penalty assessment and notify the employer of its rights to appeal the assessment within 35 days after the billing date pursuant to Section 1600.510.
- 6) Payment of Penalty. The employer shall pay the assessed penalties stated in the final bill within one year after the date of the bill. All payments must be received within one calendar year after receipt of the information by the System or one calendar year of reaching the maximum penalty of \$25,000, whichever occurs earlier. If the employer fails to make complete payment within the applicable timeframe, then the System may, after giving notice to the employer, certify the delinquent amount to the State Comptroller, and the Comptroller shall thereupon deduct the certified delinquent amount from State funds payable to the employer and pay them instead to the System. [40 ILCS 5/15-168(b)]. If the employer is a community college district, then the System may also recover any delinquency in assessed penalties that have not been paid for more than 120 days after the one-year deadline by certifying the amount to the county treasurer of the county in which the employer is located pursuant to Section 15-155.1(b) of the Code.
- c) Participant, Annuitant, and Beneficiary Submission Deadlines and Benefit Suspensions.
  - 1) If a participant, beneficiary, or annuitant fails to provide any information that is necessary for the calculation, payment, or finalization of any benefit under Article 15 within 90 calendar days of the date of the System's request under Section 15-168(a) of the Code, then the System

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

may immediately cease processing the benefit and may not pay any additional benefit payment to the participant, beneficiary, or annuitant until the requested information is provided. [40 ILCS 5/15-168(c)].

- 2) The System's determination of whether to suspend benefit processing or the payment of additional benefits due to the participant, annuitant, or beneficiary's failure to submit necessary information shall be based on the following factors:
  - A) whether the delay in submitting the information is due to factors that are beyond the participant, annuitant, or beneficiary's control;
  - B) whether the participant, annuitant, or beneficiary has exhibited repeated patterns of noncompliance concerning other information requests; and
  - C) whether the participant, annuitant, or beneficiary has been properly notified of the need for the requested information according to this Section.
- 3) Notice of Suspension. If the System determines that benefit processing or benefit payments are to be suspended, it shall issue a notice of suspension to the participant, annuitant, or beneficiary who failed to submit the necessary information that provides details about the nature of the information that is requested and a 30-day grace period within which information must be submitted to avoid such suspension.
- 4) Upon the participant, annuitant, or beneficiary's complete and accurate submission of the necessary information, the System shall resume benefit processing and pay any suspended benefit payments without interest.

(Source: Added at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART B: CONTRIBUTIONS AND SERVICE CREDIT

**Section 1600.260 Part-time/Concurrent Service Adjustment**

This Section will clarify how the *percentage of time employed for each year of employment* is determined for the service adjustment under Section 15-134.1(b) of the Code. This percentage

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

cannot exceed 100%. [The service adjustment under Section 15-134.1\(b\) of the Code shall not apply to a member who is a participant on or after September 1, 2024.](#)

- a) Determine the average monthly percent time worked.
- 1) Establish the monthly full-time equivalent (FTE) earnings for each employer by dividing the monthly earnings from that employer by the percent time the participant worked for that employer for that month.
  - 2) Total the participant's earnings from all employers for that month and divide by the highest full-time equivalent.
  - 3) This results in the average monthly percent time worked.
  - 4) Example:

<u>Employer</u>	<u>Actual Monthly Earnings</u>	<u>Monthly % Time Worked</u>	<u>Monthly FTE</u>
Employer #1	\$200	20%	\$1,000
Employer #2	\$375	30%	\$1,250 (highest)
Employer #3	\$420	40%	\$1,050
Total Actual	\$995		

Average monthly percent time worked = 79.6% (\$995 divided by \$1,250)

- b) Determine the percentage of time employed for each relevant year of employment.
- 1) Total the average monthly percent time worked for each month in the academic year for which the participant had earnings.
  - 2) Divide this number by the total number of months during the academic year for which the participant had earnings.
  - 3) This calculation results in the percentage of time employed for each year of employment.
  - 4) Example:

STATE UNIVERSITIES RETIREMENT SYSTEM

NOTICE OF PROPOSED AMENDMENTS

<u>Average monthly % time worked</u>	<u>Earnings in:</u>
79.6	September
67.5	October
54.3	November
78.5	December
35.2	February
38.9	March
44.5	April
37.5	May
Total 436.0	8 months of earnings

Percentage of time employed for the year of employment is 54.5% (436.0 divided by 8).

c) Calculate Annuity

- 1) In calculating a retirement annuity, if the participant's "percentage of time employed for each year of employment is 50% or less for 3 or more years after September 1, 1959, service is granted for employment in excess of 3 years", in the proportion that the percentage of time employed for each year of employment bears to the average annual percentage of time employed during the period on which the final rate of earnings is based. An example calculation for this subsection (c) is:

Year	Unadjusted Service	Percentage of Time Employed	Adjusted Service
1	1.00	25%	1.00
2	1.00	25%	1.00
3	1.00	30%	1.00
4	1.00	30%/57.50%	0.5217
5	1.00	45%/57.50%	0.7826
6	1.00	50%/57.50%	0.8696
7	1.00	55%	1.00
8	1.00	60%	1.00
9	1.00	65%	1.00
	<u>9.00</u>		<u>8.1739</u>

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- 2) In this example, the final rate of earnings are based on years 6 through 9. The average annual percentage of time employed during the period on which the final rate of earnings is based is 57.5%. This is the sum of years 6 through 9 percentages divided by 4.
- 3) Years 1 through 6 have percentages of 50% or less and must be tested for adjustment. The participant receives 3 of these years without adjustment. To maximize the service that is used in the calculation of the retirement annuity, those years with the smallest percentages will be applied to the 3 years the participant receives without adjustment. In this example, that is years 1 through 3. Therefore, only years 4 through 6 require adjustment. To determine the adjusted service, divide the "percentage of time employed" by the "average annual percentage of time employed during the period on which the final rate of earnings is based", then multiply by the unadjusted service. If year 4's unadjusted service had been 0.50 year, the adjusted service would have been  $30\%/57.5\% \times 0.50 = .2609$ .
- d) The service credit adjustment in subsection (c) is not made in determining the participant's eligibility for a retirement annuity, disability benefits, additional death benefits, or survivors' insurance.

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1600.270 Employer Contributions for Benefit Increases Resulting from Earnings Increases Exceeding 6%**

Purpose. This Section implements Section 15-155(g), (h), (i), (j) and (k) of the Code. This Section shall not apply to benefits from other retirement systems or pension funds payable under the Retirement Systems Reciprocal Act (Article 20 of the Code).

- a) Calculation of the Employer Cost. This calculation is made when a monthly benefit is calculated from the participant's final rate of earnings (FRE). The "present value of the increase in benefits" described in Section 15-155(g), called the "Employer Cost", will be calculated as follows:
  - 1) The earnings, as defined in Section 15-111 of the Code, for every academic year in the FRE period, as defined in Section 15-112 of the Code, are adjusted on a full-time equivalent basis.

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- A) 48 Month FREs and Partial Academic Years. When the final rate of earnings for a participant is the average annual earnings during the 48 consecutive calendar month period ending with the last day of final termination of employment, any partial academic year at the beginning of the final rate of earnings period will be disregarded.
- B) Full-Time Equivalent (FTE) Basis
- i) SURS will adjust earnings from an employer in a manner consistent with the percent time employed reported by the employer.
  - ii) The FTE earnings of an academic year shall equal the total earnings in the academic year divided by the average percent time of employment.
- C) Earnings credited during periods of service purchased under Sections 15-113.1 through 15-113.7 of the Code shall be determined on a FTE basis.
- D) For the purpose of Section 15-155(g), earnings do not include payments made under a collective bargaining agreement for unused sick leave or payments made for unused vacation.
- E) For purposes of Section 15-155(g), earnings shall include earnings, to the extent not established by a participant under Section 15-113.11 or 15-113.12, that would have been paid to the participant had the participant not taken periods of voluntary or involuntary furlough occurring on or after July 1, 2015 and on or before June 30, 2017, or periods of voluntary pay reduction in lieu of furlough occurring on or after July 1, 2015 and on or before June 30, 2017. These earnings shall be reported by the employer in the format specified by the System for this purpose.
- F) For purposes of Section 15-155(g), earnings shall exclude any earnings increase paid in an academic year beginning on or after July 1, 2020 resulting from overload work performed in an academic year subsequent to an academic year in which the



## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

*employer was unable to offer or allow to be conducted overload work due to an emergency declaration limiting such activities. [40 ILCS 5/15-155(h-5)]*

- 2) The FTE earnings of each academic year in the FRE period are limited to 106% of the previous academic year's FTE earnings to yield the "Capped FTE Earnings" of each academic year.
  - 3) The Capped FTE Earnings of each academic year are multiplied by their respective average percent times of employment to yield the "Capped Earnings" for each academic year. The Capped Earnings shall be used to determine the "Capped FRE".
  - 4) The "Benefit Increase" shall equal the difference between the FRE and the Capped FRE, multiplied by the number of years of service, and further multiplied by 2.2%.
  - 5) The Employer Cost equals the actuarial present value of the Benefit Increase. This actuarial present value calculation will be made by using actuarial tables provided by SURS' actuary from time to time. The actuarial table used will correspond with the type of monthly benefit that is provided to the participant. A single-life annuity table will be used when a traditional benefit package participant has no eligible survivor at the time of retirement. If the participant had employment with more than one employer during the final rate of earnings period, the Employer Cost is calculated for each employer using only the earnings with that employer. However, no Employer Cost will be assessed among multiple, concurrent employers if the increase in total earnings for the concurrent academic year in the FRE period does not exceed 6% over the total earnings of the previous academic year.
- b) Employer Billing
- 1) *Billing. Whenever it determines that a payment is or may be required under Section 15-155(g), SURS will calculate the amount of the payment and bill the employer for the amount. The bill will specify the calculations used to determine the amount due.*

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- 2) Request for Recalculation. *If the employer disputes the amount of the bill, it may, within 30 days after receipt of the bill, apply to SURS in writing for a recalculation. The application must specify the grounds of the dispute and, if the employer asserts the calculation is subject to Section 15-155(h) or (i), must include an affidavit setting forth and attesting to all facts within the employer's knowledge that are pertinent to the applicability of Section 15-155(h) or (i). Upon receiving a timely application for recalculation, SURS will review the application and, if appropriate, recalculate the amount due.*
  - 3) Payment. *The employer contributions required under Section 15-155(g) may be paid in the form of a lump sum within 90 days after the receipt of the bill. If the employer contributions are not paid within 90 days after receipt of the bill, then interest will be charged at a rate equal to SURS' prescribed rate of interest compounded annually from the 91<sup>st</sup> day after the receipt of the bill. Payments must be concluded within 3 years after the employer's receipt of the bill. [40 ILCS 5/15-155(g)]*
  - 4) Appeals of the Recalculation. The employer may appeal a recalculation pursuant to Section 1600.510.
- c) Exclusions for Earnings Increases Paid on or after June 1, 2005, but before July 1, 2011, under Section 15-155(h)
- 1) Grandfathering. *When assessing payment for any amount due under Section 15-155(g), SURS will exclude earnings increases paid to participants required under contracts or collective bargaining agreements entered into, amended, or renewed before June 1, 2005. [40 ILCS 5/15-155(h)] These contracts are "grandfathered". For the purposes of Section 15-155(h):*
    - A) A contract or collective bargaining agreement is "entered into, amended or renewed" on the earliest of the following:
      - i) the date the governing body of the employer voted to accept the contract or collective bargaining agreement;
      - ii) the date the contract or collective bargaining agreement was executed in final form by the parties; or

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- iii) the date the parties to the contract or collective bargaining agreement reached a tentative agreement regarding the terms of the contract or collective bargaining agreement, provided that the tentative agreement is subsequently approved by the governing body of the employer on or after June 1, 2005, without any changes to the terms that have the effects described under subsection (c)(1)(B)(i) or (ii).
- B) A contract or collective bargaining agreement will not exclude earnings increases paid under the contract or agreement if the contract or agreement is amended or renegotiated after June 1, 2005 to have the effect of:
- i) increasing the earnings usable for the FRE (except when the increase is the result of a salary reopener provision that was part of the contract or collective bargaining agreement prior to June 1, 2005); or
  - ii) extending the expiration date of the contract (in which case the earnings will be excluded only through the original expiration date of the contract).
- C) Miscellaneous
- i) A contract exception made by an employer for an individual shall disqualify that individual's earnings increases from grandfathering but shall not invalidate the grandfathering for any other persons.
  - ii) A memorandum of understanding between the employer and the collective bargaining unit to increase the credit hours available shall not invalidate the contract, but any earnings increases because of the increased credit hours shall not be excluded from the calculation under subsection (a), unless Section 15-155(h) or (i) of the Code applies.
  - iii) When a member has given notice to the employer of intent to retire pursuant to the terms of a grandfathered contract or

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

collective bargaining agreement, earnings provided under the contract or collective bargaining agreement shall be excluded so long as the earnings are provided to the member within four years after the expiration date of the contract or collective bargaining agreement.

- iv) Notwithstanding the other provisions of this subsection (c)(1), earnings paid under a grandfathered contract on or after July 1, 2011 shall not be excluded from earnings under subsection (a).
- 2) **Earnings 10 Years Prior to Retirement Eligibility.** *When assessing payment for any amount due under Section 15-155(g) of the Code, SURS will exclude earnings increases paid to a participant at a time when the participant is 10 or more years from retirement eligibility under Section 15-135 of the Code. [40 ILCS 5/15-155(h)]* Earnings increases paid in academic years preceding and including the academic year during which the participant was 10 years from attaining earliest retirement eligibility shall be excluded.
- 3) **Overloads and Overtime**
- A) *Earnings increases resulting from overload work, including a contract for summer teaching, or overtime when the employer has certified to SURS, and SURS has approved the certification, that:*
- i) *in the case of overloads:*
- *the overload work is for the sole purpose of academic instruction in excess of the standard number of instruction hours for a full-time employee occurring during the academic year that the overload is paid; and*
  - *the earnings increases are equal to or less than the rate of pay for academic instruction computed using the participant's current salary rate and work schedule; and*
- ii) *in the case of overtime, the overtime was necessary for the educational mission. [40 ILCS 5/15-155(h)]*

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- B) The certification shall be in the form adopted by SURS and be signed by a duly authorized representative of the employer. The certification must be accompanied by supporting documentation as required by the form.
  - C) The standard number of instruction hours for a full-time employee shall be consistent with employer policy in force for the academic year in which the overload earnings were earned.
- 4) Promotions
- A) *When assessing payment for any amount due under Section 15-155(g) of the Code, SURS will exclude earnings increases resulting from:*
    - i) *a promotion for which the employee moves from one classification to a higher classification under the State Universities Civil Service System;*
    - ii) *a promotion in academic rank for a tenured or tenure-track faculty position; or*
    - iii) *a promotion that the Illinois Community College Board has recommended in accordance with Section 15-155(k).*
  - B) *The earnings increases referenced in subsection (c)(4)(A) shall be excluded only if the promotion is to a position that has existed and been filled by a member for no less than one complete academic year and the earnings increase as a result of the promotion is an increase that results in an amount no greater than the average salary paid for other similar positions. [40 ILCS 5/15-155(h)]*
  - C) The employer shall certify that the promotion is to a position that has existed and been filled by a member for no less than one complete academic year and the earnings increase as a result of the promotion is an increase that results in an amount no greater than the average salary paid for other similar positions. The certification shall be in the form adopted by SURS and be signed

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

by a duly authorized representative of the employer. The certification must be accompanied by supporting documentation as required by the form.

- D) The phrase "an amount no greater than the average salary paid for other similar positions" shall mean the midpoint of the salary range for the position or similar positions as most recently approved by the Merit Board of the State Universities Civil Service System or the current average salary paid for tenured or tenure-track faculty positions in the same department, as the case may be.
- d) Exclusions for earnings increases described in Section 15-155(h) of the Code paid on or after July 1, 2011, but before July 1, 2014, under a contract or collective bargaining agreement entered into, amended, or renewed on or after June 1, 2005, but before July 1, 2011, under Section 15-155(i). For the purpose of Section 15-155(i), a contract or collective bargaining agreement is "entered into, amended or renewed" on the earliest of the following:
- 1) the date the governing body of the employer voted to accept the contract or collective bargaining agreement;
  - 2) the date the contract or collective bargaining agreement was executed in final form by the parties; or
  - 3) the date the parties to the contract or collective bargaining agreement reached a tentative agreement regarding the terms of the contract or collective bargaining agreement, provided that the tentative agreement is subsequently approved by the governing body of the employer on or after July 1, 2011 without any changes to the terms that have the effect of extending the expiration date.
- e) The exclusions under subsections (c) and (d) shall not apply to earnings increases paid after June 30, 2014.

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART C: SURVIVORS AND BENEFICIARIES

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

**Section 1600.330 Evidence of Age, Parentage, and Marital Status**

- a) Whenever evidence of age is required by the System, a birth certificate shall be required unless one cannot be acquired. If no such record can be acquired, the following documents will be accepted:
- 1) military records;
  - 2) marriage record showing date of birth;
  - 3) evidence of Social Security payments that require attainment of specific age;
  - 4) valid passport, permanent residency card, driver's license card, or other government-issued form of identification; or
  - 5) two or more documents showing birth dates, such as, but not limited to naturalization papers, insurance policies, school records, medical records, or religious records that certify the date of birth, such as baptismal and birth certificates.
- b) Whenever evidence of parentage other than a birth certificate is required by the System under Section 1-104.2 or 15-129 of the Code, submission of at least one of the following documents shall be proof of parentage, unless one of the child's biological parents has admitted in writing, before a notary public, that someone other than the member is the parent, or the child has been adopted by a person other than the member:
- 1) certified copy of a court order finding the member was the natural parent of the child born out of wedlock;
  - 2) certified copy of a settlement agreement which has been approved by a court for the support of a child born out of wedlock;
  - 3) written acknowledgment of paternity (e.g., pleadings filed in any proceeding pending before a court, or submittals to a public agency, or a document signed by the putative parent) and evidence (e.g., cancelled checks or receipts from the other parent) that the member contributed to the support of the child;

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- 4) certified copy of a court order entered pursuant to a declaratory judgment action establishing either a support obligation or visitation rights;
  - 5) copy of the public record of marriage of the parents of child born out of wedlock who marry and the putative parent acknowledges parentage in writing (e.g., pleadings filed in any proceeding pending before a court, or submittals to a public agency, or a document signed by the putative parent).
- c) Whenever evidence of marriage is required by the System, a copy of the public record of marriage or a copy of the religious record of the marriage shall be submitted. If no such record exists, then two or more of the following will be considered in the determination of marital status:
- 1) a copy of the jointly filed federal income tax return for the year preceding the death;
  - 2) a notarized statement from the individual who performed the marriage;
  - 3) notarized statements from at least two individuals in attendance of the marriage;
  - 4) written certification from the Social Security Administration of acceptance of the marriage and its date; or
  - 5) other documentation found by the System that supports the legal existence of the marriage.
- d) Dissolution or invalidity of marriage shall be proven only upon the submission of a certified copy of the declaration or decree entered by a court of competent jurisdiction.

(Source: Added at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART D: BENEFIT CALCULATION AND PAYMENT

**Section 1600.410 Twenty Percent Limitation on Final Rate of Earnings Increases**



## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- a) Introduction. Public Act 90-65 added to Section 15-112 of the Code a limitation on increases in earnings for the period of time covered under the calculation of final rate of earnings. This Section ~~provides~~~~is promulgated to provide~~ guidance and interpretation to the staff of SURS in implementing Section 15-112. The 20% limitation on increases in earnings shall consider basic compensation only to the extent actually paid in exchange for services rendered.
- b) All annual increases in earnings, as defined at Section 15-111 of the Code, by a participant during the period used in determining the final rate of earnings of 20% or less shall be deemed to be includable in the calculation of the final rate of earnings. No further inquiry shall be necessary by the staff of SURS.
- c) Except as otherwise provided in subsection (d), in the event that there is an annual increase in earnings by a participant during the period used in determining the final rate of earnings of greater than 20%, any increase in excess of 20% shall be disregarded in calculating the final rate of earnings.
- d) Regardless of subsection (c), the following shall not be subject to the 20% increase limitation:
- 1) a change in the percentage of time worked by the participant (except that time worked in excess of 100% per employer shall be subject to the limitation);
  - 2) a change from a nine-month position to a 12-month position;
  - 3) overloads or extensions, so long as the overload for which payment is received took place during the period used for calculating the final rate of earnings; and
  - 4) supplemental contracts, so long as verifiable additional work is performed pursuant to the supplemental contract, such as the teaching of a course additional to the customary load, or performance of duties additional to, and not in replacement of, the participant's regular duties.
- e) Subsection (d)(1) shall not apply to a member who is a participant on or after September 1, 2024. [40 ILCS 5/15-134.1(b)]

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

**Section 1600.420 Making Preliminary Estimated Payments**

- a) SURS shall make a Preliminary Estimated Payment (PEP) to members who qualify for a retirement annuity and file an application for that annuity. The purpose of a PEP is to provide members with some of their retirement income while their retirement claim is still being processed.
- b) The amount of the PEP shall be based on the highest applicable Rule described in Section 15-136 of the Code.
- c) The PEP calculation will not consider unverified current year earnings, nor unverified current year vacation payments, nor unverified additional credit for unused and unpaid sick leave, nor unverified ~~reciprocal~~ Reciprocal credits, nor ~~early retirement option~~ Early Retirement Option payments, nor additional service credit purchased after the application for retirement annuity has been received by SURS. Applicable taxes and insurance premiums will be deducted from the PEP.
- d) Date of Payment
  - 1) If the application for retirement annuity is received at least 90 days before the member's effective retirement date, the PEP will be paid on the first working day of the month following the effective date of the annuity. It will be paid each month until the retirement claim is finalized.
  - 2) If the application for retirement annuity, or the decision of the member under subsection (d)(3), is received less than 90 days before the member's effective retirement date, the PEP will be paid as soon as practicable. It will be paid each month until the retirement claim is finalized.
  - 3) If the member is entitled to the election under Section 15-135.1 of the Code, the member must first make or decline that election before a PEP can be calculated.
- e) Amount of Payment. SURS shall pay a PEP amount pursuant to the following calculations applying the Rules in Section 15-136(a) of the Code:
  - 1) If the member has ~~reciprocal service credit~~ Reciprocal Service Credit, SURS will apply Rule 2.

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- A) If in a ~~reciprocal~~~~Reciprocal~~ case Rule 1 is estimated to be highest, SURS will pay 100% of the Rule 2 amount.
- B) If in a ~~reciprocal~~~~Reciprocal~~ case Rule 2 is estimated to be highest, SURS will pay 80% of the Rule 2 amount.
- 2) If the member has no ~~reciprocal~~~~Reciprocal~~ credits, SURS will pay 90% of the estimated Rule 1 amount or 90% of the estimated Rule 2 amount, whichever is higher.
- 3) If the member makes an election under Section 15-135.1 of the Code, SURS will pay 100% of the estimated Rule 2 amount.
- 4) If the member qualifies under Section 15-136.3 of the Code, SURS will pay the higher of \$75 per month or 100% of the estimated Rule 2 amount.
- 5) If the member qualifies for a retirement annuity under Rule 4, SURS will pay 90% of the Rule 4 amount.
- 6) If the member applies for a retirement annuity under Rule 4, but the years of service as a police officer or firefighter have not yet been verified by staff, SURS will pay 90% of the Rule 2 amount.
- f) Once the retirement claim has been finalized, the member will receive a check for the difference between the PEP payments and the actual monthly benefit amount that is due ~~to the member~~~~him or her~~, retroactive to the effective date of the member's annuity, without interest. If the PEP payments result in an overpayment, SURS will recover the overpaid benefit from future benefits, without interest.
- g) Pursuant to Sections 15-163 and 15-168 of the Code, if a participant or annuitant fails to provide any information that is necessary for the calculation, payment, or finalization of the retirement claim within 90 calendar days after the date of the System's request, then the System may immediately cease processing the benefit and suspend the payment of any PEPs until the requested information is provided as provided under Section 1600.160.

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

**Section 1600.450 Overpayment Recovery**

Purpose. Under Section 15-186.1 of the Code, SURS may recover amounts overpaid from the recipient and/or the recipient's estate (collectively, "recipient"), plus interest at the effective rate from the date of overpayment to the date of recovery, either directly or by deducting that amount from the remaining benefits payable to the recipient at a rate determined prudent and in the best interests of the System. This Section establishes procedures by which SURS' authority to collect overpayments under Section 15-186.1 is to be exercised.

- a) Demand and Statements. SURS will provide the overpaid recipient with a written demand upon discovery of the overpayment. The written demand shall specify the total amount of the overpayment, the month or months in which the overpayment occurred, a description of the nature of the overpayment, the interest rate to be assessed, and the option for installment payments or deduction from future benefits. The written demand shall also notify the recipient of the right to appeal and receive a hearing concerning the determination of overpayment status in accordance with Section 1600.500. SURS will send the recipient monthly statements indicating the overpayment balance and any installment balances and shall continue sending monthly statements until the total amount is fully repaid or SURS acts under subsection (c).
- b) Interest. Interest will compound monthly at 1/12 the current effective rate of interest per month starting 35 days after the date of issuance of the written demand until collection is completed. Notwithstanding the foregoing, interest accrual shall be suspended during the pendency of a request for review of the overpayment under Section 1600.500. However, if the recipient does not prevail under administrative review, interest shall apply retroactively to the date 35 days after the date of issuance of the written demand until collection is completed.
- c) Actions for Recovery. If the recipient has not begun repayment or has not filed an appeal within 35 days after the written demand, or a final non-appealable decision in favor of SURS issued subsequent to an appeal, SURS may take any, or any combination, of the following actions, as SURS deems appropriate and prudent, to collect the overpayment:
  - 1) Deduct from benefits, refunds and credits payable to the recipient. Under Section 15-185 of the Code, the Board may deduct from any benefit payable to participants, annuitants, survivors and beneficiaries amounts

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

owed to SURS due to the participant's service. SURS may recover overpayments from any benefit payable due to the participant's service, including annuity benefits, survivor benefits, separation refunds, disability benefits and death benefits. If anyone receiving a benefit due to the participant's service is overpaid, the overpayment may be recovered from any current or future benefits paid to the same person or any other person receiving benefits due to the participant's service;

- 2) Engage a private collections agent;
  - 3) Initiate proceedings to obtain a civil judgment by attorneys retained by SURS or through the Attorney General;
  - 4) Refer the overpayment to the Debt Collection Bureau of the Illinois Department of Revenue and/or the Illinois Debt Recovery Offset Portal (IDROP) of the Illinois State Comptroller;
  - 5) Coordinate collection efforts with the State of Illinois Treasurer's Office; and/or
  - 6) By and through any other means permissible by law.
- d) Maintenance of Records. Records of overpayments shall be maintained for at least 36 months, except as provided under subsection (e), and shall contain the following:
- 1) A description of the cause for the overpayment;
  - 2) Correspondence concerning attempts to collect the overpayment; and
  - 3) Evidence of notice given for a hearing and review of the overpayment and any final outcome of the hearing and review.
- e) Uncollectible Accounts Receivable. If SURS is unable to collect all or part of an overpayment after 36 months, SURS' staff may request the Board, or its duly authorized representative, to certify the overpayment balance as uncollectible and no longer to be maintained as an account receivable in SURS' records. The request shall include the documentation required under subsection (d) and confirmation that the certification would be in the best economic interest of

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

SURS. In determining the best economic interest of SURS, staff shall determine whether the total collection cost expended or anticipated will exceed the recoupment reasonably expected. However, the following exceptions may apply:

- 1) SURS' staff may deem an overpayment balance of \$100 or less to be uncollectible 6 months after the date of the demand without certification by the Board;
  - 2) SURS' staff may request certification for an overpayment balance of more than \$100 but less than \$5,000 after collection efforts have elapsed for at least 12 months.
- f) Reopening Uncollectible Accounts Receivable. Overpayments certified by the Board as uncollectible may be reopened for collection if the SURS' staff determines that it is in the best economic interest of SURS to do so.
- g) Past Overpayments. Overpayments incurred prior to January 1, 2008 may be certified as uncollectible under subsection (e) notwithstanding the lack of any of the documentation required under subsection (d).
- h) De Minimis Exception. Any revision or correction of a benefit that results in a difference of \$1 or less per month for monthly payments or \$10 or less for lump-sum payments shall be considered de minimis and shall not be treated as an overpayment that is to be collected from the recipient under this Section.

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1600.455 Benefit Forfeitures Relating to Felony Convictions**

Purpose. This Section implements Section 15-187 of the Code concerning the forfeiture of benefits, which provides that none of the benefits provided under Article 15 of the Code shall be paid to any person who is convicted of any felony relating to or arising out of or in connection with a person's service as an employee from which the benefit derives. [40 ILCS 5/15-187]

- a) Date of Conviction. The benefits subject to forfeiture under this Section shall be limited to benefits that are payable on or after the date on which a sentence is imposed by a court of competent jurisdiction following a judgment or conviction of a felony. The System shall not suspend or impair any vested right under the Code prior to the date of such sentencing. The forfeiture under this Section shall

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

be applied beginning on the date of the sentencing even if the criminal conviction is appealed to an appellate court. If the conviction is overturned on appeal by a final, non-appealable judgment, then the System shall pay the member any previously forfeited benefits without interest. If the member received a refund of contributions under subsection (b), only the forfeited benefits that were payable until the date of such refund shall be paid, without interest.

- b) Refund Rights. Notwithstanding the forfeiture of any benefit under this Section, a participant or annuitant shall be entitled to receive a refund of any employee contributions made under Section 15-157 of the Code, but shall not be entitled to any employer contributions or any interest. In the case of a member of the Retirement Savings Plan, the member shall be entitled to receive a refund of employee contributions (adjusted for any gains and losses up to the date of the refund), but the refund shall not include any employer contributions (including any gains or losses earned on those contributions).
- c) Employment with Different Employers. The conviction of a felony relating to or arising out of or connection with a person's service earned under a particular employer shall not be applied to service earned under a different employer that bears no relation to the felony.
- d) Multiple Positions, Appointments, or Contracts with the Same Employer. The conviction of a felony relating to or arising out of or in connection with service earned under a particular employer shall cause the forfeiture of all benefits derived from all service earned under that employer, even if the felony did not relate to, did not arise out of, or was not in connection with other periods of service earned under that employer.

(Source: Added at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1600.460 Accelerated Pension Benefit Payment In Lieu of Any Pension Benefit**

- a) Purpose. This Section implements Section 15-185.5 of the Code providing for an accelerated pension benefit payment in lieu of any pension benefit, to be referred to in this Section as the "Vested Inactive Buyout" or "VIB".
- b) Definitions. For purposes of Section 15-185.5(a), the following terms shall have the meanings specified in this subsection (b).

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- 1) Eligible Person. An eligible "person" shall mean a person who satisfies the following conditions.
  - A) The *person has terminated all service*, meaning the person has terminated employee status under Section 15-107 of the code as of the date SURS receives the VIB application and has continuously remained in non-employee status as of the date SURS receives the election to accept the VIB offer.
  - B) The *person has accrued sufficient service credit to be eligible to receive a retirement annuity under Article 15*, meaning the person must meet the applicable retirement eligibility requirements under Section 15-135 of the Code solely with respect to service credit as of the date SURS receives the VIB application. For this purpose, service credit shall include only service credited under Article 15. No service credited at a reciprocal retirement system or pension fund shall count under this subsection (b)(1)(B).
  - C) The *person has not received any retirement annuity under Article 15*, meaning the person must not have received any retirement annuity or Preliminary Estimated Payments as of the date SURS receives the VIB application.
  - D) The *person has not made the election under Section 15-185.6*.
  - E) The *person is not a participant in the Self-Managed Plan under Section 15-158.2*.
- 2) Implementation Date. *"Implementation date" means the earliest date upon which the Board authorizes eligible persons to begin irrevocably electing the accelerated pension benefit payment option under Section 15-185.5. The Board shall endeavor to make such participation available as soon as possible after June 4, 2018 and shall establish an implementation date by Board resolution. [40 ILCS 5/15-185.5(a)]*
- 3) Pension Benefit. The "pension benefit" upon which the VIB shall be calculated shall consist of one or more of the following benefits, as applicable:



## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- A) Traditional Benefit Package
- i) Tier 1 Members. Retirement benefits under the applicable provisions of Section 15-136 of the Code and, if a permanent survivor (as defined under subsection (b)(4)) exists, survivors insurance benefits under Section 15-145 of the Code, subject to the minimum total survivors annuity payable under Section 15-146(b) of the Code.
  - ii) Tier 2 Members. Retirement benefits under the applicable provisions of Section 15-136 and, if a permanent survivor (as defined under subsection (b)(4)) exists, survivors insurance benefits under Section 15-145.1 of the Code.
- B) Portable Benefit Package
- i) Tier 1 Members. Retirement benefits based on the actuarial equivalent of a single-life annuity described under Section 15-136.4(b) of the Code with automatic annual increases under Section 15-136.4(1).
  - ii) Tier 2 Members. Retirement benefits based on the actuarial equivalent of a single-life annuity described under Section 15-136.4(b) with automatic annual increases under Section 15-136(d-5).
- C) Refund of Survivors Contributions. If the eligible person has no permanent survivor as of the VIB application date, then the refund that would have been payable as of the assumed retirement date under Section 15-154(c) of the Code.
- D) Refund of Additional Contributions. The refund that would be payable as of the assumed retirement date under Section 15-154(d), if applicable.
- E) Refund of Excess Service Credit. The refund that would be payable as of the assumed retirement date under Section 15-154(e) for excess or waived service credit.

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- F) Refund of Police and Firefighter Contributions. The refund that would be payable as of the assumed retirement date under Section 15-154(f), if the eligible person elects to waive the application of Rule 4 of Section 15-136 of the Code.
- 4) Permanent Survivor. For purposes of this Section, the term "permanent survivor" shall mean a person who:
- A) is living as of the earlier of the assumed retirement date or the date on which the VIB offer is issued; and
- B) is the youngest (i.e., has the longest actuarially assumed life expectancy) from among the following:
- i) a "surviving spouse" under Section 15-127 of the Code (without regard to any one-year minimum marriage requirement) or an "eligible spouse" under Section 15-136.4(a) (without regard to any one-year minimum marriage requirement); or
- ii) a "child" under Section 15-129 of the Code who is unmarried and dependent upon the person by reason of a physical or mental disability that began prior to the date the child attained age 18.
- If the child is age 18 or older as of the application date, the child will be deemed to be disabled on the basis of a written certificate from one or more licensed and practicing physicians stating that the child is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months. The physician's determination of disability shall be determined in accordance with 20 CFR 416.905 through 416.911.

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- If the child is under age 18 as of the application date, the child will be deemed to be disabled on the basis of a written certificate from one or more licensed and practicing physicians stating that the child has a medically determinable physical or mental impairment or combination of impairments that causes marked and severe functional limitations, and that can be expected to cause death or that has lasted or can be expected to last for a continuous period of not less than 12 months. The physician's determination of disability shall be determined in accordance with 20 CFR 416.905 through 416.911.
- c) VIB Application. Beginning on the implementation date, an eligible person may apply for a VIB calculation in writing in the form prescribed by SURS, subject to the following conditions:
- 1) Application Deadline. SURS must receive the application by the date by which an irrevocable election must be made under Section 15-185.5(b) of the Code ~~June 30, 2024~~. However, in no event shall SURS accept an application less than 12 months prior to the date on which the eligible person must begin receiving Required Minimum Distributions under Section 1-116.1 of the Code and IRC section 401(a)(9).
  - 2) Termination of Application
    - A) A pending application shall terminate prior to SURS' receipt of the election to receive the VIB on the earliest of the eligible person's:
      - i) revocation of the application;
      - ii) re-employment;
      - iii) death;
      - iv) required beginning date for Required Minimum Distributions under Section 1-116.1; or

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- v) election to receive an Automatic Annual Increase Buyout (AAI Buyout) under Section 15-185.6 and Section 1600.461 of this Part.
  - B) No election to accept a VIB offer shall be effective upon or after the termination of a pending application.
  - C) The eligible person may not withdraw or revoke a pending application as of the date SURS receives the completed VIB election form.
- 3) Other Benefits. The eligible person may not apply for a refund, disability benefit, or disability retirement annuity while a VIB application is pending.
- d) VIB Offer Amount. After receipt of a VIB application, SURS shall calculate the VIB offer amount as soon as practicable. The VIB offer amount shall be 60% of the present value of the applicable pension benefit payable as of the assumed retirement date. The calculation shall be subject to the following conditions:
  - 1) Actuarial Assumptions
    - A) All actuarial tables used to calculate the VIB offer amount shall use actuarial assumptions most recently adopted by the Board as of the time of the calculation.
    - B) The present value date shall be the first of the month on or immediately following the date that SURS receives the VIB application.
    - C) The discount rate used to calculate the present value of any benefit shall be the prescribed rate of interest.
    - D) The effective rate of interest for fiscal years prior to the fiscal year containing the date of the calculation shall be the historical rates set by the Board or the State Comptroller, as applicable. The effective rate of interest for fiscal years inclusive of and after the fiscal year containing the date of the calculation shall be the last

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

known effective rate of interest set by the Board or the State Comptroller, as applicable.

- 2) Service Credit
  - A) All service credit purchases must have been completed by the date SURS receives the VIB application.
  - B) Service credit for unused, unpaid sick leave under Section 15-113.4 of the Code shall apply only if the eligible person was an employee within 60 days immediately preceding the assumed retirement date.
- 3) Assumed Retirement Date. The assumed retirement date shall be the retirement annuity commencement date determined as follows.
  - A) If the eligible person has attained the earliest applicable retirement age under Section 15-135 of the Code as of the date SURS receives the VIB application, the VIB offer amount shall be based on a retirement annuity that commences on the first of the month on or immediately following the date that SURS receives the VIB application (subject to any applicable early age reductions under Section 15-136).
  - B) If the eligible person has not attained the earliest applicable retirement age under Section 15-135 as of the date SURS receives the VIB application, the VIB offer amount shall be based on a retirement annuity that commences on the first of the month following the birthday on which the person will have attained the earliest applicable retirement age under Section 15-135 (subject to any applicable early age reductions under Section 15-136).
- 4) Survivor Benefits. The assumed dates of death of the eligible person and eligible permanent survivor with respect to any assumed survivor benefit shall be based on the most recent mortality assumptions adopted by the Board as of the date of the calculation.
- 5) Frequency. No more than one VIB offer amount shall be calculated in a State fiscal year.

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- 6) Appeals. An eligible person may seek an appeal of the calculation of the VIB offer amount within 35 days after the issuance of the offer, in accordance with Section 1600.500.
- e) VIB Election. The election to accept the VIB offer shall be made in the manner and form prescribed by SURS. SURS may require additional documentation or proof to verify any fact or record necessary for the administration of the election.
  - 1) Election Deadline. The eligible person shall elect to accept the VIB offer within 120 days after the date the VIB offer was issued. If no election is submitted by the deadline, the eligible person shall be deemed to have rejected the VIB offer.
  - 2) Election Date. The date of the election to accept the VIB offer shall be the date SURS receives the completed VIB election form.
  - 3) Survivor Consent. The election shall be accompanied by written and notarized consent of any permanent survivor. If a permanent survivor who was identified in the VIB application no longer qualifies as a permanent survivor, then the election shall be, instead, accompanied by documentation proving the disqualifying condition as follows:
    - A) Death. Death shall be proven by a certified copy of the death certificate.
    - B) Divorce. A dissolution of marriage shall be proven by a certified copy of the judgment of dissolution of marriage or civil union.
    - C) Child's Non-Disability. A child's non-disability shall be proven by a written certificate from one or more licensed and practicing physicians stating that the child is no longer disabled under subsection (b)(4)(B)(ii).
  - 4) Effect of Acceptance. Upon SURS' receipt of the election to accept the VIB offer amount, the eligible person shall be subject to the following conditions:
    - A) The election to accept the VIB offer shall be irrevocable unless:

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- i) the State Comptroller fails to remit the full VIB amount to SURS within a year after SURS has submitted a voucher under Section 15-185.5(f); or
  - ii) SURS has knowledge of specific and articulable facts, taken together with rational inferences from those facts, that would lead a reasonable person to believe that the election to accept the VIB was made under fraud, duress, undue influence, illegality or incapacity.
- B) The eligible person may not elect to proceed under the Retirement Systems Reciprocal Act [40 ILCS 5/Art. 20] with respect to any service to which the VIB pertains.
- C) The eligible person may not purchase service credit under Article 15 of the Code with respect to any service credit attributable to the VIB or any accelerated pension benefit payment under Section 14-147.5, 14-147.6, 16-190.5 or 16-190.6 of the Code.
- D) The eligible person shall no longer be a participant of SURS and forfeits all accrued rights and credits in SURS and no other benefit shall be paid under Article 15 based on those forfeited rights and credits, including any retirement, survivor or other benefit; except, to the extent that participation, benefits or premiums under the State Employees Group Insurance Act of 1971 are based on the amount of service credit.
- E) The VIB may not be repaid to SURS, and the forfeited rights and credits may not under any circumstances be reinstated.
- F) If the eligible person returns to participation under Article 15, any benefits under SURS earned as a result of that return to participation shall be based solely on the person's credits and creditable service arising from the return to participation. Upon return to participation, the person shall be considered a new employee subject to all the qualifying conditions for participation and eligibility for benefits applicable to new employees, except the

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

person shall retain the same Tier status and program elections previously made under Section 15-134.5 of the Code.

- G) An election to accept the VIB offer shall be deemed to be a waiver of any appeal rights under Section 1600.500 with respect to the VIB.
- f) VIB Voucher and Payment
- 1) As soon as administratively practicable after SURS' receipt of the election to accept the VIB offer, SURS shall submit one or more vouchers to the State Comptroller for the payment of the VIB. SURS shall pay the VIB as soon as administratively practicable after SURS' receipt of the VIB amount from the State Comptroller. In no event shall SURS pay the VIB without having received the amounts sufficient to pay the VIB in full from the State Comptroller.
  - 2) The VIB shall be paid in the form of a direct rollover to an "eligible retirement plan" as defined under Section 1600.140(h)(6) (including any supplemental defined contribution plan administered by SURS) to the extent permissible under IRC section 401(a)(31), except for any amounts attributable to Required Minimum Distributions under Section 1-116.1 of the Code or amounts paid under the Excess Benefit Arrangement under Section 1600.430 of this Part. The eligible person may not elect to receive any portion of the direct rollover as cash.
  - 3) If the eligible person dies after having elected to accept the VIB offer amount, but prior to payment of the VIB, the VIB shall be payable to the eligible person's estate.

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1600.461 Accelerated Pension Benefit Payment for a Reduction and Delay in AAI**

- a) Purpose. This Section implements Section 15-185.6 of the Code providing for an accelerated pension benefit payment for a reduction and delay in an automatic annual increase (AAI) to a retirement annuity and an annuity benefit payable as a result of death, to be referred to in this Section as the "AAI Buyout".



## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- b) Definitions. For purposes of Section 15-185.6(a), the following terms shall have the meanings specified in this ~~subsection~~ subsection (b).
- 1) Eligible Person. An "eligible person" shall mean a person who satisfies the following conditions:
    - A) The *person is a Tier 1 member.*
    - B) The *person has submitted an application for a retirement annuity under Article 15.*
    - C) The *person has met the age and service requirement for receiving a retirement annuity under Article 15*, meaning the person must meet the applicable retirement eligibility requirements under Section 15-135 of the Code with respect to age and service credit accrued under Article 15 and, if the person elects to retire under the Retirement Systems Reciprocal Act, any service credit of a participating reciprocal system.
    - D) The *person has not received any retirement annuity under Article 15*, meaning the retirement date specified in the retirement application cannot be prior to the date SURS receives the application for a retirement annuity.
    - E) The *person has not made the election under Section 15-185.5 of the Code.*
    - F) The *person is not a participant in the Self-Managed Plan under Section 15-158.2 of the Code.*
  - 2) Implementation Date. "*Implementation date*" means the earliest date upon which the Board authorizes eligible persons to begin irrevocably electing the accelerated pension benefit payment option under Section 185.6. The Board shall endeavor to make such participation available as soon as possible after June 4, 2018 and shall establish an implementation date by Board resolution. [40 ILCS 5/15-185.6(a)]
  - 3) Assumed Annuities. The AAI Buyout shall be based on one or more of the following assumed annuities, as applicable:

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- A) Traditional Benefit Package. Retirement benefits under the applicable provisions of Section 15-136 of the Code and, if a permanent survivor (as defined under subsection (b)(4)) exists, survivors insurance benefits under Section 15-145 of the Code, subject to the minimum total survivors annuity payable under Section 15-146(b) of the Code.
- B) Portable Benefit Package. Retirement benefits based on the actuarial equivalent of a single-life annuity described under Section 15-136.4(b).
- 4) Permanent Survivor. For purposes of this Section, the term "permanent survivor" shall mean a person who:
- A) is living as of the earlier of the assumed retirement date or the date on which the AAI Buyout offer is issued; and
- B) is the youngest (i.e., has the longest actuarially assumed life expectancy) from among the following:
- i) a "surviving spouse" under Section 15-127 of the Code (without regard to any one-year minimum marriage requirement); or
- ii) a "child" under Section 15-129 of the Code who is unmarried and dependent upon the person by reason of a physical or mental disability which began prior to the date the child attained age 18.
- If the child is age 18 or older as of the application date, the child will be deemed to be disabled on the basis of a written certificate from one or more licensed and practicing physicians stating that the child is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

than 12 months. The physician's determination of disability shall be determined in accordance with 20 CFR 416.905 through 416.911.

- If the child is under age 18 as of the application date, the child will be deemed to be disabled on the basis of a written certificate from one or more licensed and practicing physicians stating that the child has a medically determinable physical or mental impairment or combination of impairments that causes marked and severe functional limitations, and that can be expected to cause death or that has lasted or can be expected to last for a continuous period of not less than 12 months. The physician's determination of disability shall be determined in accordance with 20 CFR 416.905 through 416.911.
- c) AAI Buyout Application. Beginning on the implementation date, an eligible person may apply for an AAI Buyout calculation in writing in the form prescribed by SURS, subject to the following conditions:
- 1) Application Deadline. SURS must receive the AAI Buyout application by the retirement date specified on the completed retirement application, which can be no later than the date until which the System is required to implement the AAI Buyout under Section 15-185.6(b) of the Code ~~June 30, 2024~~.
  - 2) Termination of Application
    - A) A pending application shall terminate on the earliest of the eligible person's:
      - i) revocation of the application;
      - ii) cancellation or suspension of the retirement annuity under Section 15-139 of the Code;
      - iii) death; or

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- iv) an election to receive a Vested Inactive Buyout under Section 15-185.5 of the Code and Section 1600.460 of this Part.
  - B) No election to accept an AAI Buyout offer shall be effective upon or after the termination of a pending application.
  - C) The eligible person may not withdraw or revoke a pending application as of the date SURS receives the completed AAI Buyout election form.
- d) AAI Buyout Offer Amount
- 1) After receipt of an AAI Buyout application, SURS shall calculate the AAI Buyout offer amount as soon as practicable.
  - 2) The AAI Buyout offer amount shall be 70% of the difference of:
    - A) the present value of the automatic annual increases to the assumed annuities under Sections 15-136(d), 15-136.4(l), and 15-145(j) of the Code, as applicable; and
    - B) the present value of the automatic annual increases to the assumed annuities, using the formula provided under Section 15-185.6(b-5) of the Code.
  - 3) The calculation shall be subject to the following conditions:
    - A) Actuarial Assumptions
      - i) All actuarial tables used to calculate the AAI Buyout offer amount shall use actuarial assumptions most recently adopted by the Board as of the time of the calculation.
      - ii) The present value date shall be the retirement date.
      - iii) The discount rate used to calculate the present value shall be the prescribed rate of interest.

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- B) **Survivor Benefits.** The assumed dates of death of the eligible person and eligible permanent survivor or contingent annuitant, as applicable, with respect to any assumed survivors insurance benefit or survivor portion of a joint and survivor annuity, as applicable, shall be based on the most recent mortality assumptions adopted by the Board as of the date of the calculation. The AAI to a survivors insurance annuity or the survivor portion of a joint and survivor annuity, as applicable, calculated under Section 15-185.6(b-5) of the Code, shall commence on the January 1 occurring on or after the first anniversary of the commencement of the survivors insurance annuity or survivor portion of a joint and survivor annuity.
- C) **Frequency.** No more than one AAI Buyout offer amount shall be calculated in a State fiscal year.
- D) **Appeals.** An eligible person may seek an appeal of the calculation of the AAI Buyout offer amount within 35 days after the issuance of the offer in accordance with Section 1600.500.
- e) **AAI Buyout Election.** The election to accept the AAI Buyout offer shall be made in the manner and form prescribed by SURS. SURS may require additional documentation or proof to verify any fact or record necessary for administration of the election.
- 1) **Election Deadline.** The eligible person shall elect to accept the AAI Buyout offer within 120 days after the date the AAI Buyout offer was issued. If no election is submitted by the deadline, the eligible person shall be deemed to have rejected the AAI Buyout offer.
  - 2) **Election Date.** The date of the election to accept the AAI Buyout offer shall be the date SURS receives the completed AAI Buyout election form.
  - 3) **Termination from Employment.** The eligible person must not return to work as an employee under Section 15-107 of the Code until after the date SURS receives the completed AAI Buyout election form.

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- 4) **Survivor Consent.** The election shall be accompanied by written and notarized consent of any permanent survivor or contingent annuitant, as applicable. If a permanent survivor who was identified in the AAI Buyout application no longer qualifies as a permanent survivor, the election shall be, instead, accompanied by documentation proving the disqualifying condition as follows:
- A) **Death.** Death shall be proven by a certified copy of the death certificate.
  - B) **Divorce.** A dissolution of marriage shall be proven by a certified copy of the judgment of dissolution of marriage or civil union.
  - C) **Child's Non-Disability.** A child's non-disability shall be proven by a written certificate from one or more licensed and practicing physicians stating that the child is no longer disabled under subsection (b)(4)(B)(ii).
- 5) **Effect of Acceptance.** Upon SURS' receipt of the election to accept the AAI Buyout offer amount, the eligible person shall be subject to the following conditions:
- A) The election to accept the AAI Buyout offer shall be irrevocable unless:
    - i) the State Comptroller fails to remit the full AAI Buyout amount to SURS within a year after SURS has submitted a voucher under Section 15-185.6(d-5); or
    - ii) SURS has knowledge of specific and articulable facts, taken together with rational inferences from those facts, that would lead a reasonable person to believe that the election to accept the AAI Buyout was made under fraud, duress, undue influence, illegality or incapacity.
  - B) An eligible person who participates in the Traditional Benefit Package and who elects to accept the AAI Buyout offer may not elect to receive a survivors contribution refund under Section 15-154(c) of the Code if a survivors insurance beneficiary exists as of

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

the retirement date. If no survivors insurance beneficiary exists as of the retirement date, the survivors contribution refund shall be payable to the eligible person.

- C) An eligible person who elects to accept the AAI Buyout offer shall be deemed to have waived the right to any supplemental payments under Section 15-136.3 and Section 15-146(d) of the Code.
  - D) An election to accept the AAI Buyout offer shall be deemed to be a waiver of any appeal rights under Section 1600.500 with respect to the AAI Buyout and all underlying calculations.
- 6) Effect of Rejection. Upon SURS' receipt of a rejection of the AAI Buyout offer amount or upon the failure to make an election within the deadline specified under subsection (e)(1), SURS shall pay automatic annual increases as provided under Sections 15-136(d), 15-136.4(l), and 15-145(j) of the Code, as applicable.
- f) AAI Buyout Voucher and Payment
- 1) As soon as administratively practicable after the SURS' receipt of the election to accept the AAI Buyout offer amount, SURS shall submit one or more vouchers to the State Comptroller for the payment of the AAI Buyout. SURS shall pay the AAI Buyout as soon as administratively practicable after the SURS' receipt of the AAI Buyout amount from the State Comptroller. In no event shall SURS pay the AAI Buyout without having received the amounts sufficient to pay the AAI Buyout in full from the State Comptroller.
  - 2) The AAI Buyout shall be paid in the form of a direct rollover to an "eligible retirement plan" as defined under Section 1600.140(h)(6) (including any supplemental defined contribution plan administered by SURS) to the extent permissible under IRC section 401(a)(31), except for any amounts attributable to Required Minimum Distributions under Section 1-116.1 of the Code or amounts paid under the Excess Benefit Arrangement under Section 1600.430. The eligible person may not elect to receive any portion of the direct rollover as cash.

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- 3) The AAI Buyout may not be repaid to SURS. However, if the retirement annuity is cancelled under Section 15-139(a) of the Code after the eligible person is paid the AAI Buyout offer amount, the eligible person shall repay to SURS that amount, plus any applicable interest under Section 1600.450.
- 4) If the eligible person who has received the AAI Buyout returns to participation under Article 15, the calculation of any future automatic annual increase in all retirement and survivor annuities under Section 15-139(c) shall be calculated in accordance with Section 15-185.6(b-5).
- 5) If the eligible person dies after having elected to accept the AAI Buyout offer, but prior to payment of the AAI Buyout, the AAI Buyout shall be payable to the eligible person's estate.

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART E: DISABILITY CLAIMS AND ADMINISTRATIVE REVIEW

**Section 1600.550 Disability Claims Procedure**

- a) Pursuant to Code Section 15-150, a participant may be granted a disability benefit if, while a participating employee, he or she becomes physically or mentally incapacitated and unable to perform the duties of his or her assigned position for any period exceeding 60 consecutive calendar days and the employee had completed 2 years of service at the time of disability, unless the disability is a result of an accident or the employee is a police officer who qualifies for line-of-duty disability benefits under Section 15-153(b) of the Code. An employee shall be considered disabled only during the period for which the Board determines, based upon the evidence listed in this Section, that the employee is unable to reasonably perform the duties of his or her assigned position as a result of a physical or mental disability. This determination shall be based upon:
  - 1) a written certificate from one or more licensed and practicing physicians appointed by or acceptable to the Board, stating that the employee is disabled and unable to reasonably perform the duties of his or her assigned position;



## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- 2) a written certificate from the employer stating that the employee is unable to perform the duties of his or her assigned position and, if the employee is a police officer applying for a line-of-duty disability, the employer's position on whether the disability qualifies as a line-of-duty disability; and
  - 3) any other medical examinations, hospital records, laboratory results, or other information necessary for determining the employment capacity and condition of the employee; and-
  - 4) if the employee is a police officer applying for a line-of-duty disability, a written certification from one or more licensed and practicing physicians appointed by or acceptable to the Board, stating that the disability qualifies as a line-of-duty disability under Section 15-153(b) of the Code.
- b) Application Filing Requirements
- 1) An application for disability benefits must include the certifications described in subsections (a)(1), ~~and~~ (a)(2), (a)(4), if applicable, and supporting documentation described in subsection (a)(3), all as explained in more detail in this Section, for each disabling condition as well as for the entire period of disability.
  - 2) The application must be filed within one calendar year after the date on which the disability occurred. The application is deemed to have been filed on the date on which the System first receives any part or section of the application. This limitation may be waived upon a showing of good cause, including, but not limited to, extenuating circumstances in which the applicant was under significant~~some~~ physical, mental or medical infirmity or legal status that prevented the applicant from filing within the time period.
- c) Certification By Physicians. For purposes of ~~subsections~~subsection (a)(1) and (a)(4), the following shall apply:
- 1) Physicians acceptable to the Board are attending physicians, physicians designated by the participant and physicians to whom the participant was referred by the attending or designated physician. Physicians appointed by SURS staff to examine the participant are deemed to be physicians appointed by the Board. The physician must be licensed to practice and be

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

currently practicing in the field of expertise related to the underlying physical or mental condition for which disability benefits are sought.

- 2) The certification must be signed by a physician described in subsection (c)(1) or an authorized representative of the physician and must state the following:
  - A) the medical diagnosis of the physical or mental condition;
  - B) the prognosis of the physical or mental condition;
  - C) the physical or mental limitations to which the participant should adhere; and
  - D) that the participant is disabled and is unable to reasonably perform the duties of his or her assigned position as a result of the physical or mental disability; ~~and~~.
  - E) if the employee is a police officer applying for a line-of-duty disability, that the disability qualifies as a line-of-duty disability under Section 15-153(b) of the Code.
- 3) The certification must be accompanied by a report containing the following:
  - A) the date of examination;
  - B) the medical history of the participant;
  - C) the results of any diagnostic tests used;
  - D) the diagnosis of the physical or mental condition;
  - E) the plan of treatment for the physical or mental condition and prognosis in response to the treatment plan;
  - F) an evaluation of the physical or mental condition as it bears upon the participant's ability to reasonably perform the duties of his or her assigned position; and

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- G) any existing documentation of objective medically demonstrable anatomical, physiological or psychological abnormalities manifested as test results or laboratory findings apart from self-reported symptoms.
- d) Certification by Employers. For purposes of subsection (a)(2), the certification must be signed by an officer authorized by the employer and must state the following:
- 1) the physical or mental performance requirements for the reasonable performance of the participant's assigned position;
  - 2) whether the participant is able to satisfy each physical or mental performance requirement for the reasonable performance of his or her assigned position to the best of the employer's knowledge or belief and the reason for that knowledge or belief; ~~and~~
  - 3) whether the participant is able to reasonably perform the duties of his or her assigned position based on the provisions of subsections (d)(1) and (d)(2); ~~and~~;
  - 4) if the employee is a police officer applying for a line-of-duty disability, the employer's position on whether the disability qualifies as a line-of-duty disability under Section 15-153(b) of the Code.
- e) Determination of Regular and Line-of-Duty Disability. If the participant establishes, by a preponderance of the evidence, that he or she is physically or mentally disabled and unable to perform the duties of his or her assigned position as a result of the disability, the participant shall be determined eligible for regular disability benefits under Section 15-153(a)150 of the Code. In lieu of regular disability benefits under Section 15-153(a) of the Code, if a police officer establishes, by a preponderance of the evidence, that as the result of sickness, accident, or injury incurred in or resulting from the performance of an act of duty, the police officer is found to be physically or mentally disabled for employment as a police officer so as to render necessary his or her suspension or retirement from employment as a police officer or is found to be unable to perform his or her duties as a police officer by reason of heart disease, stroke, tuberculosis, or any disease of the lungs or respiratory tract, resulting from

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

employment as a police officer, the police officer shall be determined eligible for line-of-duty disability benefits under Section 15-153(b) of the Code. Any police officer who suffers a heart attack or stroke as a result of the performance and discharge of police duty shall be considered to have been injured in the performance of an act of duty and shall be eligible for line-of-duty disability benefits under Section 15-153(b) of the Code. For purposes of Section 15-153(b) of the Code, a police officer shall be considered to be in the performance of an act of duty while on any assignment approved by the police officer's chief, whether the assignment is on or off the employer's property. [40 ILCS 5/15-153(b)].

- 1) SURS staff shall determine whether certifications made under subsections (a)(1), ~~and~~ (a)(2), and (a)(4), if applicable, and supporting documentation described in subsection (a)(3) establish eligibility for regular disability benefits or line-of-duty disability benefits.
  - 2) At the discretion of SURS staff, the participant may be required to submit to additional examinations by staff appointed physicians or specialists to aid in the determination process.
  - 3) Physical or mental conditions resulting from self-inflicted injuries, substance abuse, or any act for which the participant was convicted of a misdemeanor or felony
    - A) are not the result of an accident for purposes of ~~Code~~ Section 15-150 of the Code; and
    - B) are not a sickness, accident, or injury incurred in or resulting from the performance of an act or duty for purposes of Section 15-153(b) of the Code.
- f) Subsequent Re-examination of Disabled Participants
- 1) SURS staff shall secure from one or more physicians, periodically, re-evaluation reports concerning the continued disability of the participant. The date of re-evaluation shall be determined by SURS staff on the basis of the medical reports received previously, the nature of the disability, and other relevant information.

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- 2) In the re-evaluation of disability claims, the examining physician shall be the attending physician or the physician designated by the participant, but, if the nature of the disability or other circumstances justifies the appointment of someone other than the participant's attending physician or designated physician as the examining physician, SURS staff shall make the appointment. All other procedures that may be applicable in processing the initial claim for disability benefits shall be followed in re-evaluation of the claim.
- g) Release of Medical Information. The participant may be required to authorize the release of all medical or other information related to the disability claim, including but not limited to medical reports, hospital records, Department of Employment Security earnings statements, income tax records, unemployment records, and any record deemed necessary to the administration of the disability claim. The failure of the participant to submit to a re-evaluation examination or a treatment plan, to produce records, or to approve release of information required ~~shall may~~ result in the ~~discontinuance~~~~suspension~~ of disability benefit payments under Section 15-152 of the Code or suspension under Section 1600.160 of this Part, as applicable.
- h) Vacation Payments and Disability Benefit Commencement. If an employee receives payment for unused vacation leave accrued under the employment from which the employee is disabled, the date of the "termination of payment of salary or sick leave benefits" under ~~Code~~ Section 15-151 of the Code shall be delayed by the number of work days attributable to the vacation payment.

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1600.555 Disability Retirement Annuity Claims Procedure**

- a) Pursuant to Section 15-153.2 of the Code, a participant whose disability benefits are discontinued under the provisions of clause (6) of Section 15-152 of the Code and who is not a participant in the Retirement Savings Plan is entitled to a disability retirement annuity of 35% of the basic compensation which was payable to the participant at the time the regular disability began under Section 15-153(a) of the Code, or 65% of the basic compensation that was payable to the participant at the time the line-of-duty disability began under Section 15-153(b) of the Code, provided that the Board determines that the participant has a medically determinable physical or mental impairment that prevents him or her

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

from engaging in any substantial gainful activity, and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. This determination shall be based upon:

- 1) a written certificate from one or more licensed and practicing physicians appointed by or acceptable to the Board, stating that the participant is unable to engage in any substantial gainful activity; and
- 2) any other medical examinations, hospital records, laboratory results, or other information necessary for determining the employment capacity and condition of the participant.

b) Application Filing Requirements

- 1) An application for a disability retirement annuity must include the certification described in subsection (a)(1) and supporting documentation described in subsection (a)(2), all as explained in more detail in this Section, for each disabling condition as well as for the entire period of the disability retirement annuity.
- 2) The application for a disability retirement annuity must be filed within one calendar year after the date on which the disability benefits are discontinued under clause (6) of Section 15-152 of the Code. The application is deemed to have been filed on the date on which the System first receives any part or section of the application. An untimely application shall render the participant ineligible for a disability retirement annuity. This limitation may be waived upon a showing of good cause, including, but not limited to, extenuating circumstances in which the applicant was under a significant physical, mental or medical infirmity or legal status that prevented the applicant from filing within the time period.

c) Certification By Physicians. For purposes of subsection (a)(1), the following shall apply:

- 1) Physicians acceptable to the Board are attending physicians, physicians designated by the participant and physicians to whom the participant was referred by the attending or designated physician. Physicians appointed by SURS staff to examine the participant are deemed to be physicians appointed by the Board. The physician must be licensed to practice and be

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

currently practicing in the field of expertise related to the underlying physical or mental condition for which disability benefits are sought.

- 2) The certification must be signed by a physician described in subsection (c)(1) or an authorized representative of the physician and must state the following:
  - A) the medical diagnosis of the physical or mental condition;
  - B) the prognosis of the physical or mental condition; and
  - C) that the participant has a medically determinable physical or mental impairment that prevents the participant from engaging in any substantial gainful activity and can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months.
  
- 3) The certification must be accompanied by a report containing the following:
  - A) the date of examination;
  - B) the medical history of the participant;
  - C) the results of any diagnostic tests used;
  - D) the diagnosis of the physical or mental condition;
  - E) the plan of treatment for the physical or mental condition and prognosis in response to the treatment plan;
  - F) an evaluation of the physical or mental condition that prevents the participant from engaging in any substantial gainful activity and that can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months; and
  - G) any existing documentation of objective medically demonstrable anatomical, physiological or psychological abnormalities

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

manifested as test results or laboratory findings apart from self-reported symptoms.

- d) Determination of Disability Retirement Annuity. If the participant whose disability benefits are discontinued under the provisions of clause (6) of Section 15-152 of the Code establishes, by a preponderance of the evidence, that the participant has a medically determinable physical or mental impairment that prevents the participant from engaging in any substantial gainful activity and can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months, the participant shall be determined eligible for a disability retirement annuity under Section 15-153.2 of the Code. Participants in the Retirement Savings Plan are not eligible to receive DRA benefits.
- 1) SURS staff shall determine whether the certifications made under subsection (a)(1) and supporting documentation described in subsection (a)(2) establish eligibility for a disability retirement annuity.
  - 2) At the discretion of SURS staff, the participant may be required to submit to additional examinations by staff appointed physicians or specialists to aid in the determination process.
- e) Subsequent Re-examination of Disability Retirement Annuity Recipients
- 1) SURS staff shall secure from one or more physicians, periodically, re-evaluation reports concerning the continued disability of the participant or the recipient. The date of re-evaluation shall be determined by SURS staff on the basis of the medical reports received previously, the nature of the disability, and other relevant information.
  - 2) In the re-evaluation of disability retirement annuity claims, the examining physician shall be the attending physician or the physician designated by the participant or the recipient. However, if the nature of the disability or other circumstances justifies the appointment of someone other than the participant's or recipient's attending physician or designated physician as the examining physician, SURS staff shall make the appointment. All other procedures that may be applicable in processing the initial claim for a disability retirement annuity shall be followed in re-evaluation of the claim.



## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

- f) Release of Medical Information. The participant or the recipient may be required to authorize the release of all medical or other information related to the disability retirement annuity claim, including, but not limited to, medical reports, hospital records, Department of Employment Security earnings statements, income tax records, unemployment records, and any record deemed necessary to the administration of the disability retirement annuity claim. The failure of the participant or the recipient to submit to a re-evaluation examination or a treatment plan, to produce records, or to approve release of information required shall result in the discontinuance of disability retirement annuity payments payable to the participant or recipient who failed to comply pursuant to Section 15-153.2(d) of the Code or suspension under Section 1600.160, as applicable.
- g) The terms "substantial gainful activity" and "medically determinable physical or mental impairment" shall have the meanings ascribed to them under 20 C.F.R. 404.1510 and 404.1521, respectively.

(Source: Added at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART G: BOARD TRUSTEE ELECTION

**Section 1600.710 Petitions**

- a) All petitions shall be in the form adopted by the System. Petition forms may be obtained from the System on or after October 1 immediately preceding the Election Date. The petition forms may be photocopied for use by the candidates. If offered by SURS, petition signatures can also be submitted electronically via an independent, secure third-party vendor selected by SURS to accept electronic signatures ~~electronically~~.
- b) A valid petition nominating a candidate for an open contributing membership position or an open annuitant position on the System's Board of Trustees shall meet the following requirements:
- 1) On page one of the petition the potential candidate must sign the petition as one of the nominating signatories. The signature shall constitute the potential candidate's confirmation that he or she is willing to be a candidate. If using the offered third-party vendor for submitting electronic

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

signatures, the candidates may submit their own signatures electronically as well.

- 2) The petition must bear the requisite number of original signatures of individuals eligible to nominate the candidate, as established by Section 1600.700(b) or (c). A valid petition may consist of multiple pages and may contain blank signature lines; however, all valid signatures must be original signatures unless they are submitted via an offered third-party vendor. Each candidate must submit their own petition and/or obtain electronic signatures on behalf of their own candidacy. Single petitions listing multiple candidates will not be accepted.
- 3) Each original or electronic signature of an eligible voter must be accompanied by the signing person's name (printed), home address (street and city), and SURS employer (or last SURS employer). ~~Other eligible voter information, including the last four digits of the signer's social security number may be included to assist the Board Secretary in verifying petition signing eligibility.~~ Signatures that are not accompanied by [a full permanent](#) ~~at least a partial~~ address will not be accepted. ~~The partial social security number shall remain confidential.~~
- 4) Petitions may be circulated for signatures commencing the October 1 immediately preceding the applicable Election Date and ending on January 31.
- 5) An individual eligible to sign a petition nominating a candidate for an open contributing membership position on the Board may sign original and/or electronic petitions for as many contributing membership position candidates as desired.
- 6) An individual eligible to sign a petition nominating a candidate for an open annuitant position on the Board may sign original and/or electronic petitions for as many annuitant candidates as desired.
- 7) Original-hardcopy petitions shall bear the notarized signature of the individual who circulated the petition for signatures, verifying that the signatures contained on the petition were signed in that individual's presence and are genuine, and that, to the best of the circulating individual's knowledge, the persons who signed the petition were eligible

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

to do so under Section 1600.700(b) or (c). These requirements do not apply to petition signatures submitted electronically through the third-party vendor offered by SURS.

- 8) Original petitions and petitions with electronic signatures shall be filed with and must be received by the Board Secretary by the January 31 immediately preceding the Election Day. Petitions received after the prescribed petition-filing period are invalid and will not be counted.
- c) The Board Secretary shall determine the validity of petitions pursuant to the Illinois Pension Code and this Part not less than 75 days prior to the Election Day and notify all candidates in accordance with the election calendar whether their petitions met all petition requirements. Candidates filing conforming petitions will be added to the slate of candidates on the respective ballot.
- d) Any individual may, upon reasonable notice to the System, examine the petitions that have been filed with the System with respect to the election to take place; provided, however, that in order to protect the signing participants' and annuitants' privacy and confidentiality, the examination shall be subject to the following limitations:
  - 1) Petitions that are examined will be duplicate copies of the original petitions filed and/or printouts of electronic signatures filed, with any confidential information redacted;
  - 2) Petitions and electronic signatures may only be examined at the System's offices after the validity of the petitions has been verified by the Board Secretary as provided in subsection (c); and
  - 3) Petitions and electronic signatures may not be removed from the System's offices, copied, or duplicated by any means.
- e) Challenge to the Petition Validation Process
  - 1) The challenger shall submit a written statement identifying the specific aspects of the petition validation process that is being challenged.
  - 2) All challenges shall be submitted to the Board Secretary no later than 7 days after the petition validation notification required in subsection (c).

## STATE UNIVERSITIES RETIREMENT SYSTEM

## NOTICE OF PROPOSED AMENDMENTS

Any challenge submitted more than 7 days after the date of the notification shall not be considered. The Board Secretary shall transmit any challenges to a 3 member committee of the Board, comprised of members of the Board not running in the contested election.

- 3) The committee shall consider the written statement and proceed to make a final determination with respect to the challenge.
- 4) A written notice of the final determination shall be sent to the challenger and all candidates within 7 days after making the determination.
- 5) The determination of the committee shall constitute a final administrative decision for purposes of the Administrative Review Law [305 ILCS 5/Art. III].

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Community Care Program
- 2) Code Citation: 89 Ill. Adm. Code 240
- 3) 

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
240.160	Amendment
240.170	New Section
240.210	Amendment
240.230	Amendment
240.235	Amendment
240.237	Amendment
240.240	Amendment
240.260	Amendment
240.270	Amendment
240.300	Amendment
240.320	Amendment
240.330	Amendment
240.340	Amendment
240.350	Amendment
240.355	New Section
240.400	Amendment
240.405	Amendment
240.410	Amendment
240.415	Amendment
240.420	Amendment
240.425	Amendment
240.430	Amendment
240.435	Amendment
240.436	Amendment
240.440	Amendment
240.445	Amendment
240.450	Amendment
240.451	Amendment
240.455	Repealed
240.460	Amendment
240.465	Amendment
240.470	Amendment
240.475	Amendment
240.480	Amendment

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

240.485	Amendment
240.510	Amendment
240.540	Amendment
240.630	Amendment
240.655	Amendment
240.660	Amendment
240.715	Amendment
240.728	Amendment
240.729	Amendment
240.730	Amendment
240.740	Amendment
240.741	Amendment
240.755	Amendment
240.760	Amendment
240.810	Amendment
240.820	Amendment
240.825	Amendment
240.830	Amendment
240.845	Amendment
240.850	Amendment
240.905	Amendment
240.910	Amendment
240.915	Amendment
240.920	Amendment
240.930	Amendment
240.940	Repealed
240.945	Amendment
240.950	Amendment
240.1010	Amendment
240.1020	Amendment
240.1040	Amendment
240.1050	Amendment
240.1110	Amendment
240.1120	Amendment
240.1130	Amendment
240.1160	Amendment
240.1170	Amendment
240.1310	Amendment
240.1320	Amendment

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

240.1399	Amendment
240.1400	Amendment
240.1410	Amendment
240.1420	Amendment
240.1430	Amendment
240.1440	Amendment
240.1505	Amendment
240.1510	Amendment
240.1520	Amendment
240.1530	Amendment
240.1531	Amendment
240.1535	Amendment
240.1541	Amendment
240.1542	Amendment
240.1543	Amendment
240.1544	Amendment
240.1550	Amendment
240.1555	Amendment
240.1560	Amendment
240.1570	Amendment
240.1575	Amendment
240.1580	Amendment
240.1600	Amendment
240.1605	Amendment
240.1607	Amendment
240.1615	Amendment
240.1645	Amendment
240.1650	Amendment
240.1660	Amendment
240.1661	Amendment
240.1665	Amendment
240.1666	New Section
240.1800	Amendment
240.1910	Amendment
240.1930	Amendment
240.1940	Amendment
240.1950	Amendment
240.1955	Amendment
240.1957	Amendment

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

240.1960	Amendment
240.1970	Amendment
240.2020	Amendment

- 4) Statutory Authority: Implementing Section 4.02 and authorized by Section 4.01(11) and 4.02 of the Illinois Act on the Aging [20 ILCS 105/4.02 and 4.01].
- 5) Effective Date of Rule: July 16, 2024
- 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 in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in the *Illinois Register*: 47 Ill. Reg. 15309; November 3, 2023
- 10) Has JCAR issued a Statement of Objections to this rulemaking? No
- 11) Differences between Proposal and Final Version: At JCAR's request, there were some substantial changes between the proposal and final version. We added "if consented to" following the inclusion of email notices. There are also some general clean up including renumbering sections, capitalizing, and lowercasing words, fixing grammar mistakes, and adding gender natural language. The substantive changes include:

In Section 240.160, in the end of the definition of administrative costs "as described in Section 240.2050" was added.

In Section 240.160, "or provider" was added to the definition of appellant.

In Section 240.160, in the definition of authorized representative of the provider the word agency was deleted twice and phase "an entity" was added.

In Section 240.160, in the definition of authorized provider, the word "provider was replaced with "an entity."

In Section 240.160, the definition of "close-out review" was removed.



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

In Section 240.160, "26 U.S.C. 3301 through 3311" was added to the end of the definition of FUTA.

In Section 240.160, "for remedy" was removed and "administrative" was added to the definition of good standing.

In Section 240.160, the definition of informality was removed.

In Section 240.160, the definition of legal guardian was replaced with, "Legal guardian" means a person appointed by a court of competent jurisdiction to exercise certain powers on behalf of another adult. (See 405 ILCS 80/2-3)."

In Section 240.160, the definition of Licensed Practical Nurse was replaced with, "person who is licensed as a practical nurse under the Nurse Practice Act and practices practical nursing as defined in this Act. [225 ILCS 65/50-10]."

In Section 240.160, the definition for parent organization was reinstated.

In Section 240.160, the definition of Physician was replaced with, "Physician" means a person licensed under the Medical Practice Act to practice medicine in all of its branches or a chiropractic physician. [225 ILCS 60/2]."

In Section 240.160, "as defined in in 20 ILCS 105/3.08" was added to the definition of planning and service area.

In Section 240.160, "completed the certification process outlined in Section 240.1505 and has" was added to the definition provider certification.

In Section 240.160, the definition of "proposal" was removed.

In Section 240.160, "between the Department and an agency providing CCP services" was added to the definition of provider agreement.

In Section 240.160, the definition of Registered Nurse was replaced with, "means a person who is licensed as a professional nurse under the Nurse Practice Act and practices nursing as defined in this Act. [225 ILCS 65/50-10]."

In Section 240.160, the definition of responsible person was removed.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

In Section 240.160, "as described in Section 240.2030" was added to the definition of unallowable cost.

In Section 240.170(c), "not" was deleted after the word "would".

In Section 240.270(b), "and be hired" was after the word "employment."

Section 240.415(a) and (b) were deleted.

In Section 240.350(b), "is non-cooperative" was replaced with "engages in any of the non-cooperative actions listed in subsection (a)."

In Section 240.355(a) the beginning was changed to, "A participant, authorized representative, or any family member shall not threaten or act abusively against any representative of the Department, CCU, or CCP provider who is present in the participant's home, or against any person at an ADS site. Such actions include physical, verbal, or sexual threats or actions, including display of a gun, knife, or other weapon, by a participant, authorized representative, or by any family member, friend or acquaintance of the participant/authorized representative who is present."

Section 240.355(b) was amending to read, "If any representative of the Department, CCU, or CCP provider suffers physical injury inflicted by a participant/authorized representative, or by a family member, friend or acquaintance of the participant/authorized representative, either in the participant's home or while the participant is attending an ADS site, the following actions shall be taken:"

In Section 240.400(a), "or failure to take action" was added after the word action, and the stricken language was reinstated.

Section 240.400(c) was amended to state, "A participant/authorized representative may file an appeal with the Department by completing and submitting a Notice of Appeal form, which may be obtained by calling the Senior HelpLine at 1-800-252-8966. If the Department is advised of a participant's/authorized representative's intent to appeal either by letter or by telephone, the Department shall, within two business days after being so advised, send to the appellant a Notice of Appeal form."

Section 240.400(h) was reinstated and relabel as subsection (d).

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

Section 240.410(c)(1) was reinstated.

In Section 240.415 the "providers" was reinstated.

In Section 240.430(a)(1) and Section 240.430(3), "after receipt of the Director's decision" was added after the word days.

In Section 240.430(a)(4) was replaced with, "Deny the appeal, which will then be automatically referred to the Department of Healthcare and Family Services' Fair Hearings Section."

Section 240.430(c) was removed, and Section 240.430(d) was relabeled as subsection (c). Additionally, "not requested" was replaced with "withdrawn within 15 days after receiving notice of the Director's decision."

In Section 240.435, "withdraw an informal request or an" was added after the word may.

In Section 240.436(a), "reasons" was added after the word following.

In Section 240.450, "The appellant has the burden of proof" was stricken.

In Section 240.480, "shall be issued by the Director of the Department" was stricken.

In Section 240.540, "by the CCU" was added after notified and the first "the" was removed.

In Sections 240.728 and 240.279, "in in accordance with the methodology outlined in Section 240.1910" was added after the word providers.

In Section 240.910(b), "Payment for those services shall be issued in a manner determined by the Department" was removed.

In Section 240.920(q), "In this instance, a CCU must conduct a reassessment of the participant's circumstances to determine whether the situation or condition that led to an MOU has been permanently resolved" was added.

In Section 240.1520(k), "licensed" was added and the stricken text was reinstated.

In Section 240.1535, "12" was reinstated.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

In Section 240.1541(a), "conform to current industry standards" was removed and "found at the partner portal on the Department website."

In Sections 240.1541(c)(1), and 240.1441(d)(1), "conforms to current industry standards and" was removed.

In Section 240.1542(a)(5), "complies with the current industry standards" was removed.

In Section 240.1580(a), after the word CCU, added the Department and deleted the phrase "home care agency."

In Section 240.1650(b), "/or" was added after "participant, and", 60 replaced with "30", and "after receiving notice of the violation" was added after days.

In Section 240.1661, the stricken text was reinstated, the following text was added, "When an appeal of contract action is received, the contract action shall be stayed unless there is a Type I violation (see Section 240.1650), in which case the contract action shall continue during the appeal process" and the added text was deleted.

In Section 240.1661(b), "in its notice of contract action" and "in Springfield" was added.

In Section 240.1661(f), "will review the OGC recommendation within 30 days after its receipt and" was added after Director.

In Section 240.1661(g), "A provider or CCU may request an administrative hearing following the Director's decision after the informal review. A provider or CCU must submit its request for a hearing by close of business on the 15th calendar day after the receipt of the Director's decision. Request not timely submitted shall be denied" was added.

In Section 240.1661(j), "Depositions, interrogatories, other discovery mechanisms may be used upon the mutual consent of the parties. The hearing officer shall exclude immaterial, irrelevant, or unduly repetitious evidence." was added.

In Section 240.1661(k) "The appellant has the burden of proof" was replaced with, "Unless otherwise provided by law, the burden of proof will be by the preponderance of the evidence and will be on the moving party or the party bringing the action."

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

In Section 240.1661(n), "If the withdrawal occurs after the appeal has been assigned to a Hearing Officer, the withdrawal must be submitted in writing to the Hearing Officer and the Department. The Hearing officer will make an oral finding on the record that the appeal has been withdrawn." was added.

In Section 240.1661(p), "The appellant's request must contain facts and supporting documentation, where applicable, to support the reinstatement." was added.

In Section 240.1661(q), "within 60 calendar days from the close of evidence and argument in the appeal." was added.

In Section 240.1661(r), "Their decision shall be made by applying the Department's rules to the particular case situation." was added.

The language in Section 240.1661(s) was deleted and replaced with, "The Director shall issue their decision in writing no later than 90 calendar days after the Hearing Officer's recommendation. The Department shall send a copy of the decision to the parties of the appeal by mail or email. The Director's decision is final."

- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: The purpose of this proposed rulemaking is to implement the 1915(c) Medicaid Persons who are Elderly Waiver amendment. This amendment will update the definition of emergency home response services and add in fall prevention and gps capable devices as options. This amendment will also modernize the rule language by removing outdated citations and language and adding in inclusive language.
- 16) Information and questions regarding these adopted rules shall be directed to:

Priscilla Chapman  
Deputy General Counsel  
Illinois Department on Aging  
One Natural Resources Way, Suite 100

DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

Springfield, Illinois 62702-1271

(217) 606-1256

Aging.Rulemaking@Illinois.gov

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

DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES  
CHAPTER II: DEPARTMENT ON AGING

PART 240  
COMMUNITY CARE PROGRAM

SUBPART A: GENERAL PROGRAM PROVISIONS

Section	
240.100	Community Care Program
240.110	Department Prerogative
240.120	Services Provided
240.130	Maintenance of Effort
240.140	Program Limitations
240.150	Department Headquarters Location
240.160	Definitions
<a href="#">240.170</a>	<a href="#">Variance</a>

SUBPART B: SERVICE DEFINITIONS

Section	
240.210	In-home Service
240.230	Adult Day Service (ADS)
240.235	Emergency Home Response Service
240.237	Automated Medication Dispenser Service
240.240	Information and Referral
240.250	Demonstration/Research Projects
240.260	Care Coordination Service
240.270	Alternative Provider
240.280	Individual Provider (Repealed)

SUBPART C: RIGHTS AND RESPONSIBILITIES

Section	
240.300	Participant Rights and Responsibilities
240.310	Right to Request Services
240.320	Nondiscrimination
240.330	Freedom of Choice
240.340	Confidentiality/Safeguarding of Case Information

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

240.350	Participant /Authorized Representative Cooperation
<u>240.355</u>	<u>Violence by Participant/Authorized Representative</u>
240.360	Reporting Changes
240.370	Voluntary Repayment

## SUBPART D: APPEALS

Section	
240.400	Appeals and Fair Hearings
240.405	Representation
240.410	When the Appeal May Be Filed
240.415	What May Be Appealed
240.420	<u>Consolidation of</u> <del>Group</del> Appeals
240.425	Informal Review
240.430	Informal Review Findings
240.435	Withdrawing an Appeal
240.436	<u>Dismissing</u> <del>Cancelling</del> an Appeal
240.440	<u>Exchanging</u> <del>Examining-Department</del> Records <u>and Pre-hearing Conferences</u>
240.445	Hearing Officer
240.450	The Hearing
240.451	Conduct of Hearing
240.455	Continuance of the Hearing ( <u>Repealed</u> )
240.460	<u>Continuance or</u> Postponement
240.465	Dismissal Due to Non-Appearance
240.470	Rescheduling the Appeal Hearing
240.475	Recommendations of Hearing Officer
240.480	The Appeal Decision
240.485	Reviewing the Official Report of the Hearing

## SUBPART E: REQUEST FOR SERVICES

Section	
240.510	Participant Agreement for Community Care Program
240.520	Who May Make Application (Repealed)
240.530	Date of Application (Repealed)
240.540	<del>Statement to be Included on</del> Participant Agreement and Consent Form
240.550	Person-Centered Planning Process

## SUBPART F: ELIGIBILITY FOR COMMUNITY CARE PROGRAM SERVICES



DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

Section

- 240.600 Eligibility Requirements
- 240.610 Establishing Initial Eligibility
- 240.620 Home Visit
- 240.630 Determination of Eligibility
- 240.640 Eligibility Decision
- 240.650 Continuous Eligibility
- 240.655 Redeterminations Process
- 240.660 Extension of Time Limit

SUBPART G: NON-FINANCIAL REQUIREMENTS

Section

- 240.710 Age
- 240.715 Determination of Need
- 240.727 Minimum Score Requirements
- 240.728 Maximum Payment Levels for Person-Centered Plans of Care Including In-home Service
- 240.729 Maximum Payment Levels for Person-Centered Plans of Care Including Adult Day Service
- 240.730 Person-Centered Plan of Care
- 240.735 Supplemental Information
- 240.740 Assessment of Need
- 240.741 Prerequisites for Automated Medication Dispenser Service
- 240.750 Citizenship
- 240.755 Residence
- 240.760 Social Security Number

SUBPART H: FINANCIAL REQUIREMENTS

Section

- 240.800 Financial Factors
- 240.810 Assets
- 240.815 Exempt Assets
- 240.820 Asset Transfers
- 240.825 Income
- 240.830 Unearned Income Exemptions
- 240.835 Earned Income

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

240.840	Potential Retirement, Disability and Other Benefits
240.845	Family
240.850	Monthly Average Income
240.855	Applicant/Client Expense for Care (Repealed)
240.860	Change in Income
240.865	Application For Medical Assistance (Medicaid)
240.870	Determination of Applicant/Client Monthly Expense for Care (Repealed)
240.875	Participant Responsibility

## SUBPART I: DISPOSITION OF DETERMINATION

Section	
240.905	Prohibition of Institutionalized Individuals From Receiving Community Care Program Services
240.910	Written Notification
240.915	Service Provision
240.920	Reasons for Denial
240.925	Frequency of Redeterminations (Renumbered)
240.930	<u>Memorandum of Understanding</u> <del>Suspension of Services</del>
240.935	Discontinuance of Services to Clients (Repealed)
240.940	Penalty Payments <u>(Repealed)</u>
240.945	Notification <u>of a Change in Service</u>
240.950	Reasons for Termination
240.955	Reasons for Reduction or Change

## SUBPART J: SPECIAL SERVICES

Section	
240.1010	Choices for Care <u>Pre and Post Screening and Informed Choice</u> <del>Nursing Facility, Supportive Living Program, and Community-Based Screening</del>
240.1020	Interim Services
240.1040	Intense Service Provision
240.1050	Temporary Service Increase

## SUBPART K: TRANSFERS

Section	
240.1110	Participant Transfer Request – <u>Provider</u> <del>Vendor</del> to <u>Provider</u> <del>Vendor</del> – No Change in Service

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 240.1120 Participant Transfer Request – ~~ProviderVendor~~ to ~~ProviderVendor~~ – With Change in Service
- 240.1130 Participant Transfers – Care Coordination Unit to Care Coordination Unit
- 240.1140 Transfers of Pending Requests for Services
- 240.1150 Interagency Transfers
- 240.1160 Temporary Transfers – Care Coordination Unit to Care Coordination Unit
- 240.1170 Caseload Transfer – ~~ProviderVendor~~ to ~~ProviderVendor~~
- 240.1180 Caseload Transfer – Care Coordination Unit to Care Coordination Unit

## SUBPART L: ADMINISTRATIVE SERVICE CONTRACT

## Section

- 240.1210 Administrative Service Contract

## SUBPART M: CARE COORDINATION UNITS AND PROVIDERS

## Section

- 240.1310 Standard Contractual Requirements for Care Coordination Units and Providers
- 240.1320 ~~ProviderVendor~~ or Care Coordination Unit Fraud/Illegal or Criminal Acts
- 240.1399 Termination of a ~~ProviderVendor~~ or Care Coordination Unit (CCU)

## SUBPART N: CARE COORDINATION UNITS

## Section

- 240.1400 Community Care Program Care Coordination
- 240.1410 Care Coordination Unit Administrative Minimum Standards
- 240.1420 Care Coordination Unit Responsibilities
- 240.1430 Care Coordination Staff Positions, Qualifications and Responsibilities
- 240.1440 Training Requirements For Care Coordination Supervisors and Care Coordinators

## SUBPART O: PROVIDERS

## Section

- 240.1505 Administrative Requirements for Certification
- 240.1510 Provider Administrative Minimum Standards
- 240.1520 Provider Responsibilities
- 240.1525 Standard Requirements for In-home Service Providers
- 240.1530 General In-home Service Staffing Requirements
- 240.1531 Electronic Visit Verification (EVV) Requirements for In-home Service Providers

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

240.1535	In-home Service Staff Positions, Qualifications, Training and Responsibilities
240.1541	Minimum Equipment Specifications for Emergency Home Response Service
240.1542	Administrative Requirements for Emergency Home Response Service Providers
240.1543	Minimum Equipment Specifications for Automated Medication Dispenser Service
240.1544	Administrative Requirements for Automated Medication Dispenser Service Providers
240.1550	Standard Requirements for Adult Day Service Providers
240.1555	General Adult Day Service Staffing Requirements
240.1560	Adult Day Service Staff
240.1565	Adult Day Service Satellite Sites
240.1570	Service Availability Expansion
240.1575	Adult Day Service Site Relocation
240.1580	Standards for Alternative Providers
240.1590	Standard Requirements for Individual Provider Services (Repealed)

## SUBPART P: PROVIDER PROCUREMENT

## Section

240.1600	Provider Agency Certification
240.1605	Emergency Certification
240.1607	Standard CCP Provider Agreement
240.1615	Provider Initiated Service Area Modifications
240.1645	Objection to Certification Decision
240.1650	Classification, Identification and Receipt of Provider Service Violations
240.1660	Provider Performance Reviews
240.1661	Provider and Care Coordination Unit Right to Appeal
240.1665	Contract Actions for Failure to Comply with Community Care Program Requirements
<a href="#">240.1666</a>	<a href="#">Termination of Provider Agreement</a>

## SUBPART Q: CARE COORDINATION UNIT PROCUREMENT

## Section

240.1710	Procurement Cycle for Care Coordination Services
240.1720	Care Coordination Unit Performance Review

## SUBPART R: ADVISORY COMMITTEE

## Section

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

240.1800 Community Care Program Advisory Committee

## SUBPART S: PROVIDER RATES

## Section

- 240.1910 Establishment of Fixed Unit Rates
- 240.1920 Contract Specific Variations
- 240.1930 Fixed Unit Rate of Reimbursement for In-home Service
- 240.1940 Fixed Unit Rates of Reimbursement for Adult Day Service and Transportation
- 240.1950 Adult Day Service Fixed Unit Reimbursement Rates
- 240.1955 Fixed Unit Rates of Reimbursement for Emergency Home Response Service
- 240.1957 Fixed Unit Rates of Reimbursement for Automated Medication Dispenser Service
- 240.1960 Care Coordination Fixed Unit Reimbursement Rates
- 240.1970 Enhanced Rate for Health Insurance Costs

## SUBPART T: FINANCIAL REPORTING

## Section

- 240.2020 Financial Reporting of In-home Service
- 240.2023 Financial Reporting of Rate-Based Wage Increases for Direct Service Workers
- 240.2030 Unallowable Costs for In-home Service
- 240.2040 Minimum Direct Service Worker Costs for In-home Service
- 240.2050 Cost Categories for In-home Service

**AUTHORITY:** Implementing Section 4.02 and authorized by Section 4.01(11) and 4.02 of the Illinois Act on the Aging [20 ILCS 105/4.02 and 4.01].

**SOURCE:** Emergency rules adopted at 4 Ill. Reg. 1, p. 67, effective December 20, 1979, for a maximum of 150 days; adopted at 4 Ill. Reg. 17, p. 151, effective April 25, 1980; amended at 4 Ill. Reg. 43, p. 86, effective October 15, 1980; emergency amendment at 5 Ill. Reg. 1900, effective February 18, 1981, for a maximum of 150 days; amended at 5 Ill. Reg. 12090, effective October 26, 1981; emergency amendment at 6 Ill. Reg. 8455, effective July 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 14953, effective December 1, 1982; amended at 7 Ill. Reg. 8697, effective July 20, 1983; codified at 8 Ill. Reg. 2633; amended at 9 Ill. Reg. 1739, effective January 29, 1985; amended at 9 Ill. Reg. 10208, effective July 1, 1985; emergency amendment at 9 Ill. Reg. 14011, effective August 29, 1985, for a maximum of 150 days; amended at 10 Ill. Reg. 5076, effective March 15, 1986; recodified at 12 Ill. Reg. 7980; amended at 13 Ill. Reg. 11193, effective July 1, 1989; emergency amendment at 13 Ill. Reg. 13638, effective August 18, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 17327, effective

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

November 1, 1989; amended at 14 Ill. Reg. 1233, effective January 12, 1990; amended at 14 Ill. Reg. 10732, effective July 1, 1990; emergency amendment at 15 Ill. Reg. 2838, effective February 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 10351, effective July 1, 1991; emergency amendment at 15 Ill. Reg. 14593, effective October 1, 1991, for a maximum of 150 days; emergency amendment at 15 Ill. Reg. 17398, effective November 15, 1991, for a maximum of 150 days; emergency amendment suspended at 16 Ill. Reg. 1744; emergency amendment modified in response to a suspension by the Joint Committee on Administrative Rules and reinstated at 16 Ill. Reg. 2943; amended at 15 Ill. Reg. 18568, effective December 13, 1991; emergency amendment at 16 Ill. Reg. 2630, effective February 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 2901, effective February 6, 1992, to expire June 30, 1992; emergency amendment at 16 Ill. Reg. 4069, effective February 28, 1992, to expire June 30, 1992; amended at 16 Ill. Reg. 11403, effective June 30, 1992; emergency amendment at 16 Ill. Reg. 11625, effective July 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 11731, effective June 30, 1992; emergency rule added at 16 Ill. Reg. 12615, effective July 23, 1992, for a maximum of 150 days; modified at 16 Ill. Reg. 16680; amended at 16 Ill. Reg. 14565, effective September 8, 1992; amended at 16 Ill. Reg. 18767, effective November 27, 1992; amended at 17 Ill. Reg. 224, effective December 29, 1992; amended at 17 Ill. Reg. 6090, effective April 7, 1993; amended at 18 Ill. Reg. 609, effective February 1, 1994; emergency amendment at 18 Ill. Reg. 5348, effective March 22, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 13375, effective August 19, 1994; amended at 19 Ill. Reg. 9085, effective July 1, 1995; emergency amendment at 19 Ill. Reg. 10186, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 12693, effective August 25, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 16031, effective November 20, 1995; amended at 19 Ill. Reg. 16523, effective December 1, 1995; amended at 20 Ill. Reg. 1493, effective January 10, 1996; emergency amendment at 20 Ill. Reg. 5388, effective March 22, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 8995, effective July 1, 1996; amended at 20 Ill. Reg. 10597, effective August 1, 1996; amended at 21 Ill. Reg. 887, effective January 10, 1997; amended at 21 Ill. Reg. 6183, effective May 15, 1997; amended at 21 Ill. Reg. 12418, effective September 1, 1997; amended at 22 Ill. Reg. 3415, effective February 1, 1998; amended at 23 Ill. Reg. 2496, effective February 1, 1999; amended at 23 Ill. Reg. 5642, effective May 1, 1999; amended at 26 Ill. Reg. 9668, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 10829, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17358, effective November 25, 2002; emergency amendment at 28 Ill. Reg. 923, effective December 26, 2003, for a maximum of 150 days; amended at 28 Ill. Reg. 7611, effective May 21, 2004; emergency amendment at 30 Ill. Reg. 10117, effective June 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 11767, effective July 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 16281, effective September 29, 2006; amended at 30 Ill. Reg. 17756, effective October 26, 2006; amended at 32 Ill. Reg. 7588, effective May 5, 2008; emergency amendment at 32 Ill. Reg. 10940, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27,

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

2008; amended at 32 Ill. Reg. 17929, effective November 10, 2008; amended at 32 Ill. Reg. 19912, effective December 12, 2008; amended at 33 Ill. Reg. 4830, effective March 23, 2009; amended at 34 Ill. Reg. 3448, effective March 8, 2010; emergency amendment at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days; emergency expired December 11, 2010; emergency amendment at 34 Ill. Reg. 12224, effective August 4, 2010, for a maximum of 150 days; emergency expired December 31, 2010; amended at 35 Ill. Reg. 8919, effective June 2, 2011; emergency amendment at 35 Ill. Reg. 13936, effective July 28, 2011, for a maximum of 150 days; amended at 35 Ill. Reg. 20130, effective December 6, 2011; emergency amendment at 37 Ill. Reg. 11381, effective July 1, 2013, for a maximum of 150 days; emergency expired November 27, 2013; amended at 38 Ill. Reg. 5800, effective February 21, 2014; amended at 38 Ill. Reg. 14230, effective June 25, 2014; amended at 41 Ill. Reg. 15233, effective January 1, 2018; recodified at 42 Ill. Reg. 817; amended at 42 Ill. Reg. 20653, effective January 1, 2019; amended at 44 Ill. Reg. 2780, effective January 29, 2020; amended at 44 Ill. Reg. 5995, effective April 3, 2020; amended at 44 Ill. Reg. 8609, effective May 13, 2020; amended at 45 Ill. Reg. 13819, effective October 21, 2021; amended at 46 Ill. Reg. 12492, effective July 1, 2022; emergency amendment at 47 Ill. Reg. 7115, effective May 10, 2023, for a maximum of 150 days; emergency expired October 6, 2023; emergency amendment at 47 Ill. Reg. 15675, effective October 18, 2023, for a maximum of 150 days; emergency expired March 15, 2024; amended at 48 Ill. Reg. 1129, effective January 3, 2024; amended at 48 Ill. Reg. 11053, effective July 16, 2024.

## SUBPART A: GENERAL PROGRAM PROVISIONS

**Section 240.160 Definitions**

"Adequate person-centered plan of care" means a person-centered plan of care that provides the minimum services needed to protect the health, safety and welfare of a participant.

"Adjusted rate" means a rate other than the established fixed rate of reimbursement.

~~"Administrative corrections" means allowable revisions to a proposal permitted and/or performed by the Department in cases of apparent clerical mistakes and in cases where the participant/Department has reason to believe a mistake may have been made and verification from the participant has been provided. These actions shall be taken prior to award.~~

"Administrative costs" means those allowable costs related to the management

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

and organizational maintenance of the provider [as described in Section 240.2050](#).

"Adverse action" means the denial of CCP service; a reduction in dollars in the monthly cost of care according to the Participant Agreement – Person-Centered Plan of Care; a change in service type that could increase the participant's incurred monthly expense for care prior to July 1, 2010; or the termination from CCP service.

"Allegations" means unsubstantiated accusations or statements.

"Allowable costs" means those cost categories, as delineated in Section 240.2050, which will be considered in setting a fixed rate.

"Allowable maximums" means the highest authorized allocation available for services per month based upon Determination of Need assessment tool scores or the corollary scores on any successor assessment tool authorized by the Department to determine need for long term services and supports.

"AMD" means automated medication dispenser.

"Appellant" means the participant/authorized representative initiating an appeal as a result of Department [or provider](#) action or inaction.

~~"Assistance with task" means giving aid or support in the performance of a task.~~

"Assistive device" means crutches, walker, wheel chair, hearing aid, etc.

"Authorized representative" means an agent designated, verbally or in writing, by the participant to be [their](#)~~his/her~~ representative, or the participant's legal guardian. In the event that a participant is unable to physically write [their](#)~~his/her~~ signature, the CCU may sign for the participant at the participant's verbal request.

"Authorized representative of the provider" means an owner, officer, or employee of the provider ~~agency~~ who has the authority to commit the [provider](#)~~agency~~ to a financial and/or contractual responsibility.

"Authorized provider" [or "provider"](#) means [an entity](#)~~a provider~~ who holds a valid contract with the Department to provide Community Care Program (CCP) services. [CCP services are provided on a reimbursement basis for units of service](#)



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

[delivery to specified participants.](#)

"Available resources" means assistance provided to a participant by family/friends, church, community, etc.

"Best interest" means the determined needs of the participant population are being met.

"Burial merchandise" means gravesites, crypts, mausoleums, urns, caskets, vaults, grave markers or other repositories for the remains of deceased persons, shrouds, etc.

"Calendar year" means from January 1 through December 31.

"Capable person" means a person who is qualified to perform the functions required.

"Care Coordinator" means a trained individual who is employed to assess needs, conduct eligibility screenings, and perform care coordination services and care coordination functions under the Community Care Program.

"CCP" means Community Care Program.

"CCU" means Care Coordination Unit.

~~"CCU in good standing" (See: Contractor in good standing)~~

["Certified Public Accountant" or "CPA" means a person licensed or authorized to practice accounting under the Illinois Public Accounting Act \[225 ILCS 450\].](#)

"Choices for Care" means a CCP program under which CCUs conduct prescreening or postscreening assessments to determine eligibility of participants age 60 and over for nursing facility placement, supportive living program placement, or the choice of community-based services. Screenings may be conducted in a hospital, nursing facility, supportive living program, or in the community depending on the circumstances.

~~"Close-out review" means a review performed at the close of the period of time allowed for correction of findings of non-compliance to determine if those~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~corrections have been made and that the newly drawn review sample of participant/provider files reflects on-going compliance.~~

~~"Closed caseload" means a caseload restricted to those participants already receiving service and refers only to individual providers; no new participants shall be accepted and current participants who discontinue service for any reason will not be reinstated into this caseload.~~

"Community-based services" means services provided in an integrated setting in a participant's community.

"Comparable human service program" means a program that offers services that are similar to CCP services (e.g., home health aide, maid service).

"Compliance" means adherence to the CCP rules in this Part, to CCP; policy and procedures, ~~to and~~ the contract with the Department, and to all applicable federal, State and local laws, ~~rules, and~~ ordinances.

"Components" means specified parts of the service as defined in the applicable Section.

"Confused and disoriented" means unable to clearly and accurately differentiate as to time, person and/or place.

"Continuous eligibility" means that the participant has met eligibility requirements each time a subsequent redetermination was administered.

~~"Contractor in good standing" means a CCP contractor who is currently in compliance or within the permitted time frame allotted for remedy to come into compliance with the Department's rules and contract.~~

~~"Control date" means a starting point for purposes of calculating a time frame; the count begins the next work or calendar day.~~

"Cost report" means a report of all categorized allowable costs to a provider that are directly associated with services purchased by the Department for its participants in categories as defined in Section 240.2050. The provider shall use the Direct Service Worker Cost Certification and the Detailed Cost Certification forms.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

"Critical event" means any actual or alleged incident or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a participant. There are three<sup>3</sup> subcategories that will be reported to the Department:

"Critical Incidents" include anticipated death, unanticipated death, hospitalization, medication error, serious injury, missing person, emergency department visit, property damage, nursing facility placement, fall (with injury), fall (without injury), special circumstance, criminal activity, and law enforcement interaction;

"Service Improvement Program Complaints" or "SIPs" is a complaint based reporting process with the purpose of identifying and resolving problematic issues related to the provision of home and community based services (HCBS); and

"Request for Change of Status" occurs anytime the condition of a CCP participant changes or there is a change in circumstances that affect the ability of the family and/or caregiver to safely provide support and assistance.

~~"Daily census maximum" means the total square footage of adult day service participant allotted space divided by 40 sq. ft. equals the daily maximum number of participants that may be served in the adult day service facility.~~

"Department" means the Illinois Department on Aging.

"Director" means the Director of the Illinois Department on Aging.

"Discontinuance" means the cessation of CCP services provided to a participant for non-payment of incurred expense for care prior to July 1, 2010.

"Documentation" means tangible documents or supporting references or records used to record participant contact, determine eligibility or substantiate adherence to rules.

"Documenting" means making written and/or electronic entries on the Case Record Recording Sheet regarding contact with a participant; and/or the viewing

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

or receiving of a document to be placed in participant /worker files to substantiate adherence to rules.

"DON" means the Determination of Need, which is a component of the comprehensive assessment tool, or any successor assessment tool authorized by the Department, used to determine CCP eligibility under this Part.

"EHRS" means emergency home response service.

"Emergency" means a sudden unexpected occurrence demanding immediate action (e.g., participant illness, illness/death of a member of the participant's family).

~~"Emergency home response service" or "EHRS" means a 24 hour emergency communication link to assistance outside the participant's home based on the participant's health and safety needs and mobility limitations. This service is provided by a 2-way voice communication system consisting of a base unit and an activation device worn by the participant that will automatically link the participant to a professionally staffed support center. The support center assesses the situation and directs an appropriate response whenever this system is engaged by a participant.~~

"Errands" means performance of services outside the home such as essential shopping, picking up medications, and essential business needs as indicated in the person-centered plan of care.

"Escort" means accompanying those participants who are dependent on personal physical assistance to enable them to reach and use community resources in order to ensure their access to local services and to allow them to maintain independent living as required by the person-centered plan of care.

"Essential" means basic, indispensable or necessary.

~~"Exit conference" means the meeting at the Illinois Department on Aging between representatives of the Department and the Director, or his/her designee, and of the reviewed agency to resolve the agency's objection to the findings of the Compliance Review Report. These conferences shall be called when the findings indicate evidence of serious participant related concerns (e.g., Type I findings).~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

"Extraordinary care" means care provided by a legally responsible individual that exceeds what would ordinarily be provided to a person of the same age without a disability or chronic condition, and is necessary to assure the health and welfare of the participant and avoid institutionalization, as documented by the Care Coordination Unit; in instances when the CCU documents there are no other qualified homecare aides available to provide the services required under the participant's person-centered plan of care; or in instances when the CCU documents the legally responsible individual has a unique ability to meet the needs of the participant, and services provided by the legally responsible individual are in the best interest of the participant.

"Face-to-face" means direct communication while physically in the presence of another person or persons.

"Face-to-face review" means an informal review (see Section 240.425) conducted in the appeal process by the Department in the home of an appellant with the participant (and appellant, if appellant is other than the participant) present. ~~(A hearing is conducted by a Hearing Officer—see Section 240.450.)~~

"FUTA" means the Federal Unemployment Tax Act (26 U.S.C. 3301 through 3311).

"Fiscally sound agency" means a CCU or provider that has on file at the Department documentation that supports that the CCU or provider has adequate financial resources to perform the terms of the contract (e.g., a line of credit from a financial institution).

"Fraudulent information" means purposely erroneous or untruthful information.

"Geographic area" means a physical area (e.g., county) of the State within which a contractor is authorized to provide services to Community Care Program participants.

"Good standing" means a provider or CCU who is currently in compliance or within the permitted time frame allotted to come into compliance with the Department's administrative rules and contract.

~~"Historical costs" means the total allowable costs incurred for all programs the provider provided for the previous reporting year, which are presented via~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~certified report by the provider.~~

"Home maintenance and repairs" means those non-routine tasks, excluding any work requiring a ladder or requiring specialized skills on the part of the worker, necessary to maintain a safe and healthful environment for the participant as required by the person-centered plan of care (e.g., defrosting the refrigerator; cleaning the oven; dusting walls and woodwork; cleaning closets, cupboards and insides of windows; changing filters on and cleaning humidifiers; replacing light bulbs; clearing hazards from outside steps and sidewalks if transportation and/or escort is required by the person-centered plan of care).

"Imminent" means likely to occur (e.g., injury or nursing facility care).

~~"Incomplete proposal" means the written offer to the Request for Proposal (e.g., attachments, appendices) that fails to include all requirements as stated in the Request for Proposal.~~

"Incurred monthly expense" means the participant's share of the cost of care for CCP services provided during a previous monthly period prior to July 1, 2010.

"Informal review" means the act of determining the facts relating to an appeal in an informal manner by the Department. ~~(see Section 240.425).~~

~~"Informality" means an irregularity that is a matter of form or variation from the exact requirement of the Request for Proposal, the correction or waiver of which would not be prejudicial to other applicants (e.g., failure to return number of copies of signed proposals as required by the Request for Proposal).~~

"In-home services" means services provided in the participant's residence with the participant present or on behalf of the participant (e.g., homecare aide).

~~"Intermediate Care Facility" or "ICF" means a facility that provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. ICFs are for residents who have long term illnesses or disabilities that may have reached a relatively stable plateau.~~

"Legal guardian" means a person appointed by a court of competent jurisdiction to exercise certain powers on behalf of another adult. (See 405 ILCS 80/2-3).

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

"Legally Responsible Individual" or "LRI" means any individual who has a legal duty to provide care for a participant and includes the participant's spouse, power of attorney (medical, legal, or financial), or representational payee who is hired by a CCP in-home service provider to deliver extraordinary care to a CCP participant. An LRI is not an alternative provider as described in 240.270 or a legal guardian.

"Licensed Practical Nurse" or "LPN" means a person who is licensed as a practical nurse under the Nurse Practice Act and practices practical nursing as defined in this Act. [225 ILCS 65/50-10] ~~nurse who has graduated from a formally approved program of practical nursing education and has been licensed by the appropriate State authority.~~

"Mandated time period" means the time frame required by pertinent rule.

~~"M.D." means medical doctor who is registered in the State of Illinois.~~

"Memorandum of Understanding" or "MOU" means a written document, executed by the participant/authorized representative, CCU representative and provider representative in which all parties agree to cooperate and in which activities are specified that must be fulfilled by each party.

"Observing participant's functioning" means watching for any change in the participant's needs that could indicate that a redetermination of eligibility and/or a revision in the CCP Participant Agreement – Person-Centered Plan of Care is necessary (e.g., participant is experiencing increasing difficulty in walking; participant is becoming increasingly confused and disoriented; participant's family member is no longer available to prepare meals for the participant).

"Occupancy costs" means the costs of depreciation, amortization of leasehold improvements, rent, property taxes, interest and other related costs.

"On-Notice" means the Department sanction imposed on a provider or CCU requiring that provider or CCU to bring specified services or requirements into compliance.

"Parent organization" means an entity to which the contractual party is a subsidiary.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

"Participant" means a person who made a request for services, receives services, or is appealing benefits decisions under the Community Care Program.

~~"Performance of task" means to carry out an action, function or process.~~

~~"Period of stay" means period of time during which implementation of a contract action is temporarily delayed.~~

"Person-centered planning" means that service planning for participants in the Persons who are Elderly Waiver shall be developed through a person-centered planning process that addresses health and long-term services and supports (paid and unpaid) needs in a manner that reflects participant personal preferences, choices and goals. The person-centered planning process is directed by the participant and may include an authorized representative that the participant has freely chosen to contribute to the process. The planning process, and the resulting person-centered plan of care, will assist the participant in achieving personally defined outcomes in the most integrated community setting, including the assurance of their health, safety and welfare.

"Physician" means a person licensed under the Medical Practice Act to practice medicine in all of its branches or a chiropractic physician. [225 ILCS 60/2]

"Planning and Service Area" or "PSA" means a designated geographic area as defined in 20 ILCS 105/3.08.

"Post-screening" means screening performed after a participant has entered a nursing facility due to an emergency situation or oversight without prescreening.

"Potentially" means having the capability of occurring, but not yet in existence (e.g., deterioration in the participant's condition).

"Program support costs" means those allowable costs not included as direct service or administrative costs.

~~"Proposal" means the written offer made by an applicant in response to Department Request for Proposal.~~

"Provider certification" means a provider has completed the certification process



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

outlined in Section 240.1505 and has a valid contract with the Department.

"Provider Agreement" means a purchase of service agreement between the Department and an agency providing CCP services.

~~"Provider community experience" means documentation of having provided service within the community in which the provider has applied to provide CCP services.~~

~~"Provider in good standing" (See: Contractor in good standing)~~

~~"Providers" means those service providers with whom the Department does business through contracts on a reimbursement basis for units of service delivery to specified participants.~~

"Reasonable" means using and showing reason or sound judgement, sensible, not excessive.

"Reasonable and diligent effort" means perseverance on the part of the participant/~~client in his/her attempt~~ to dispose of ~~an~~the asset (e.g., as evidenced by copies of the advertisement for the sale of the asset).

"Registered Nurse", "RN" or "Registered Professional Nurse" means a person who is licensed as a professional nurse under the Nurse Practice Act and practice nursing as defined in this Act. [225 ILCS 65/50-10]"Registered Nurse" or "RN" means a nurse who has graduated from a formal program of nursing education and has been licensed by the appropriate state authority.

"Reinstatement" means the resumption of services, within an established time frame, at the same level provided prior to a suspension/discontinuance of the services.

"Related parties" means any other entities having a legal or contractual relationship with the contractual party.

"Request for Proposal" or "RFP" means a form of invitation to bid that the Department uses to obtain care coordination services and demonstration/research projects under the CCP. The RFP explains the purpose of the invitation to bid, outlines the scope of the work and solicits proposals from provider agencies for

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

the funding of services undertaken by the Department.

~~"Responsible person" means a capable person who does not appear to be disoriented or confused and is presumed to be acting in the best interest of another individual.~~

"Risk mitigation" means the process in which events or experiences that place the health, welfare and safety of program participants in jeopardy are evaluated in terms of nature, frequency and circumstance with the intent of providing services and supports aimed at reducing risk and the likelihood of its reoccurrence.

"Rotation plan" means a Department approved plan for the equitable distribution of participants to providers (used only if participant does not indicate a choice of providers).

"Routine procedures" means procedures performed in a hospital that result in no perceptible change in the participant's physical/mental health needs (e.g., tests, blood work-ups, x-rays, dialysis).

"Service area" means any area in which a provider has been ~~granted~~awarded a contract to provide CCP services.

~~"Skilled Nursing Facility" or "SNF" means a group care facility licensed by the Illinois Department of Public Health that provides skilled nursing care, continuous skilled nursing observations, restorative nursing and other services under professional direction with frequent medical supervision. SNFs are provided for patients who need the type of care and treatment required during the post-acute phase of illness or during reoccurrences of symptoms in long-term illness (89 Ill. Adm. Code 101.20).~~

"Special diet" means a dietary restriction based upon the health and safety needs of the participant and prescribed by a physician (e.g., sodium free, fat, protein, diabetic, etc.); whereas a modified diet relates to a diet containing easy to chew foods. A modified diet may be part of a specialized diet.

"State fiscal year" means from July 1 through June 30.

"Supportive Living Program" or "SLP" means the program that provides an affordable assisted living model offering limited personal and health services

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

integrated within apartment-style housing. The SLP operates under the authority of a 1915(c) ~~Home and Community Based Services (HCBS)~~ Waiver. The SLP serves persons who would otherwise need nursing facility (NF) care, but whose individual needs can be met by the SLP. HFS is the operating agency for the SLP Waiver.

"Suspension" means the temporary cessation of the provision of Community Care Program services ~~provided~~ to a participant.

"Suspension of referrals" means closed intake of new participants to a specific ~~provider~~contractor.

"Termination" means the permanent cessation of ~~the provision of~~ Community Care Program services and eligibility of services.

"Threat" means the existence of circumstances that indicate the intent of an individual or group to destroy the property of or to injure or punish another individual or group, or the display of a weapon at an adult day services center or home.

"Too highly impaired participant" means a participant who needs 24 hour a day care, for whom CCP cannot develop a person-centered plan of care to protect his/her physical, mental and environmental needs and who does not have sufficient outside support from family, friends, church et. al., to provide for those needs (as determined by Part B – Unmet Need for Care – of the Community Care Program – Determination of Need). (Refer to Section 240.715.)

"Unallowable costs" means those costs, as described in Section 240.2030, that will not be considered in determining the fixed rate or in meeting the required minimum direct service expenditure.

"Unit of service" means a measured length of service, such as an hour, a day, a visit, a one-way trip, or some other measurable service component that will enable the Department to determine the amount of service provided individually or in aggregate to or on behalf of a participant.

~~"Validation of provider community experience" means the documentation of letters from community agencies attesting to experience with the provider within the community.~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~"Validity of participant billing" means the accuracy of the billing and documentation for participant services.~~

"Work days" means Monday through Friday at a minimum, excluding provider designated holidays.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.170 Variance**

The Director may grant variances from this Part in individual cases when they find that:

- a) The provision from which the variance is granted is not statutorily mandated;
- b) No party will be injured by the granting of the variance; and
- c) The provision from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome.

(Source: Added at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART B: SERVICE DEFINITIONS

**Section 240.210 In-home Service**

In-home service is defined as general non-medical support by supervised homecare aides who have received specialized training in the provision of in-home services. The purpose of providing in-home service is to maintain, strengthen and safeguard the functioning of participants in their own homes in accordance with the authorized person-centered plan of care.

- a) Specific service components of in-home service shall include the following:
  - 1) Teaching/performing of meal planning and preparation; light housekeeping tasks (e.g., making and changing beds, dusting, washing dishes, vacuuming, cleaning floors, keeping the kitchen and bathroom clean and laundering the participant's linens and clothing); shopping skills/tasks; and home maintenance and repairs.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 2) Performing/assisting with essential shopping/errands may include handling the participant's money (proper accounting to the participant of money handled and provision of receipts are required). These tasks shall be:
  - A) performed as specifically required by the person-centered plan of care; and
  - B) monitored by the homecare supervisor.
- 3) Assisting with self-administered medication, which shall be limited to:
  - A) reminding the participant to take his/her medications;
  - B) reading instructions for utilization;
  - C) uncapping medication containers; and
  - D) providing the proper liquid and utensil with which to take medications.
- 4) Assisting with following a written special diet plan and reinforcement of diet maintenance (can only be provided under the direction of a physician as required by the person-centered plan of care).
- 5) Observing participant's functioning and condition and reporting to the supervisor, as outlined by the person-centered plan of care.
- 6) Performing/assisting with personal care tasks that are not medical in nature, such as the examples set forth at 77 Ill. Adm. Code 245.40(c) (e.g., shaving, hair shampooing, drying and combing, bathing and sponge bath, shower bath or tub bath, toileting, dressing, nail care, respiratory services ~~(as authorized by 20 ILCS 105/4.02(5)(F))~~, brushing and cleaning teeth or dentures and preparation of appropriate supplies, positioning/transferring participant, and assisting participant with exercise/range of motion), as defined by the person-centered plan of care.
- 7) Escort/transportation to medical facilities, or for essential errands/shopping, or for essential participant business with or on behalf of

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

the participant, as defined by the person-centered plan of care. This escort/transportation service may be provided directly by the homecare aide, directly by the provider, by the provider through contract, or by public transportation.

- 8) Identifying and reporting critical events, including critical incidents, service improvement program complaints, and requests for change of status in the Department's automated reporting system. Completing initial critical event reports will occur within ~~seven~~<sup>7</sup> days after the date the event occurred or was identified to have occurred. Assisting CCUs in their efforts to safeguard participant health, safety and welfare by demonstrating a willingness to collaborate, discuss and resolve issues that likely place a participant at increased risk for experiencing future critical events. Supporting CCU risk mitigation efforts by demonstrating a willingness to communicate about necessary adjustments to a participant's care plan in response to a critical event.

b) Unit of Service

- 1) One unit of in-home service is one hour of direct service provided to the participant in the participant's home, while providing transportation/escort, or while running errands and/or shopping on behalf of the participant.
- 2) Refer to Section 240.1930 for further information regarding reimbursement. ~~For services that the provider was unable to provide due to either the participant's absence without prior provider notification or refusal to admit the worker into the home to provide service (see Section 240.350), one unit of documented in-home service per occurrence will be reimbursed to the provider at a maximum of 2 units per participant per State fiscal year.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.230 Adult Day Service (ADS)**

Adult day service is the direct care and supervision of adults aged 60 and over in a community-based setting for the purpose of providing personal attention and promoting social, physical and emotional well-being in a structured setting. These services shall be provided pursuant to an ADS Addendum to the participant's person-centered plan of care.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- a) Required Service Components
- 1) Assessment of the participant's strengths and needs and development of an individual written person-centered plan of care for each participant that establishes specific participant goals for all service components to be provided or arranged for by the service provider.
    - A) The individual ADS Addendum will be developed by the adult day service team consisting of participant/authorized representative, Program Coordinator/Director and Program Nurse, and may include other staff at the option of the program Coordinator/Director.
    - B) The participant, caregiver and other service providers will have the opportunity to contribute to the development, implementation and evaluation of the individualized ADS Addendum.
    - C) The individualized ADS Addendum is to be established not later than the fourth week of service.
    - D) The individualized ADS Addendum shall address the needs identified by the CCU, as described in the comprehensive assessment.
    - E) The individualized ADS Addendum to the person-centered plan of care shall address the need identified by the service provider's staff and participant/authorized representative/caregiver during the individualized ADS Addendum process.
    - F) Reassessing the participant's needs and reevaluating the appropriateness of the individualized person-centered plan of care shall be done as needed, but at least annually.
  - 2) A balance of purposeful activities to meet the participant's interrelated needs and interests (social, intellectual, cultural, economic, emotional, physical and spiritual) designed to improve or maintain the optimal functioning of the participant.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- A) Activity programming shall take into consideration participant differences in age, health status, sensory deficits, lifestyle, ethnicity, religious affiliation, values, experiences, needs, interests and abilities by providing for a variety of types and levels of involvement.
  - B) Time for rest and relaxation shall be provided as needed or prescribed.
  - C) Activity opportunities shall be available whenever the service provider's facility is in operation and participants are in attendance.
  - D) A monthly calendar of activities shall be prepared and posted in a visible place.
  - E) Opportunities to participate in other activities outside of the ADS shall be provided. The setting will be integrated in, and support access to, the greater community.
- 3) Assistance with or supervision of activities of daily living (e.g., walking, eating, toileting and personal care), as needed.
  - 4) Provision of health-related services appropriate to the participant's needs as identified in the provider's assessment and/or physician's orders, including health monitoring, nursing intervention on a moderate or intermittent basis for medical conditions and functional limitations, medication monitoring, medication administration or supervision of self-administration, and coordination of health services.
  - 5) Provision of a daily meal that meets the Dietary Guidelines for Americans, [2020-2025, 9<sup>th</sup>](#) ~~2015-2020, 8<sup>th</sup>~~ edition, published by the Secretary of Health and Human Services and the Secretary of Agriculture; and that provides each participant a minimum of 33.5% of the Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. Supplementary nutritious snacks shall also be provided. Special diets shall be provided as directed by the participant's physician.
  - 6) Agency provision or arrangement for transportation, with at least one



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

vehicle physically accessible, to enable participants to receive adult day service at the adult day service provider's site and participate in sponsored outings.

- 7) Provision of emergency care as appropriate in accordance with established adult day service provider policies and Section 240.1510.
  - 8) Identifying and reporting critical events including critical incidents, service improvement program complaints, and requests for change of status in the Department's automated reporting system. Completing initial critical event reports will occur within ~~seven~~<sup>7</sup> days after the date the event occurred or was identified to have occurred. Assisting CCUs in their efforts to safeguard participant health, safety and welfare by demonstrating a willingness to collaborate, discuss and resolve issues that likely place a participant at increased risk for experiencing future critical events. Supporting CCU risk mitigation efforts by demonstrating a willingness to communicate about necessary adjustments to a participant's person-centered plan of care or ADS Addendum in response to a critical event.
- b) Ancillary Service Components
- 1) Ancillary services, including physical, occupational, speech and creative arts therapies may be provided by site staff or through contractual arrangements when needed by participants. If provided, ancillary services shall be within the framework of the individualized person-centered plan of care and ADS Addendum and shall be in accordance with professional practice standards and applicable State and federal regulations.
  - 2) Skilled nursing services, including, but not limited to, catheter installation, irrigations and care, dressings, enemas, oxygen therapy, suction/posturing, ostomy care and restorative nursing such as bladder retraining. (All these procedures/interventions require physician orders and shall be administered by a Registered Nurse or a Licensed Practical Nurse, in accordance with the Illinois ~~Nurse Practice~~<sup>Nursing</sup> Act [225 ILCS 65].)
  - 3) Shopping assistance.
  - 4) Escort to medical and social services.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 5) ~~AGENCY NOTE:~~ Reimbursement for costs of ancillary services is not included in the unit rate paid by the Department and will not be paid by the Department.
- c) Unit of Service
- 1) One unit of ~~ADS adult day service~~ is defined as one direct participant contact hour (excluding transportation time) provided to a participant. A direct participant contact hour is defined as 60 consecutive minutes of active programming, i.e., providing one or a combination of the service components listed in subsections (a)(2) through (7).
- 2) One unit of documented ~~ADS adult day service~~ transportation, provided by the ~~ADS adult day service~~ provider, is defined as a one-way trip per participant to or from the adult day service provider's site and the participant's home. No more than two units of transportation shall be provided per participant in a 24-hour period, and shall not include trips to a physician, shopping, or other miscellaneous trips.
- ~~3) For services (including transportation, if specified in the individualized ADS Addendum) which the provider was unable to provide due to the participant's absence without prior notification (see Section 240.350), the provider shall be reimbursed as follows:~~
- ~~A) Two and one half units of documented adult day service per occurrence to a maximum of 5 units per participant per State fiscal year.~~
- ~~B) One unit of documented adult day service transportation, provided by the adult day service provider, per occurrence to a maximum of 2 units per participant per State fiscal year.~~
- 34) Refer to Section 240.1950 for further information regarding reimbursement.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.235 Emergency Home Response Service**

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- a) **Service Definition**  
Emergency home response service (EHRS) is defined as a 24-hour emergency communication link to respond to emergent participant needs. ~~EHRS assistance outside the participant's home based on the participant's health and safety needs and mobility limitations.~~ This service is provided by a two-way~~2-way~~ voice communication system which may consist~~consisting~~ of a base unit ~~and an activation device worn by the participant~~ that can be activated using landline, cellular, and/or internet-based access and a water-resistant activation device worn by the participant that will automatically link the participant to a professionally staffed support center. When the system is engaged by a participant, the~~The~~ support center shall assess~~assesses~~ the situation and direct~~directs~~ an appropriate response ~~whenever this system is engaged by a participant.~~ EHRS equipment shall include a variety of remote or specialty activation devices from which the participant can choose in accordance with their specific need as outlined in their authorized person-centered plan of care. ~~The purpose of providing EHRS is to improve the independence and safety of participants in their own homes in accordance with the authorized person-centered plan of care, and thereby help reduce the need for nursing facility care.~~
- b) A EHRS provider shall provide the participant with a base unit, when it is required for the equipment to function, and an activation device with all connectors, parts and equipment necessary for installation. ~~Specific components of EHRS shall include the following:~~
- c) A participant may choose an activation device capable of sensing at least a 36-inch drop when the participant has fallen and automatically alerting the support center for assistance.
- d) A participant may choose to switch from the standard activation device to a mobile device that is not connected to a landline and that is capable of providing the support center with the participant's latest location using GPS. The device must allow for two-way interactive communication and include an optional all-in-one device. The device must have at least a five-day battery life, depending on usage, and be compatible with a fall detection device if the participant so chooses.
- e) The activation device shall be adaptive for participants with functional limitations (visual, audio, physical, etc.). These devices shall be provided at no extra cost to the participant.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- f) A participant shall inform their EHRS provider if they are away from home for longer than 30 consecutive calendar days. A participant who resides outside of the State for more than 60 calendar days may lose eligibility to received EHRS services and may have their services terminated.
- 1) ~~provide a base unit and, when necessary, adaptive activation devices, together with all connectors, parts and equipment necessary for installation, that can be used in a home by up to 2 participants with hearing, mobility and/or visual impairments.~~
- A) ~~Wireless adaptive activation devices (e.g., sip and puff, rocking lever switch) must be available when a participant cannot physically activate the call button.~~
- B) ~~The system must be useable by visually and hearing impaired participants through visual and audible indications of alarm activation.~~
- C) ~~Adaptive activation devices shall be provided at no extra cost to the participant;~~
- g) An EHRS provider shall:
- 12) ~~deliver and install the EHRS equipment~~activation device to the participant ~~and install the base unit, including connection of a seizure line jack, into a functioning telephone system in the participant's home~~ within 15 calendar days after the date of referral. This service shall not be subcontracted and shall be completed by trained employees who must have identification that they work for the EHRS provider~~identified by picture ID with an ID number that can be verified by the participant;~~
- 23) train the participant and their~~his or her~~ designated emergency contacts~~responders~~ on the proper use of the equipment~~base unit and activation device~~ at the time of installation and provide easy to use written instructions on how to use the equipment. Instructions must be provided in a language or format easiest for the participant to use;~~The training must include:~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- A) ~~demonstration of use and maintenance of EHRS equipment;~~
  - B) ~~explanation of the EHRS provider's services and response protocol;~~
  - C) ~~information on the general care of the base unit and activation device;~~
  - D) ~~instruction about the monthly testing of the base unit and how to transmit the test results to the support center; and~~
  - E) ~~providing the participant with easy to understand written instructions in the use of EHRS devices, including how to report a malfunction of the equipment. These instructions shall also be available in Braille or tape recorded to meet the participant's needs;~~
- 34) assist the participant in selecting and designating up to ~~three~~<sup>3</sup> local emergency ~~contacts~~<sup>responders</sup>, which must be updated by the EHRS provider at least every ~~six~~<sup>6</sup> months. Each ~~contact~~<sup>responder</sup> shall receive both verbal and written instructions from the provider;
- 45) obtain participant's/authorized representative's signature to document that the EHRS ~~equipment~~<sup>unit</sup> was delivered and installed and that instructions and demonstration were given and understood. A copy of this receipt must be sent to the CCU;
- 56) ~~have own and operate~~ a support center to provide live monitoring on a continuous basis, direct an appropriate response whenever the EHRS system is activated, and provide necessary technical support for fault conditions, including a language line that provides interpreter service for ~~at least 140~~ languages most commonly spoken by older adults in the state and communication facilitated by a teletypewriter (TTY) communication device for the deaf, as appropriate;
- 67) ~~have own and operate~~ a back-up support center that provides all components specified in subsection (e)(~~56~~) and operates on a separate power grid;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- ~~78~~) maintain adequate local staffing levels of qualified personnel to service necessary administrative activities, installation, in-home training, signal monitoring, technical support and repair requests in a timely manner. A provider agency must have a ~~written~~ training program for personnel and be able to demonstrate staff qualifications;
  - ~~89~~) in the event of a malfunction, repair or replace the base unit or activation device within 24 hours after receiving the malfunction report;
  - ~~910~~) alert the participant when electric power to the base unit has been interrupted (e.g., unplugged) and the unit is operating on a standby power source;
  - ~~1011~~) notify the CCU within ~~one~~ business day after activation of the base unit and work with the appropriate care coordination supervisor to resolve service complaints from the participant or emergency responder;
  - ~~1112~~) notify the CCU immediately if EHRS services cannot be initiated or must be terminated; and
  - ~~1213~~) maintain records in accordance with Section 240.1542 relating to participant referral and service statistics, including equipment delivery; device activation; participant and responder training; signal monitoring and test transmission activity; equipment malfunction, repair and replacement; power interruption alerts; and notification of the CCUs, plus billing and payment information, and personnel matters.
- ~~h~~e) Units of Service
- 1) One unit of installation service is the one-time fee to the EHRS provider ~~agency~~ for the activity associated with the installation of the base unit in the participant's home.
  - 2) One unit of monthly service is the fixed unit rate of reimbursement, per month, for the EHRS provider ~~agency~~ activity associated with providing EHRS to each participant.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

**Section 240.237 Automated Medication Dispenser Service**

- a) Service Description
- 1) AMD service is defined as a portable, mechanical system for individual use that can be programmed to dispense or alert the participant to take non-liquid oral medications through auditory, visual or voice reminders; to provide notification of a missed medication dose; and to provide 24-hour technical assistance for the AMD service in the participant's residence. The service may include medication specific directions or reminders to take other types of medications such as liquid medications or injections based on individual need. The AMD unit is connected to a Department approved support center through a telephone line or wireless/cellular connection in the participant's residence.
  - 2) The purpose of the service is to provide eligible participants with medication reminders to foster timely and safe administration of a medication schedule, thereby promoting independence and safety of all participants in their own residence, as well as reducing the need for nursing home care.
  - 3) The authorization to receive this service is determined by the care coordinator through a screening process set forth in Section 240.741, which requires the participant/authorized representative to designate an assisting party to manage the AMD unit and medications. ~~as set forth in Section 240.741.~~
  - 4) The Department does not perform medication management, oversight or handling of the participant's medications.
  - 5) Provision of this service is contingent upon it continuing to be an approved service under the HCBS Waiver for Persons Who are Elderly.
- b) Specific components of AMD service must include, at a minimum, the following:
- 1) an AMD unit installed in the participant's residence with all connectors, parts and equipment necessary for installation, and adaptations for operation by individuals who have functional, hearing or visual impairments, or who exhibit language barriers.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 2) delivery of the AMD unit to the participant and installation of the unit within 48 hours after the referral when the participant is at imminent risk of institutionalization and within 15 calendar days from the date of the referral in all other instances.
  - A) This timeline can be extended if requested by the participant/authorized representative/assisting party.
  - B) This service shall not be subcontracted and shall be provided by trained employees who will identify themselves by picture identification that can be verified by the participant/authorized representative/assisting party.
  - C) Delivery and installation of the AMD unit may include coordination of ~~EHRSEmergency home response service (see Section 240.235)~~ for a participant.
  - D) Provider shall make every effort to schedule and conduct the installation when the participant, authorized representative (if applicable), and assisting party are present. Documentation of such efforts shall be provided to the Department upon request.
- 3) training for the participant/authorized representative and assisting party on the proper use of the AMD system at the time of installation and subsequently when needed. The training will include:
  - A) demonstration of the use, including any adaptations for operation, general care, and maintenance of the unit/equipment;
  - B) explanation of the AMD provider's services and notification processes;
  - C) instruction on any testing or monitoring used to assure the proper functioning of the AMD unit/equipment, including how to report any malfunctions; and
  - D) providing the participant/authorized representative/assisting party with easy to understand written instructions in the use, general care



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

and maintenance of the AMD unit/equipment. These instructions will be available in options such as non-English languages, large print, Braille, and audible recordings to meet the participant's needs.

- 4) ensuring the participant/authorized representative reviews their assisting party designation at least every ~~six~~<sup>6</sup> months. Any changes in this designation must be sent to the CCU within ~~five~~<sup>5</sup> calendar days after the date of execution of the assisting party change. If there is a change in designation, the AMD provider must complete new training as required under subsection (b)(3) within ~~seven~~<sup>7</sup> calendar days after the date of execution of the assisting party change.
- 5) both:
  - A) obtaining the signature of the participant/authorized representative to verify that:
    - i) the AMD unit/equipment was delivered and installed; and
    - ii) instructions and demonstration were given and understood by the participant/authorized representative; and.
  - B) providing to the CCU and the participant/authorized representative a copy of the verification, to be kept on file at the CCU.
- 6) maintaining adequate local staffing levels of qualified personnel to conduct and provide necessary administrative activities, installation, in-home training, unit/equipment monitoring, technical support, AMD unit programming, and repair requests in a timely manner. An AMD provider must have a written training program for personnel and be able to demonstrate that its staff members are qualified and have passed background checks.
- 7) repairing or replacing the AMD unit/equipment within 24 hours after receiving a malfunction report. This timeline will be extended if requested by the participant/authorized representative/assisting party.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 8) alerts to the participant/authorized representative and assisting party when electric power to the AMD unit has been interrupted (e.g., unplugged) and the unit is operating on a standby power source.
  - 9) notification to the CCU within one calendar~~1 business~~ day after installation of the AMD unit and working with the appropriate care coordinator to resolve service complaints from the participant/authorized representative/assisting party.
  - 10) notification to the CCU within two~~2~~ calendar days if the AMD service cannot be initiated or must be terminated.
  - 11) maintaining records in accordance with Section 240.1544 relating to participant referral and service statistics, including unit/equipment delivery; unit installation and programming; participant/authorized representative and assisting party training; missed medication notifications and dispositions; other AMD unit/equipment monitoring and test transmission activity; unit/equipment malfunction, repair and replacement; power interruption alerts; notifications to the CCUs; billing and payment information; and personnel qualifications, training and background checks.
  - 12) making available participant reports on missed medication doses, power and battery status, and other reporting features on an ongoing basis to the participant/authorized representative, assisting party and care coordinators via a privacy-protected and secure website or other modality.
  - 13) providing access to individual and aggregate reports and AMD system performance measures on an ongoing basis to authorized persons through a privacy-protected and secure website or other modality.
  - 14) providing ad hoc reports to the Department upon request.
- c) Units of Service
- 1) One unit of installation service is the one-time fee to the AMD provider for the activity associated with the installation of the AMD unit/equipment in the participant's residence and training of the participant/authorized representative and assisting party.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 2) One unit of monthly service is the fixed unit rate of reimbursement, per month, for the provider agency activity associated with providing the AMD service to each participant.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.240 Information and Referral**

Information and Referral service is defined as assistance to participants to enable them to gain access to appropriate services and to receive services.

- a) Service components of information and referral include:
  - 1) A brief assessment of the participant's needs to facilitate appropriate referral to and follow-up with community resources;
  - 2) Assisting participants in applying for benefits provided by federal, state and local agencies;
  - 3) Follow-up to ensure that participant was linked to community-based services and supports;
  - 4) Information and referral may also encompass program-related public information efforts.
- b) Unit of Service  
One unit of Information and Referral service is one+ incoming telephone call received by the professional information and referral staff.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.260 Care Coordination Service**

Care coordination service is defined as the provision of a comprehensive needs assessment and service coordination by CCUs to assist an older person to gain access to and receive needed services. The participant/authorized representative is provided the opportunity to lead the person-centered planning process.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- a) **Service Components**  
Specific components of care coordination service include the following:
- 1) Review of all inquiries to determine if a request for CCP services is desired, and maintenance of a referral request log.
  - 2) Distribution and assistance with completion of CCP applications for charitable, private, and public benefits provided by federal, State and local agencies, including assistance with the initial application and redetermination for Medicaid benefits.
  - 3) Performance of determinations/redeterminations of eligibility, including a comprehensive needs assessment, the development of a person-centered plan of care and authorization/referral of CCP services.
  - 4) Completion of a minimum of ~~one~~<sup>4</sup> face-to-face contact with the participant in between initial assessment and annual reassessment. The face-to-face visit is to occur between ~~four~~<sup>4</sup> and ~~eight~~<sup>8</sup> months after the last determination or redetermination of eligibility.
  - 5) Reporting of critical events includes critical incidents, service improvement program complaints, and requests for change of status in the Department's automated reporting system. Completing initial critical event reports will occur within ~~seven~~<sup>7</sup> days after the date the event occurred or was identified to have occurred. All critical event reports will be closed to reflect mandatory follow-up with CCP participants within 60 days after the date the event occurred or was identified to have occurred. Critical event report closure will occur through completion of the 60-day review summary housed in the Department's automated reporting system.
  - 6) Availability to receive inquiries and requests for services and supports, by telephone or in person, and respond to those inquiries and requests.
  - 7) Choices for Care prescreenings and postscreenings (see Section 240.1010).
  - 8) Department of Healthcare and Family Services (HFS) ~~OBRA-1~~ (Level I ~~ID~~ Screen).

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 9) Provide referrals to other needed services.
  - 10) Implementation of services and participant transfers.
  - 11) Authorization of all actions related to the disposition of CCP services as required by this Part.
- b) Comprehensive Assessments
- 1) A comprehensive assessment is required when a participant needs services to remain living independently in the community or is at imminent risk of nursing facility placement.
  - 2) A comprehensive assessment is not warranted when a participant only requires a referral to services (e.g., providing contact information for a vendor).
  - 3) Conditions triggering a comprehensive assessment may include, but are not limited to:
    - A) multiple or complex health problems which are often chronic in nature, and may affect the ability of the participant to live independently, such as musculoskeletal disorders, strokes, heart disorders, or mental health issues (e.g., Alzheimer's disease, major depression, or organic brain syndrome);
    - B) lack of sufficient formal or informal supports; or
    - C) sudden and permanent loss of a primary caregiver.
  - 4) The Care Coordinator will appropriately complete the comprehensive assessment tool authorized by the Department, or any successor assessment tool, used to determine need for community-based or long-term services and supports, that is relevant to the participant in a manner consistent with the responsibilities set forth under Section 240.1420.
- c) Goals of Care

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 1) Each participant/authorized representative is provided the opportunity to lead the person-centered planning process where possible. The participant's authorized representative should have a participatory role, as needed and defined by the participant, unless State law confers decision-making authority to the legal representative.
  - 2) If a participant's Goals of Care cannot be developed to create an adequate person-centered plan of care, the Care Coordinator is required to discuss the risks associated with the preferences and selections made regarding one or more specific goals by the participant/authorized representative and suggest any alternative options and/or referrals that might be available to mitigate risk.
  - 3) Each participant will be advised by the Care Coordinator of ~~their~~his/her right to accept or refuse some or all offered services developed in participants' Goals of Care.
- d) Reassessments
- 1) A reassessment will be conducted face-to-face on at least an annual basis to determine if the participant remains eligible for the program or if changes in the participant's services under the person-centered plan of care are needed and/or the Goals of Care need to be revised.
  - 2) A reassessment will also be conducted when requested by a participant/authorized representative or when a participant may have experienced a change in ~~their~~his/her needs.
  - 3) The participant/authorized representative develops ~~their~~his/her own revised Goals of Care with input from the Care Coordinator consistent with the responsibilities set forth in Section 240.1420.
- e) Unit of Service
- Several different types of assessments constitute a care coordination unit of service for which reimbursement is made.
- 1) Completion of ~~one~~1 initial eligibility determination for CCP services constitutes ~~one~~1 unit.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 2) Completion of one+ required continuous eligibility redetermination of CCP eligibility constitutes one+ unit. A redetermination shall be completed at least annually.
- 3) Completion of either one+ face-to-face prescreening or postscreen of a participant constitutes one+ unit.
- 4) Completion of one+ HFS Interagency Certification of Screening Results form constitutes one+ unit.
- 5) Availability to receive participant inquiries and requests, by telephone or in person, and to respond to those inquiries and requests for each active participant per month constitutes one+ unit.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.270 Alternative Provider**

- a) An alternative provider is defined as an individual ~~or an agency~~ selected by the participant, assisted by the CCU and authorized by the Department to provide CCP services to a participant only if the following criteria are met:
  - 1) a contractual provider has failed to provide the services as required by the person-centered plan of care; and
  - 2) there is no contractual provider available to provide the services as required by the person-centered plan of care.
- b) The alternative provider must meet all the requirements for employment and be hired by the contractual provider.
- ~~c~~b) The contractual provider is required to supervise the alternative provider. ~~Alternative providers may be supervised by the participant or agency providing the services, as required by the person-centered plan of care.~~ The service components and hours of service to be provided, as required by the person-centered plan of care, shall conform to the service components as defined in Section 240.210.
- ~~e~~) ~~The appropriate CCU shall be responsible for monitoring of alternative provider~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~services.~~

- d) An alternative provider shall be authorized by the Department prior to provision of services to the participant.
- e) Unit of Service
  - 1) One unit of alternative in-home service is one hour of direct service provided to the participant while in the participant's home, while providing transportation/escort to the participant to medical facilities, or while performing essential errands/shopping or conducting essential participant business with or on behalf of the participant.
  - 2) ~~For services that the provider was unable to provide due to either the participant's absence without prior provider notification or refusal to admit the worker into the home to provide service (see Section 240.350), 1 unit of documented in-home service per occurrence will be reimbursed to the alternative in-home provider to a maximum of 2 units per participant per State fiscal year.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART C: RIGHTS AND RESPONSIBILITIES

**Section 240.300 Participant Rights and Responsibilities**

The Department will administer CCP to assure certain rights to participants in accordance with the Home Care Participant Bill of Rights (see 20 ILCS 2405/17.1 and 320 ILCS 42/40) and the Medicaid Recipient Bill of Rights (see 305 ILCS 5/11-28). In addition, the Department will assure that participants receive an explanation of their rights and responsibilities. A copy of the rights and responsibilities shall be provided in written format to all participants during the initial visit for determination of eligibility ~~and~~ upon request by the participant.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.320 Nondiscrimination**



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- a) No eligible participant with a disability or protected person under other federal and State civil rights laws who requests/receives services may be discriminated against under CCP.
- b) A participant/authorized representative may file a discrimination complaint with a ~~provider~~vendor, a CCU, the Department, or other federal or State agency with jurisdiction over civil rights laws (see 4 Ill. Adm. Code 1725).

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.330 Freedom of Choice**

- a) A participant has the right to request and, if eligible, to receive available CCP services. A participant may choose at any time not to receive services for which eligibility has been determined.
- b) A participant/authorized representative shall be informed of, and have the right to choose from, choices regarding available services, supports and ~~providers~~vendors in the participant's CCU service area:
  - 1) at the time of initial determination of eligibility or subsequent redetermination of the participant;~~or~~
  - 2) at the time of determination of presumptive eligibility for interim services;  
~~or~~
  - 3) at any time the participant/authorized representative requests a change of providers/~~vendors~~; or
  - 4) at the time of a Department-initiated total or partial caseload transfer.
- c) The person-centered planning process includes a method for the participant/authorized representative to request updates to the person-centered plan of care.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.340 Confidentiality/Safeguarding of Case Information**

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- a) For protection purposes, any information about a participant's case is confidential and may be used only for purposes directly related to the administration of the CCP. Information that is considered to be included in the administration of the program is as follows:
- 1) Establishing a participant's initial/continuing eligibility, preventing duplicate coverage under another Home and Community-Based Service (HCBS) Waiver, and providing assistance in transitioning to other programs in appropriate instances.
  - 2) Establishing the extent of a participant's: assets and income; determination of need under CCP; [person-centered plan of care; case notes](#) and other benefits. This includes recovery of payments and investigating allegations of fraud or other abuse of publicly funded benefits. This information may be shared in a secure manner by and among the Department and the Social Security Administration, the Department of Employment Security, HFS, the Department of Human Services, the Department of Revenue, the Secretary of State, the U.S. Department of Veterans Affairs, and any other governmental entity only to the extent that there is no conflict with any federal or State law or regulation.
  - 3) Finding and linking needed services and resources available to an eligible participant, including information about new laws or changes in public benefit programs.
  - 4) Assuring the health, safety, and welfare of the participant, [submission of required critical events reports](#), ~~including~~ reporting alleged or suspected abuse, neglect, financial exploitation, or self-neglect, assisting with investigations conducted under the Adult Protective Services Program, and making referrals to the State/Regional Long Term Care Ombudsman Programs.
  - 5) Collecting data for the Department's demonstration/research projects.
  - 6) Compliance with legal proceedings in response to valid court or administrative agency orders.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 7) Directing and planning programming to transform long-term services and supports in Illinois and to maximize Federal Financial Participation in State expenditures under Medical Assistance Programs.
- b) Use of information for commercial, personal, political or other purposes not specified in this Section is specifically prohibited. Information about a participant's case under the CCP is exempt from disclosure under the Freedom of Information Act [5 ILCS 140].
- c) The Department, CCUs and vendors shall inform all agencies and governmental departments to whom information is furnished that this material is confidential and must be so considered by the agency or governmental department.
- d) Any information received from other agencies or persons, which includes the express statement that the information is not to be released to the participant/authorized representative or to any other person or agency under any circumstances, is prohibited from release as case information. Requests for this information shall be referred to the originator of the restricted information.
- e) If any information about a participant or document contained in the participant's case file is to be used for any purpose other than the administration of CCP, the CCU ~~or the vendor~~ shall obtain a Release of Information form signed by the participant /authorized representative. The Release of Information form shall be placed in the participant's case record.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.350 Participant/Authorized Representative Cooperation**

Participants/authorized representatives shall cooperate with the representatives of the Department/CCUs/providers in determinations of eligibility, redeterminations, other necessary or required face-to-face visits, or provision of CCP services.

- a) ~~The Failure to cooperate in the~~ actions specified below shall be considered non-cooperative and may result in a MOU as set forth in Section 240.930 or termination from CCP services; ~~and shall be cause for suspension.~~
  - 1) Repeated absences that disrupt the provision of in-home services or ADS services without advising the provider. Such absences shall result in a

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

reassessment before pursuing a MOU;~~A participant/authorized representative shall notify the office of the provider at least 1 day in advance when the participant will not be present in his/her home to receive scheduled services.~~

- A) ~~If the participant's absence from his/her home on a day services are scheduled is due to an emergency, the participant/authorized representative shall advise the office of the provider as quickly as possible and it will not be considered non-cooperative.~~
- B) ~~The provider shall document the absences of the participant without prior notification (except any absence caused by an emergency) and shall be reimbursed by the Department for 2 such absences (see Section 240.210).~~
- C) ~~Two such documented absences within a State fiscal year shall be cause for suspension of the participant's services pending termination. The provider has the option of not reporting non-cooperative absences; however, if the second non-cooperative absence is reported with request for reimbursement, suspension procedures shall be implemented.~~
- D) ~~The provider shall verbally advise the CCU on the same day, if possible, but not later than the next work day after the date of the second non-cooperative absence. A written report including, at a minimum, the names of the participant and the worker, and the dates of the first and second non-cooperative absence, shall be submitted by the provider to the CCU within 2 work days after the date of the second non-cooperative absence. The written report may be submitted in person or through mail, facsimile or electronic means.~~
- E) ~~Upon receipt of verbal notification of the second documented non-cooperative absence within a State fiscal year, the CCU shall suspend the participant's services as required in Section 240.930. The date of suspension shall be the date that the second non-cooperative absence occurred.~~

- 2) Refusing to allow the provider to enter the home to provide services;~~A~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~participant/authorized representative shall notify the office of an adult day service provider at least 1 day in advance when the participant will not be attending the adult day service site or will not be in need of transportation to or from the adult day service site, as scheduled and required by the person-centered plan of care.~~

- A) ~~If the participant's absence from the adult day service site or refusal to accept transportation to the adult day service site is due to an emergency, the participant/authorized representative shall advise the office of the provider as quickly as possible and it will not be considered non-cooperative.~~
- B) ~~The provider shall document the participant's absence or refusal to accept transportation without prior notification thereof (except any absence caused by an emergency) and shall be reimbursed by the Department for 2 such absences or refusals (refer to Section 240.230).~~
- C) ~~Two such documented absences or refusals within a State fiscal year shall be cause for suspension of the participant's services pending termination. The provider has the option of not reporting non-cooperative absences; however, if the second non-cooperative absence is reported with request for reimbursement, suspension procedures shall be implemented.~~
- D) ~~The provider shall verbally advise the CCU on the same day, if possible, but not later than the next work day after the date of the second non-cooperative absence or refusal. A written report including, at a minimum, the names of the participant and the worker and the dates of the first and second non-cooperative absence or refusal, shall be mailed by the provider to the CCU within 2 work days after the date of the second non-cooperative absence or refusal. The written report may be submitted in person or through mail, facsimile or electronic means.~~
- E) ~~Upon receipt of verbal notification of the second documented non-cooperative absence or refusal within a State fiscal year, the CCU shall suspend the participant's adult day service (including transportation if specified in the person-centered plan of care) as~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~required in Section 240.930. The date of suspension shall be the date that the second non-cooperative absence or refusal occurred.~~

- 3) Interfering with any provision of the services specified in the person-centered plan of care;~~A participant/authorized representative shall not refuse to allow the provider into the participant's home to provide services.~~
- A) ~~The provider shall document the refusal to allow services to be provided and shall be reimbursed by the Department for 2 such refusals (see Section 240.210).~~
- B) ~~Two such documented refusals within a State fiscal year shall be cause for suspension of the participant's services pending termination. The provider shall verbally advise the CCU on the same day, if possible, but not later than the next work day after the date of the second refusal. A written report including, at a minimum, the names of the participant and the worker and the dates of the first and second refusal, shall be mailed by the provider to the CCU within 2 work days after the date of the second refusal. The written report may be submitted in person or through mail, facsimile or electronic means.~~
- C) ~~Upon receipt of verbal notification of the second documented refusal within a State fiscal year, the CCU shall suspend the participant's services as required in Section 240.930. The date of suspension shall be the date that the second refusal to allow service occurred.~~
- 4) Residing outside the State for longer than 60 days while receiving EHR services without an exemption from the CCU;~~or A participant/authorized representative shall not interfere with provision of the services specified in the person-centered plan of care, either in the participant's home or in any adult day service site.~~
- A) ~~The provider shall document the interference with provision of the services specified in the person-centered plan of care.~~
- B) ~~Two such documented instances of interference within a State fiscal year shall be cause for suspension of the participant's~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~services pending termination. The provider shall verbally advise the CCU on the same day, if possible, but not later than the next work day after the date of the second occurrence. A written report including, at a minimum, the names of the participant and the worker and the dates of the first and second occurrence, shall be submitted by the provider to the CCU within 2 work days after the date of the second occurrence. The written report may be submitted in person or through mail, facsimile or electronic means.~~

- C) ~~Upon receipt of verbal notification of the second documented occurrence of interference within a State fiscal year, the CCU shall suspend the participant's services as required in Section 240.930. The date of suspension shall be the date of the second occurrence of interference occurrence.~~

- 5) Purposefully damaging or losing AMD equipment or EHRIS base unit or activation devices without a law enforcement report of theft or intentional damage. ~~A participant /authorized representative or any family member/friend/acquaintance of the participant/authorized representative shall not threaten or act abusively (e.g., physical, verbal, sexual) or display a weapon (e.g., gun, knife) against any representative of the Department, CCU or provider who is present in the participant's home or at an adult day service site. The participant/authorized representative shall be responsible for any animal present in the home of the participant and shall prevent the animal from physically harming a representative of the Department/CCU/provider.~~

- A) ~~If the threat or abuse takes place in a participant's home, the party who has been threatened or abused shall leave the premises immediately and verbally advise the CCU on the same day, if possible, but not later than the next work day.~~
- B) ~~If the threat or abuse takes place in an adult day service site, the family/authorized representative shall be advised immediately and the CCU shall verbally be advised on the same day, if possible, but not later than the next work day.~~
- C) ~~A written report including, at a minimum, the name of the participant and the in-home worker/adult day service site worker,~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~and the date and details of the threat or abuse, shall be submitted by the provider to the CCU within 2 work days after the date that the threat or abuse occurred. The written report may be submitted in person or through mail, facsimile or electronic means.~~

~~D) Upon receipt of verbal notification of threat or abuse, the CCU shall, on the same day, if possible, but not later than the next work day:~~

~~i) suspend a participant's services in the participant's home and/or at an adult day service site, as required in Section 240.930; or~~

~~ii) suspend a participant's determination of eligibility process as required in Section 240.930.~~

~~E) The date of suspension shall be the date that the threat or abuse occurred.~~

~~6) A participant/authorized representative and/or any family member/friend/acquaintance of the participant/authorized representative will be responsible for damages to or loss of the AMD equipment or Emergency Home Response base unit or activation devices unless a law enforcement report of theft or intentional damage has been filed.~~

~~A) The provider will document the damages/loss of the equipment.~~

~~B) One documented occurrence of intentional damages/loss of equipment will be cause for suspension of the participant's services, pending termination. The provider shall verbally advise the CCU on the same day, if possible, but not later than the next work day after the date of the occurrence. A written report, including, at a minimum, the names of the participant and the worker and the date of the occurrence, will be submitted by the provider to the CCU within 2 work days after the date of the occurrence. The written report may be submitted in person or through mail, facsimile or electronic means.~~



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- ~~6) Upon receipt of verbal notification of the documented occurrence of intentional damages or loss of equipment within a State fiscal year, the CCU will suspend the participant's services as required in Section 240.930. The date of suspension will be the date of the occurrence of damages to or loss of equipment.~~
- ~~7) The CCU shall notify the participant/authorized representative and the provider of the suspension in accordance with Section 240.930(c) and (d).~~
- ~~8) The CCU shall develop a memorandum of understanding between the participant/authorized representative of the CCU and the provider, in accordance with Section 240.930(e).~~
- ~~9) Upon the execution of the memorandum of understanding, the participant's services or the participant's determination of eligibility process, as appropriate, shall be reinstated in accordance with Section 240.930(f).~~
- ~~10) Failure to sign a memorandum of understanding shall be grounds for termination or denial, as appropriate.~~
- ~~11) If, following reinstatement, the requirements of the memorandum of understanding have not been adhered to by the participant/authorized representative, the request for services shall be denied or services shall be terminated, as appropriate.~~
- ~~12) Notification of denial or termination shall be in accordance with Section 240.910 or 240.945, as appropriate.~~
- b) The provider must document each time the participant engages in any of the non-cooperative actions listed in subsection (a). If the action is due to an emergency, then it will not be considered non-cooperative. ~~Failure to cooperate in the actions specified in this subsection (b) shall be considered non-cooperation and shall be cause for denial of a request for services or termination of service, as appropriate.~~
- ~~1) A participant/authorized representative or any family member/friend/acquaintance of the participant/authorized representative shall not inflict physical injury upon any representative of the Department, CCU or provider, either in the participant's home or while the participant~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~is attending an adult day service site.~~

- A) ~~If the infliction of physical injury takes place in the participant's home, the injured party shall leave the premises immediately and verbally advise the CCU on the same day, if possible, but not later than the next work day.~~
- B) ~~If the infliction of physical injury takes place in an adult day service site, the family/authorized representative shall be advised immediately and the participant shall be removed immediately. The CCU shall verbally be advised on the same day, if possible, but not later than the next work day.~~
- C) ~~A written report including, at a minimum, the names of the participant and the worker/adult day service site worker, and the date and details of the infliction of physical injury, shall be mailed by the provider to the CCU within 2 work days after the date that the physical injury was inflicted. The written report may be submitted in person or through mail, facsimile or electronic means.~~
- D) ~~Upon receipt of verbal notification of physical injury the CCU shall, on the same day, if possible, but not later than the next work day:~~
  - i) ~~institute immediate denial of a request for services or termination of services. The effective date of denial or termination shall be the date that the infliction of physical injury occurred;~~
  - ii) ~~verbally notify the participant/authorized representative of the denial or termination. Written notification shall be sent by certified mail to the participant/authorized representative, and by regular mail to the provider within 5 calendar days after the date of the verbal notification; and~~
  - iii) ~~verbally notify the Department of the denial or termination followed by a written report within 5 calendar days after the date of the verbal notification.~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- ~~2) Participants/authorized representatives shall provide assistance in securing documentation and/or factual information to be utilized in the determination of initial and continuing eligibility for CCP services, as well as the type, level and amount of services to be provided. Refusal to provide the specified assistance needed shall be cause for denial of a request for service or termination of a participant's services as appropriate.~~
  - ~~3) Participants/authorized representatives shall provide a mailing address, including sufficient information to enable the Department/CCU/provider to locate the participant/authorized representative (i.e., the name, address and telephone number of a contact through whom the participant may be located; it may be necessary to provide directions to the participant's home). Refusal to provide the specified assistance needed shall be cause for denial of a request for service or termination of a participant's services as appropriate.~~
  - ~~4) Notification of denial or termination shall be in accordance with Section 240.910 or 240.945, except as specified in subsection (b)(1)(D).~~
- c) The provider shall verbally notify the CCU on the same day, if possible, but no later than the next work day, that the participant was non-cooperative. Within two working days after the verbal notification, the provider shall submit to the CCU a written report including, at a minimum, the names of the participant and the worker, the dates a brief description of the incident.
  - d) The actions specified in this subsection (d) shall also be considered non-cooperation and shall be cause for denial of a request for services or termination of service, as appropriate.
    - 1) Refusal to sign an MOU;
    - 2) Failure to adhere to the terms of an MOU;
    - 3) Refusal to provide the necessary documentation needed to determine initial and continuing eligibility for CCP services; or
    - 4) Refusal to provide a mailing address and/or an email address, including sufficient information to enable the Department/CCU/provider to locate the participant/authorized representative (i.e., the name, address and

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

telephone number of a contact through whom the participant may be located; it may be necessary to provide directions to the participant's home).

- e) Each action specified in subsection (d) shall be documented by the provider and the documentation submitted to the CCU within two work days. The written report must include the names of the participant and/or the worker, the dates the action occurred, and a brief description of the action.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.355 Violence By Participants/Authorized Representatives**

- a) A participant, authorized representative, or any family member shall not threaten or act abusively against any representative of the Department, CCU, or CCP provider who is present in the participant's home, or against any person at an ADS site. Such actions include physical, verbal or sexual threats or actions, including display of a gun, knife or other weapon, by a participant, authorized representative, or by any family member, friend or acquaintance of the participant /authorized representative who is present. The participant/authorized representative shall be responsible for any animal present in the home of the participant and shall prevent the animal from physically harming a representative of the Department/CCU/provider.
- 1) If the threat or abuse takes place in a participant's home, the party who has been threatened or abused shall leave the premises immediately and verbally advise the CCU on the same day, if possible, but not later than the next work day.
  - 2) If the threat or abuse takes place in an ADS site, the family/authorized representative shall be advised immediately and the CCU shall verbally be advised on the same day, if possible, but not later than the next work day.
  - 3) The provider shall submit to the CCU a written report including, at a minimum, the name of the participant and the in-home worker/ADS site worker, and the date and details of the threat or abuse, within two work days after the date that the threat or abuse occurred.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 4) Upon receipt of verbal notification of threat or abuse, the CCU shall, on the same day, if possible, but not later than the next work day:
    - A) suspend a participant's services in the participant's home and/or at an ADS site pending the issuance of a MOU, and
    - B) suspend a participant's determination of eligibility process pending the issuance of a MOU.
  - 5) The CCU must inform the participant/authorized representative of the suspension within one calendar day of the suspension. The date of suspension shall be the date that the participant/authorized representative is notified.
  - 6) The CCU shall have five calendar days from the date of suspension to execute a MOU with the participant.
- b) If any representative of the Department, CCU, or CCP provider suffers physical injury inflicted by a participant/authorized representative, or by a family member, friend or acquaintance of the participant/authorized representative, either in the participant's home or while the participant is attending an ADS site, the following actions shall be taken:
- 1) If the infliction of physical injury takes place in the participant's home, the injured party shall leave the premises immediately and verbally advise the CCU on the same day, if possible, but not later than the next work day.
  - 2) If the infliction of physical injury takes place in an ADS site, the family/authorized representative shall be advised immediately, and the participant shall be removed immediately. The CCU shall verbally be advised on the same day, if possible, but not later than the next work day.
  - 3) The provider shall submit to the CCU a written report including, at a minimum, the names of the participant and the worker/ADS site worker, and the date and details of the infliction of physical injury, within two work days after the date that the physical injury was inflicted.
  - 4) Upon receipt of verbal notification of physical injury, the CCU shall, on the same day, if possible, but not later than the next work day:

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- A) institute immediate denial of a request for services or termination of services. The effective date of denial or termination shall be the date that the infliction of physical injury occurred;
- B) verbally notify the participant/authorized representative of the denial or termination. Written notification shall be mailed or emailed to the provider within five calendar days after the date of the verbal notification; and
- C) verbally notify the Department of the denial or termination followed by a written report within five calendar days after the date of the verbal notification.

(Source: Added at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART D: APPEALS

**Section 240.400 Appeals and Fair Hearings**

- a) Any participant who requests or receives CCP services ~~of any kind~~ has the right to appeal a decision, action, or failure to take action ~~or inaction~~ of the Department, a CCU or a provider. If the decision, action or inaction is based on automatic, non-discretionary changes in eligibility, rates or benefits required by federal or State statute or regulation, that adversely affect some or all participants, the appeal will be automatically denied, and the participant will not be afforded a hearing.
- b) The participant/authorized representative shall be informed in writing by the CCU of their ~~his/her~~ right to appeal at the initial home visit, at the time the action is taken and upon request. ~~time the participant/authorized representative is notified of the action taken. The participant shall be given an explanation of the right to appeal at the time of the initial home visit at which the action is taken and upon request. A copy of the rights and responsibilities of participants who request services under CCP and an explanation of the right to appeal shall be provided in written format during the initial home visit for determination of eligibility and upon request.~~
- cb) ~~It shall be the responsibility of each~~ participant/authorized representative may file an appeal with the Department by completing and submitting a Notice of

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

Appeal form, which may be obtained by calling the Senior HelpLine at 1-800-252-8966.~~to advise the Department of his/her intent to appeal.~~~~e)The effective date of the appeal is the date a participant/authorized representative indicates to the Department the intent to appeal either by telephone or in writing.~~~~d)If the Department is advised of a participant's/authorized representative's~~~~the intent to appeal either by letter or by telephone, the Department shall, within two business~~~~2 work days after being so advised, send to the appellant a Notice of Appeal form.~~~~to Department on Aging form to be completed and signed by the appellant/authorized representative.~~

- ~~e) The written notice of appeal must be filed with the Department on a Notice of Appeal to Department on Aging form and shall be completed and executed by the appellant/authorized representative and returned to the Department.~~
- ~~f) The executed Notice of Appeal to Department on Aging form must be submitted to the Department at its main office in Springfield.~~
- ~~g) No later than 10 work days after the date of receipt of Notice of Appeal to Department on Aging form, the Department shall send written acknowledgment of receipt to the appellant/authorized representative and to all other parties to the appeal.~~
- dh) The written Notice of Appeal to Department on Aging shall include the following:
  - 1) the name, address and telephone number of the participant filing the appeal, or on whose behalf the appeal is filed; and
  - 2) the name, address and telephone number of the authorized representative, if any, filing the appeal on behalf of the participant;
  - 3) the specific action being appealed, including the date of notice advising the participant/authorized representative of the action appealed and the effective date of that action; and
  - 4) the name of the CCU, as indicated on the notice of the action being appealed.
- ei) CCUs are to provide a copy of any notice of adverse action to any participant's authorized representative, if the participant has earned ten~~10~~ points on the Mini-

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

Mental State Examination (MMSE). A single notice to a residence will suffice if the authorized representative is a family member living with the appellant.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.405 Representation**

a) The appellant may represent him/herself and/or may authorize legal counsel, a relative, a friend or other spokesperson to represent him/her.

- b) ~~Written authorization is not required unless the appellant is not present at the hearing and:~~
  - 1) ~~the representative is an employee, agent or representative of a hospital; or~~
  - 2) ~~the representative is an employee, agent or representative of a group care facility; or~~
  - 3) ~~the representative is a provider of Community Care services or an employee of an Area Agency on Aging; or~~
  - 4) ~~the Hearing Officer, in his/her judgment, has reason to question the representative's authority to serve as a representative.~~
- e) ~~A legal guardian or other appointed representative may represent a participant as authorized by a court of law. The Department may request identification and other verification; however, a statement signed by the participant is not required.~~
- d) ~~Any action or inaction by the appellant's representative is considered action or inaction by the appellant.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.410 When the Appeal May Be Filed**

- a) The ~~request for an~~~~right to~~ appeal must be on a Notice of Appeal form and must be filed~~exercised~~ within 60 calendar days after the date the notice of the action being appealed was sent to the participant. ~~advising the action being taken by the CCU, such as:~~



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- ~~1) the date the notice was sent by a CCU of a decision on a request for a determination of eligibility for CCP services;~~
  - ~~2) the date the notice was sent by a CCU or the Department of a reduction or termination of CCP services, except for instances involving automatic, non-discretionary changes in eligibility, rates or benefits required by federal or State statute or regulation; or~~
  - ~~3) the date the notice was sent by a CCU or the Department of denial of a request or other action that aggrieves the participant, when that denial or action was other than an eligibility determination or a decision to reduce or terminate services.~~
- b) If a ~~Notice~~notice of ~~Appeal form~~appeal is filed after the 60 calendar day time period, the ~~appeal will be automatically denied.~~right to appeal is not affected. However, the final administrative decision of the Department will not be favorable to the appellant if it is determined that the 60 calendar day time period applies to the situation and has expired.
- c) The 60 calendar day time limitation does not apply when: ~~1) a CCU or the Department fails to send the required written notification of the action taken that is being appealed.;~~
- ~~2) a CCU or the Department fails to allow 15 calendar days from the date of the notice to the effective date of the action appealed;~~
  - ~~3) a CCU, provider or the Department fails to take any action on a specific request made by a participant within 15 calendar days after the date of request as required in Section 240.1520;~~
  - ~~4) a CCU, provider or the Department denies a request without informing the participant in writing within 15 calendar days after the date of request, as required in Section 240.1520;~~
  - ~~5) a CCU or provider failed to advise the participant/authorized representative of the right to appeal; or~~
  - ~~6) a CCU or provider has violated CCP rules.~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- d) ~~If a participant/authorized representative advised the Department by telephone of his/her intent to appeal and subsequently files a written appeal with the Department, the date of the documented telephoned intent shall be the date of filing of the appeal.~~
- de) If the intent to appeal by or on behalf of a participant is filed within 10 calendar days after the date of the notice of adverse action (see to Section 240.160) and is followed by a written appeal as requested by the Department, CCP services shall be continued at the level in effect prior to the notice of adverse action until the final decision in the appeal is reached, except for instances involving automatic, non-discretionary changes in eligibility, rates or benefits required by federal or State statute or regulation. In addition, if~~The participant/authorized representative and all other interested parties to the appeal shall be notified in writing by the Department of the continuation of the participant's services at the previous level.~~ If the Department determines that the health, safety or welfare of the provider/direct service worker will be jeopardized if service is continued (see Section ~~240.355~~240.350), the participant's right to continued service may be denied until the appeal decision is reached.
- ef) Services shall not be continued during the appeal process for a participant receiving interim services. Those participants receiving interim services have not received full eligibility for the CCP and are only presumed eligible until a full determination of eligibility has been completed.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.415 What May be Appealed**

The following actions of CCUs, providers or the Department may be appealed:

- a) ~~Refusal to accept a referral for CCP services.~~
- b) ~~Failure to act upon a referral form within the mandated time period, unless delayed in any manner by the participant/authorized representative in the determination of eligibility process.~~
- ae) A decision to deny, reduce, terminate, or in any way change CCP services or how those services are provided. If the decision to reduce, terminate or in any way

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

change CCP services is based on automatic, non-discretionary changes in eligibility, rates or benefits required by federal or State statute or regulation, which adversely affects some or all participants, the appeal will be automatically denied, and the participant affected will not be afforded a hearing.

- d) ~~Failure to advise prescreened participants/authorized representatives that they have a choice of:~~
- 1) ~~nursing facility care, if eligible;~~
  - 2) ~~supported living program provider care, if eligible;~~
  - 3) ~~receiving in-home or community-based services, if eligible; or~~
  - 4) ~~declining any of these options.~~
- e) ~~A decision to reduce, terminate or in any way change CCP services or how those services are provided. If the decision to reduce, terminate or in any way change CCP services is based on automatic, non-discretionary changes in eligibility, rates or benefits required by federal or State statute or regulation, which adversely affects some or all participants, the appeal will be automatically denied and the participant affected will not be afforded a hearing.~~
- bf) A decision to deny a request for redetermination.
- cg) Failure to make a decision or take appropriate action on any reasonable request made by a participant within 15 calendar days after the date of the request.
- dh) A decision to place a participant on a MOU, ~~by a CCU to uphold a provider decision with which the participant/authorized representative does not agree.~~
- ei) A decision to renew a MOU. ~~Failure to advise the participant/authorized representative of his/her right to choose a Department authorized provider in the service area of the participant to provide the services required by the person-centered plan of care.~~
- fi) The outcome of the determination of the eligibility for nursing facility level of care or the supportive living program setting. ~~Failure of a CCU to advise a participant/authorized representative of any of his/her rights under CCP.~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- k) ~~Failure of a CCU or provider to comply with CCP rules in this Part and 89 Ill. Adm. Code 220.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.420 Consolidation of Group Appeals**

The Department may consolidate a number of participant appeals for the purpose of conducting a single group informal review and subsequent hearing if it determined. ~~The consolidation must be based upon the Department's determination~~ that all of the appeals involve the same complaint, and the only issue in question is one of State or federal law or policy. Consideration shall be given to the geographic proximity and the physical condition of the appellants. Each appellant has the option of withdrawing from the group and presenting their appeal individually.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.425 Informal Review**

- a) ~~The~~ When an appeal is received by the Department, the Department will review each Notice of Appeal form and make a recommendation to the Director. ~~shall proceed to conduct an informal review of the action or inaction serving as the basis of the appeal.~~
- ba) The Department may contact the appellant/authorized representative to discuss the appeal request and/or request additional information. ~~purpose of an informal review shall be to determine the facts in the appealed action or inaction.~~
- cb) The recommendation will be submitted to the Director within 60 calendar days after the receipt of the Notice of Appeal form or receipt of the additional information, whichever is later. ~~If the basis for the appeal involves the functioning of the participant in his/her environment or if the Department is unable to arrive at a decision based upon the facts presented, the Department or its designated agent may conduct a face to face review in the participant's home.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.430 Informal Review Findings**

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- a) ~~Based on the recommendation, the Director will: Within 60 calendar days after the date of receipt of the Notice of Appeal to Department on Aging form, the Department shall conduct an informal review and issue an Appeal Findings Notice that may be delayed pending an extension of time caused by the appellant.~~
- 1) Dismiss the appeal based on any of the factors listed in Section 240.436, after which the appellant/authorized representative may request reconsideration within 15 days after receipt of the Director's decision consistent with Section 240.436;
  - 2) Uphold the appeal and the appeal file shall be closed;
  - 3) Modify the original action and the appellant/authorized representative may request a hearing within 15 calendar days after receipt of the Director's decision; or
  - 4) Deny the appeal, which will then be automatically referred to the Department of Healthcare and Family Services' Fair Hearings Section.
- b) ~~The Director's decision shall be in writing and sent by mail or email (if consented to) to the appellant/authorized representative. Appeal Findings Notice shall clearly state the facts determined and decision of the Department based upon the informal review. Copies shall be sent to all parties to the appeal.~~
- 1) ~~If the appeal is upheld, based upon the Department decision resulting from the informal review, the appeal file shall be closed.~~
  - 2) ~~If the original action is modified, based upon the Department decision resulting from the informal review, the appeal shall automatically proceed to hearing unless the appellant/authorized representative withdraws the hearing request in writing.~~
  - 3) ~~If the appeal is denied, based upon the Department decision resulting from the informal review, the appeal shall automatically proceed to hearing unless the appellant/authorized representative withdraws the hearing request in writing.~~
- e) ~~CCUs are to provide a copy of any notice of adverse action to a participant's authorized representative, if the participant has earned 10 points on the Mini-~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~Mental State Examination (MMSE). If the authorized representative is a family member residing with the participant, the single notice to the participant will suffice.~~

- c) If a hearing is withdrawn within 15 days after receiving notice of the Director's decision, the Director's decision is a final administrative decision. The Department will make any planned change in services, which had been delayed pending the outcome of the appeal, immediately and will notify all parties to the appeal in writing.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.435 Withdrawing an Appeal**

~~a) The appellant/authorized representative, may withdraw an informal review request or an~~ appeal at any time prior to or during the appeal process. The withdrawal ~~must~~ may be submitted in writing and upon receipt, the Department will close the file.~~or by telephone.~~

- b) ~~The Department shall acknowledge the withdrawal of appeal and advise the appellant/authorized representative that the appeal is formally closed, in writing, by certified mail, return receipt requested.~~
- e) ~~The Department shall furnish copies of the acknowledgment of withdrawal to all interested parties to the appeal.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.436 Dismissing~~Cancelling~~ an Appeal**

- a) The Department may dismiss~~cancel~~ an appeal at any time during the appeal process for any of the following reasons:
- 1) Appellant's death;
  - 2) Appellant never received a notice of adverse action from the Department;
  - 3) Appellant is not a CCP participant;
  - 4) Appellant moves out of State;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 5) Appellant's appeal is upheld by the Department;
  - 6) ~~The Department does not have jurisdiction; Appellant/ authorized representative does not submit a Notice of Appeal to the Department within 60 calendar days after the date the notice of adverse action was sent;~~
  - 7) Appeal is not related to any CCP services; and/or
  - 8) Appeal is filed by an unauthorized representative.
- b) The Department shall advise the appellant/authorized representative that the appeal is dismissed by mail or email (if consented to) and shall include the reason why the appeal was dismissed and the right to request reconsideration. ~~cancelled and formally closed, in writing, by certified mail, return receipt requested.~~
  - c) If the appellant/authorized representative does not agree with the reason for dismissal ~~cancellation~~, the appellant/authorized representative may request reconsideration of the dismissal. The request must be ~~must notify the Department, in writing and submitted;~~ within ten calendar ~~10 work~~ days after receipt of the dismissal ~~Notice of Cancellation~~. The request should include any documentation that disproves the Department's finding.
  - d) The Department shall review the request for reconsideration and determine if the appeal should be reinstated. ~~If the appellant/authorized representative notifies the Department, in writing, within 10 work days after receipt of the Notice of Cancellation, the~~ Department may ~~shall~~ reinstate the appeal and continue the appeal process.
  - e) The Department shall furnish copies of the dismissal ~~Notice of Cancellation~~ to all interested parties to the appeal.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.440 Exchanging ~~Examining Department~~ Records and Pre-hearing Conferences**

~~The~~ Before or during the appeal hearing, if requested, the Department and shall permit the appellant/~~appellant's~~ authorized representative will provide copies of relevant documents, a list

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

of potential witness, and a summary of potential testimony to be used at the hearing, to the other party. The Hearing Officer may schedule one or more pre-hearing conferences.~~to examine all portions of the case record and any other documents to be used at the hearing. Department records may be examined only in the presence of a Department employee. Copies of case material shall be provided by the Department upon request of the appellant/appellant's authorized representative. A charge of ten (10) cents per sheet shall be made for each copy provided.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.445 Hearing Officer**

All hearings will be conducted by an impartial Hearing Officer authorized by the Director ~~of the Department~~ to conduct the hearing.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.450 The Hearing**

The hearing will be conducted in accordance with Article 10 of the Illinois Administrative Procedure Act [5 ILCS 100/10] unless otherwise specified in this Part.~~informal but the rules of evidence and privilege as applied in civil cases in the circuit courts of this State shall be followed. Evidence not admissible under those rules of evidence may be admitted, however, (except where precluded by statute) if it is of a type commonly relied upon by reasonably prudent men in the conduct of their affairs. (Illinois Administrative Procedure Act [5 ILCS 100/10-10 through 10-40])~~ The proceedings will be recorded. The appellant may present the case or have an authorized representative present it, and may bring witnesses to the hearing. The appellant/authorized representative shall have the opportunity before and during the hearing to examine material the Department plans to have available, which must include:

- a) Statement of Facts; and
- b) ~~Pertinent case information, including all documents to be used at the hearing.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.451 Conduct of Hearing**

The hearing may be conducted in person or with some or all parties, including the Hearing Officer~~hearing officer~~, present at different locations connected with each other by telephone.



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

videoconference, or other electronic means. The proceedings will be recorded.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.455 Continuance of the Hearing (Repealed)**

- a) ~~During the hearing, the appellant/authorized representative may request a continuance from the Hearing Officer. The continuance shall be granted if:~~
  - 1) ~~the appellant needs additional information;~~
  - 2) ~~a necessary witness is absent;~~
  - 3) ~~the appellant is ill;~~
  - 4) ~~the appellant's authorized representative is unavailable; or~~
  - 5) ~~for any other reason that necessitates a continuance in order for the appellant to present the appeal.~~
- b) ~~The appeal shall be continued to the next available docket opening, if acceptable to the appellant.~~
- c) ~~If the continuance is allowed, the ninety (90) calendar day time limitation of the appeal process shall be extended by the number of calendar days of the allowed continuance.~~

(Source: Repealed at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.460 Continuance or Postponement of the Hearing**

- a) ~~A hearing shall be postponed for a reasonable period if:~~
  - 1) ~~the appellant needs additional information;~~
  - 2) ~~a necessary witness is absent;~~
  - 3) ~~the appellant is ill;~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 4) ~~the appellant's authorized representative is unavailable; or~~
- 5) ~~for any other reason that necessitates a postponement in order for the appellant to present the appeal.~~
- ab) The appellant/authorized representative or the Department Representative may request a continuance or postponement, which shall be in writing to the Hearing Officer before the scheduled hearing date. A verbal request may be made when the hearing is convened.
- be) The Hearing Officer may continue or postpone the hearing to another date. ~~appeal shall be continued to the next available docket opening, if acceptable to the appellant.~~
- d) ~~If the request is approved, the Hearing Officer will send the appellant/authorized representative and all interested parties to the appeal a letter (with the original appeal number) rescheduling the hearing. If the postponement is denied, the appellant/authorized representative will be notified in writing as well as all parties to the appeal. If the delay is allowed, the ninety (90) calendar day time limitation of the appeal process is extended by the number of calendar days of allowed delays and all parties to the appeal will be notified in writing.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.465 Dismissal Due to Non-Appearance**

- a) ~~If neither the appellant nor the appellant's authorized representative appears at the time and place designated for the hearing, and a postponement has not been requested in writing, the appeal is considered abandoned and is dismissed.~~
- ab) The failure to appear ~~refusal~~ by the appellant/authorized representative to proceed with the hearing is considered a non-appearance. The appeal is considered abandoned and shall be ~~is~~ dismissed.
- be) Dismissal of an appeal is a final administrative decision. The Department will make any planned change in services, which had been delayed pending the outcome of the appeal, immediately upon receipt of written notification from the Hearing Officer and will notify all parties to the appeal in writing.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- ~~c~~d) The Department will send a written notice to the appellant/authorized representative and all parties to the appeal advising that the appeal has been dismissed for non-appearance.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.470 Rescheduling the Appeal Hearing**

- a) Within ~~ten~~10 calendar days after the date of the dismissal notice, the appellant/authorized representative may submit a written request to reschedule the appeal hearing. The written request to reschedule the appeal hearing must be sent to the Hearing ~~Officer~~Section as shown on the ~~dismissal notice~~Dismissal Notice issued by the Hearing Officer. The dismissal will be vacated if good cause can be shown for the non-appearance that led to the dismissal. Good cause is defined as:
- 1) Death in the family;
  - 2) Personal injury or illness that reasonably prohibits the appellant from attending the hearing; or
  - 3) Sudden and unexpected emergencies.
- b) If the appeal hearing is rescheduled, a Hearing Officer will send a letter rescheduling the hearing to the appellant/authorized representative with copies to all parties to the appeal. The Department shall restore any benefits due the participant that were terminated or reduced as a result of the dismissal, shall send a letter so advising to the appellant/authorized representative, and shall send copies of the letter to all parties to the appeal.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.475 Recommendations of Hearing Officer**

The ~~Hearing Officer~~hearing officer shall certify the entire record of the hearing to the Director ~~of the Department~~ and shall recommend a decision on each issue in the hearing. The ~~Hearing Officer~~hearing officer shall not render a final decision relevant to any issue in the hearing.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

**Section 240.480 The Appeal Decision**

- a) The decision resulting from the appeal shall be made in writing no later than 90 calendar days after the Hearing Officer's recommendation. ~~close of the hearing record.~~ The appellant/authorized representative and all other parties to the appeal shall be notified by sending to them a copy of the decision by ~~U.S. mail~~ or email. The decision shall be made by applying Department rules to the particular case situation. Appeals shall be considered on a case-by-case basis.
- b) The Director shall issue the final administrative ~~administrative~~ decision ~~shall be issued by the Director of the Department~~ and it shall either:
- 1) accept ~~uphold~~ or modify the Hearing Officer's recommendation; ~~or in the appeal;~~
  - 2) reject ~~not uphold~~ the Hearing Officer's recommendation; ~~or~~
  - 3) ~~determine a lack of Department jurisdiction.~~
- c) The decision shall instruct the provider ~~vendor~~/CCU/Department to take corrective action as appropriate. ~~In the event that the participant who is a party to the appeal purchased services not provided by the vendor during the period in which the appeal was conducted, the Department will reimburse the participant under the following conditions:~~
- 1) ~~the decision rendered by the Department is in favor of the participant in whose behalf the appeal was taken; and~~
  - 2) ~~the appeal was based upon the denial of a request for services.~~
- ~~d) Payment shall be authorized only for the level, type and amount of services for which payment would have been made through CCP during the same time period. Payment shall not exceed the amount that would have been paid through CCP for the same services.~~
- de) The decision resulting from the appeal and the recorded transcript shall become a part of the record of the appeal.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

**Section 240.485 Reviewing the Official Report of the Hearing**

At any time within 5 years after the date of the release of the Department's final administrative decision, upon written request to the Office of General Counsel, the appellant/authorized representative may review the official report of the hearing. ~~The official report, including documents presented at the proceedings, findings of fact, and findings of law, will be made available by the Department on Aging upon request. The Springfield office of the Department is the only location where the official report of the hearing may be reviewed.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART E: REQUEST FOR SERVICES

**Section 240.510 Participant Agreement for Community Care Program**

If an individual is determined eligible for CCP, he/she or an authorized representative shall sign a written Participant Agreement and Consent Form to request services.

- a) Any participant requesting CCP services orally or in writing, shall be contacted by the CCU within ~~five~~<sup>5</sup> calendar days after the date of the inquiry/request.
- b) The signed Participant Agreement and Consent Form will accompany an appropriately completed person-centered comprehensive assessment.
- c) The participant/authorized representative shall be informed in writing of eligibility requirements to receive services under CCP and of the participant's right to appeal under this Part.
- d) When a participant has a legally appointed guardian, the guardian shall sign the Participant Agreement and Consent Form – Person-Centered Plan of Care. A legally appointed guardian may serve as the "guardian of the person" and/or "guardian of the estate". One legally appointed guardian may serve as guardian of the person while a second legally appointed guardian may serve as guardian of the estate. If ~~two~~<sup>2</sup> different persons are appointed guardian for an individual, one of the person and one of the estate, the guardian of the person determines which one is to sign the Participant Agreement and Consent Form.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

**Section 240.540 ~~Statement to be Included on~~ Participant Agreement and Consent Form**

A participant must be notified~~The following statement shall be included~~ on the Participant Agreement and Consent Form that:

- a) A decision regarding eligibility for CCP services must be made within 30 calendar days after the submission of the Participant Agreement and Consent Form;
- b) The participant must be notified by the CCU in writing of the decision within 15 calendar days after decision;
- c) Services must be provided within 15 calendar days after the notice is sent to the participant; and
- d) Any delays attributable to the participant will extend the required time frame.

**NOTICE**

~~I understand that a decision regarding my eligibility for Community Care services must be made within 30 calendar days after the date of this completed form. I must be notified in writing of the decision within 15 calendar days after it is made, and I will receive services, if I am eligible, within 15 calendar days after the notice of eligibility is mailed to me. However, any delay I cause in failing to provide information requested by the Department on Aging will extend these time limits.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**SUBPART F: ELIGIBILITY FOR COMMUNITY CARE PROGRAM SERVICES****Section 240.630 Determination of Eligibility**

- a) A determination of eligibility is an examination of each participant's circumstances to determine the functional need for receipt of CCP, nursing facility, or supported living program provider services. This determination shall consist of analyzing, evaluating and documenting, when necessary, current, full and complete information obtained from the face-to-face comprehensive assessment of the participant in their~~his/her~~ place of residence.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- b) The assessment shall include the comprehensive assessment tool and all required CCP forms authorized by the Department, or any successor assessment tool and forms used to determine the need for long-term services and supports.
- c) A participant's request/services may be denied or terminated when eligibility criteria are not met, as required by Sections 240.710 through 240.875.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.655 Redeterminations Process**

Redetermination of CCP shall be conducted by the CCU at least annually; whenever requested by the participant/authorized representative; or whenever the participant may have experienced a change in ~~their~~~~his/her~~ needs that indicates the need for a redetermination to assure continued eligibility (see Section 240.630).

- a) A decision on the redetermination shall be made within 30 calendar days after the date the redetermination process begins, except as extended by the Department.
- b) Redeterminations conducted at the request of the participant/authorized representative or whenever the participant may have experienced a change in needs shall be accomplished and a decision rendered within 30 calendar days after the date of the request for redetermination, except as extended by the Department.
- c) The 30 calendar day time limit for completion of a redetermination of a participant's eligibility shall be extended by any delay caused by the participant/authorized representative.
  - 1) Participant delay is defined as the number of calendar days a redetermination of eligibility is delayed because of the participant's/authorized representative's failure to provide documentation supporting ~~their~~~~his/her~~ eligibility or otherwise cooperate as set out in Section 240.350.
  - 2) In the event that a participant's eligibility cannot be determined due to the participant's/authorized representative's failure to provide documentation within 30 calendar days after the date it is verbally requested by the CCU, the CCU shall extend the time limit for an additional 60 calendar days,

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

after which services shall be terminated if documentation is not provided.

- d) The participant shall maintain eligibility and services shall continue to be provided throughout the redetermination process unless the participant/authorized representative delays the process beyond the additional 60 calendar days specified in subsection (c)(2).
- e) Written notification to the participant/authorized representative shall be made as required by Section 240.945.
- f) Any change in services shall be initiated within 15 calendar days after the date the written notice is mailed or emailed to the participant/authorized representative, as required by Section 240.945.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.660 Extension of Time Limit**

The 30 calendar day time limit for completion of a determination of a participant's eligibility may be extended by any delay caused by the participant.

- a) Participant delay is defined as the number of calendar days a determination of eligibility is delayed because of the participant's/authorized representative's failure to provide documentation supporting ~~their~~his/her eligibility.
- b) In the event that a participant's eligibility cannot be determined due to the participant's/authorized representative's failure to provide documentation within 90 calendar days after the date of receipt of the completed referral form, the request for services shall be denied.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART G: NON-FINANCIAL REQUIREMENTS

**Section 240.715 Determination of Need**

- a) To be eligible to receive CCP services, a participant shall exhibit a need for nursing facility, supportive living program, or home and community-based services. The Determination of Need assessment tool or any successor



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

assessment tool authorized by the Department specifies the factors that together, determine the participant's need for long term care or home and community-based services.

- b) The need for long term care is based upon the determined need for a continuum of in-home and community-based services to prevent inappropriate or premature placement in a nursing facility.
- c) The extent and degree of a participant's need for long term care shall be determined on the basis of impaired cognitive and functional status as well as the available physical/environmental supports provided to the participant by family, friends or others in the community.
- d) The Determination of Need assessment tool consists of ~~two~~<sup>2</sup> parts:
  - 1) The Mini-Mental State Examination (Folstein, Folstein and McHugh, 1975, no later editions or amendments included) measures cognitive functioning of the participant.
    - A) The participant who receives a score of 21 or higher shall be considered cognitively intact and zero points shall be added to the Part A, Level of Impairment, score on the Determination of Need assessment tool.
    - B) The participant who receives a score of 20 or less or who has been diagnosed by a physician or psychiatrist as having dementia, Alzheimer's disease, or organic brain syndrome shall be considered cognitively impaired and ~~ten~~<sup>10</sup> points shall be added to the Part A, Level of Impairment, score on the Determination of Need assessment tool.
    - C) Ten additional points shall be added to the Part A, Level of Impairment, score on the Determination of Need assessment tool for the participant who meets the following ~~three~~<sup>3</sup> criteria:
      - i) Participant has been adjudicated disabled or incompetent by a Probate Court judge or judge assigned to render a decision on such matters in a court of competent jurisdiction;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- ii) a physician or psychiatrist licensed by the State of Illinois has certified that, in ~~their~~<sup>his/her</sup> professional judgement, the participant suffers from Alzheimer's disease, organic brain syndrome, or dementia; and
  - iii) a physician or psychiatrist licensed by the State of Illinois has certified that, in ~~their~~<sup>his/her</sup> professional judgement, the participant requires 24-hour home and community-based services to remain in the home.
- 2) The Determination of Need assessment tool measures the participant's ability to perform the following activities of daily living (ADLs) and instrumental activities of daily living (IADLs):
- A) Activities of Daily Living
    - i) Eating
    - ii) Bathing
    - iii) Grooming
    - iv) Dressing
    - v) Transferring
    - vi) Incontinence
  - B) Instrumental Activities of Daily Living
    - i) Preparing meals
    - ii) Being alone
    - iii) Telephoning
    - iv) Managing money

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- v) Routine health
  - vi) Special health
  - vii) Outside home
  - viii) Laundry
  - ix) Housework
- e) The Determination of Need assessment scale includes the ~~six~~<sup>6</sup> ADLs and ~~nine~~<sup>9</sup> IADLs identified. Each function is scored in ~~two~~<sup>2</sup> parts: Part A – Level of Impairment, and Part B – Unmet Need for Care.
- 1) Part A – Level of Impairment, of the Determination of Need assessment tool measures the ability of the participant to perform each ADL and IADL function. A scoring range of zero through ~~three~~<sup>3</sup> indicates the degree of impairment of the participant in the performance of ADLs and IADLs.
    - A) A score of zero for any function indicates that the participant performs or can perform all essential components of the activity, with or without an existing assistive device, such that:
      - i) no significant impairment of function remains;
      - ii) activity is not required by the participant (routine health and special health only);
      - iii) the participant may benefit from but does not require supervision or physical assistance.
    - B) A score of ~~one~~<sup>1</sup> for any function indicates that the participant performs or can perform most essential components of the activity, with or without an existing assistive device, but some impairment of function remains such that the participant requires some supervision or physical assistance to accomplish some or all components of the activity. This includes the participant who:

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- i) experiences minor, intermittent fatigue in performing the activity;
  - ii) takes longer time to accomplish than an unimpaired person requires; or
  - iii) must perform the activity more frequently than an unimpaired person.
- C) A score of ~~two~~<sup>2</sup> for any function indicates that the participant cannot perform most of the essential components of the activity, even with an existing assistive device, and requires a great deal of assistance or supervision to accomplish the activity. This includes the participant who:
- i) experiences frequent fatigue in performing the activity;
  - ii) takes an excessive amount of time to perform the activity; or
  - iii) must perform the activity much more frequently than an unimpaired person.
- D) A score of ~~three~~<sup>3</sup> for any function indicates that the participant cannot perform the activity and requires someone to perform the task, although the participant may be able to assist in small ways, or requires constant supervision.
- 2) Part B, Unmet Need for Care, of the Determination of Need assessment tool measures the need of the participant for assistance/performance/supervision for each ADL and IADL function that is not being met by non-CCP resources in the community (e.g., family, friends, local services).
- A) A score of zero for any function indicates that there is no impairment, or that the participant's need for assistance is met to the extent that the participant is at no risk to health or safety if additional assistance is not acquired, or that additional assistance will not benefit the participant, or that the participant's needs are

DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

being met by non-CCP resources and, therefore, the participant has no need for assistance.

- B) A score of ~~one~~<sup>1</sup> for any function indicates that the participant's need for assistance is met most of the time, but the participant's health and safety are at minimal risk if additional assistance is not acquired.
- C) A score of ~~two~~<sup>2</sup> for any function indicates that the participant's need for assistance is not met most of the time, and the participant's health and safety are at moderate risk if additional assistance is not acquired.
- D) A score of ~~three~~<sup>3</sup> for any function indicates that the participant's need for assistance is rarely, or never, met and the participant's health and safety are at severe risk, which would require acute medical intervention, if additional assistance is not acquired.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.728 Maximum Payment Levels for Person-Centered Plans of Care Including In-home Service**

Maximum monthly service dollars are calculated according to the participant's total DON score and approved person-centered plan of care for in-home service or other combination of options, excluding ~~ADS adult day service~~. These maximum monthly service dollars will be adjusted by the Department to be consistent with any future unit rate adjustments for CCP providers in accordance with the methodology outlined in Section 240.1910 and will be posted and updated on the Department's website.

<del>DON SCORE</del>	<del>SERVICE MAXIMUM LEVEL</del>
	<del>(Effective on and after January 1, 2022)</del>
<del>29</del>	<del>\$—627</del>
<del>30</del>	<del>701</del>
<del>31</del>	<del>777</del>
<del>32</del>	<del>852</del>
<del>33</del>	<del>926</del>
<del>34</del>	<del>1,002</del>
<del>35</del>	<del>1,077</del>

DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

36	1,150
37	1,226
38	1,301
39	1,375
40	1,451
41	1,526
42	1,599
43	1,676
44	1,750
45	1,827
46	1,899
47	1,975
48	2,051
49	2,123
50	2,200
51	2,275
52	2,350
53	2,424
54	2,496
55	2,573
56	2,648
57	2,725
58	2,797
59	2,874
60	2,949
61	3,022
62	3,098
63	3,174
64	3,247
65	3,322
66	3,399
67	3,471
68	3,547
69	3,622
70	3,696
71	3,772
72	3,847
73	3,920
74	3,997

DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

75	4,071
76	4,147
77	4,221
78	4,296
79	4,372
80	4,444
81	4,521
82	4,596
83	4,671
84	4,745
85	4,822
86	4,895
87	4,969
88	5,046
89	5,118
90	5,195
91	5,270
92	5,343
93	5,419
94	5,495
95	5,568
96	5,643
97	5,720
98	5,792
99	5,868
100	5,944

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.729 Maximum Payment Levels for Person-Centered Plans of Care Including Adult Day Service**

Maximum monthly service dollars are calculated according to the participant's total DON score and approved person-centered plan of care for ~~ADS adult day service~~ or other combination of options including ~~ADS adult day service~~. These maximum monthly service dollars will be adjusted by the Department to be consistent with any future unit rate adjustments for CCP providers in accordance with the methodology outlined in Section 240.1910 and will be posted and updated on the Department's website.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

<del>DON SCORE</del>	<del>SERVICE MAXIMUM LEVEL</del> (Effective on and after January 1, 2022)
29	<del>\$ 1,284</del>
30	<del>1,493</del>
31	<del>1,717</del>
32	<del>1,937</del>
33	<del>2,161</del>
34	<del>2,382</del>
35	<del>2,518</del>
36	<del>2,652</del>
37	<del>2,786</del>
38	<del>2,920</del>
39	<del>3,055</del>
40	<del>3,191</del>
41	<del>3,325</del>
42	<del>3,460</del>
43	<del>3,595</del>
44	<del>3,729</del>
45	<del>3,865</del>
46	<del>4,000</del>
47	<del>4,135</del>
48	<del>4,268</del>
49	<del>4,403</del>
50	<del>4,538</del>
51	<del>4,673</del>
52	<del>4,809</del>
53	<del>4,941</del>
54	<del>5,076</del>
55	<del>5,212</del>
56	<del>5,344</del>
57	<del>5,481</del>
58	<del>5,615</del>
59	<del>5,750</del>
60	<del>5,884</del>
61	<del>6,019</del>
62	<del>6,154</del>
63	<del>6,287</del>
64	<del>6,424</del>
65	<del>6,557</del>



DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

<del>66</del>	<del>6,693</del>
<del>67</del>	<del>6,830</del>
<del>68</del>	<del>6,961</del>
<del>69</del>	<del>7,098</del>
<del>70</del>	<del>7,233</del>
<del>71</del>	<del>7,367</del>
<del>72</del>	<del>7,502</del>
<del>73</del>	<del>7,637</del>
<del>74</del>	<del>7,771</del>
<del>75</del>	<del>7,905</del>
<del>76</del>	<del>8,041</del>
<del>77</del>	<del>8,175</del>
<del>78</del>	<del>8,311</del>
<del>79</del>	<del>8,445</del>
<del>80</del>	<del>8,578</del>
<del>81</del>	<del>8,714</del>
<del>82</del>	<del>8,849</del>
<del>83</del>	<del>8,983</del>
<del>84</del>	<del>9,118</del>
<del>85</del>	<del>9,254</del>
<del>86</del>	<del>9,386</del>
<del>87</del>	<del>9,522</del>
<del>88</del>	<del>9,656</del>
<del>89</del>	<del>9,789</del>
<del>90</del>	<del>9,926</del>
<del>91</del>	<del>10,059</del>
<del>92</del>	<del>10,196</del>
<del>93</del>	<del>10,332</del>
<del>94</del>	<del>10,463</del>
<del>95</del>	<del>10,600</del>
<del>96</del>	<del>10,735</del>
<del>97</del>	<del>10,870</del>
<del>98</del>	<del>11,004</del>
<del>99</del>	<del>11,138</del>
<del>100</del>	<del>11,273</del>

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.730 Person-Centered Plan of Care**

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- a) A person-centered plan of care will be developed using the person-centered planning process in accordance with Section 240.550.
- b) The person-centered plan of care, and any subsequent revisions, shall be written in plain language and shall reflect the participant's goals, preferences and desired outcomes, indicating services and supports important to the participant, based upon the functional needs identified by the comprehensive assessment, including:
  - 1) a description of the conditions that directly correspond to the assessed functional needs, including:
    - A) the strengths and preferences of the individual, and resources available to ~~that individual~~ him/her;
    - B) the clinical and support needs as identified through a comprehensive assessment of functional needs;
    - C) paid and unpaid services and supports that will assist the participant to achieve identified goals, and natural supports and vendors available to meet those needs;
    - D) risk factors and measures in place to minimize harm, including possible interventions that may be used if aid is necessary for adherence to program requirements, and the customized strategies and back-up plans to minimize any risk factors for the individual;
    - E) identification of the Care Coordinator and other individuals/vendors responsible for monitoring the person-centered plan of care;
    - F) any measures that will be used to support how to evaluate the effectiveness of the services and supports; and
    - G) the time limits for periodic reviews to determine if services and supports are still appropriate, need to be modified, or can be terminated.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 2) a summary of the alternatives and settings considered by the participant/authorized representative and ~~their~~his/her final selections of services, supports and providers/vendors as reinforcement that the right of freedom of choice may be exercised.
    - A) The CCU will list all providers or programs in the service area and document the available options discussed with the participant/authorized representative.
    - B) The CCU will also afford the participant/authorized representative an opportunity to visit all of the adult day facilities in ~~their~~his/her service area before finalizing any selections.
  - 3) an acknowledgement of informed consent by the participant/authorized representative.
- c) Services are to be offered to each participant who meets the minimum required scores on the DON; who meets all other eligibility requirements; for whom an adequate person-centered plan of care has been developed; and whose service costs are within the allowable maximums. Care coordinators and participants/authorized representatives shall develop the person-centered plan of care in the best interest of the participant/authorized representatives, based on services selected by the participants/authorized representatives from among those available in the community. Maximum monthly service dollars are only available to fund services provided through the CCP.
  - d) If a person-centered plan of care cannot be developed that adequately meets the participant's needs within the allowable maximums for cost of service, CCP services shall be denied or services terminated, as appropriate to the case.
  - e) Each participant/authorized representative must be advised by the CCU of ~~their~~his/her right to refuse the offered services, to choose to enter a long-term care facility or to choose neither.
  - f) The allowable monthly cost for services provided to an eligible participant and paid for through the CCP cannot exceed the maximum monthly cost as determined by the score attained on the CCP DON that is determined by the CCU based on current, full and complete information on the specific needs of the participant. A person-centered plan of care shall be based upon the number of

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

days in a month.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.740 Assessment of Need**

- a) The CCP comprehensive assessment tool and determination of need for CCP services shall be administered by CCU care coordinators or Department personnel who are technically competent persons certified by the Department to conduct the comprehensive assessment and determinations of need.
- b) The certification shall result from the successful completion of training, which includes, but is not limited to, the following topics.
  - 1) financial eligibility determination (see Sections 240.800 through 240.875);
  - 2) administration of the DON (see Section 240.715);
  - 3) person-centered plan of care development and implementation;
  - 4) performance of Choices for Care screenings (see Section 240.1010); and
  - 5) form utilization and flow.
- c) Scoring of the CCP DON shall be accomplished without regard to the capability of CCP ~~providers~~~~vendors~~ to totally meet the determined needs of the participant.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.741 Prerequisites for Automated Medication Dispenser Service**

- a) Authorization for the AMD service is determined based on a participant's need for the service, including the participant's medication, medical, cognitive and physical needs that indicate the potential to benefit from the AMD service.
- b) To be authorized for the service, the participant must:
  - 1) meet all of the following criteria:

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- A) eligibility for CCP services;
  - B) take one+ or more medications that necessitate the medications be taken at a set schedule to avoid complications;
  - C) have the potential to benefit from the service, understand the need to take medications, respond to alerts to take medication and is physically able to take medication independently from the AMD unit;
  - D) designate an assisting party to assist with the AMD unit and medications; and
  - E) commit to using the AMD unit appropriately; and
- 2) exhibit at least one+ of the following issues or diagnoses:
- A) a history of non-adherence to treatment, medication or therapy regimens;
  - B) resides alone or lacks assistance from others to assist with regular medication administration;
  - C) impaired motor function that causes difficulty in handling medication receptacles and small pills;
  - D) attempts at using less costly alternatives (e.g., pill reminders, medication organizers with alarms and telephone reminders/prompts) have failed;
  - E) recent transition from a more restrictive care setting, such as a hospital or nursing facility;
  - F) has a diagnosis of cognitive impairment;
  - G) has a diagnosis of diabetes;
  - H) has a diagnosis of congestive heart failure;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- I) has a diagnosis of hypertension;
  - J) has a diagnosis of depression/mental illness; or
  - K) has a diagnosis of cancer.
- c) Other criteria may be developed by the Department to assist in determining what is the most appropriate AMD system to meet the participant's needs.
- d) The participant/authorized representative and/or the assisting party shall complete documentation acknowledging that the AMD was installed. Whenever possible, the assisting party should be present during the AMD installation.
- e) The assisting party must complete documentation requested by the Department agreeing that ~~he/she~~they will be responsible for:
- 1) administration and oversight of the participant's medications;
  - 2) manually filling or arranging for another person, who could be the participant, to fill the AMD unit in accordance with prescribing instructions;
  - 3) working with the AMD provider to program the dispenser for the initial medication schedule and subsequent changes;
  - 4) using best efforts to ensure no illegal substances are placed in the AMD unit;
  - 5) serving as a point of contact for the AMD provider and taking reasonable and necessary actions based on any notifications of missed medication doses and other system issues;
  - 6) receiving and understanding the instructions and demonstration given by the AMD provider for the AMD equipment;
  - 7) understanding how to access reports about the unit and medication regimen and contacting the AMD provider when medication schedules are changed; and

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 8) providing reasonable advance notice to the AMD provider, CCU, and participant/authorized representative if unable to continue acting as the assisting party.
- f) A participant/authorized representative will be responsible for damages to or loss of the AMD equipment unless a law enforcement report of theft has been filed.
- 1) The provider will document the damages/loss of equipment.
- 2) One documented occurrence of damages/loss of equipment may be cause for [a MOU](#) ~~or suspension of the participant's AMD services pending termination, in accordance with the Participant Agreement and Section 240.350.~~ ~~The provider will verbally advise the CCU on the same day, if possible, but not later than the next work day after the date of the occurrence. A written report, including, at a minimum, the names of the participant and the worker and the date of the occurrence, will be submitted by the provider to the CCU within 2 work days after the date of the occurrence. The written report may be submitted in person or through mail, facsimile or electronic means.~~
- 3) ~~Upon receipt of the written report documenting the occurrence of damages/loss of equipment, the CCU may suspend the participant's AMD services in accordance with Section 240.930. The date of suspension may be the date of the occurrence of damages to or loss of equipment.~~
- g) Whenever an assisting party can no longer meet the obligations set out in subsection (e), it is the responsibility of the participant/authorized representative to identify a new assisting party and cooperate with arrangements for that individual to be trained by the AMD provider. Notification of the change shall be communicated to the AMD provider and the CCU before the change is made.
- h) An assisting party cannot be an individual or entity providing other services under CCP, such as an in-home service provider.
- i) Failure to have a current assisting party designation may result in the participant's termination from the AMD service, ~~in accordance with Section 240.930.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

**Section 240.755 Residence**

- a) To be eligible for CCP, a participant must be a resident of the State of Illinois as defined in Section 2-10 of the Public Aid Code [305 ILCS 5].
- b) Only those persons who are legally admitted to the U.S. can be found to be residents of the State of Illinois. The residency of a participant is based on one of the following factors:
  - 1) A participant whose residence is located in Illinois, but whose U.S. Post Office address indicates a state other than Illinois (i.e., a participant residing near the State line), is a resident of Illinois;
  - 2) An individual currently living in Illinois and receiving a State Supplementary Payment (as defined in 42 CFR 435.4), Mandatory State Supplement or Optional State Supplement from a different state, is not a resident of Illinois for purposes of CCP eligibility;
  - 3) A participant who is incapable of stating their~~his/her~~ intent to remain in Illinois is a resident of Illinois if they~~he/she~~ currently lives in Illinois.
- c) The Department~~Illinois~~ cannot deny eligibility to a participant who, although currently residing in Illinois, has not lived in this State for a specific period of time. An Illinois resident who is temporarily absent from the State retains Illinois residency if the individual intends to return to Illinois when the reason for the absence is accomplished. If an individual remains outside of Illinois for a continuous period of more than 12 months, they~~he/she~~ will provide evidence (e.g., a copy of their~~his/her~~ most recent State Income Tax return) documenting that the absence was not due to an intent to change their~~his/her~~ residency.
- d) The Department~~Illinois~~ cannot deny eligibility to a participant who is temporarily absent from Illinois and plans to return when the purpose of his/her absence has been completed unless the absence will exceed 60 calendar days or unless the other state has determined that the participant is a resident of that state.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.760 Social Security Number**



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- a) To be eligible for CCP, each participant must furnish a Social Security Number (SSN). If more than one SSN has been used by a participant, then all SSNs are to be furnished.
- b) If any CCP participant does not have an SSN, the Department or CCU shall assist them~~him/her~~ in making the application.
- c) CCP services will not be denied, delayed or discontinued pending the issuance or validation of an SSN if the participant has applied for the SSN.
- d) Participants who refuse to furnish an SSN, and/or apply for an SSN when requested, are ineligible for CCP.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART H: FINANCIAL REQUIREMENTS

**Section 240.810 Assets**

- a) To be eligible to receive CCP services, a participant shall not own interest in non-exempt assets having a combined value in excess of \$17,500, if:
  - 1) unmarried; or
  - 2) married and:
    - A) spouse is receiving CCP services;
    - B) spouse is in a nursing facility;
    - C) spouse does not reside on a permanent basis with, and does not receive support from or give support to, the participant;
    - D) spouse is abandoned; or
    - E) spouse is potentially abusing the participant.

EXCEPTION: A participant, who is married and the spouse does not receive CCP services, shall not own interest in non-exempt assets having a total value in

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

excess of the asset disregard amount allowed by HFS for Medicaid in a pre-paid burial plan or life insurance policy + burial merchandise. Non-exempt assets having value over the asset disregard amount up to the amount allowed by the Community Spouse Asset Allowance, as adopted by HFS at 89 Ill. Adm. Code 120.379(d), must be transferred to or for the sole benefit of the community spouse. If the couple owns assets that exceed the asset disregard and prevention of spousal impoverishment amounts allowed by statute, the excess (up to the amount of non-exempt assets allowed after transfer, and/or up to the amount of countable monthly income allowed after diversion) shall be designated as a spend down, to be spent before Medicaid enrollment is established.

- b) The value of non-exempt assets shall be considered in determining eligibility for CCP.
- c) All assets not specifically exempt are non-exempt.
- d) When a participant's non-exempt assets are greater than the allowable disregard as specified in subsection (a), consideration of non-liquid assets may be deferred as follows:
  - 1) real property may be deferred from consideration for ~~six~~6 months;
  - 2) the participant shall sign an agreement to dispose of the real property in excess of the allowable disregard within ~~six~~6 months after the date of the agreement; and
  - 3) the ~~six~~6-month period for disposition may be extended an additional ~~six~~6 months if the participant fails to dispose of the asset (through no fault of ~~their~~his/her own) despite reasonable and diligent effort.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.820 Asset Transfers**

- a) The following transactions are considered transfers of assets:
  - 1) when a participant buys, sells or gives away real or personal property; or
  - 2) if the participant changes the way real or personal property is held.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- b) Transfers of assets that are exempt at the time of transfer do not affect eligibility.
- c) Transfers of non-exempt assets completed within 60 months before the date of request for CCP services shall be considered in determining eligibility. If a fair market value was not received, the value of the transferred asset shall be considered toward non-exempt assets and any excess amount shall be considered available to meet service costs unless it is proven that the participant did not transfer the property to qualify for or increase the need for CCP.
  - 1) If real property was transferred, fair market value is to be determined by use of statements from reputable realtors or other community members recognized as knowledgeable of property value (e.g., bankers, tax assessors, auctioneers).
  - 2) If personal property was transferred, fair market value is to be determined by use of a statement from an institution having knowledge of the property at the time of the transfer, or from an individual who has specific knowledge of the transfer and/or the value of the asset at the time of the transfer.
  - 3) Factors to be considered when determining whether a transfer of property was made to qualify for or increase the need for CCP include but are not limited to:
    - A) the participant's physical and mental condition at the time of transfer;
    - B) the participant's financial situation at the time of transfer;
    - C) the participant's need for services at the time of transfer;
    - D) changes in the participant's living arrangements at the time of transfer; and
    - E) how soon after the transfer the participant applied for services.
- d) If after consideration of these factors the participant is ineligible, the period of ineligibility begins at the date of request for services for participants and the date

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

of termination for participants. The period of ineligibility lasts from the initial date for as long as the asset would meet the cost of CCP services if it were available to the participant, but in no case shall it last longer than 60 months after the date of transfer.

- e) A participant determined ineligible under subsection (d) may become eligible if the following occurs:
  - 1) the property is reconveyed to the participant; or
  - 2) an adequate consideration is paid to the participant.
- f) It shall be the responsibility of a participant to report all property transfers to the CCU within ~~five~~ 5 days after the date of the transaction.
- g) If an unreported transfer of property was made by a participant within 60 months prior to the date of request for services or was made after the submission of the request for services but before CCP services were authorized, and services to which the participant was not entitled were received as a result of the failure to report the transfer, services shall be terminated.
- h) Involuntary transfers do not affect eligibility.
- i) When the property transfer was made to obtain support or care, and the terms of the agreement are being met, only those needs not included in the agreement may be met through CCP.
- j) Transfers because of separation, divorce or other settlement shall not affect eligibility if:
  - 1) they are court ordered; or
  - 2) if there is no court order and the participant and ~~their~~~~his/her~~ spouse divide the property in half.
- k) Transfers from an individual bank account to a joint bank account do not affect eligibility if the participant retains access to the money and the money continues to be used for the participant's needs.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- l) Income tax refunds are available assets. If the refund is based on a joint income tax return, one-half of the refund is to be considered as belonging to the participant.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.825 Income**

- a) Documentation of all currently available income that is not specified as exempt shall be provided during the participant's determination/redetermination of eligibility for CCP.
- b) In accordance with provisions of 89 Ill. Adm. Code 120.379, a participant whose spouse (i.e., community spouse) is not receiving CCP services may divert income to ~~their~~his/her spouse so that the spouse may have exempt income up to the amount exempted by HFS (see 89 Ill. Adm. Code 120.379(e)) for a community spouse.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.830 Unearned Income Exemptions**

Unearned income is all income other than that received in the form of salary or wages for services performed as an employee or profits from self-employment.

- a) The following unearned income shall be exempt from consideration in determining eligibility:
  - 1) Any allotment under SNAP (7 ~~U.S.C.~~USC 2017(b));
  - 2) The value of the U.S. Department of Agriculture donated foods (surplus commodities);
  - 3) Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (42 ~~U.S.C.~~USC 4636);
  - 4) Any per capita judgment funds paid under Public Law 92-254 to members of the Blackfeet Tribe of the Blackfeet Indian Reservation, Montana and Gros Ventre Tribe of the Fort Belknap Reservation, Montana (25

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

U.S.C.~~USC~~ 1264);

- 5) Any benefits received under Title III, Nutrition Program for the elderly, of the Older Americans Act of 1965, as amended (42 U.S.C.~~USC~~ 3030(e));
- 6) Any compensation provided to individual volunteers under the Retired Senior Volunteer Program (42 U.S.C.~~USC~~ 5001) and the Foster Grandparent Program (42 U.S.C.~~USC~~ 5011) and Older Americans Community Service Programs (42 U.S.C.~~USC~~ 3056) established under Title II of the Domestic Volunteer Service Act, as amended (42 U.S.C.~~USC~~ 5001 through 5023);
- 7) Income in an amount not greater than the current amount allowed received by a beneficiary of life insurance which is expended on the funeral and burial of the insured;
- 8) Income received under Section 4(c) of the Senior Citizens and Persons with Disabilities Property Tax Relief Act. This includes both the benefits commonly known as the "circuit breaker" and "additional grants";
- 9) Payments to volunteers under the 1973 Domestic Volunteer Service Act (48 U.S.C.~~USC~~ 5044(q)). These include:
  - A) Vista Volunteers;
  - B) volunteers serving as senior health aides, senior companions, or foster grandparents;
  - C) persons serving in the Service Corps of Retired Executives (SCORE) or the Active Corps of Executives (ACE);
- 10) Social Security death benefits expended on a funeral/burial;
- 11) The value of home produce that is used for personal consumption;
- 12) The value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, (42 U.S.C.~~USC~~ 1780(b)) and the special food service program for children under the National School Lunch Act, as amended (42 U.S.C.~~USC~~ 1760);

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 13) Any payments distributed per capita or held in trust for members of any Indian tribe under Public Law 92-254, 93-134 or 94-450 (25 [U.S.C.](#)~~USC~~ 1407);
- 14) Tax exempt portions of payments made pursuant to the Alaska Native Claims Settlement Act (43 [U.S.C.](#)~~USC~~ 1626);
- 15) Experimental Housing Allowance Program payments made under Annual Contributions Contracts entered into prior to January 1, 1975 under Section 23 of the U.S. Housing Act of 1937, as amended (42 [U.S.C.](#)~~USC~~ 1437(f));
- 16) That portion of an educational benefit that is actually used for items such as tuition, books, fees, equipment or transportation, necessary for school attendance:
  - A) Veterans Educational Assistance –  
Income from educational benefits paid to a veteran or to a dependent of a veteran shall be exempt only to the extent that it is applied toward educational expenses;
  - B) Social Security Administration (SSA) Benefits –  
Income received as a SSA benefit paid to or for an individual and conditioned upon the individual's regular attendance in a school, college or university, or a course of vocational or technical learning, shall be exempt to the extent that it is applied toward educational expenses;
  - C) Loan and Grants –  
Income from educational loans and grants obtained and used under conditions that prevent their use for current living costs shall be exempt;
- 17) Income from educational loans and grants made or insured under any program administered by the Secretary of Education is totally exempt whether the grant is paid directly to the schools or to the student. These loans and grants include the National Direct Student Loans, Basic Educational Opportunity Grants, Supplementary Educational Opportunity

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

Grant, Work Study Grant, and the Guaranteed Loan Program;

- 18) The following incentive allowances:
  - A) National Training Services Grant – Incentive payments which the Department of Rehabilitation Services authorizes to be paid for a maximum of ~~two~~2 years to disabled persons receiving categorical public assistance and enrolled in the National Training Service Project;
  - B) Jobs Training Partnership Act (JTPA) – Needs based payments (e.g., transportation); case assistance (e.g., uniforms and lunches); compensations in lieu of wages; and allowances received under JTPA are exempt.
- b) Unearned Income In-Kind
  - 1) Unearned income in-kind is payment made by a person other than a member of a participant's family on behalf of or in the name of a member of the participant's family (e.g., payment of CCP incurred expense for care, medical bills, etc.).
  - 2) Unearned income in-kind shall be exempt.
  - 3) When the participant's family shares a dwelling unit with another family or individuals, the exchange of cash for purposes of satisfying payment of shelter related obligations shall not constitute an income in-kind payment and shall not be considered available to the person who receives and disburses the shelter-related payment.
- c) Earmarked Income
  - 1) Earmarked income is income restricted for the use of a specified participant by court order or by legal stipulation of a contributor.
  - 2) Earmarked income shall be considered as income of the specified participant only.
- d) Lump Sum Payments



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 1) Lump sum payments shall be considered available for the eligibility period in which it is received and are not exempt.
  - 2) Supplemental Security Income (SSI) lump sum payments are exempt income. SSI lump sum payments that are kept separately and are not combined with other monies remain exempt.
- e) Protected Income  
SSI is protected income and not considered available to be applied toward the incurred expense for CCP services of anyone other than the SSI recipient.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.845 Family**

For purposes of this Subpart, family means the participant, ~~their~~his/her spouse or partner in a civil union if residing in the same household, and any persons declared by the participant and spouse or civil union partner, if applicable, as dependents for federal income tax purposes. Any income received by any family member shall be considered family income.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.850 Monthly Average Income**

Income to be received on a monthly basis during the twelve-~~(12)~~ month period is to be added to the total amount of income received during the previous twelve-~~(12)~~ months from irregular (other than monthly) sources: e.g., farm, interest and/or dividend income. The total amount of income thus determined is to be divided by twelve-~~(12)~~ to arrive at the monthly average.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART I: DISPOSITION OF DETERMINATION

**Section 240.905 Prohibition of Institutionalized Individuals From Receiving Community Care Program Services**

- a) CCP services shall not be provided to:

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 1) any participant who is eligible for those services while an in-patient of any institution that is subject to licensure as required by the ~~Illinois~~ Nursing Home Care Act [210 ILCS 45].
  - 2) any individual residing in a public institution (see 42 CFR 435.1009).
  - 3) any individual confined or detained in any local or State penal or correctional institution or by a federal law enforcement agency.
- b) A resident of a private institution who has a contract with the institution providing total needs throughout life is ineligible for this program, as no needs remain to be met.
- c) A resident of a private institution (other than those who have purchased life care contracts) is ineligible for this program when he/she has purchased care and maintenance to provide for all ~~their~~~~his/her~~ needs in the institution and the amount paid has not been wholly consumed for care.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.910 Written Notification**

Each participant requesting CCP services shall receive written notification of eligibility or ineligibility to receive CCP services.

- a) Written notification shall be sent to the participant/authorized representative within 15 calendar days after the date of the completed determination of eligibility.
- b) If the participant has not received a homecare aide within 15 days of the Notice of Eligibility, the participant/authorized representative may find their own homecare aide in accordance with Section 240.270. The Notice of Eligibility must contain a statement informing the participant/authorized representative of this right. ~~The written notification shall contain the following statement:~~

**NOTICE**

~~If you have been found eligible for Community Care services, you should begin receiving services within 15 calendar days after the date of this Notice. If a~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~homecare aide has not come to help you within 15 calendar days, you can hire your own homecare aide (including a friend or relative) to provide the amount and type of Community Care services specified in this Notice. The Department on Aging will pay the homecare aide you have hired to the extent authorized by the CCP Participant Agreement. Payment shall continue until the Department's approved provider initiates provision of Community Care services to you.~~

- c) If it is necessary for the participant/authorized representative to hire ~~their~~his/her own homecare aide due to the failure of the authorized provider to provide CCP services within 15 calendar days, the temporary services and payment for those services shall terminate immediately upon initiation of service provided by a CCP approved provider. (See Section 240.1580(c).)
- d) If a participant is determined ineligible and request for CCP services is denied, the written notification shall be sent to the participant/authorized representative by ~~certified~~ mail, ~~email~~return receipt requested, or given to the participant/authorized representative personally, in which case the participant/authorized representative shall provide a signed and dated receipt for the notice. The notice shall clearly state the reason for the denial and shall advise the participant/authorized representative of ~~their~~his/her right to appeal the decision. ~~(See Section 240.400.)~~
- e) ~~If a participant is denied because of death, the notice may be sent by regular mail.~~
- ~~e~~f) The date of the written notice of eligibility or ineligibility shall be the same date as the date of mailing or emailing. The provider shall be notified on the same date ~~of mailing~~ as the participant.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.915 Service Provision**

If a participant is determined eligible for CCP, services shall be provided in accordance with the person-centered plan of care within 15 calendar days after the date of the notification of eligibility, ~~as required by Section 240.910~~, unless delayed by the participant/authorized representative.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.920 Reasons for Denial**

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

Denial of CCP eligibility shall be based upon one+ or more of the reasons identified in this Section:

- a) Participant is less than 60 years of age at the time of the determination of eligibility.
- b) Participant is not in need of CCP services: scored less than 29 total points/less than 15 points on Part A, Level of Impairment, of the DON.
- c) Participant/legal guardian/authorized representative refuses to sign the Participant Agreement – Person-Centered Plan of Care.
- d) Participant/authorized representative does not agree with the person-centered plan of care/hours of service and an agreement could not be reached during the person-centered planning process.
- e) Participant is deceased.
- f) Participant has been institutionalized or is not otherwise available for services for more than 60 calendar days after the date of referral.
- g) Participant/authorized representative voluntarily withdraws a request.
- h) Participant cannot be located to determine eligibility for or to provide CCP services.
- i) Participant/authorized representative has not provided reasonable documentation supporting eligibility as required by the Department or its CCU within 90 calendar days after the date of receipt of referral.
- j) Participant/authorized representative has not cooperated with the Department/CCU/provider~~vendor as required and as specified by Section 240.350.~~
- k) Participant does not meet citizenship requirements.
- l) Participant does not meet residency requirements.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- m) The CCU determines that an adequate person-centered plan of care cannot be developed that adequately meets the participant's determined needs under Section 240.715.
- n) The total value of participant's non-exempt assets is in excess of \$17,500.
- o) Eligibility could not be established for a participant who was receiving interim services based upon presumptive eligibility ~~as required by Sections 240.1020 and 240.865.~~
- p) Participant/authorized representative provided fraudulent information.
- q) A participant~~Participant~~ whose request for CCP services was previously denied or whose services were terminated for non-cooperation as set forth in Section 240.350 or 240.255 shall be denied services upon a subsequent request for services, unless the situation or condition that led to MOU~~the memorandum of understanding (see Section 240.350)~~ has been permanently resolved. In this instance, a CCU must conduct a reassessment of the participant's circumstances to determine whether the situation or condition that led to an MOU has been permanently resolved.
- r) Participant/authorized representative refuses to sign the Participant Agreement and Consent Form, ~~in accordance with Section 240.330~~
- s) Participant/authorized representative has transferred non-exempt assets or failed to report a transfer within the past 60 months for the purpose of obtaining CCP services.
- t) Participant/authorized representative has not reported or refused to provide documentation of changes in circumstances that have occurred prior to eligibility determination ~~as required by Section 240.360.~~
- u) Participant/authorized representative refuses to apply for and, if eligible, enroll in medical assistance under Article V of the Illinois Public Aid Code ~~as required by Section 240.865.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.930** Memorandum of Understanding~~Suspension of Services~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- a) A provider may request a MOU from the~~CCP services may be suspended by a~~ CCU when a participant has not cooperated with the provider~~vendor~~ in the provision of services as set forth in Section 240.350. ~~Services shall be reinstated when the participant has met and continues to meet the requirements in the memorandum of understanding (MOU) (see Section 240.350).~~
- b) When determining if a MOU is appropriate, the provider and CCU must consider whether the participant's behavior is due to a diminished mental capacity or mental illness and the participant's ability to comply with the terms of the MOU. Prior to the issue of a MOU, the CCU must document efforts to resolve the conflict in coordination with the participant and the provider.~~The vendor shall notify the CCU of the need for suspension in accordance with Section 240.350.~~
- c) Upon receipt of the provider's~~vendor's~~ verbal request for a MOU suspension, the CCU shall immediately, but not later than the next work day, begin the process of preparing the MOU.~~verbally advise the participant of the suspension and the date of the suspension of services. This date shall be the date the vendor left or was unable to render service.~~
- d) A MOU must include a detailed account of the actions or behaviors that resulted in the need for a MOU and outline the corrective steps that the participant needs to take to address the actions or behaviors.~~Notification of the suspension of services shall be sent to the participant /authorized representative and the vendors by the CCU by regular mail within 5 calendar days after the verbal notification by the CCU to the participant.~~
- e) The CCU must provide the participant with a copy of the MOU in their primary language.~~in accordance with Section 240.350, shall obtain the signature of all parties to the MOU within 30 calendar days after the effective date of suspension.~~
- f) A copy of the executed MOU must be provided to the participant/authorized representative by mail or email, if consented to. A copy shall be placed in the participant's file.~~Upon execution of the MOU (see Section 240.160), reinstatement of service shall be authorized in writing by the CCU, to be effective on or before 15 calendar days after the date of the last signature on the MOU. The written notice shall be provided to the participant and vendors by regular mail.~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- g) The CCU must complete an annual review of each MOU it has issued. The CCU must determine if the participant has successfully complied with the terms of the MOU and if the MOU should be terminated. The CCU must send the participant a letter detailing its decision to terminate or renew the MOU. The decision to renew a MOU may be appealed by the participant/authorized representative. ~~Suspension of services may not be appealed because a suspension is not a final decision.~~
- h) A MOU does not automatically transfer when a participant transfers to a new provider or CCU. The CCU must review the participant's case file and determine if a MOU is still necessary. If the CCU determines that a MOU is necessary, a new agreement must be executed.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.940 Penalty Payments (Repealed)**

~~The Department shall pay \$100 to each eligible participant to whom a Notice of Eligibility is not mailed within 45 calendar days after the date on which eligibility is determined, as defined in Section 240.510, by the Department or a CCU. It shall be the responsibility of the participant/authorized representative to notify the Department in writing when this occurs.~~

(Source: Repealed at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.945 Notification of a Change in Service**

- a) Any participant whose CCP services are being changed in the following manner shall be advised of the change by written notice: change of service type; reduced amount of service; increased amount of services; or termination.
- 1) The written notice shall be sent to a participant/authorized representative by ~~certified~~ mail, email (if consented to) ~~return receipt requested~~, or given personally, ~~in which case the participant/authorized representative is to provide a signed and dated receipt for the notice, except for instances involving automatic, non-discretionary changes in eligibility, rates or benefits required by federal or State statute or regulation. In these instances, regular mail is acceptable. Also, in the event of the death of a participant, regular mail is acceptable for notification purposes.~~
  - 2) The notice shall clearly state the reason for the action being taken.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 3) The participant/authorized representative shall be notified of the action being taken no later than 15 calendar days after the date of assessment or redetermination and the action shall be effective no sooner than 15 calendar days after the date of the notice if the action is adverse to the participant ~~(see Section 240.160 for a definition of adverse action)~~. This time frame does not apply to termination as a result of the non-cooperative act specified in Section ~~240.355~~240.350(b)(1).
  - 4) In instances involving an automatic, non-discretionary change in eligibility, rates or benefits required by federal or State statute or regulation, the participant/authorized representative will be notified of the action being taken at least 15 calendar days prior to the implementation by the CCU of the change affecting the participant. The action will be effective no sooner than 15 calendar days after the date of notice if the action is adverse to the participant.
  - 5) In the event of a death, the termination shall be effective the date of the participant's death. The form shall be dated and mailed/hand-delivered upon the Department or the CCU being informed of the death.
- b) CCP services may be changed, reduced or terminated at the request of the participant/authorized representative and do not require the 15-calendar day notice period under the following circumstances:
- 1) the participant/authorized representative provides the CCU with a signed statement that the change, reduction or termination is at ~~their~~his/her request;
  - 2) the CCU, participant/authorized representative and provider mutually agree to the initiation of the change, reduction or termination on the agreed upon date (which may be less than the required 15 calendar days after the date of the notice to the participant/authorized representative);
  - 3) a written notice is provided to the participant/authorized representative ~~(either by certified mail, return receipt requested, or handed to the participant/authorized representative, with a receipt provided by the participant/authorized representative for the notice)~~ prior to the initiation of the change or reduction. The notice shall indicate the agreed upon



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

effective date; and

- ~~4)~~ ~~rights of appeal shall not be denied to a participant/authorized representative who has requested a change or reduction in CCP services; and~~
- ~~45)~~ the CCU has documented all of the requirements of this subsection (b) and placed the participant's statement in the case record.
- c) When an assessment or reassessment for services requires an increase, or no change in service, the participant/authorized representative and the provider shall be notified in writing. The notice shall be mailed or emailed ~~by regular mail to the participant/authorized representative~~ within 15 calendar days after the date of the assessment or reassessment.
- ~~d)~~ ~~A copy of any notification mailed/hand-delivered to a participant/authorized representative shall be mailed/provided to the appropriate provider on the same date it is mailed/hand-delivered to the participant/authorized representative.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.950 Reasons for Termination**

- a) A participant shall be terminated from CCP for one~~1~~ or more of the reasons identified in this Section:
- 1a) participant is deceased;
- 2b) participant has been institutionalized or is otherwise not available for services for more than 60 calendar days;
- 3e) participant's condition has improved and there is no longer a need for CCP services as measured by the CCP DON to determine need for long-term services and supports;
- 4d) participant cannot be located;
- 5e) participant/authorized representative has requested termination of services;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- ~~6f~~) participant/authorized representative refuses transfer to a different ~~provider~~~~vendor~~/CCU and the current ~~provider~~~~vendor~~/CCU cannot provide services needed by the participant;
- ~~7g~~) participant/authorized representative has failed to cooperate with the Department/CCU/~~provider~~~~vendor~~ as required and as specified in Section 240.350;
- ~~8h~~) participant no longer meets citizenship requirements;
- ~~9i~~) participant no longer meets residency requirements;
- ~~10j~~) the CCU determines that an adequate person-centered plan of care cannot be developed that meets the participant's determined needs under Section 240.715.
- ~~11k~~) the total value of a participant's non-exempt assets has increased and exceeds \$17,500;
- ~~12l~~) participant/authorized representative failed to report the transfer of non-exempt assets within the past 60 months for the purpose of obtaining CCP services;
- ~~13m~~) participant/authorized representative has failed to report or refused to provide documentation of changes in circumstances, as required by Section 240.360;
- ~~14n~~) participant/authorized representative refuses to sign a Participant Agreement – Person-centered Plan of Care;
- ~~15o~~) participant refuses to sign the Participant Agreement and Consent Form in accordance with Section 240.330; ~~or~~
- ~~16p~~) ~~participant~~~~Participant~~/authorized representative refuses to apply for and, if eligible, enroll in medical assistance under Article V of the Public Aid Code, as required by Section 240.865; ~~-~~
- ~~17~~) participant/authorized representative threatened violence or committed actual violence against a Department representative/CCU/provider as

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

specified in Section 240.355; or

18) participant has been convicted of fraud or an OIG investigation has determined that fraud has occurred.

b) A participant cannot be terminated for attempting to exercise or exercising their right to appeal an action by the CCU or provider.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART J: SPECIAL SERVICES

**Section 240.1010 Choices for Care Pre and Post Screening and Informed Choice~~Nursing Facility, Supportive Living Program, and Community-Based Screening~~**

- a) Choices for Care ~~nursing facility, supportive living program, and community-based~~ prescreening is the ~~determination~~assessment of the need for institutional long term care services and/or other long term services and supported programs that require an institutional level of care, including the supportive living program settings. All~~of all~~ participants age 60 and over, regardless of the payment source, must be determined eligible prior to placement in a nursing facility (licensed under the Nursing Home Care Act; certified to participate in the Medicare program under Title XVIII of the Social Security Act (42 ~~U.S.C.~~USC 301 et seq.), or certified to participate in the Medicaid program under Title XIX of the Social Security Act; placement in a supportive living program (Medicaid waiver)); or to determine if the participant/authorized representative chooses community-based services and supports.
- b) Except as indicated in subsections (j) and (l), any participant seeking admission to a nursing facility or supportive living program must be screened to determine their level of care~~his/her~~ need for nursing facility or supportive living program services pursuant to this Section.
- c) Prescreening includes the completion of the level of care to determine eligibility for institutional level of care or supported living program setting placement.~~shall be accomplished by completion of the DON, completion of the HFS Interagency Certification of Screening Results form, and completion of an HFS OBRA Level I Screen if the participant is determined appropriate for nursing facility or supportive living program placement.~~ In addition, the participant will receive

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

copies~~a copy~~ of brochures related to the following subject matters:

- 1) Privacy Practices~~Notice of Privacy Practices~~ brochure; and
  - 2) Adult Protective Services~~Your need to know about Adult Protective Services~~ brochure.
- d) In compliance with federal Preadmission Screening and Resident Review (PASRR) requirements, when CCUs completing the HFS-OBRA Level I Screen for individuals residing in the community to determine if there is a suspicion of and a reasonable basis to suspect mental illness and/or developmental disability, the CCU shall make the appropriate referral to the state designated entity~~contracted providers of DHS-Division of Mental Health or DHS-Division of Developmental Disabilities~~ within one~~1~~ day to determine if an HFS-OBRA Level II Screen is required. If it is determined that no further screening is required ~~by the DHS contracted providers~~, the CCU shall complete the required forms. If further screening is required by the state designated entity~~DHS contracted providers~~, that entity shall complete the required forms.
- e) The hospital shall notify the CCU at least 24 hours prior to discharge.
- f) CCUs will have the capacity to complete face-to-face prescreenings seven~~7~~ days per week, at a minimum of seven~~7~~ hours per day. ~~CCUs are not required to complete screens on federal holidays.~~
- g) Responsibility for prescreenings shall be vested in the CCUs. The CCU is responsible for ensuring that copies of the HFS Interagency Certification of Screening Results form and the HFS-OBRA Level I Screen shall be submitted to the state designated entity within the required timeframe.~~are sent to the appropriate nursing facility or supportive living program.~~
- h) The participant who is prescreened shall:
- 1) be afforded informed choice including an explanation of all support~~appropriate~~ options, including nursing facility, supportive living program setting, ~~in~~-home and community-based services; and
  - 2) be advised of their~~his/her~~ right to refuse nursing facility, supportive living program setting, ~~in~~-home and, community-based, or all services.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- i) Postscreening shall occur if a participant is admitted to a nursing facility or supportive living program [setting](#) without benefit of prescreening.
- 1) Postscreening may occur for any of the following reasons:
    - A) after nursing facility or supportive living program [setting](#) placement in an emergency situation when there is a pre-existing condition of need for a caregiver and the caregiver is no longer able to provide care. The CCU shall conduct prescreening within [two~~2~~](#) calendar days after the date of the request for postscreening;
    - B) for nursing facility or supportive living program admissions from a hospital emergency [department~~room~~](#) or outpatient services; or
    - C) for nursing facility or supportive living program [setting](#) admissions for participants coming from out-of-state.
  - 2) The CCU shall conduct a postscreening within [two~~2~~](#) calendar days after the date of the request for postscreening.
- j) Nursing facility prescreening does not apply to the following:
- 1) Transfers from [one~~1~~](#) nursing facility to another.
  - 2) Admissions to a continuing care retirement community with which the participant has a life care contract.
  - 3) Participants who are receiving or will be receiving hospice services.
  - 4) Returns to a nursing facility from a hospital.
  - 5) Admissions to a nursing facility from the community for respite care for a period of no more than 15 calendar days.
  - 6) Admissions to sheltered care facilities.
  - 7) Participants who resided in a nursing facility on June 30, 1996.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 8) Participants who resided in a nursing facility for a period of at least 60 calendar days who are returning to a nursing facility after an absence of not more than 60 calendar days.
- k) A prescreening or postscreening for supportive living program [setting](#) admissions is not required for:
  - 1) Hospice services;
  - 2) Caregiver respite services;
  - 3) Transfers from nursing facilities licensed under the Nursing Home Care Act and certified to participate in the Medicaid program or another supportive living program [setting](#) without a break in service. It is the admitting supportive living [program setting's](#)~~program's~~ responsibility to ensure that a screening document is received from the transferring nursing facility or supportive living program [setting](#); or
  - 4) Residents who were admitted to a supportive living program [setting](#) from a hospital to which they were transferred for the purpose of receiving care.
- l) Any participant who has been admitted to a nursing facility that operates under the Hospital Licensing Act [210 ILCS 85], or provider licensed under Section 35 of the Alternative Health Care Delivery Act [210 ILCS 3/35], whose actual length of stay in the facility exceeds 21 calendar days, shall be screened to determine the participant's need for continued services.
- m) Nursing facility conversion screening is the assessment of the appropriateness of in-home and community-based care for nursing facility residents age 60 and over who have applied for and been found eligible for Medicaid assistance.
  - 1) Conversion screens shall be initiated by a referral from HFS.
  - 2) Conversion screens shall be accomplished in accordance with Deinstitutionalization (see Section 240.1960(g)). A Deinstitutionalization assessment will be conducted within 60 days after the date of admittance to the nursing facility if the participant chooses to have follow-up by the CCU.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 3) Conversion screens shall include the option of CCP transitional services for those participants who are appropriate for in-home and community-based services.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1020 Interim Services**

Interim services are CCP services provided to participants age 60 and over on an interim basis, dependent upon the participant's presumptive eligibility and following prescreening of the participant.

- a) Presumptive eligibility shall be based upon the following criteria:
  - 1) A referral has been received from a participant age 60 or over, or from the participant's authorized representative, following prescreening.
  - 2) Notification has been received by the CCU from a hospital or from a participant/authorized representative or agency in the community that the participant is at imminent risk of nursing facility placement within ~~three~~<sup>3</sup> calendar days.
  - 3) The DON to determine need for long-term services and supports has been administered.
  - 4) The participant/authorized representative has provided declared information on all other CCP eligibility requirements.
  - 5) The participant/authorized representative has signed a Participant Agreement and Consent Form.
  - 6) After presumptive eligibility has been determined, the CCU shall notify the ~~provider~~<sup>vendor</sup> within the next business day and services will start within ~~two~~<sup>2</sup> business days.
- b) When presumptive eligibility has been determined and interim services are approved in accordance with the person-centered plan of care, services shall be initiated by the ~~provider~~<sup>vendor</sup> to the participant within ~~two~~<sup>2</sup> work days after the date of notification to the ~~provider~~<sup>vendor</sup> of the participant's presumptive

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

eligibility.

- c) A comprehensive assessment shall be administered in the residence of the participant by the CCU.
- 1) When the assessment is not conducted in the community, the CCU will make the follow-up home visit within 15 calendar days after the date of the participant's discharge.
  - 2) When the assessment is conducted in the community, the CCU will make the follow-up home visit within 30 calendar days after the date of the interim assessment.
  - 3) The formal determination of eligibility for CCP services shall be completed within 90 calendar days after the date of receipt of the referral.
- d) Interim services may continue up to a maximum of 90 calendar days after the date of referral, pending finalization of the formal determination of eligibility by the CCU. Services shall be denied at any time during the 90 calendar day interim service period:
- 1) if evidence of ineligibility, based upon any eligibility requirement, is determined;
  - 2) if the participant/authorized representative fails to cooperate in the determination of eligibility process;
  - 3) as specified in Section 240.660, in the event that a participant's eligibility cannot be determined due to the participant's/authorized representative's failure to provide accurate and verifiable documentation regarding eligibility within 90 calendar days after the date of receipt of the referral;  
or
  - 4) if a person-centered plan of care cannot be developed that adequately meets the participant's determined needs (see Section 240.920(n)).
- e) Notification of eligibility or ineligibility shall be provided in writing. If eligibility is denied, provision of interim services shall cease on the date of receipt by the provider~~vendor~~ of the Participant Agreement – Person-Centered Plan of Care.



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1040 Intense Service Provision**

Several CCP workers' services (not to exceed ~~four~~<sup>4</sup>) may be utilized, on a ~~one~~<sup>1</sup>-time basis only, to clean a new participant's home, thereby making it possible to maintain the health and safety of the participant. However, the total monthly service costs may not exceed the maximum monthly cost allowable as indicated on the participant agreement.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1050 Temporary Service Increase**

A participant who is currently receiving services under CCP may request a temporary service increase when ~~they~~<sup>he/she</sup> is at imminent risk of nursing facility care or has been hospitalized for not more than 60 calendar days.

- a) The CCU will conduct the DON to determine need for long-term services and supports within ~~two~~<sup>2</sup> calendar days after notification.
- b) The CCU will assist the participant/authorized representative with the completion of the Participant Agreement and Consent Form. The CCU shall verbally authorize a temporary increase in services if the need is indicated by the determination. The CCU shall notify the ~~provider~~<sup>vendor</sup> by telephone to reinstate services, giving the date of discharge and the temporary increase.
- c) Notification shall be given to the participant/authorized representative and the ~~provider~~<sup>vendor</sup> immediately following completion of the required forms. The notification shall be confirmed in writing. Both the verbal and written notification shall indicate the increase and the temporary nature of the increase.
- d) The CCU shall make a home visit to the participant for the purpose of redetermination of need to determine if the temporary increase should be continued or reduced. (See Section 240.620(c).)

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART K: TRANSFERS

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

**Section 240.1110 Participant Transfer Request – Provider~~Vendor~~ to Provider~~Vendor~~ – No Change in Service**

- a) The Department, a CCU or a participant/authorized representative may request a transfer for provision of CCP services from one provider~~– vendor~~ to another provider~~vendor~~, within the same service area, and without any change in service needs. The transfer request may be initiated by verbally advising the CCU of the desired change in provider~~vendor~~. The CCU shall verbally advise the participant of the provider~~vendor~~ choices available. The CCU shall complete a new Participant Agreement and Consent Form – Person-Centered Plan of Care, including choice of vendor based upon that verbal advice from the participant/authorized representative as to their~~his/her~~ selection.
- b) Reasons for the CCU to authorize a provider~~vendor~~ to provider~~vendor~~ transfer with no change in services provided may include:
  - 1) the needs of a participant are not being met by the current provider~~vendor~~;  
or
  - 2) the participant has exercised their~~his/her~~ right of freedom of choice and requested transfer.
- c) Within five~~5~~ work days after the date of receipt of a verbal request to effect a transfer, the CCU shall forward a new Participant Agreement and Consent Form and new CCP Participant Agreement to the participant/authorized representative for signature.
- d) Within 30 calendar days after the date of receipt of the signed Participant Agreement and Consent Form:
  - 1) the CCU shall:
    - A) complete a person-centered plan of care establishing the effective date of transfer; and
    - B) forward:
      - i) the person-centered plan of care to the

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- participant/authorized representative;
- ii) a copy of the Participant Agreement – Person-Centered Plan of Care to the receiving provider~~vendor~~ on the same day the Participant Agreement – Person-Centered Plan of Care is sent to the participant; and
  - iii) a copy of the Participant Agreement – Person-Centered Plan of Care to transferring provider~~vendor~~.
- 2) upon receipt of the provider's~~vendor's~~ signature on the Participant Agreement – Plan of Care, the CCU shall place a copy of the executed Participant Agreement – Plan of Care in the CCU's participant file and a copy shall be forwarded to the participant/authorized representative.
- e) The effective date of the transfer shall be within 15 calendar days after the date of the Participant Agreement – Person-Centered Plan of Care and service shall be initiated by the receiving provider~~vendor~~ without service interruption.
  - f) If a delay in any of the time frames established in this Section is caused by the documented action or inaction of the participant/authorized representative, time frames shall be extended by the number of calendar days of the delay.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1120 Participant Transfer Request – Provider~~Vendor~~ to Provider~~Vendor~~ – With Change in Service**

- a) A request for transfer of a CCP participant from one provider~~1 vendor~~ to another provider~~vendor~~ within the same service area that requires a change in the services provided shall be completed by the CCU following a redetermination of need. The request may be initiated by the Department, CCU, the vendor, or the participant/authorized representative verbally or in writing to the CCU. The CCU shall complete the redetermination of need, including obtaining a completed and signed Participant Agreement and Consent Form – Person-Centered Plan of Care from the participant/authorized representative, within 30 calendar days after the date of the request unless delayed by the participant/authorized representative.
- b) Reasons for a provider~~vendor~~ to provider~~vendor~~ transfer with a required change

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

in service may include:

- 1) a change in the participant's condition; and
  - 2) the provider's~~vendor's~~ inability to meet the service needs of the participant, as required by the person-centered plan of care.
- c) The CCU shall:
- 1) no later than 15 calendar days after the date of redetermination, complete in accordance with Section 240.945 and forward:
    - A) the Participant Agreement – Person-Centered Plan of Care to the participant/authorized representative;
    - B) a copy of the Participant Agreement – Person-Centered Plan of Care, the CCP Participant Agreement to the receiving provider~~vendor~~ on the same day the Participant Agreement – Person-Centered Plan of Care is sent to the participant/authorized representative;
    - C) a copy of the Participant Agreement – Person-Centered Plan of Care to the transferring provider~~vendor~~.
  - 2) Upon receipt of the provider's~~vendor's~~ signature on the Participant Agreement – Person-centered Plan of Care, a copy of the executed Participant Agreement – Person-centered Plan of Care shall be placed in CCU's participant file and a copy shall be forwarded to the participant/authorized representative.
- d) The effective date of transfer shall be no later than 15 calendar days after the date of the Participant Agreement – Person-Centered Plan of Care and service shall be initiated by the receiving provider~~vendor~~ without service interruption.
- e) If any delay in any of the time frames established in this Section is caused by the documented action or inaction of the participant/authorized representative, time frames shall be extended by the number of calendar days of delay.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

**Section 240.1130 Participant Transfers – Care Coordination Unit to Care Coordination Unit**

- a) A CCP participant may transfer from ~~one~~ CCU service area to another CCU service area with continuous eligibility pending a redetermination of eligibility by the receiving CCU. The transfer may be requested by the Department, a CCU, or the participant/authorized representative verbally or in writing.
- b) A reason for transfer from CCU to CCU shall be a geographic change in the participant's residence.
- c) The effective date of transfer shall be within 15 calendar days after the date of the Participant Agreement – Person-Centered Plan of Care and services shall be initiated by the receiving ~~provider~~ ~~vendor~~ without service interruption.
- d) To implement the transfer, the transferring CCU, within ~~five~~ work days after the date of a request or notice of need to transfer, or ~~five~~ work days prior to the effective date of transfer, whichever provides the most notification to the receiving CCU, shall:
  - 1) notify the receiving CCU of the impending transfer and the desired date of transfer;
  - 2) forward to the receiving CCU the original case record of the transferring participant; and
  - 3) forward the Participant Agreement – Person-Centered Plan of Care to the participant/authorized representative and a copy to the transferring ~~provider~~ ~~vendor~~.
- e) The receiving CCU shall:
  - 1) Upon receipt of the participant's case record, advise the participant/authorized representative as to the ~~providers~~ ~~vendors~~ in the CCU's area that are authorized, and appropriate, to provide the participant's service needs in accordance with the participant's person-centered plan of care. The participant shall advise the CCU as to ~~their~~ ~~his/her~~ selection and the CCU shall complete a new Participant

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

Agreement and Consent Form – Person-Centered Plan of Care.

- 2) Forward to the participant/authorized representative a new completed Participant Agreement and Consent Form – Person-Centered Plan of Care for signature.
- 3) Upon receipt of the signed Participant Agreement and Consent Form – Person-Centered Plan of Care, establishing the effective date of the transfer.
- 4) Forward:
  - A) the Participant Agreement – Person-Centered Plan of Care to the participant/authorized representative;
  - B) a copy of the Participant Agreement – Person-Centered Plan of Care and the old Participant Agreement – Person-Centered Plan of Care and a copy of the applicable pages of the comprehensive assessment to the receiving ~~provider~~~~vendor~~ on the same day the Participant Agreement – Person-Centered Plan of Care is sent to the participant/authorized representative.
- 5) Upon receipt of the ~~provider's~~~~vendor's~~ signature on the new Participant Agreement – Person-Centered Plan of Care, a copy of the executed Participant Agreement – Person-Centered Plan of Care is to be placed in CCU's participant file and a copy shall be forwarded to the participant/authorized representative.
- f) If any delay in any of the time frames established by this Section is caused by the documented action or inaction of the participant/authorized representative, time frames shall be extended by the number of days of delay.
- g) The receiving CCU shall perform an initial determination of eligibility of the participant and develop a new person-centered plan of care within 30 calendar days after the date of receipt of the case record.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1160 Temporary Transfers – Care Coordination Unit to Care Coordination**

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

**Unit**

- a) A CCP participant/authorized representative may request a transfer from the participant's CCU service area to another CCU service area for a temporary period of time, not to exceed 31 calendar days, when the participant is temporarily residing with a relative, or other responsible individual, but intends to return to the participant's permanent residence. When the temporary transfer exceeds 31 calendar days, the transfer is considered to be permanent (see Section 240.1130).
- b) The managing CCU shall retain primary responsibility for the participant and maintenance of the participant's original records.
- c) To implement the temporary transfer, the managing CCU, within ~~five~~5 work days after the date of request or notice of need to transfer, shall:
  - 1) notify the temporary CCU of the impending transfer, the participant's name, temporary address and telephone number, the anticipated length of stay and the type and amount of CCP service to be provided, and whether the participant has an authorized representative;
  - 2) obtain from the temporary CCU, and provide to the participant/authorized representative, a list of authorized and appropriate ~~providers~~ ~~vendors~~ in the temporary CCU's service area;
  - 3) complete a Participant Agreement and Consent Form and obtain signatures from the participant/authorized representative;
  - 4) complete a new Participant Agreement – Person-Centered Plan of Care, obtain signatures and forward copies as appropriate;
  - 5) provide the temporary CCU with a copy of the Case Documentation for Determination of Need;
  - 6) prepare and forward a Participant Agreement – Person-centered Plan of Care;
  - 7) authorize the temporary ~~provider~~ ~~vendor~~ to receive payment for CCP services provided, beginning on the effective service date;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 8) provide the temporary ~~provider~~ ~~vendor~~ with information required for billing for CCP services provided to the participant.
- d) The temporary ~~provider~~ ~~vendor~~ shall advise the temporary CCU of any needed adjustments in the participant's person-centered plan of care.
- e) The temporary CCU shall:
  - 1) if advised by the temporary ~~provider~~ ~~vendor~~, make a home visit to the participant and identify possible needed changes;
  - 2) advise the managing CCU and the temporary ~~provider~~ ~~vendor~~ of any changes needed in the participant's person-centered plan of care;
  - 3) monitor the provision of services to the participant;
  - 4) advise the managing CCU of the date of the participant's expected return to ~~his/her~~ permanent residence.
- f) The participant/authorized representative shall advise the temporary CCU of the date of the participant's expected return to ~~their~~ ~~his/her~~ permanent residence no later than ~~five~~ ~~5~~ work days prior to the date of the participant's return.
- g) Upon the participant's return to ~~their~~ ~~his/her~~ permanent residence, the managing CCU shall:
  - 1) terminate the authorization of the temporary ~~provider~~ ~~vendor~~ to receive payment for CCP services provided to the participant;
  - 2) reinstate authorization for the permanent ~~provider~~ ~~vendor~~ to receive payment for CCP services provided to the participant;
  - 3) notify the permanent ~~provider~~ ~~vendor~~ of the reinstatement and the first day that services shall be provided to the participant by the permanent vendor;
  - 4) prepare and forward a Participant Agreement – Person-Centered Plan of Care.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

**Section 240.1170 Caseload Transfer – Provider~~Vendor~~ to Provider~~Vendor~~**

- a) A caseload transfer shall occur when the serving provider's~~vendor's~~ contract for provision of CCP services has been terminated by either party to the contract.
- b) The Department shall notify the appropriate CCU of the impending transfer and the effective termination date, and forward a copy of each notification to the respective transferring and receiving providers~~vendors~~.
- c) The participant/authorized representative shall complete the Participant Agreement and Consent Form and forward it to the CCU by the date specified in the Department notice (no later than 15 calendar days after the date of mailing by the Department).
- d) Within five~~5~~ work days after the date specified by the Department in subsection (c), the CCU shall identify the receiving provider~~vendor~~ for each participant in the caseload, using the completed Participant Agreement and Consent Form or the approved rotation plan, if a Participant Agreement and Consent Form has not been received.
- e) Upon adequate notification by the Department of the provider's~~vendor's~~ intent to terminate its contract, the CCU shall:
  - 1) advise the receiving provider~~vendor~~ verbally of the impending transfer of the participants and the date that service must be initiated for each participant to prevent interruption of service;
  - 2) send written notification to the participants/authorized representatives giving the date of initiation of service by the receiving provider~~vendor~~; and
  - 3) send a new Participant Agreement – Person-Centered Plan of Care and applicable pages of the comprehensive assessment for each transferring participant to the appropriate receiving provider~~vendor~~.
- f) The time frame specified in subsection (e) does not apply when an emergency procurement action is required due to contract termination and to prevent interruption of participant services.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- g) The participant's/authorized representative's signature shall be obtained on the new Participant Agreement – Person-Centered Plan of Care and copies distributed as appropriate.
- h) The transfer of a caseload must be completed no later than the effective termination date of the contract.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART M: CARE COORDINATION UNITS AND PROVIDERS

**Section 240.1310 Standard Contractual Requirements for Care Coordination Units and Providers**

- a) The contract shall be an agreement between the Department and the CCU or provider agency as evidence of the terms and conditions of the contract. The terms and conditions shall, at a minimum, include the following:
  - 1) the contractual agreement between the Department and the CCU/provider may be terminated without cause by either party upon 60 calendar days written notice;
  - 2) the contractual agreement between the Department and the CCU/provider may be amended, with the mutual consent of both parties, at any time during the term of the contract; and
  - 3) all program and financial records, reports, and related information and documentation, including participant files, that are generated as a result of the agreement shall be considered the property of the Department.
- b) Upon written notification from the Department of a change in the fixed unit rates of reimbursement, the CCU/provider may exercise its 60 calendar day termination rights if the CCU/provider no longer wishes to provide service at the newly established fixed unit rates of reimbursement.
- c) CCUs and providers shall have sufficient personnel to ensure service to all CCP participants.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- d) At the time of application for award of contracts, CCUs and providers shall submit documentation specified by the Department to confirm the legal structure under which they are doing business.
- e) CCUs and providers may be units of State government, units of local government, for-profit or not-for-profit corporations, limited liability companies, sole proprietorships, partnerships or individuals.
  - 1) An agency of State government must submit a letter from the Director or head of the agency citing the statutory authority for the agency to enter into a contract to provide the proposed CCP service.
  - 2) A unit of local government must submit a copy of the resolution or ordinance duly passed by the governing body of the unit of government authorizing the execution of the contract. The resolution or ordinance shall designate the individual authorized to execute the agreement in behalf of that unit of government.
  - 3) A partnership, individual or sole proprietorship must submit copies of "Certificate of Ownership of Business" issued by the County Clerks for the counties in which the applicant agency is proposing to provide service.
  - 4) A corporation or limited liability company must submit a "Certificate of Good Standing" from the Office of the Illinois Secretary of State certifying that the corporation has complied with the requirement to file an annual report and has paid required franchise taxes.
  - 5) A not-for-profit corporation shall submit:
    - A) a "Certificate of Good Standing" from the Office of the Illinois Secretary of State certifying that the corporation has complied with the requirement to file an annual report; and
    - B) a current letter from the Office of the Illinois Attorney General certifying that the corporation is in full compliance with or is exempt from the charitable trust laws of the State of Illinois. Thereafter, a non-exempt provider shall provide a letter, certified by the provider's Board of Directors, to the Department upon request, stating that the provider remains in compliance or is

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

exempt.

- 6) A nongovernmental agency shall certify that:
  - A) CCU/provider or any of its officers, agents or employees have not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois nor made an admission of guilt of such conduct which is a matter of record; and
  - B) CCU/provider is not in arrears or not in default to the State of Illinois upon any debt or contract, and that it is not in default as to the surety, or otherwise, upon any obligation to the State of Illinois, and that it has not failed to perform faithfully any previous contract with the State of Illinois.
- f) CCUs and providers shall certify that their respective agency acknowledges and complies with the Illinois Human Rights Act [755 ILCS 5]; the Equal Employment Opportunity Act of 1974, as amended (Title VII of the U.S. Civil Rights Act of 1964, as amended (42 [U.S.C.](#) ~~USC~~ 2000e et seq.)); the Civil Rights Act of 1964, as amended (42 [U.S.C.](#) ~~USC~~ 2000d et seq.); section 504 of the Rehabilitation Act of 1973, as amended (29 [U.S.C.](#) ~~USC~~ 790 et seq.); and the Immigration Reform and Control Act of 1986 (8 [U.S.C.](#) ~~USC~~ 1101 et seq.).
- g) CCUs and providers shall certify to the Department that their respective agencies are fiscally sound, as defined in Section 240.160, or demonstrate the ability to obtain financial resources as required during the performance of their contract.
- h) Assignment by a CCU or provider of a contract awarded between the CCU or provider and the Department to any other organizations or entities shall result in the immediate termination of the CCU or provider contractual agreement.
- i) Failure by CCUs or providers to seek and obtain written Department approval prior to entering into subcontracts with other entities for the provision of CCPCCP services shall result in the immediate termination of the CCU or provider contractual agreement.
- j) The Department shall be immediately notified in the event of a merger/consolidation/sale of assets of a CCU or provider by the CCU or provider and provided with copies of all relevant supporting documents.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 1) Following review of the merger/consolidation/sale of assets documents by General Counsel, the Department will determine whether the merger/consolidation/sale of assets has resulted in an assignment of the contract (see subsection (h)).
- 2) If the merger/consolidation/sale of assets has not resulted in an assignment, the Department retains the right to terminate the contract if performance of the contract by the new corporate structure is not in the best interests of the CCP, such as a merger or consolidation with an entity that has been subject to previous contract action by the Department or some other state or federal agency.
- 3) Failure to notify the Department shall result in termination of the CCU or provider contract.

k) [The CCU/provider must notify the Department and receive approval before initiating any pilot program involving participants. Failure to receive approval may result in contract action.](#)

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1320 Provider~~Vendor~~ or Care Coordination Unit Fraud/Illegal or Criminal Acts**

- a) Reporting of Illegal Acts
  - 1) Any entity involved in the administration of the CCP or in the provision of CCP services, upon receipt of any report of or evidence of an improper or unlawful act having been committed by their employees, for the purpose of illegally obtaining money or extorting payment for care, goods, services or supplies, shall immediately:
    - A) inform the appropriate law enforcement authorities; and
    - B) report to the Department, including any documentation which may have been obtained, regarding any alleged theft or missing items having value over \$50.00 or such unlawful activities which result in a police report.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 2) Failure of a CCU or provider~~vendor~~ to make a report to the appropriate law enforcement authorities and to the Department shall result in contract action as delineated in Section 240.1665 ~~for vendors and Subpart N for CCUs.~~
- b) Department staff, designated by the Director, shall make an immediate investigation of the alleged improper or unlawful acts. When the result of the Department's investigations produces evidence that indicates CCU/provider~~vendor~~ improprieties or unlawful activities, the Department shall make an immediate report to the appropriate law enforcement authorities.
- c) Any entity or individual provider involved in the administration/provision of CCP services shall not bill the Department for more services than were provided to or on behalf of CCP participants.
  - 1) Anyone in receipt of information that the Department has been improperly billed for services shall report the incident to the Department and provide the Department with any report/documentation that may have been obtained.
  - 2) Department staff, designated by the Director, shall complete an immediate review of the report.
  - 3) If the Department determines that the allegations in the report are factual, based upon the above cited-review, the Department will advise the CCU or provider~~vendor~~ in writing regarding what action shall be taken (e.g., no action, if in the best interests of the participant; suspension; termination). ~~(See Sections 240.1399 and 240.1665 for vendors and Subpart N for CCUs.)~~
- d) Any entity or individual involved in the provision of CCP services shall cooperate with and provide assistance to the Department/law enforcement authorities in any investigation of any alleged illegal or criminal act. ~~(See Section 240.1665 for vendors and Subpart N for CCUs.)~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1399 Termination of a Provider~~Vendor~~ or Care Coordination Unit (CCU)**

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

In the event conditions warrant termination of an Agreement or a Contract, termination shall be in accord with provisions in the Agreement or Contract.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART N: CARE COORDINATION UNITS

**Section 240.1400 Community Care Program Care Coordination**

- a) A designated CCU, as outlined in 89 Ill. Adm. Code 220.600 through 220.675, shall be contracted with as a CCU by the Department for a specific geographic area by executing a contract for the provision of CCP care coordination services.
- b) All providers of CCP care coordination services shall meet all standards promulgated by the Department relating to the services provided, upon completion of the procurement. ~~as specified in 89 Ill. Adm. Code 220.610 through 220.675~~ All Department funded CCUs must adhere to the equal opportunity requirements of the Illinois Department of Human Rights and the contract executed between the CCU and the Department.
- c) Care coordination services shall be purchased only from providers determined capable and competent by the Department to provide those services, ~~as described in 89 Ill. Adm. Code 220.600 through 220.675~~ once a procurement has occurred ~~under 89 Ill. Adm. Code 220.610 through 220.675~~.
- d) CCU contracts with the Department to provide CCP care coordination services shall not be assigned.
- e) CCUs shall not subcontract for the direct provision of CCP care coordination services unless prior written approval has been obtained from the Department.
- f) A CCP provider may not serve as a CCU in the same contract service area except temporarily to provide for the orderly transition of duties while the Department seeks a replacement CCU or the Department seeks a replacement provider, as indicated in the particular case. In no instance shall that arrangement exist for longer than a ~~three~~<sup>3</sup> month period.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

**Section 240.1410 Care Coordination Unit Administrative Minimum Standards**

- a) A CCU must meet the Standard Contractual Requirements of Section 240.1310.
- b) A CCU shall be open for business at least ~~seven~~<sup>7</sup> hours each weekday (Monday through Friday) and shall have and utilize an alternative method approved by the Department, and on file at the CCU, for receiving requests from participants on any weekdays (excluding holidays) when the CCU is not open for business.
- c) All program records, reports, and related information and documentation, including participant files, that are generated in support of the contract between the CCU and the Department shall be considered the property of the Department.
  - 1) The CCU shall submit, upon demand, or otherwise make available at the option of the Department, all such records, information and documentation to the Department/Department authorized designee.
  - 2) All the records, information and documentation shall be maintained by the CCU in accordance with provisions of 89 Ill. Adm. Code 220.100.
  - 3) All records, case notes or other information maintained on persons served under the contract shall be confidential and shall be protected by the CCU from unauthorized disclosure as required by 89 Ill. Adm. Code 220.100 and Section 240.340 of this Part.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1420 Care Coordination Unit Responsibilities**

CCUs, in the performance of their CCP contract, shall have the following responsibilities for purposes of care coordination:

- a) ~~Intake~~<sup>intake</sup> to address public inquiries regarding services and supports and making preliminary decisions regarding need for a home visit for a comprehensive assessment.
- b) Determine functional and financial eligibility for services, including:



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 1) scheduling a face-to-face meeting between a certified Care Coordinator and a participant/authorized representative;
  - 2) utilizing the comprehensive assessment tool, or any successor assessment tool used to determine need for long-term services and supports authorized by the Department, including all addenda, to assess the participant's functional needs, cognitive, psychological, and social well-being, including but not limited to participant demographics, physical health history and assessment, behavioral health, medications, nutritional screening, caregiver, transportation, environment, financial, legal status, and person-centered goals of care, as well as other factors contributing to quality of life and the ability to live independently in the community;
  - 3) reporting alleged or suspected abuse, neglect, financial exploitation, or self-neglect; assisting with investigations conducted under the Adult Protective Services Program; and making referrals to the State/Regional Long Term Care Ombudsman Programs.
  - 4) identifying existing informal and formal support systems and the need for further evaluation by other disciplines, and/or services that would assist the participant in maintaining independent living and coordinating available resources to assist the participant/authorized representative to gain access to and receive needed services and supports, whether paid or unpaid, that will assist the participant to achieve identified goals, including distributing and assisting with completion of applications and forms required to access services identified in the goals of care; and
  - 5) maintaining relationships with DHS, HFS, managed care entities, physicians, hospital discharge personnel, and ~~providers~~~~providers/vendors~~ for the purpose of receiving input that may be beneficial to the CCU in exercising these responsibilities.
- c) ~~Full~~ responsibility for the performance of CCP determinations/redeterminations of eligibility, including residents of nursing homes seeking to return to the community, and development of a Participant Agreement – Person-Centered Plan of Care for each CCP client. (The Participant Agreement – Person-Centered Plan of Care can be revised only by the CCU.) CCUs should maintain liaison with DHS, HFS, physicians, hospital discharge personnel, and ~~providers~~~~vendors~~ for the purpose of receiving input that may be

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

beneficial to the CCU in exercising these responsibilities.

- d) Develop~~develop~~ a Participant Agreement – Person-Centered Plan of Care for each participant receiving CCP services based on person-centered planning and freedom of choice in the selection of services, supports and providers~~vendors~~.
- e) Monitor~~monitor~~ the person-centered plan of care, including the Goals of Care, to ensure that services/resources are being provided.
- f) Implement~~implement~~ transfer of a participant as required by Sections 240.1110 through 1180.
- g) Send~~send/hand~~ deliver a person-centered plan of care to the participant/authorized representative ~~as required by Sections 240.910 and 240.945~~. Also send/hand-deliver to providers/~~vendors~~; on same day the CCU sends the form to the participant/authorized representative, the following:
  - 1) the applicable sections of the comprehensive assessment tool; and
  - 2) copy of the Participant Agreement – Person-Centered Plan of Care.
- h) During~~during~~ the face-to-face/in-person visit and, upon subsequent request, advise participants/authorized representatives of all rights and responsibilities under the CCP and furnish each participant/authorized representative with a copy of those rights and responsibilities, including a copy of "Things You Need to Know" brochures and Home Care Participant Bill of Rights brochures. Also provide a copy of the Request for Appeal form as promulgated by the Department and rendering assistance in filing the Request for Appeal form as requested or needed.
- i) Arrange~~arrange~~ for the implementation of CCP services by CCP providers~~vendors~~ in accordance with the person-centered – plan of care, and develop memoranda of understanding when needed to maintain service. ~~–(See Section 240.350.)~~
- j) Submit~~submit~~ to HFS all requested records for issues under the Medical Assistance Program, and any other information or records for HFS to discharge its responsibilities as the Single State Agency under Title XIX of the Social Security Act.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- k) ~~Send~~ notification to the participant/authorized representative ~~as required by Section 240.910~~ if a participant is determined ineligible for CCP services and providing linkage to other indicated services (e.g., Older Americans Act (42 U.S.C. ~~USC~~ 3001 et seq.) services).
- ~~l) advise the participant/authorized representative of his/her right to receive a penalty payment as specified in Section 240.940 if the notice of eligibility is not mailed within 45 calendar days after the date on which a completed request is received by the Department or CCU.~~
- ~~l~~m) ~~Inform~~inform and assist the participant in the exercise of his/her rights to obtain an alternative provider as specified in Section 240.270 if provision of CCP service is delayed beyond the required time frame.
- ~~m~~n) ~~Maintain~~maintain a record of all participants receiving services under the CCP being served within the CCU's jurisdiction.
- ~~n~~o) ~~Address~~address any request by participant/authorized representative/~~provider~~vendor relating to CCP services and respond verbally/in writing within 15 calendar days after the date of request and so document in the participant's file.
- ~~o~~p) ~~Document~~document in the participant's file all contact, verbal or written, with or on behalf of participants/authorized representatives.
- ~~p~~q) ~~Monitor~~monitor for critical event notifications coming from Adult Protective Services, Emergency Home Response, In-Home and Adult Day Service providers. CCUs will respond to all critical event notifications by providing mandatory follow-up with CCP participants who have experienced a critical event. All critical event reports will be closed to reflect mandatory follow-up with CCP participants within 60 days after the date the event occurred or was identified to have occurred. CCUs will close critical event reports through completion of the 60-day review summary housed in the Department's automated reporting system.
- ~~q~~r) ~~Complete~~complete and submit CCP assessment billing data to the Department; review and correct rejects; and provide assistance to ~~providers~~vendors with billing errors.
- ~~r~~s) ~~Provide~~provide, in a timely manner, copies of all participant documents requested

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

by the Department for participant appeals or other Departmental matters.

- s) ~~Attend~~ attend hearings on appeals affecting participants under the CCU's jurisdiction and testify as requested. The CCU shall make available the appellant's case records at the hearing.
- t) ~~Complete~~ conduct Choices for Care pre and post screening requirement within the required time frames and provide informed choice to participate ~~prescreening, postscreening, and Deinstitutionalization~~ in accordance with Section 240.1010.
- u) Comply with deinstitutionalization requirement as outlined in Section 240.1010. ~~conduct HFS OBRA 1 (Level I HD Screen).~~
- v) ~~Provide~~ provide the Department with an annual financial audit report completed in accordance with Generally Accepted Audit Standards and Audit Guidelines issued by the Department.
- 1) The financial audit report shall be filed within six ~~6~~ months after the close of the CCU's business fiscal year. The annual financial audit report must include, at a minimum, an income and expense statement and a balance sheet with the auditor's opinion and findings.
  - 2) The annual financial audit report shall be filed with the ~~Illinois~~ Department at its main office in Springfield.
- w) ~~Maintain~~ maintain all records and documentation as specified in this Part and applicable procedures.
- x) ~~Respond~~ respond to correspondence as required in performing all specified responsibilities.
- y) ~~Obtain~~ obtain any necessary consent and cooperation for release of information when required to document case record material and to take subsequent indicated action.
- z) ~~Develop~~ develop and maintain resource listings for the geographic area served by the CCU, which will be shared with the Department upon request, to ensure that choices are presented to participants/authorized representatives in an objective manner that also allows for a rotation system for referrals to providers/~~vendors~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

when the participant/authorized representative elects not to make a choice.

~~aa~~<sup>bb</sup>) ~~Perform~~<sup>perform</sup> other activities as required by State or federal or local rules, regulations and ordinances as they relate to the CCP.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1430 Care Coordinator Staff Positions, Qualifications and Responsibilities**

- a) A CCU shall have specified staff to carry out the following functions:
  - 1) care coordination; and
  - 2) supervision of care coordinators.
- b) Care coordination supervisor qualifications shall be as specified in 89 Ill. Adm. Code 220.605(a)(2).
- c) Care coordination qualifications shall be as specified in 89 Ill. Adm. Code 220.605(b)(2).
- d) Care coordinator activities and responsibilities shall, at a minimum, include:
  - 1) administration of the DON;
  - 2) development of a Participant Agreement – Person-Centered Plan of Care;
  - 3) performance and/or approval of Choices for Care screening;
  - 4) performance of HFS ~~OBRA-1~~ (Level I ~~ID~~ Screen);
  - 5) authorization of CCP services; and
  - 6) attendance at appeal hearings.
- e) Required activities that may be performed by a care coordinator or other CCU staff include:
  - 1) screening of inquiries;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 2) arranging for service implementation in accordance with each specific Participant Agreement – Person-Centered Plan of Care;
- 3) completing required billing activities with the Department;
- 4) reviewing and correcting required billing activities with the Department;
- 5) assisting providers with Vendor Request for Payment (VRFP) rejects;
- 6) timely provision of documents requested by the Department for participant appeals or other Departmental matters;
- 7) implementing case transfers; and
- 8) assisting with completion and submission of participant Medicaid applications.~~referral of participants to HFS for Medicaid application as requested.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

### Section 240.1440 Training Requirements For Care Coordination Supervisors and Case Coordinators

CCUs in the performance of their CCP contracts, shall adhere to the following training requirements ~~immediately upon adoption of this Section regardless of whether a procurement has occurred pursuant to 89 Ill. Adm. Code 220.610 through 220.675.~~

- a) Care Coordinator (CC) Certification and Recertification~~Coordination Supervisors~~
  - 1) Prior to performing CCP eligibility determinations and developing person centered plans of care, each care coordinator and each supervisor acting as a care coordinator shall successfully complete Department sponsored training on the CCP training comprehensive assessment tool, care planning, dementia training, and Choices for Care screening.~~Either prior to or within 60 calendar days after the date of employment with the CCU, each care coordination supervisor shall successfully complete:~~
    - A) ~~Department sponsored CCP training on the DON eligibility~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~determination, care planning, Choices for Care screening, and OBRA 1 (Level I/D Screen).~~

~~B) Successful completion of this training shall be established by certification.~~

2) Successful completion of this training shall be established by certification. ~~Each care coordination supervisor shall meet the following in-service training requirements:~~

~~A) Recertification of CCP training within the 18-month anniversary of each previous recertification (e.g., recertification in September, subsequent recertification no later than March of the second following year);~~

~~B) 18 hours of documented in-service training on aging-related subjects within each calendar year. For partial years of employment, training shall be prorated to equal 1.5 hours for each full month of employment. Documented participation in in-house staff training and/or local, State, regional or national conferences on aging-related subjects, and the recertification required in subsection (a)(2)(A), will qualify as in-service training on an hour-for-hour basis.~~

3) Recertification of CCP training must be completed within the 18 months anniversary of each previous certification.

b) In-Service Training Requirements ~~Care Coordinators~~

1) Annually, each care coordinator supervisor and care coordinator shall compete 20 hours of documented in-service training on aging related subjects. 2 of those hours shall be dementia training which shall include subjects related to Alzheimer's Dementia and Related Disorders; Safety Risks; and Communication and Behavior. ~~Prior to performing CCP eligibility determinations and developing person-centered plans of care, each case manager and each supervisor acting as a care coordinator shall successfully complete:~~

~~A) Department sponsored CCP training on the DON, eligibility~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~determination, care planning, Choices for Care screening and OBRA 1 (Level I ID Screen).~~

~~B) Successful completion of this training shall be established by preliminary certification which shall expire 6 months from completion of training.~~

2) For partial years of employment, training shall be prorated to equal 1.5 hours for each full month of employment. Documented participation in in-house staff training and/or local, State, regional or national conferences on aging related subjects will qualify as in-service training on an hour-for-hour basis. Recertification hours will not qualify for successful completion of this training. Completion of this training shall be established by certification.~~Each care coordinator and each supervisor acting as a care coordinator manager shall meet the following training requirements:~~

c) All CCU employees not in receipt of Department training certificates must complete two hours of dementia training within 30 days of their employment and every calendar year thereafter. This training must include the following subjects: Alzheimer's Dementia and Related Disorders; Safety Risks; and Communication and Behavior.

~~A) certification of CCP training within 6 months from the preliminary certification (e.g., preliminary training in January, full certification no later than July); and~~

~~B) recertification of CCP training within the 18 month anniversary of each previous certification (e.g., full certification in April, subsequent recertification no later than October of the second following year); and~~

~~C) 18 hours of documented in-service training on aging related subjects within each calendar year. For partial years of employment, training shall be prorated to equal 1.5 hours for each full month of employment. Documented participation in in-house staff training and/or local, State, regional or national conferences on aging related subjects, in addition to the certification required in subsection (b)(2)(A), will qualify as in-service training on an hour-for-hour basis.~~



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART O: PROVIDERS

**Section 240.1505 Administrative Requirements for Certification**

- a) In order to qualify for certification as a provider of CCP services, a provider agency must, to the satisfaction of the Department, meet the following administrative requirements:
  - 1) Serve an entire CCP geographic area.
    - A) Other than in Cook County, the geographic area will be the county.
    - B) In Cook County outside the City of Chicago, the geographic area will be the township.
    - C) Within the City of Chicago, the geographic area will be the following subareas, defined by Zip Code:
      - i) 60626, 60640, 60645, 60659, 60660
      - ii) 60625, 60630, 60631, 60646, 60656
      - iii) 60634, 60639, 60641
      - iv) 60613, 60614, 60618, 60647, 60657
      - v) 60601, 60602, 60603, 60604, 60605, 60606, 60607, 60610, 60611, 60622, 60642, 60654, 60661
      - vi) 60615, 60616, 60637, 60649, 60653
      - vii) 60609, 60623, 60629, 60632, 60638
      - viii) 60619
      - ix) 60620, 60621, 60636, 60643, 60652, 60655

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- x) 60608, 60612, 60624, 60644, 60651.
  - xi) 60628
  - xii) 60617, 60633, 60827.
- 2) The Department reserves the right to adjust this geographic area requirement to assure that:
- A) no geographic area remains unserved.
  - B) the following entities are not excluded from participation as service providers in the CCP:
    - i) entities serving limited- or non-English-speaking participants;
    - ii) providers that are, or are controlled by, a unit of local government and cannot operate outside the jurisdiction of that local government; and
    - iii) regional benevolent, charitable, social or religious organizations that have as their charter providing services to a specific population or geographic area smaller than a county, township or CCP subarea.
  - C) transportation to/from adult day service facilities can be completed in a reasonable period of time.
- 3) Submit a request for certification providing the information described in this Section and Sections 240.1600 and 240.1605, in the form and manner prescribed by the Department, including all required supporting compliance material or other information documenting its administrative and operational ability, and institute all necessary action based on the outcome of the Department's review.
- 4) Document the legal structure under which it is organized to do business as set forth in Section 240.1607(h).

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 5) Provide a list of the directors, officers or owners, as applicable to the legal structure of the provider agency.
- 6) Verify experience in providing service comparable to the CCP, as defined in Sections 240.210, 240.230, 240.235 and 240.237, for which certification is requested, and that is consistent with the requirements set forth in this Part.
  - A) Required Experience
    - i) For prospective emergency home response service provider agencies: A minimum of ~~five~~<sup>5</sup> years experience in business operations providing emergency home response service.
    - ii) For prospective adult day service provider agencies: A minimum of ~~two~~<sup>2</sup> years experience providing direct social services programming.
    - iii) For prospective in-home service providers: A minimum of ~~three~~<sup>3</sup> years experience in business operations providing in-home service, one of which must be in Illinois.
    - iv) For prospective AMD service provider agencies: a minimum of ~~five~~<sup>5</sup> years experience in business operation providing AMD services.
  - B) ~~At the Department's discretion, the~~The Department ~~may~~<sup>reserves</sup> ~~the right to:~~
    - ~~i) adjust the experience requirements specified in subsection (a)(6)(A) if the provider agency submits proof of current accreditation or certification by an appropriate national organization for the service for which Department certification is being requested.~~
    - ~~ii)~~ <sup>ii)</sup> issue provisional certification to provider agencies, including, but not limited to, those that have not previously

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

been certified or are not in operation at the time the application is made. The provisional certification shall not exceed two years and the Department will conduct additional oversight during the provisional period to protect participant health, safety and welfare. A provider with a provisional certification cannot expand until they have received their first successful review.

- iiiii) adjust the experience requirement (e.g., substituting management team experience for agency experience) ~~when it is in the best interests of the CCP.~~ The Department will continue to assure that any adjustment of the experience requirement will occur only when the health, safety and welfare of CCP participants and the quality of services provided will not be adversely affected. The Department will not consider any substituted experience that has been used to support another application.

- 7) Disclosure of information regarding past business practices of the provider agency and its affiliates, including the managers, directors or owners, relevant to the service applied for, involving, but not limited to, the following circumstances:
- A) denial, suspension, revocation or termination for cause of a license or Provider Agreement, or any other enforcement action, such as civil court or criminal action;
  - B) termination of a Provider Agreement or surrender of a license before expiration or allowing a contract or a license to expire in lieu of enforcement action;
  - C) any federal or state Medicaid or Medicare sanctions or penalties relating to the operation of the agency, including, but not limited to, Medicaid abuse or fraud;
  - D) any federal or state civil or criminal felony convictions;
  - E) operation of an agency that has been decertified in any state under Medicare or Medicaid; or

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- F) citations for participant abuse, neglect, injury, financial exploitation or inadequate care in any state.
- 8) Document its written policies and procedures in compliance with the applicable administrative standards imposed on provider agencies under the CCP, as set forth in Section 240.1510.
- 9) Document its ability to comply with all applicable responsibilities imposed on provider agencies under the CCP, as set forth in Section 240.1520, including proof of required insurance coverages.
- 10) Submit audited financial reports from the last complete business fiscal year, unless the provider agency is a newly established business entity.
- A) Newly established for profit business entities, regardless of relationship to any other provider agency, shall:
- i) submit proof that employee tax accounts are ~~reestablished~~~~reestablished~~ with the State of Illinois and the U.S. ~~Treasury~~~~Treasurer~~; and
  - ii) submit either:
    - a bank approved business plan with approved financial backing; or
    - if financial resources are from individuals, the most recent ~~two~~~~2~~ years of tax returns, ~~and if applicable~~~~as well as~~ any bank approved individual financial backing for use in the business.
- B) Newly established not-for-profit business entities, regardless of relationship to any other provider agency, shall submit:
- ~~i~~~~+~~) Bank approved business plan with approved financial backing or a signed financial statement illustrating restricted and nonrestricted funding; and

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- ii2) Proof that employee tax accounts are established with the State of Illinois and the U.S. Treasury.
- 11) Submit proof that it is fiscally sound, as that term is defined in Section 240.160, by verifying assets (e.g., audited financial statements with accompanying notes, bank statements, investment statements, or letters of credit from financial institutions) sufficient to cover 90 days of operating expenses for the service line applied for (i.e., specifically ADS, In-Home Services, EHRS or AMD), as defined by the agency business plan. No more than 30 of the 90 days should be based on a line of credit.
- 12) Provide assurance that its business operations comply with the service, staffing and training requirements imposed on provider agencies under this Part.
- 13) Provide a minimum of five5 references from such entities as persons who have been served by the provider, nonprofit or business organizations or governmental bodies that have observed the operations and/or services of the provider, employees of the provider, an Area Agency on Aging, etc., attesting to the provider agency's qualifications relevant to providing CCP services. The references shall be from independent anda diverse group of knowledgeable entities. The Department will not accept reference letters from entities or persons who are affiliated with the applicant and/or entities who have common control/owners with the applicant.
- 14) Comply with all applicable federal, State and local laws, regulations, rules, service standards and policies or procedures pertaining to the provider agency in its business operations and to the services provided under the CCP.
- b) If a provider agency is not able or is unwilling to meet the administrative requirements in subsection (a), the Department shall deny its request for certification.
- c) The Department reserves the right to accept documentation of Illinois Department of Public Health (DPH) home service licensure for applicable administrative requirements. (See 77 Ill. Adm. Code 245.Subpart B.)

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

**Section 240.1510 Provider Administrative Minimum Standards**

The provider shall establish and comply with written policies and procedures. Provider policies shall include the following:

- a) Confidentiality of participant records is maintained as required by Section 240.340, including:
  - 1) Ensure access to participant records is limited to specific areas within the office and only available to personnel with need for the information.
  - 2) Establish and maintain current and archived files in a secure and confidential manner.
- b) The type and amount of service is provided in accordance with the Participant Agreement – Person-centered Plan of Care as developed and authorized by the CCU in collaboration with the participant/authorized representative.
- c) Money handling activities related to necessary shopping/errand activities, including receipt procedures, are monitored.
- d) Staff development plans that show each job category and include a job description and a wage range plus personnel policies that include benefits, promotion and evaluation criteria so:
  - 1) Each employee is provided a written job description that applies to his/her job category.
  - 2) A copy of current written personnel policies for the specific job category is available to all employees.
  - 3) Each employee is informed of the wage range for the specific job category at the time of employment and upon any subsequent revisions.
  - 4) Employee benefits and grievance procedures are clearly stated in writing and comply with both State and federal regulations.
  - 5) Personnel records are maintained for each employee and include at least

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

the following:

- A) employee application;
  - B) annual face-to-face performance evaluation;
  - C) documentation of participation in pre-service, in-service and other pertinent training (orientation in agency policies) in accordance with Department training required by Sections 240.1535 and 240.1555;
  - D) documentation of supervisory visits, quarterly conferences and evaluations;
  - E) documentation to support qualifications;
  - F) documentation of vehicle insurance for those employees who provide participant transportation in their own vehicles;
  - G) documentation that the websites for the federal Department of Health and Human Services (HHS) and HFS, Office of Inspector General, were checked for excluded providers; and
  - H) documentation of a criminal background check and waiver, if applicable, as required by the Illinois Healthcare Worker Background Check Act [225 ILCS 46] and an online check of the Adult Protective Services Registry, as required by the Adult Protective Services Act [320 ILCS 20/7.5(c)].
- e) All Department required documentation to support units of service requested for reimbursement shall be retained in paper or electronic format for a minimum of ~~six~~6 years after the ending year for its creation date or the ending year when it was last in effect, whichever is later.
- f) Ongoing quality improvement, reviewed at least annually, through:
- 1) staff and community agency surveys;
  - 2) program and service reviews; and



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 3) implementation of changes:
  - A) based upon program and service review findings and submission of documentation of those changes to the Department, in accordance with Department policy; and
  - B) to comply with Medicaid waiver quality assurance regulations.
- g) U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) Regulation (29 CFR 1910.1030) (2008).
- h) National Labor Relations Act (29 [U.S.C.](#) ~~USC~~ 151-169) and any applicable collective bargaining agreements.
- i) U.S. Department of Homeland Security, U.S. Citizenship and Immigration Services (8 [U.S.C.](#) ~~USC~~ 1324(a) et seq.).
- j) Drug Free Workplace Act [30 ILCS 580].
- k) Patient Self-Determination Act (42 [U.S.C.](#) ~~USC~~ 1396(a) et seq.).
- l) Health Care Surrogate Act [755 ILCS 40].
- m) Control of the spread of infectious diseases and compliance with universal precautions.
- n) Assure nondiscrimination in accordance with Section 240.320 and the Department's civil rights program.
- o) Develop, maintain and protect administrative and participant records, including observance of confidentiality in the maintenance and transmission of records, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (42 [U.S.C.](#) ~~USC~~ 1320d et seq.).
- p) Receive and resolve complaints as required by Section 240.1650.
- q) Develop an all hazards disaster operations plan to respond to emergency situations, including, but not limited to, medical emergencies, home or site-related

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

emergencies, emergencies related to the participant, weather-related emergencies, and vehicle/transportation emergencies.

- r) Adequate supervision of all persons, both staff and volunteers, having direct service contact, as required by Section 240.1535 or 240.1555, respectively.
- s) Mandated reporting of all conditions or circumstances that place the participant, or the participant's household, in imminent danger (e.g., situations of abuse or neglect), as required by 89 Ill. Adm. Code 270.
- t) Prohibiting the use of seclusion and/or restraint against a participant, unless supported by documentation in the person-centered plan of care and the employees have received training on restraint and seclusion practices.
- u) Participate in all Department-mandated training for staff and volunteers, including, but not limited to:
  - 1) Training on universal precautions as required by OSHA (29 CFR 1910.1030) (2008);
  - 2) Training on emergency procedures; and
  - 3) Training for abuse, neglect, exploitation and incident reporting required by the Adult Protective Services Act [320 ILCS 20].
- v) Develop and adhere to marketing standards for services that:
  - 1) require all persons involved with marketing and sales efforts to refrain from incomplete service comparisons or otherwise misleading representations (twisting) and high pressure sales tactics (playing on explicit or implicit fear and threats);
  - 2) ensure the confidentiality and security of sensitive personal identification, financial and health information of current and prospective program participants that is obtained during discussions;
  - 3) prohibit unsolicited telephone calls (cold-calling) and door-to-door solicitations; sales activities, as opposed to educational or informational activities, at community meetings, educational events and health care

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

facilities; and cross-selling of non-CCP-related services to current and prospective participants in the program;

- 4) prohibit the use of independent agents for marketing of CCP-related services to participants; and
  - 5) limit the value of any incentives and promotional products offered to current and prospective participants in the program.
- w) Documentation that employees having direct contact with participants are annually educated about: the significant risks (including death) frail older adults face when exposed to the influenza virus; the steps homecare aides can take to minimize the risks of exposure, including immunizations; and the locations of resources within the provider's service area where immunizations are available, highlighting those that offer the vaccination for free or nominal costs. The provider shall maintain records of employees with direct participant contact who have received influenza vaccine by January 31 of each calendar year.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1520 Provider Responsibilities**

- a) CCP services shall be purchased only from providers certified by the Department to provide those services.
- b) Providers shall carry occurrence based general liability insurance in the single limit minimum amount of \$1,000,000 per occurrence, \$3,000,000 in the aggregate.
- c) Providers shall also carry the following insurance coverages:
  - 1) worker's compensation for direct service staff;
  - 2) volunteer protection equivalent to employees' coverage, including coverage for volunteer drivers/escorts, if applicable; and
  - 3) motor vehicle liability, uninsured motorist and medical payments, if agency staff transport participants in agency vehicles, or proof of minimum motor vehicle liability, uninsured motorist and medical

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

payments, if agency staff transport participants in the staffs' own vehicles.

- d) The policies or current letters documenting all provider agency insurance coverage and policies or current letters documenting staff coverage specified in subsection (b) or (c) shall be available to the Department upon request.
- e) All providers of CCP services must comply with all applicable local, State and federal statutes, rules and regulations.
- f) A provider shall provide services to all CCP participants referred by the CCU, with the following exceptions:
  - 1) The person-centered plan of care is determined to be inappropriate in the professional judgement of the provider.
    - A) The provider shall immediately notify the CCU of the provider's assessment and evaluation of the situation.
    - B) The provider and the CCU shall work together to determine if a person-centered plan of care that adequately meets the participant's needs can be developed.
    - C) In the event the provider and the CCU cannot reach an agreement, the Department shall be contacted and shall determine the final resolution.
  - 2) The provider is unable to accept all CCP referrals.
    - A) The provider shall request a cap on the number of participants to be served (service cap), in writing, to the Department.
    - B) The Department will not approve a service cap for a provider that is the only provider of in-home service in the service area or when it is not in the best interest of the program.
    - C) Upon approval of the request, the provider assumes responsibility for managing intake to maintain the cap.
- g) Any temporary change or deviation from the person-centered plan of care must be

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

documented by the provider in the participant's file. A provider shall not deviate from the participant's person-centered plan of care without receipt of verbal (followed up, within ~~two~~<sup>2</sup> working days, with written instruction to be placed in the participant's file) or written instruction from the Department or the CCU, except in cases of emergency, refusal of service or failure of a participant to be home to receive service.

- h) It shall be the responsibility of the provider to advise the CCU of any change in the participant's physical/mental/environmental needs that the provider, through the direct service worker/supervisor, has observed, when the change would affect the participant's eligibility or service level or would necessitate a change in the person-centered plan of care.
- i) All providers shall reply to requests by a participant, by telephone or in writing, within 15 calendar days after the date of the request. The request and the response shall be documented in the participant's file.
- j) Providers shall electronically submit a Vendor Request for Payment (VRFP) that shall be received by the Department no later than the 15<sup>th</sup> day of the month following the month in which services were provided.
  - 1) The VRFP shall state the number of units of service provided to each identified participant during the service month.
  - 2) Providers shall be reimbursed by the Department for the entire rate for each unit of service. Providers shall bill the Department for service rendered to participants in increments of quarter units.
- k) Providers shall provide the Department with an annual audit report to be completed by an independent licensed Certified Public Accountant (CPA) and in accordance with 74 Ill. Adm. Code 420.Subpart D. The audit report shall be filed at the main office of the ~~Illinois~~ Department ~~on Aging, Springfield, Illinois~~, within ~~six~~<sup>6</sup> months after the date of the close of the provider's business fiscal year.
- l) Providers must accept all correspondence from the Department. Failure to do so may lead to contract action ~~(see Section 240.1665)~~.
- m) Records

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 1) Providers must maintain records for administration, audit, budgeting, evaluation, operation and planning efforts by the Department in offering CCP services, including:
  - A) records of all CCP referrals to the provider, including the disposition of each referral;
  - B) records for participants, which shall include, but are not limited to, applicable forms as required by the Department;
  - C) administrative records, including:
    - i) data used by the Department to provide information to the public;
    - ii) service utilization;
    - iii) complaint resolution; and
    - iv) billing and payment information, plus the underlying documentation to support the units of service submitted to the Department for reimbursement.
- 2) These records shall be available at all times to the Department, HFS, HHS, and/or any designees, and shall be maintained for at least ~~six~~6 years after the termination date of the Provider Agreement. Any records being maintained under this subsection (m) by a provider who ceases to provide the agreed services shall be transmitted in accordance with Subpart K.
- n) Providers must notify the Department within ~~seven~~7 days after any change in agency information (e.g., acquisition, assignment, consolidation, merger, sale of assets ~~or stock~~, transfer, etc.) or contact information (e.g., address, telephone, fax, email address, contact person, authorized representative, etc.).
  - 1) Providers must notify the Department at least 30 days in advance of any relocation of their administrative office.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 2) Providers must submit documentation of changes in provider name, corporate structure and/or Federal Employer Identification Number to the Office of General Counsel. This documentation shall be reviewed to determine if an assignment of the Provider Agreement has occurred (see Section 240.1607(k)).
- o) Providers must conduct a criminal background check, as required by the Illinois Healthcare Worker Background Check Act; an online check of the Adult Protective Services Registry, as required by the Adult Protective Services Act [320 ILCS 20/7.5(c)]; and a check of the HHS exclusion database and the HFS Office of Inspector General database on all agency staff and all regularly scheduled volunteers having access to financial information or one-on-one contact with CCP participants.
  - 1) Provider agencies shall comply with the requirements of the Health Care Worker Background Check Act and the Adult Protective Services Act.
  - 2) Staff refusing to submit to a background check shall not have contact with CCP participants in any capacity.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1530 General In-home Service Staffing Requirements**

- a) Each in-home service provider shall have specified staff adequate in number to comply with Section 240.1520(f) to carry out the following functions:
  - 1) A designated individual who has responsibility for administration of the CCP in-home service program.
  - 2) Qualified in-home service staff to meet the needs of all cases referred for the provision of in-home services. In determining what services are sufficient, the Department shall look to whether in-home services are adequate. Inadequate in-home services are characterized by delays or interruptions in the provision of in-home services or by failure to provide in-home services as required by the person-centered plan of care.
- b) The in-home service provider shall assign responsibilities to staff, including the following:

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 1) Planning and administration of the in-home service program; assuring adequate staff to provide required services at all times; serving as liaison between the staff and the community; implementing policies according to regulations promulgated by the Department that govern the program; recommending policy and program changes to the Department; and recruiting, training and supervising staff.
- 2) Supervising of homecare aides shall be accomplished by qualified staff who have responsibility to ensure that the aides are scheduled and that assignments are kept.
- c) Each in-home service provider shall ensure that supervisors maintain a maximum 15-minute response time when homecare aides they supervise are serving in a participant's home and request information, assistance or direction as it relates to the participant's status, health or welfare. A supervisor must be available to respond to a homecare aide by available technology, such as by the participant's phone, or the aide's/provider's electronic equipment, email, cell phone, 24/7 live answering system, ~~two-2~~-way radio, or any other similar or suitable technology, according to the provider's written procedures.
- d) In-home service providers shall not subcontract for management, supervisory or in-home staff.
- e) In-home service providers shall make ~~one~~<sup>+</sup> hour service segments available when needed to meet participant needs.
- f) Electronic Visit Verification
  - 1) The Department requires in-home service providers to maintain electronic visit verification (EVV), based on global positioning systems or other cost-effective technology, for monitoring and verifying the work schedules of, and the work performed by, all homecare aides.
  - 2) EVV systems must meet the requirements set forth in Section 240.1531.
- g) In-home service providers shall make evening and weekend service available to CCP participants as required by the person-centered plan of care.



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 1) Evening service shall be available until at least 8 p.m. Monday through Friday.
  - 2) Weekend service shall be available from at least 8 a.m. until 8 p.m. on Saturday and Sunday.
  - 3) Provider offices are not required to be open for business during evening and weekend hours; however, a supervisor must be on-call and available whenever service is being provided.
- h) In-home service providers shall provide escort/transportation when required by the person-centered plan of care.
- i) ~~In-home~~Subject to the following restrictions, in-home service providers may hire relatives and legal guardians of a participants, legally responsible individuals, family caregivers of participants, or homecare aides who are recommended by a participant~~participants~~, once they have met all applicable CCP requirements and any other agency employment requirements. A relative, legal guardian, legally responsible individual, or homecare aide who is recommended by the participants shall not be required to care for other participants served by the in-home service provider.:
- ~~1) A family caregiver shall not be required to care for other participants served by the in-home service provider agency.~~
  - ~~2) A family caregiver cannot be the spouse of, or otherwise legally responsible for, a participant.~~
- j) In-home service providers shall report and regularly update, as required by law, any registry of individuals certified as homecare aides (e.g., the DPH Health Care Worker Registry).

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1531 Electronic Visit Verification (EVV) Requirements for In-home Service Providers**

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- a) EVV is based on global positioning systems or other cost-effective technology and secure applications for monitoring work schedules of homecare aides supplied by and paid for by the in-home service provider agency, including:
  - 1) cellular phone or other mobile devices with activated global positioning systems;
  - 2) Telephony/Integrated Voice Recognition (IVR); or
  - 3) an alternative auditable technology when a phone is not available in the participant's home, such as, but not limited to, a fixed visit verification device installed in the participant's home.
  
- b) An EVV system must meet the following minimum standards:
  - 1) Functional Capacity
    - A) Verification of Hours Worked
      - i) The system must maintain accurate time reporting and allow for review/approval of time by the participant or participant designee, including participants with visual and physical disabilities.
      - ii) The system must allow the participant or designee to manually or electronically verify that services were delivered and that time reporting is accurate.
    - B) Multiple Input Options
      - i) The system must include electronic verification options, including a cellular phone or other mobile devices with activated global positioning systems, telephony/IVR, or an alternative auditable technology, when a phone is not available in the participant's home, such as, but not limited to, a fixed visit verification system installed in the participant's home for authentication purposes.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- ii) The electronic verification options must include the ability to create and manage related work schedule timesheets and participant service calendars, as authorized in the participant's person-centered plan of care.
- C) Flexibility
- i) The system must support the addition of services, participants, and homecare aides, as needed.
  - ii) The system must accommodate multiple participants and/or service provider agencies.
  - iii) The system must accommodate multiple work shifts (e.g., more than one participant and/or homecare aide in the same home or at the same phone number; participants and homecare aides who live at the same address; multiple work shifts per day per participant/homecare aide combination; homecare aides who work for multiple participants; and participants who have multiple homecare aides).
- D) Capacity
- i) The system must record new EVV data.
  - ii) The system must retain all EVV data for up to six years from the last date of service.
  - iii) The system must retrieve archived data in a timely manner.
- E) Tracking
- i) The system must document and track unedited sign-in and sign-out times of all homecare aide visits.
  - ii) The system should allow for multiple sign in/out activities per day to accommodate time tracking for breaks in service,

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

meals, and other service provider agency reporting requirements.

- F) Recording Increments: The system must record homecare aide visits in quarter-hour increments and bill to the nearest quarter-hour, consistent with the federal Fair Labor Standards Act (29 USC 201) and related regulations (29 CFR 785.48(b)).
  - G) Identification (ID) Capture: The system must electronically capture all relevant service visit data, including:
    - i) participant ID;
    - ii) service provider agency ID;
    - iii) homecare aide ID;
    - iv) date and time that service delivery begins and ends;
    - v) location of the service; and
    - vi) CCU and Care Coordinator ID.
  - H) Access: The system must be accessible for input and/or service approval 24-hours per day, 7 days per week for participants and homecare aides with hearing, physical or visual impairments.
  - I) Alerts: The system must notify supervisory staff at the service provider agency of any untimely and missed shifts or deviation in schedules.
- 2) Billing Integration and Data Sharing
- A) Real-Time Data
    - i) The system must enable service provider agencies to obtain real-time data to arrange regular scheduled visits.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- ii) The system must enable service provider agencies to respond in a timely manner to missed visits to ensure reliability in the delivery of care.
  - iii) The system must enable the use of the recorded EVV data for billing, verification, automated billing, and improved administrative efficiencies.
- B) Secured Transaction Data
- i) The system must enable service provider agencies to upload transactions data to the Department in a secured manner that would facilitate, at a minimum, daily billing data.
  - ii) The system must enable service provider agencies to securely handle internal billing and/or payroll functions pursuant to the recorded EVV data.
- C) Modifications and Adjustments
- i) The system must track and report modifications after the direct care staff input their time.
  - ii) The system must record justification of manual time reporting adjustments or exceptions.
- D) Reports and Queries  
The system must create user-friendly reports and data files that enable the service provider agency and Department staff to run data queries and facilitate management reports.
- 3) Data Storage and Security
- A) Confidentiality  
The system must be compliant with electronic data interchange standards for electronic healthcare transactions pursuant to the Medicaid Information Technology Architecture under the Health

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

Insurance Portability and Accountability Act to ensure security of confidential participant information and medical data.

- B) Backup and Recovery
  - i) The system must maintain reliable backup and recovery processes in the event of a system malfunction or disaster situation.
  - ii) The system must provide an alternative system for timekeeping due to a service provider agency's temporary failure or inability to use the system for a start or end of the homecare aide's shift.
  
- 4) Electronic Reporting Interface
  - A) The system must be able to provide a secured interface to transmit the EVV visits to the Department's electronic Community Care Program Information System.
  - B) The interface file must include the homecare aide's Social Security Number or another unique personal identifier acceptable to the Department, visit start times and end times, and any other billing data required by the Department.
  
- 5) Disaster Recovery
  - A) The EVV system must maintain a Disaster Recovery Plan that complies with electronic data interchange standards for electronic healthcare transactions pursuant to the Medicaid Information Technology Architecture under the Health Insurance Portability and Accountability Act, identifying every resource that requires backup, to what extent backup is required and that conducts backup minimally on a daily basis in the event of a system failure.
  - B) The plan must include offsite electronic and physical storage in the United States, preferably in Illinois, and should include, at a minimum, the following:

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- i) recovery procedures for all events ranging from a minor malfunction to a major disaster;
  - ii) for offsite environments, roles and responsibilities of vendor and outsourcer staff;
  - iii) checkpoint/restart capabilities;
  - iv) retention and storage of backup files and software;
  - v) hardware backup for the main processor;
  - vi) application and operating system software libraries, including related documentation;
  - vii) identification of the core business processes involved in the system;
  - viii) documentation of contingency plans;
  - ix) definition of triggers for activating contingency plans; and
  - x) plan for replacement of hardware and software.
- 6) A system is subject to review and audit by the Department.
- c) An in-home service provider agency must adopt internal policies and procedures regarding the EVV system.
  - d) An in-home service provider agency must provide training resources and technical support for their employees on the proper utilization of their EVV systems.
  - e) An in-home service provider agency must provide help desk or call center access for participants and homecare aides regarding the delivery of services.
  - f) All in-home service provider agencies are required to file certification and documentation with the Department to verify compliance and implementation of their EVV system.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1535 In-home Service Staff Positions, Qualifications, Training and Responsibilities**

- a) Homecare Supervisor
  - 1) Activities of a homecare supervisor shall include:
    - A) documenting participant contacts and activities related to participant services in the participant's file;
    - B) preparing or reviewing reports and service calendars;
    - C) monitoring receipt procedures in the conduct of essential shopping and errands as stated in the person-centered plan of care;
    - D) providing input to the care coordinator on the services that are needed for each participant as a result of conferences with the homecare aide or in-home visits;
    - E) planning, preparing and documenting contact and quarterly conferences with each assigned homecare aide;
    - F) evaluating each assigned homecare aide annually;
    - G) coordinating the homecare aide's activities with other components of the person-centered plan of care as required;
    - H) making and documenting semi-annual in-home supervisory visits to a participant's home for each assigned homecare aide;
    - I) making home visits, as necessary, to provide hands-on training and assistance; and
    - J) initiating and/or participating in participant staffing discussions with the case manager, as necessary.



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 2) Qualifications for a homecare supervisor shall include:
  - A) a high school diploma or general education diploma;
  - B) combination of skills and experience that indicate that the participant has the ability to perform the supervisory activities; and
  - C) certification of completion of Department sponsored CCP training required by subsection (a)(3)(A).
- 3) Homecare supervisors shall meet the following training requirements:
  - A) Within 90 calendar days after the date of employment with the provider agency in a homecare supervisor position, each supervisor shall complete Department sponsored CCP training on policy and procedures, billings, evaluations, homecare aide and participant files; ~~and~~
  - B) Within each calendar year, each supervisor shall complete ~~26~~24 hours of documented in-service training on aging related subjects, including documented participation in in-house staff training and/or local, State, regional or national conferences. Two of those hours shall be dementia training which shall include subjects related to Alzheimer's Dementia and Related Disorders; Safety Risks; and Communication and Behavior. ~~At~~~~In-service supervisor training shall include at~~ least 16 of the remaining hours of training shall be selected from among the following topics:
    - i) Promoting participant dignity, independence, self-determination, privacy, choice and rights;
    - ii) Person-centered care planning;
    - iii) Special characteristics of the elderly population; physical, emotional and developmental needs of the participant;
    - iv) Recognizing participant abuse, neglect, exploitation, and self-neglect; abuse and neglect prevention and reporting requirements;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- v) Communication skills;
  - vi) Universal precautions, blood-borne pathogens and infection control;
  - vii) Fire and life safety, including emergency procedures to be implemented under the agency's all hazards disaster operations plan;
  - viii) Dealing with adverse behaviors (e.g., mental illness, depression and aggression);
  - ix) Family dynamics;
  - x) Diseases of the elderly; ~~understanding Alzheimer's Disease and dementia;~~
  - xi) Body mechanics and normal range of motion, transfer techniques and positioning;
  - xii) Chronic illness, death and dying;
  - xiii) Medicaid fraud and abuse;
  - xiv) Appropriate and safe techniques in performing and assisting with personal care;
  - xv) First aid and/or cardiopulmonary resuscitation (CPR);
  - xvi) Understanding advance directives;
  - xvii) Respiratory services;
  - xviii) Use of seclusion and restraint.
- b) Homecare Staff
- 1) Activities of homecare aides include the following:

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- A) following a participant's written person-centered plan of care;
  - B) carrying out duties as assigned by the supervisor;
  - C) observing the participant's functioning and reporting to the homecare supervisor;
  - D) providing necessary receipts and documentation in the conduct of essential shopping/errands;
  - E) maintaining records of daily activities, observations, and direct hours of service; and
  - F) attending pre-service training, in-service training sessions and staff conferences.
- 2) Qualifications of a homecare aide shall include:
- A) one of the following types of education or experience:
    - i) a high school diploma or general education diploma;
    - ii) one year of employment in a comparable human service capacity, or experience in care for a dependent child or adult family member; or
    - iii) demonstration of continued progress towards meeting the educational requirement of a general education diploma by current registration and evidence of successful completion of course work (successful completion means achievement of a grade of "C" or higher); and
  - B) the training required in subsection (b)(3).
- 3) Homecare aides shall meet the following training requirements:
- A) ~~new employees shall receive~~ 24 hours of initial pre-service training, including agency orientation of not more than ~~two~~2 hours,

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

prior to assignment to provide services to a CCP participant without a supervisor or trainer present (not to exceed a ~~six~~6 month period from the training to first assignment). Initial homecare aide training shall be subject to a competency evaluation conducted by the agency and include all in-home services (see Section 240.210), as well as the following additional topics:

- i) The homecare aide's job responsibilities and limitations;
- ii) Communication skills, including communicating with special participant populations such as the hearing impaired and participants with dementia or other special needs;
- iii) Observation, reporting and documentation of participant status and of the service furnished;
- iv) Performance of specific service components of in-home services authorized under Section 240.210(a), including, but not limited to, personal care tasks for participants that are not medical in nature (e.g., shaving, hair shampooing and combing, bathing and sponge bath, shower bath or tub bath, toileting, dressing, nail care, respiratory services, brushing and cleaning teeth or dentures and preparation of appropriate supplies, positioning/transferring participant, and assisting participant with exercise/range of motion);
- v) Ability to assist in the use of specific adaptive equipment, if the aide will be working with participants who use the device;
- vi) Basic hygiene and basic infection control practices;
- vii) Maintenance of a clean, safe and healthy environment;
- viii) Basic personal and environmental safety precautions;
- ix) Use of seclusion and restraint;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- x) Recognizing emergencies and knowledge of emergency procedures;
  - xi) Confidentiality of participant personal, financial and health information;
  - xii) Knowledge and understanding of abuse and neglect prevention and reporting requirements;
  - xiii) Respiratory services;
- B) a new employee may be exempt from pre-service training, but not mandated dementia training, if the employee:
- i) has had previous documented and supervised training within the past ~~two~~<sup>2</sup> years prior to this employment, equivalent to 24 hours of homecare aide pre-service training, as determined by the provider with appropriate documentation in the employee's personnel file; or
  - ii) has ~~a valid successfully completed~~ RN, LPN, MD, physician assistant license or certification as a CNA training in the past and has been employed in the field within the past ~~two~~<sup>2</sup> years; or
  - iii) has been employed as a CCP homecare aide within the past year;
- C) ~~thereafter~~, a minimum of 12 hours per calendar year of interactive, (face-to-face, audiovisual presentations, computer-based instruction, etc.) in-service training approved by the provider agency shall be mandatory for all homecare aides. Two of those hours shall be mandatory dementia training which shall include subjects related to Alzheimer's Dementia and Related Disorders; Safety Risks; and Communication and Behavior. Pre-service training shall fulfill the first ~~three~~<sup>3</sup> hours of in-service training required for new employees, except for homecare aides exempted under subsection (b)(3)(B). In-service training for homecare aides

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

shall include at least 9 hours of training selected from among the following topics:

- i) Promoting participant dignity, independence, self-determination, privacy, choice and rights;
- ii) Special characteristics of the elderly population; physical, emotional and developmental needs of the participant;
- iii) Recognizing participant abuse, neglect and/or exploitation; abuse and neglect prevention and reporting requirements;
- iv) Confidentiality of participant information;
- v) Communication skills;
- vi) Universal precautions, blood-borne pathogens and infection control;
- vii) Fire and life safety, including emergency procedures to be implemented under the agency's all hazards disaster operations plan;
- viii) Dealing with adverse behaviors (e.g., mental illness, depression and aggression);
- ix) Family dynamics;
- x) Diseases of the elderly; ~~understanding Alzheimer's Disease and dementia;~~
- xi) Body mechanics and normal range of motion, transfer techniques and positioning;
- xii) Chronic illness, death and dying;
- xiii) Medicaid fraud and abuse;
- xiv) Cultural diversity;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- xv) Food, nutrition and meal planning and preparation, including special diets;
  - xvi) Maintenance of a clean, safe and healthy environment, including laundry and house cleaning skills;
  - xvii) Appropriate and safe techniques in performing and assisting with personal care;
  - xviii) Assistance with self-administered medications;
  - xix) Recognizing changes in bodily functions that should be reported to the supervisor;
  - xx) Respiratory services;
  - xxi) Use of seclusion and restraint;
  - xxii) First aid and/or CPR;
  - xxiii) Understanding advance directives; and
- D) progress toward certification in a related field (e.g., CNA) may be used for up to ~~three~~<sup>3</sup> hours of in-service training per calendar year.

4) All provider employees not in receipt of Department training certificates must complete two hours of dementia training within 30 days of the start of their employment and every calendar year thereafter. This training must include the following subjects: Alzheimer's Dementia and Related Disorders; Safety Risks; and Communication and Behavior.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1541 Minimum Equipment Specifications for Emergency Home Response Service**

- a) All EHRS equipment must be tested, approved, and meet the requirements in the Department's EHRS equipment and service policies found at the partner portal on

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~the Department website, and listed to meet Underwriters Laboratories safety standards for home health care signaling equipment, UL 1637 (available from Underwriters Laboratories, 2600 N.W. Lake Rd., Camas WA 98607-8542, 877/854-3577; October 26, 1998, no later amendments or editions included), and digital alarm communicator systems units, UL 1635 (January 31, 1996, no later amendments or editions included), if applicable.~~

- b) All home units must be capable of signaling from both the activation device remote and the base unit.
- c) Activation Device Specifications
  - 1) The activation device must be a portable and ~~water-resistant~~**waterproof** type of wireless remote that meets the requirements in the Department's EHRS equipment and service policies.~~configured with:~~
    - A) ~~a crystal or Surface Acoustic Wave (SAW) resonator controlled transmitter frequency for long term reliability;~~
    - B) ~~digital encoding capability for at least 10 combinations sufficient for high density situations;~~
    - C) ~~a minimum transmission range of 300 feet;~~
    - D) ~~an internal battery capable of operating as a power source for a minimum 5 years;~~
    - E) ~~a low battery charge signal; and~~
    - F) ~~components certified as appropriate by the Federal Communications Commission under 47 CFR 15 (2008).~~
  - 2) The activation device must be capable of conducting automatic battery testing and transmitting the results through the base unit to the support center on a regular basis.
  - 3) An adaptive version of the activation device must be available that can be used by hearing, mobility and visually-impaired participants.



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

## d) Base Unit Specifications

1) The base unit must meet the Department's requirements including~~have~~:

~~A) an integrated unit that connects to either a rotary dial or touchtone telephone via a modular jack that does not interfere with the normal use of the telephone;~~

~~B) an Underwriters Laboratory (UL) approved plug as the connector to a standard residential electrical outlet for its power supply;~~

~~C) an appropriate connection for a seizure line jack so the support center can be signaled even in the event the telephone receiver is off its hook;~~

AD) an easily identifiable indicator~~"ready" light~~ to verify whether the batteries on the activation device and base unit are charged;

BE) an easily identifiable indicator~~"confirmation" light~~ that notifies the participant~~indicates~~ when the support center has received a signal;

CF) a battery that automatically charges whenever the base unit is powered and that maintains a charge for at least 12 hours when the electric power to the base unit is interrupted;

DG) transmission capability to signal the support center if the base unit battery fails or has a low charge, or electric power to the base unit is interrupted;

~~H) a configuration that allows signaling service through 1 base unit for up to 2 participants in a home;~~

EI) the ability to allow two-way~~microphone and speaker to enable 2-way voice~~ communication between the participant's home and the support center. The support center must be able to control both the microphone sensitivity and speaker volume; and

FJ) appropriate certification by the Federal Communications Commission under 47 CFR 15-~~(2008)~~ and 47 CFR 68-~~(2008)~~.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 2) The base unit must give both audible and visual confirmation of the signal status using digitized voice technology and lighting cues to help the participant stay calm while waiting on his or her designated emergency ~~contact~~responder or other appropriate response to the situation directed by the support center.
  - 3) The base unit must reattempt signaling on a regular basis until the support center confirms its receipt.
- e) Support Center Specifications
- 1) The EHRS support center must have back-up monitoring capacity to take over all monitoring functions and handle all incoming emergency signals. ~~The back-up monitoring center must be at a location different from the primary center, on a different power grid system and on a different telephone trunk line.~~ It must have a back-up battery and electrical generating capacity, as well as telephone line monitoring abilities.
  - 2) All EHRS support center and back-up center equipment, at a minimum, must:
    - A) monitor the EHRS system for the receipt of incoming signals from connected base units in participants' homes, including test transmissions and fault conditions, on a continuous basis;
    - B) have an audible and visual alarm for the notification of all ~~incoming~~ signals, including test transmissions and fault conditions;
    - C) direct an appropriate response within ~~one~~a minute of the receipt of a signal as an operational average without disrupting or terminating the connection to the base unit in the participant's home, 24 hours a day, 365 days a year, including interpretation services and communication facilitated by a teletypewriter (TTY) communication device for individuals experiencing hearing loss or impairment~~the deaf~~;
    - D) provide technical support as required, 24 hours a day, 365 days a year;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- E) identify each participant and simultaneously record all communication among the participant, support center and responder, as applicable, for all signals, including test transmissions and fault conditions;
- F) display, print and archive the participant identifier, date, time, communication and response period for each incoming signal, which must be maintained for at least a three ~~3~~-year period for quality control and liability purposes;
- G) have an uninterruptible power supply ~~(UPS)~~ back-up that will automatically take over system operation in the event electric power to the support center is interrupted, other type of malfunction occurs, or repairs are needed. The back-up power supply must be sufficient to operate the entire system for a minimum of 12 hours;
- H) have separate and independent primary and back-up receivers, computer servers, databases, and other components to provide an uninterruptible monitoring system in the event of equipment malfunction;
- I) perform self-diagnostic testing for malfunctions in equipment in participant homes and at the support center, and for fault conditions in the primary and back-up operating systems and power supply at the support center, that could interfere with receiving and responding to signals, such as non-operational receivers and transmitters, signals received with no communications, telephone line outages, power loss, etc.; and
- J) maintain appropriate certification by the Federal Communications Commission under 47 CFR 15 and 47 CFR 68.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1542 Administrative Requirements for Emergency Home Response Service Providers**

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- a) In order to qualify for certification, a provider agency must, to the satisfaction of the Department:
- 1) meet the administrative requirements under Section 240.1505;
  - 2) meet the certification requirements under Section 240.1600 or 240.1605;
  - 3) provide assurance that its equipment and support center are in continual compliance with the technology requirements imposed ~~on provider agencies~~ under Section 240.1541;
  - 4) maintain adequate records for administration, audit, budgeting, evaluation, operation and planning efforts by the Department in offering EHRS as a service through the CCP, including participant records, which shall include, but are not limited to:
    - A) dates and times of all signaling, and the name of the emergency responder for each signaling;
    - B) dates and times of all equipment tests; and
    - C) disposition of all emergency signaling;
  - 5) ensures equipment meets the requirements in the Department's equipment and service policies; ~~comply with the following requirements:~~
    - A) ~~this Part;~~
    - B) ~~Underwriters Laboratories safety standards for home health care signaling equipment, UL-1637; and~~
    - C) ~~Underwriters Laboratories safety standards for digital alarm communicator systems units, UL-1635.~~
  - 6) complete management training provided by the Department or its designee:

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- A) Training shall be completed by management staff (e.g., managers, supervisors, billing agents) of the EHR provider prior to the award of a ~~CCP~~ EHR contract ~~from the Department~~;
  - B) At a minimum, the ~~individuals~~ ~~individual~~ responsible for administration of the ~~CCP~~ EHR program at the provider agency shall complete this training;
  - C) The Department is authorized to charge a reasonable fee for this training to cover related administrative costs.
- b) If a EHR provider ~~agency~~ is not able to meet these administrative requirements, then the Department shall deny its request for a certification of qualifications under Section 240.1600.
- c) All employees of an EHR provider must complete two hours of dementia training within 30 days of the start their employment and every calendar year thereafter. This training must include the following subjects: Alzheimer's Dementia and Related Disorders; Safety Risks; and Communication and Behavior.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1543 Minimum Equipment Specifications for Automated Medication Dispenser Service**

- a) An AMD unit/equipment must be capable of portability to be temporarily transferred to another non-institutional residence in Illinois without additional fees.
- b) AMD Unit Specifications
  - 1) The AMD unit must be a portable mechanical system configured with:
    - A) all the cords and interfaces needed for installation;
    - B) an internal battery:

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- i) capable of operating as a power source for a minimum of three~~3~~ years;
  - ii) that automatically charges whenever the base unit is powered; and
  - iii) maintains a charge for at least 12 hours when the electric power to the base unit is interrupted;
- C) the ability to verify whether the batteries on the base unit are charged and when the battery charge is low;
- D) components certified as appropriate by the Federal Communications Commission (FCC) under 47 CFR 15 and 68;
- E) appropriate Underwriters Laboratories (UL) safety standards (UL 60950 and 60950-1) certification for battery powered technology equipment;
- F) an integrated unit that connects to either a telephone line or wireless/cellular system that does not interfere with the normal use of the telephone or other devices using the telephone line, such as Emergency Home Response Service;
- G) an Underwriters Laboratory (UL) approved plug as the connector to a standard residential electrical outlet for its power supply; and
- H) transmission capability to signal the support center or notify the participant/authorized representative/assisting party if the base unit battery fails or has a low charge, or if electric power to the base unit is interrupted.
- 2) The AMD unit must have the following operating features:
- A) ability to be loaded, programmed and changed to add and remove medications, including:
    - i) local or remote programming accessibility;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- ii) medication dispensed at least ~~four~~<sup>4</sup> times a day; and
  - iii) alerting the participant at the times programmed for dispensing medication;
- B) ability to be filled with medications, including:
- i) holding at least ~~seven~~<sup>7</sup> days' supply of medications;
  - ii) holding multiple medications in individual compartments;
  - iii) access to medication for an early dose option; and
  - iv) locking after the medication is loaded;
- C) ability to alert the participant when it is time to take medications at least every ~~five~~<sup>5</sup> to ~~ten~~<sup>10</sup> minutes for at least 60 minutes until the dose is taken or the dose is locked, including:
- i) using verbal, auditory or visual prompts such as flashing lights and audible tones or verbal instructions, which may also provide messages to take medication that cannot be stored in the machine (e.g., take medications with food; time to take insulin) based on the individual's needs; and
  - ii) dispensing medications at the correct time of day in the correct combinations and in the correct quantities;
- D) use privacy-protected and secure methods of communication with the participant/authorized representative/assisting party, including:
- i) notification when battery is low or unit is jammed, or if the participant has not taken the medication within 90 minutes after the prescribed time;
  - ii) contact by the unit or support center to the participant/authorized representative/assisting party to assure adherence or needed intervention; and

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- E) ability to securely transmit information and provide data to the participant/authorized representative/responsible party, the Department or its designees.
- 3) The AMD unit must be capable of conducting automatic battery testing and transmitting the results through the AMD unit to the support center on an ongoing basis.
- 4) If an AMD unit is a Class I medical device, the AMD unit is subject to the General Controls mandated by the Federal Food and Drug Administration, including provisions that relate to adulteration (21 ~~U.S.C.~~ [USC](#) 351); misbranding (21 ~~U.S.C.~~ [USC](#) 352); device registration and listing (21 ~~U.S.C.~~ [USC](#) 360); notification, including repair, replacement, or refund (21 ~~U.S.C.~~ [USC](#) 360h); records and reports (21 ~~U.S.C.~~ [USC](#) 360i); and restricted devices (21 ~~U.S.C.~~ [USC](#) 520(e)). In addition, the manufacturer of the device must fulfill requirements under 21 CFR 820.180 (Record keeping) and 820.198 (Complaint files). If an AMD unit has enhanced features, such as remote capability, it may be classified as a Class II medical device and must then meet applicable Special Controls under the FDA.
- 5) The AMD unit must have adaptations for operation by participants who have functional, hearing or visual impairments, and language barriers at no extra cost to the participants.
- c) Support Center Specifications
- 1) The AMD support center must have back-up monitoring capacity to take over all medication dispenser notification functions, monitoring and technical support functions.
- 2) The AMD back-up monitoring center must be at a location different from the primary center, on a different power grid system, and on a different telephone trunk line. It must have a back-up battery and electrical generating capacity, as well as telephone line and wireless/cellular system monitoring abilities. If the back-up center is in the same city as the support center, the AMD provider must provide assurances that back-up can be maintained in the event of a natural disaster.



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 3) All AMD support center and back-up center equipment, at a minimum, must:
- A) monitor the AMD system for the receipt of incoming signals from an installed and programmed AMD unit in a participant's residence, including missed medication doses, power interruptions and outages, and test transmissions and fault conditions, on a continuous basis;
  - B) direct an appropriate response to the receipt of a signal immediately via texts/emails to the assisting party and other designees and call the assisting party and other designees within 90 minutes after missed medications and within ~~eight~~8 hours after power interruptions and outages;
  - C) provide technical support as required, 24 hours a day, 365 days a year;
  - D) identify each participant and simultaneously record all communication between the participant/authorized representative/assisting party and the support center, as applicable, for all signals, including missed medication doses, test transmissions and fault conditions;
  - E) display, print and archive the individual identifier, date, time, communication and response for each signal, test and fault condition, which must be maintained for at least a ~~three-year~~3-year period of time for quality control and liability purposes;
  - F) have an uninterruptible power supply ~~(UPS)~~ back-up that will automatically take over system operation in the event electric power to the support center is interrupted, other type of malfunction occurs, or repairs are needed. The back-up power supply must be sufficient to operate the entire system for a minimum of ~~seven~~7 calendar days;
  - G) have separate and independent primary and back-up systems, computer servers, databases, and other components to provide an

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

uninterruptible monitoring system in the event of equipment malfunction;

- H) perform self-diagnostic testing for malfunctions in the unit/equipment in a participant's residence and at the support center, and for fault conditions in the primary and back-up operating systems and power supply at the support center, that could interfere with receiving and responding to signals, such as non-operational AMD units, messages sent from the AMD unit to the participant/authorized representative/assisting party or designees without confirmation of receipt, telephone line outages, power loss, etc.;
- I) capability to centrally generate medication compliance data and reports as requested by the Department;
- J) have quality management systems that include tracking and trending of data, response times and dispositions; and
- K) maintain appropriate certification by the FCC under 47 CFR 15 and 68, if applicable.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1544 Administrative Requirements for Automated Medication Dispenser Service Providers**

- a) In order to qualify for certification, an Automated Medication Dispenser (AMD) provider must, to the satisfaction of the Department, meet and comply with all applicable rules, including but not limited to:
  - 1) meet the administrative requirements and minimum administrative standards under Sections 240.1505 and 240.1510;
  - 2) meet the applicable responsibilities imposed on provider agencies ~~under the Community Care Program (CCP)~~ set forth in Section 240.1520;
  - 3) meet the certification requirements under Sections 240.1600 or 240.1605;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 4) provide assurance that its equipment and support center are in continual compliance with the business and technology requirements imposed on provider agencies under Section 240.1543;
- 5) provide assurance that its business operations comply with the service, staffing and training requirements under Section 240.237;
- 6) attend and complete management training provided by the Department or its designee:
  - A) Training shall be attended and completed by management staff (e.g., managers, supervisors, billing agents) of the AMD provider prior to the award of a CCP AMD contract from the Department;
  - B) At a minimum, the individual responsible for administration of the CCP AMD program at the provider agency shall attend and complete this training;
  - C) The Department is authorized to charge a reasonable fee for this training to cover related administrative costs;
- 7) accept all correspondence from the Department and maintain adequate records for administration, audit, budgeting, evaluation, operation and planning efforts by the Department in offering the AMD service through the CCP, which shall include, but are not limited to:
  - A) records of all referrals, including the disposition of each referral;
  - B) participant records, which shall include, but are not limited to:
    - i) applicable forms required by the Department;
    - ii) dates and times of all AMD notifications and communications with the participant/authorized representative/assisting party or designees;
    - iii) disposition of all participant/authorized representative/assisting party or designees communications;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- iv) dates and times of all equipment tests and system interruptions; and
- C) administrative records, including but not limited to:
  - i) service statistics;
  - ii) complaint resolution;
  - iii) billing and payment information plus the underlying documentation to support the units of service submitted to the Department for reimbursement; and
- 8) comply with all applicable federal, State and local laws, regulations, rules, service standards and policies or procedures pertaining to the AMD provider in its business operations and to the services provided under the CCP.
- b) If an AMD provider is not able to meet these administrative requirements, the Department shall deny its request for a certification of qualifications under Section 240.1600.
- c) All employees of an AMD provider must complete two hours of dementia training within 30 days of the start of their employment and every calendar year thereafter. This training must include the following subjects: Alzheimer's Dementia and Related Disorders; Safety Risks; and Communication and Behavior.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1550 Standard Requirements for Adult Day Service Providers**

- a) An adult day service provider shall have on file and utilize written procedures to manage storage and administration of medications, including:
  - 1) storing and locking medications;
  - 2) labeling medications brought to the adult day service provider's site; and
  - 3) ensuring that:

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- A) prescribed medication is administered by an appropriately licensed professional to those adult day service participants who are determined to be unable to self-administer medications;
  - B) judgment of a participant's inability to self-administer medications shall be documented by a physician's order or the CCU person-centered plan of care and/or the adult day service person-centered plan of care addendum by the program nurse;
  - C) administration of all medications administered by the adult day service provider staff (prescription and non-prescription) are recorded in the participant's case record; and
  - D) physician orders for medication are utilized and filed in the participant's case record.
- b) A facility that houses an adult day service program (including satellite sites) shall meet the following criteria:
- 1) A location will have a home and community-based setting that allows for services to be provided in the most integrated setting appropriate for each participant without having the effect of isolating any participant from the broader community. (See 42 CFR 441.301(c)(5)(v) and 42 CFR 441.301(c)(4)(i).)
    - A) An integrated setting will:
      - i) ensure a participant's rights of privacy, dignity and respect and freedom from coercion and restraint;
      - ii) optimize, but not regiment, participant initiative, autonomy, and independence in making life choices, including daily activities, physical environment, and with whom to interact (See 42 CFR 441.301(c)(4)(iv)); and
      - iii) facilitate participant choice regarding services and supports, and who provides them.

DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

- B) A location is not presumed to be a home and community-based setting if set in a publicly or private-owned facility providing inpatient treatment; on the grounds of, or adjacent to, a public institution; or with the effect of isolating participants from the broader community of individuals not receiving Medicaid Waiver services, as determined by the federal Centers for Medicare and Medicaid Services on a case-by-case basis.
- 2) There shall be a minimum of 40 square feet of activity area per participant. (Multiple-use areas must be pro-rated on both time and participant basis.) The activity area in the square feet per participant requirement is exclusive of exit passages and fire escapes, administrative space, storage areas, bathrooms, kitchen used for meal preparation, space required for equipment and gymnasiums or other areas when used exclusively for active sports.
- 3) All adult day service providers shall comply with the applicable provisions of the following codes and standards.

A) State of Illinois Codes and Standards

	<b>Code or Standard</b>	<b>Agency</b>
i)	Ill. Plumbing Code (77 Ill. Adm. Code 890)	Department of Public Health or its authorized local designee
ii)	Illinois Accessibility Code (71 Ill. Adm. Code 400)  Environmental Barriers Act [410 ILCS 25]	Capital Development Board offers guidance to design professionals and building code officials regarding the interpretation and application of the Illinois Accessibility Code

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

NOTE: It shall be incumbent upon the provider to assure that its facility meets all applicable requirements as promulgated by the Capital Development Board. (No written documentation shall be required.)

- |      |   |  |
|------|---|--|
| iii) | Fire Prevention and Safety<br>(41 Ill. Adm. Code 100) | Office of State Fire<br>Marshal                                    |
| iv)  | Illinois Vehicle Code [625<br>ILCS 5]                 | Secretary of State of<br>Illinois                                  |
| v)   | Food Service Sanitation<br>(77 Ill. Adm. Code 750)    | Department of Public<br>Health or its authorized<br>local designee |

## B) Other Codes and References

- |     | <b>Code or Standard</b>   | <b>Agency</b>   |
|-----|---|---|
| i)  | National Fire Protection Association, 1<br>Batterymarch Park,<br>Quincy MA 02169-7471<br>(NFPA 101 Life Safety Code: Chapters 16 and 17; 2018 edition; this incorporation includes no later editions or amendments) | National Fire Protection Association and Office of State Fire Marshal shall inspect |
| ii) | Americans With Disabilities Act (42 <a href="#">U.S.C.</a> <del>USE</del> 12101 et seq.)  |   |

## C) In addition to compliance with the standards set forth in this

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

subsection (b)(3), all applicable local and State building, fire, health and safety codes, ordinances and regulations that are enforced by city, county or other local jurisdictions in which the facility is, or will be, located must be observed and documented through required inspections by appropriate officials.

- 4) Each facility shall have posted an emergency plan for evacuation and shall conduct quarterly fire drills in accordance with subsection (b)(3)(B)(i). Written documentation of the dates of the quarterly fire drills must be on file at the facility. A diagram of emergency evacuation routes shall be posted, at a minimum, in all corridors and common areas. All personnel employed on the premises shall be aware of the routes.
- 5) Each facility shall maintain room temperatures in the facility of not less than 70 degrees Fahrenheit and not more than 85 degrees Fahrenheit by utilizing heating system/air conditioning/circulating fans.
- 6) Each facility shall designate a dining area (equipped with enough chairs and table space) to accommodate the daily number of participants.
- 7) Each facility shall have and maintain in working order during operating hours at least one+ bathroom facility that is physically accessible to persons with disabilities for up to 12 participants and a minimum of 2 bathroom facilities (one+ accessible to persons with disabilities) to serve 13 or more participants.
- 8) Each facility shall have locked space for storage of office equipment, chemicals/cleaning products and other hazardous supplies.
- 9) Hot water temperatures shall be controlled to not exceed 119 degrees, but shall not be less than 100 degrees, Fahrenheit in all locations where participants have access to dispensing hot water, including bathroom facilities through appropriate plumbing mechanisms (e.g., anti-scald devices, pumps, and/or hot water tank thermostat settings). Hot water temperatures at all locations within the ADS shall be checked weekly and a written log shall be securely kept in the main administrative office.
- 10) Unsupervised participants shall not be allowed in the kitchen if water temperatures are not controlled as required in subsection (b)(9).



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

Participants should not be allowed in areas where supplies/medications are stored or where a microwave is in use unless supervised.

- 11) Each facility shall have at least one+ quiet place equipped with a reclining chair, cot or bed where a participant may rest.
  - 12) Exit areas shall be clear of equipment and debris at all times and shall be equipped with monitoring or signaling devices to alert staff to participants leaving the facility unattended.
  - 13) One landline telephone capable of accessing and being located by a 911 emergency response system, if available in the area, shall be immediately available within the activity area for participants. A list of emergency numbers shall be posted by the telephone.
  - 14) Supplies and equipment for emergency first aid shall be immediately accessible to activity areas for participants.
- c) An adult day service provider (including each satellite site) shall meet the following criteria relative to meals provided to participants (prepared on-site or contractual):
- 1) The adult day service provider shall provide to each participant one+ meal at mid-day that meets the Dietary Guidelines for Americans, 2015-2020, 8<sup>th</sup> edition, published by the Secretary of Health and Human Services and the Secretary of Agriculture; and provide each participant a minimum of 33½ percent of the Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. Supplementary nutritious snacks shall also be provided. The adult day service provider shall provide modified diets as directed by the participant's physician.
  - 2) Adult day service providers (whether meals are prepared on-site or contractually) shall:
    - A) Have menus approved and so documented by the registered dietitian. Menus shall reflect portion sizes as appropriate.
    - B) Post menus in advance in a location visible to the participants

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

within the adult day service facility.

- C) Assure that menus are planned for a minimum of four<sup>4</sup> weeks on a menu form.
- D) Develop methods and follow written procedures to control portion sizes and to meet the one-third daily dietary reference intakes recommended.
- E) One employee at each adult day service site, either handling/preparing or supervising the handling/preparing of foods, shall meet DPH Food Service Sanitation rules (77 Ill. Adm. Code 750).
- F) Have on file and follow written procedures for receiving and storing food that must include:
  - i) verification of food quantities;
  - ii) checking and documentation of food temperatures at time of delivery and serving;
  - iii) equipment to be utilized;
  - iv) procedures to follow for foods that arrive above or below temperature, deteriorated food and food shortages.
- G) Ensure that catered meals are transported in equipment that maintains temperatures of hot food at 140 degrees Fahrenheit, or above, and cold foods at 41 degrees Fahrenheit, or below. Foods shall be maintained and served at the above temperatures at the adult day service site.
- H) Ensure that potentially hazardous foods (i.e., food that consists in whole or in part of milk, milk products, eggs, meat, poultry, fish, shellfish or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms) intended to be served cold shall be pre-chilled and transported/maintained at a temperature of

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

41 degrees Fahrenheit, or below. Potentially hazardous food intended to be served hot shall be transported/maintained at a temperature of 140 degrees Fahrenheit, or above.

- I) Ensure that potentially hazardous foods prepared on-site shall be prepared in accordance with required cooking temperatures as specified by 77 Ill. Adm. Code 750 and maintained until service at 140 degrees Fahrenheit, or above, for hot foods and 41 degrees Fahrenheit, or below, for cold foods.
  - J) If food is prepared by a caterer, the adult day service provider shall keep a copy of the current caterer's inspection certificates/letters on file to verify that the operation complies with all health, safety and sanitation regulations.
- d) An adult day service provider (including each satellite site) shall comply with applicable requirements of the current Illinois Vehicle Code [625 ILCS 5] and meet the following criteria relative to transportation provided to participant's (directly or contractually):
- 1) Adult day service provider vehicles that transport participants shall be equipped with a working ~~two-way~~<sup>2-way</sup> communications device and written procedures to be followed in the event of an emergency.
  - 2) An adult day service provider that uses its own vehicles to transport participants shall have on file and utilize written procedures to ensure, to the extent possible, that safe transportation is provided.
  - 3) An adult day service provider that subcontracts with another entity to transport participants shall have on file and incorporate written procedures in the service agreement to ensure, to the extent possible, that safe transportation is provided.
- e) Adult day service providers shall acquire and have on file an emergency contact and a recent photograph of each participant for emergency purposes.
- f) An adult day service provider shall provide services to all participants in the CCP referred by the CCU, except:

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 1) participants who do not meet the adult day service provider's admission criteria; and
  - 2) participants whose condition warrants discharge under the adult day service provider's discharge criteria.
- g) It is the adult day service provider's responsibility to advise the primary caregiver, the participant's care coordinator and/or appropriate professional of any changes in the participant's health or functional ability.
- h) Management staff of the adult day service provider shall be required to complete adult day service management training.
- 1) Training shall be completed by the provider prior to the award of a CCP adult day service contract from the Department.
  - 2) At a minimum, the provider Program Administrator, or Program Coordinator/Director if also functioning as the Program Administrator, shall complete this training.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1555 General Adult Day Service Staffing Requirements**

- a) A separate and identifiable staff must be designated for sole use by the adult day service program.
- b) Each adult day service provider shall have at the adult day service site adequate personnel in number and skill to comply with subsection (c) ~~of this Section~~ and Section 240.1520(f) and to provide for:
  - 1) program and fiscal administration;
  - 2) nursing and personal care services;
  - 3) nutritional services;
  - 4) planned therapeutic/recreational activities;

DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

- 5) obtaining prompt services of emergency personnel and hospitalization, if needed;
  - 6) immediately notifying the participant's authorized representative or family member of any illness, accident or injury to the participant;
  - 7) provision/arrangement of transportation services to and from the adult day service site;
  - 8) record keeping;
  - 9) development, implementation and semi-annual review of individualized person-centered plans of care;
  - 10) program evaluation and marketing;
  - 11) supervision and evaluation of staff;
  - 12) monitoring and meeting staff training needs; and
  - 13) maintenance of a clean and safe physical environment.
- c) The minimum ratio of full-time staff (qualified adult day service staff, trained volunteers or substitutes) or full-time equivalent (FTE) staff present at the adult day service site to participants, when participants are in attendance, shall be:

Staff	Participants
2	1 to 12
3	13 to 20
4	21 to 28
5	29 to 35
6	36 to 45

- 1) Add one+ additional staff person for each seven7 additional participants.
- 2) Fifty percent or more of a staff member's time shall be spent in on-site direct service or supervision on behalf of one+ or more participants in order to be considered in the ratio.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 3) Staff included in the staff-participant ratio shall include only those who work on site, are actively involved with the participants, and are immediately available in the activity area, except for during client drop-off and pick-up times in normal business hours, to meet the participants' needs.
- d) Each adult day direct service contact employee shall have:
  - 1) Pre-service Training  
Pre-service training totaling a minimum of ~~26~~<sup>24</sup> hours training within the first week of employment (exclusive of orientation). Two of those hours shall be mandatory dementia training which include shall include subjects related to Alzheimer's Dementia and Related Disorders; Safety risks; and Communication and behavior. A worker may be exempted from pre-service training, but not dementia training, by the provider if the worker has had previous documented training equivalent to 24 hours, with another CCP agency, or in a related field, within the past ~~two~~<sup>2</sup> years prior to this employment or ~~is an~~<sup>holds a valid</sup>, active CNA ~~or CMA or holds a valid~~, RN or LPN license, and/or a BA, BS, BSW or higher degree. ~~At~~<sup>Pre-</sup>~~service training shall include at~~ least 18 hours of the remaining training selected from the following topics:
    - A) Purpose and goals of adult day service;
    - B) Facility, environmental and safety considerations;
    - C) Assistance with activities of daily living;
    - D) Basic principles of personal care;
    - E) Dealing with adverse behaviors: wandering, aggression, mental illness and depression;
    - F) Promoting participant dignity, independence, self-determination, privacy, choice and rights;
    - G) Understanding aging and functionally-impaired persons;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- H) Recognizing participant abuse, neglect and/or exploitation; abuse and neglect prevention and reporting requirements;
  - I) Confidentiality of participant information;
  - J) Communication/interaction skills;
  - K) Universal precautions, blood-borne pathogens and infection control;
  - L) Fire and life safety, including emergency procedures to be implemented under the agency's all hazards disaster operations plan;
  - M) Family dynamics;
  - ~~N) Understanding Alzheimer's Disease and dementia;~~
  - N) Body mechanics and normal range of motion, transfer techniques and positioning;
  - O) Cultural diversity;
  - P) Recognizing changes in bodily functions that should be reported to the supervisor;
  - Q) Nutrition and safe food handling;
  - R) CPR and first aid;
  - S) Participant activities;
  - T) Respiratory services;
  - U) Use of seclusion and restraint.
- 2) In-service Training  
A minimum of ~~14~~<sup>12</sup> hours of in-service training for continuing education per year shall be mandatory for all adult day service employees. Pre-

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

service training received under subsection (d)(1) shall fulfill the continuing education requirement for new employees for the first year. Two of those hours shall be mandatory dementia training which include shall include subjects related to Alzheimer's Dementia and Related Disorders; Safety Risks; and Communication and Behavior. At~~In-service training shall include at~~ least the remaining nine~~9~~ hours of training selected from among the following topics:

- A) Responding to emergency situations, including, but not limited to, site-related emergencies (e.g., late pick-up of participants), participant-related emergencies (e.g., participants leaving the site unattended), choking prevention and intervention techniques;
- B) Appropriate and safe techniques in performing and assisting with personal care;
- C) Developing and improving participant centered activities;
- D) Modification of the environment to support engagement/well-being;
- E) Promoting participant dignity, independence, self-determination, privacy, choice and rights;
- F) Special characteristics of the elderly population; physical, emotional and developmental needs of the participant;
- G) Recognizing participant abuse, neglect and/or exploitation; abuse and neglect prevention and reporting requirements;
- H) Confidentiality of participant information;
- I) Communication skills;
- J) Universal precautions, blood-borne pathogens and infection control;



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- K) Fire and life safety, including emergency procedures to be implemented under the agency's all hazards disaster operations plan;
  - L) Dealing with adverse behaviors, e.g., mental illness, depression, aggression and wandering;
  - M) Family dynamics;
  - ~~N) Diseases of the elderly; understanding Alzheimer's Disease and dementia;~~
  - N) Body mechanics and normal range of motion, transfer techniques and positioning;
  - O) Chronic illness, death and dying;
  - P) Medicaid fraud and abuse;
  - Q) Cultural diversity;
  - R) Recognizing changes in bodily functions that should be reported to the supervisor;
  - S) CPR and first aid;
  - T) Understanding advance directives;
  - U) Nutrition and safe food handling;
  - V) Respiratory services;
  - W) Use of seclusion and restraint.
- 3) Progress toward certification in a related field (e.g., CNA) may be used for up to ~~three~~<sup>3</sup> hours of in-service training per calendar year.
- 4) All provider employees not in receipt of Department training certificates must complete two hours of dementia training within 30 days of the start

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

of their employment and every calendar year thereafter. This training must include the following subjects: Alzheimer's Dementia and Related Disorders; Safety Risks; and Communication and Behavior.

- e) At least ~~two~~<sup>2</sup> program adult day service staff shall be certified in CPR and trained in first aid, and at least ~~one~~<sup>1</sup> trained staff shall be on-site when participants are present.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1560 Adult Day Service Staff**

- a) The following staff qualifications shall be required throughout the term of the contract of all adult day service providers (with specified exceptions):
- 1) An Adult Day Service Program Administrator shall:
    - A) Meet the following qualifications:
      - i) have a bachelor's degree in a health or human services or related field (including social or health sciences, public administration or physical education) or be a Registered Nurse or Health Services Administrator; or
      - ii) demonstrate ~~two~~<sup>2</sup> years of progressively responsible supervisory experience in a program serving the elderly for each year of education being replaced (up to 4) in the disciplines defined in subsection (a)(1)(A)(i).
    - B) The responsibilities of the Administrator may be performed by the Program Coordinator/Director. If the Administrator's function is also performed by the Program Coordinator/Director, only the qualification requirements for Program Coordinator/Director apply.
  - 2) An Adult Day Service Program Coordinator/Director shall:
    - A) Meet the following qualifications:

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- i) have a bachelor's degree in health or human services, social or health sciences, physical education, or related field;
  - ii) be a Registered Nurse; or
  - iii) demonstrate ~~two~~<sup>2</sup> years of progressively responsible supervisory experience in a program serving the elderly for each year of education being replaced (up to ~~four~~<sup>4</sup>) in the disciplines defined in subsection (a)(2)(A)(i).
- B) Be on duty full time when participants are in attendance or have a qualified substitute (meets or exceeds the qualifications set out in subsection (a)(2)(A)(i) through (iii)).
- 3) A program nurse shall be:
- A) ~~be a RN or LPN under the supervision of a RN (RN may be contractual and must meet with the LPN at least monthly to review person-centered plans of care and medication administration records, and be available to provide direction as needed);~~
    - i) ~~Registered Nurse (RN) licensed by the State of Illinois; or~~
    - ii) ~~Licensed Practical Nurse (LPN) licensed by the State of Illinois under the supervision of an RN (RN may be contractual and must meet with the LPN at least monthly to review person-centered plans of care and medication administration records, and be available to provide direction as needed);~~
  - B) ~~be~~ on duty at least one-half of a full-time (FTE) work period each day when participants are in attendance, either as staff or on a contractual basis; and
  - C) ~~be~~ full time, if also serving as the Program Administrator or Program Coordinator/Director, and shall meet the qualifications for a program nurse and fulfill responsibilities for all assigned positions.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 4) A transportation Driver/Escort (provider employed or contractual) for those adult day service providers who provide the transportation service component shall:
  - A) meet all applicable requirements of the Illinois Vehicle Code [625 ILCS 5];
  - B) be certified in CPR and trained in first aid; and
  - C) have the appropriate driver's license or endorsements based upon the size and type of the vehicle being driven.
- 5) Nutrition Staff:
  - A) Nutrition staff (provider employed or contractual) shall include:
    - i) at least one+ staff person who meets the requirements of the Food Service Sanitation Code (77 Ill. Adm. Code 750).
    - ii) a Nutrition Consultant/Dietitian, either paid or in-kind, who shall be licensed by the Department of Financial and Professional Regulation with experience in an agency setting and who shall approve menus for adult day service providers to meet requirements stated in subsection (a)(5)(B).
  - B) The nutrition staff is responsible for providing daily meals meeting requirements specified in Section 240.230(a)(5).
- b) The following optional staff, either contractual or employed by an adult day service provider, shall meet the specified qualifications:
  - 1) A social service worker shall:
    - A) be under the direction of the Program Coordinator/Director;
    - B) possess a Bachelor's degree in Social Work or a related field and have at least one+ year's work experience, preferably with programs for the elderly and disabled; and

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- C) if the social service worker function is performed by the Program Administrator or Program Coordinator/Director, that person must be full time, and must meet the qualifications for a social worker and fulfill responsibilities for all assigned positions.
- 2) Program assistants shall have a high school diploma or general education diploma, or ~~two~~ 2 years of prior documented experience working in programs for the elderly, or demonstrate continued progress towards meeting the educational requirement of a general education diploma by current registration and evidence of successful completion of course work.
  - 3) A medical consultant shall be a physician with an active license~~licensed to practice medicine by the State of Illinois.~~
  - 4) A rehabilitation consultant shall be licensed, registered or certified by the Department of Financial and Professional Regulation in a discipline that relates to rehabilitation.
- c) The following requirements shall apply to substitutes for staff positions and/or regularly scheduled volunteers/students/student interns utilized by an adult day service provider:
- 1) the adult day service provider shall have on file information documenting the same personal, health, administrative and professional qualifications for substitutes as are required of staff for whom they act as substitutes;
  - 2) persons agreeing to be available as substitutes or for use in emergencies shall sign a written statement kept on file at the adult day service site, certifying to their availability and agreement to serve in the particular capacity. The file of each person serving in this capacity shall contain such a statement for each calendar year of availability;
  - 3) volunteers/students/student interns shall complete an application indicating their reason for participation in the program and special skills;
  - 4) volunteers/students/student interns may serve in any capacity for which they are qualified (refer to subsection (c)(1));

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 5) substitutes and volunteers/students/student interns shall be supervised by the staff person supervising the function to which the volunteer or substitute is assigned;
- 6) substitutes and volunteers/students/student interns who are not used to meet program requirements are exempt from pre-service and in-service training requirements.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1570 Service Availability Expansion**

- a) A CCP participant may be allowed access to CCP ~~ADS~~ **adult day services** in a service area in which the participant does not reside (outlying service area) under the following circumstances:
  - 1) the CCU has determined the needs of the participant may best be served by a provider in an outlying service area;
  - 2) either:
    - A) the geographic area in which the participant resides does not have a provider of the needed services; or
    - B) the participant may be provided services more conveniently/appropriately by a CCP provider in an outlying service area for the following reasons:
      - i) the authorized CCP providers in the participant's service area have reached the maximum capacity and have approval to not accept new participants and/or is unable to provide a service without delay and/or interruption;
      - ii) optional service components required by the participant are unavailable from the CCP authorized provider in the participant's service area but are available from a CCP authorized provider in another service area;
      - iii) transportation can be more conveniently arranged to a CCP

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

authorized provider in another service area (adult day service only); or

- iv) special needs of the participant (e.g., language-appropriate workers) can only be met by a CCP authorized provider in another service area; and
- 3) The CCP authorized provider in the outlying service area agrees to provide the service required without delay/interruptions to the referred participant.
- b) A CCP in-home care participant may be allowed access to CCP in-home care services in a service area in which the participant does not reside (outlying service area) upon receipt of written approval to the CCU from the Department under the following circumstances:
  - 1) The CCU has determined that the special needs of the participant (e.g., language specific workers) can only be met by a CCP authorized provider in another service area; and
  - 2) The CCP authorized provider in the outlying area agrees to provide the service required without delays/interruptions to the referred participant; and
  - 3) The CCP authorized providers in the participant's area of residence are unable to meet the special needs of the participant without delays/interruptions.
- c) A request by a participant to receive CCP services from a provider in an outlying service area is inappropriate if the participant refuses to accept CCP services deemed appropriate by the CCU in the participant's service area. In this instance, service will be denied or terminated as appropriate.
- d) If a provider's contract period is extended in writing by the Department, approval of the service availability expansion is also extended for the same effective period.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

**Section 240.1575 Adult Day Service Site Relocation**

Any CCP adult day service provider intending to relocate its primary or satellite site shall obtain written approval of the new facility from the Department.

- a) For all reasons for relocation except an emergency:
  - 1) the provider shall file a letter of intent to relocate, providing detailed information including the reason for the relocation, the proposed relocation site and assurance that requirements specified in subsections (a)(2)(A) and (a)(2)(B) are met.
  - 2) the letter of intent to relocate shall be received by the Department at least 30 calendar days prior to the anticipated date of the proposed relocation.
    - A) The proposed facility shall meet all CCP standards, and federal, State and local codes, as set forth in Section 240.1550.
    - B) The provider shall assure the Department that service to the provider's CCP participants will be uninterrupted.
    - C) A request for a contract amendment may be made by the provider if the relocation affects the designated address to which the Department mails its correspondence, etc., to the provider.
  - 3) upon receipt and approval of the letter of intent to relocate, the Department shall issue a temporary authorization to provide service in the new location.
  - 4) final approval of the relocation shall be based upon on-site review of the facility by the Department (see Section 240.1550).
- b) When any emergency requires relocation of an ~~ADS~~ ~~adult day service~~ site the provider shall immediately notify the Department.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1580 Standards for Alternative Providers**



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- a) In the event that CCP services are not provided to an eligible participant within the time limit specified in Section 240.910, the eligible participant may arrange to receive CCP in-home services from an individual ~~or a home care agency~~ of the eligible participant's choice 15 calendar days after the date of the notice of eligibility. The CCU and Department shall approve the participant's choice of individual prior to initiation of services.~~or home care agency for in-home services to be provided.~~
- b) ~~If there is an interruption of services provided to a participant due to the failure of a contractual provider to provide those services, the CCU shall assist the participant in locating an individual or home care agency.~~
- c) ~~The Department shall authorize the individual or home care agency and shall guarantee a minimum of 15 calendar days of service provided by the alternative provider, if at the request of the alternative provider. A home care agency whose previously held CCP contract was terminated for cause shall not be authorized as an alternative provider.~~
- bd) The contractual provider shall pay the alternative provider at its usual and customary rate of pay.~~The Department shall make payment on a monthly basis for the services at the rate that would have been paid an individual provider, if an individual is selected by the eligible participant; or at the usual and customary rate of the home care agency/provider chosen by the eligible participant to provide this service, if a home care agency is selected by the eligible participant.~~
- ce) The contractual provider may terminate the alternative provider if the contractual provider has a person who can provide the services in accordance with the person centered plan of care.~~Payment shall continue in accordance with subsection (c), and only until the Department's contractual provider initiates provision of CCP services to the participant, at which time service by the alternative provider shall be immediately terminated. The CCU shall verbally notify the alternative provider and the participant of the date upon which service shall be initiated by the Department's contractual provider.~~
- f) ~~Request for payment for services rendered by an individual alternative provider shall be submitted to the Department by the individual providing the service.~~
- g) ~~Payment for services rendered by a home care agency of the eligible participant's choice shall be made by the Department following submittal by the agency and~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~processing by the Department of billing forms provided to the agency by the Department.~~

- ~~h) Payment shall be authorized in compliance with the State Prompt Payments Act [30 ILCS 540].~~
- ~~i) The Department shall be liable for its share of the cost of CCP services, as determined in accordance with Sections 240.855 and 240.870.~~
- ~~j) The payment for the monthly expense for care incurred by the participant for CCP alternative provider services shall be the responsibility of the participant as set forth in Section 240.875.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART P: PROVIDER PROCUREMENT

**Section 240.1600 Provider Agency Certification**

- a) All services provided to CCP participants shall be delivered in accordance with Provider Agreements entered into between certified provider agencies and the Department.
- b) For purposes of administrative efficiency, the Department may initiate the provider certification process for the CCP by a specific service, on a geographic basis, or in accordance with other criteria determined by the Department.
- c) **Initial Certification**  
Any willing and qualified provider agency (see the federal Medicaid waiver, this Part and 42 CFR 431.51 (2008)) interested in the opportunity to enter into a Provider Agreement with the Department for the provision of CCP services shall comply with the following certification procedures:
  - 1) A provider agency requesting initial certification of qualifications shall submit, in a form and manner prescribed by the Department, material documenting the ability to comply with administrative requirements, service specifications and any other administrative or operational information required by the Department for the applicable service.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- A) The Department or its designee will review the material submitted and, if necessary, will request additional information. The Department or its designee will conduct on-site reviews of a prospective provider agency for in-home service and adult day service under the CCP unless a performance review of the provider agency has already been completed by the Department or its designee within the prior 12 months. The Department reserves the right to conduct on-site reviews of a prospective provider agency for emergency home response service and AMD service under the CCP. [Failure of a prospective provider to respond to the Department's request for a site-visit may result in the denial of certification.](#)
- B) If additional information is requested by the Department, the provider agency has 30 calendar days after the date of request to submit this information.
- C) After 60 calendar days, the provider agency's request for certification of qualifications will be closed and all information must be resubmitted to the Department if the provider agency wants to continue to request certification.
- 2) Provider agencies will be notified in writing of the results of the certification request. Those provider agencies determined by the Department to be qualified will be certified for a period of no more than 3 years and afforded the opportunity to execute a Provider Agreement (generally for a [three-year](#)~~3-year~~ period) for the applicable service.
- d) **Recertification**  
The Department, or its designee, shall conduct recertification of each provider agency with a valid Provider Agreement no less frequently than every ~~three~~<sup>3</sup> years to determine continued compliance with qualifications for the applicable service. The timing of recertification shall be based upon the timing of the initial certification (see subsection (b)) or of the most recent recertification.
- 1) The Department, or its designee, shall notify each provider agency, in writing, at least 30 calendar days prior to recertification to request the material required for the recertification. Any provider agency interested in renewing its Provider Agreement shall submit, in a form and manner

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

prescribed by the Department, material documenting the continued ability to comply with the administrative requirements, service specifications, and any other administrative or operational information required by the Department for the applicable service.

- 2) Before recertifying a service provider, the Department will conduct a performance review under Section 240.1660.
  - 3) Provider agencies will be notified in writing of the results of the recertification.
  - 4) Those provider agencies determined by the Department to be qualified will be recertified for a period of no more than ~~three~~<sup>3</sup> years and afforded the opportunity to execute renewal of the Provider Agreement (generally for a ~~three-year~~<sup>3-year</sup> period) for the applicable service.
- e) Other initial certification or recertification considerations include, but are not limited to:
- 1) pending or current Departmental on-notice or contract action for failure to adhere to Provider Agreement requirements, including a history of non-compliance with the Provider Agreement;
  - 2) notification from another governmental entity of similar contract actions or non-compliance findings;
  - 3) financial insolvency, criminal indictment or conviction, or other legal issues that, in the opinion of the Department, would make the award of a Provider Agreement contrary to the best interest of the State;
  - 4) complaints forwarded to the Department by the Attorney General's office, the Better Business Bureau or other consumer protection organizations; or
  - 5) the current provider agency is not in good standing with the Department.
- f) The Department may require completion of additional disclosure statements and/or background inquiries if there is reason to believe offenses have occurred since completion of previous disclosures and background inquiries.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- g) The Director shall represent and act for the State in all matters pertaining to the Application for Certification process and Provider Agreements awarded. The Director receives all recommendations and has the ultimate decision making authority for issuing Provider Agreements. The Director reserves the right to allow the applicant to correct inadvertent, technical errors in the application when, in the Director's opinion, the best interest of the State will be served by the correction.
- h) Any provider agency denied initial certification of qualifications or recertification for the provision of CCP services shall be afforded the opportunity to submit another request to the Department after a 60-day period of time after issuance of the determination or notification of a final decision or other action on an objection filed pursuant to Section 240.1645. The provider agency may also object to the decision in a form and manner prescribed by the Department in the written notification of denial (see Section 240.1645).
- i) Provider Agreements will be entered with qualified provider agencies on a schedule determined by the Department, but no more frequently than semiannually after initial certification.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1605 Emergency Certification**

- a) The Department shall obtain CCP services through any means of selection likely to result in provider certification and subsequent issuance of a Provider Agreement under the following circumstances:
  - 1) service is immediately needed to prevent interruption of services to current participants;
  - 2) service is immediately needed to protect a participant's health, safety or welfare;
  - 3) service is of such a nature or the market place is such that only one provider is reasonably capable and willing to perform the requisite services; and/or
  - 4) to establish new or additional services in an area in which the Department

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

has determined an underserved population exists.

- b) The Department shall assure, to the extent possible, through the certification process, that any provider selected under the emergency circumstances included in subsection (a) is qualified to provide CCP services and that the health, safety and welfare of participants are protected.
- c) Certification issued under this Section is not renewable. Recertification of the provider must occur under Section 240.1600.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1607 Standard CCP Provider Agreement**

- a) In order to enter into a CCP Provider Agreement, a provider must first be certified by the Department under Section 240.1600 or 240.1605.
- b) A Provider Agreement shall be entered into between the Department and the certified provider agency as evidence of the terms and conditions of the agreement to provide CCP services within the geographic area specified within the Provider Agreement. Except during the transition period referred to in Section 240.1600(b), Provider Agreements generally will be for a period of ~~three~~3 years. A Provider Agreement does not guarantee that the provider will be the sole provider of CCP services within the described geographic area.
- c) The terms and conditions of the Provider Agreement shall, at a minimum, include the following:
  - 1) the Provider Agreement may be terminated without cause by either party upon 60 calendar days written notice;
  - 2) the Provider Agreement may be amended, with the mutual consent of both parties, at any time during the term of the Agreement; and
  - 3) all program and financial records, reports and related information and documentation, including participant files, that are generated as a result of the Provider Agreement shall be considered the property of the Department.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- d) At the time of application for certification and before the Provider Agreement is entered, the provider shall submit documentation specified by the Department to confirm the legal structure under which it is doing business.
- 1) The Department shall be immediately notified by the provider in the event of a merger/consolidation/sale of assets of a provider and shall be given copies of all relevant supporting documents.
    - A) Following review of the merger/consolidation/sale of assets documents, the Department will determine whether the merger/consolidation/sale of assets has resulted in an assignment of the Provider Agreement (see subsection (k)).
    - B) If the merger/consolidation/sale of assets has not resulted in an assignment, the Department retains the right to terminate the Provider Agreement if performance of the Provider Agreement by the new corporate structure is not in the best interests of the CCP, such as a merger or consolidation with an entity that has been subject to previous contract action by the Department or some other state or federal agency.
  - 2) Failure to notify the Department shall result in termination of the Provider Agreement.
- e) Upon written notification from the Department of a change in the fixed unit rates of reimbursement, the provider may exercise its 60 calendar day termination rights if the provider no longer wishes to provide service at the newly established fixed unit rates of reimbursement.
- f) Providers shall have sufficient personnel to ensure service to all CCP participants.
- g) During the term of the Provider Agreement, the provider will maintain its adherence to the Illinois Act on the Aging, this Part and any requirements and representations made by the provider during the certification process.
- h) Providers may be units of State government, units of local government, for-profit or not-for-profit corporations, limited liability companies, sole proprietorships or partnerships.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 1) An agency of State government must submit a letter from the head of the agency citing the statutory authority for the agency to enter into a Provider Agreement to provide the proposed CCP service.
- 2) A unit of local government must submit a copy of the resolution or ordinance duly passed by the governing body of the unit of government authorizing the execution of the Provider Agreement. The resolution or ordinance shall designate the individual authorized to execute the Agreement on behalf of that unit of government.
- 3) A partnership or sole proprietorship must submit copies of the "Certificate of Ownership of Business" issued by the county clerks for the counties in which the provider is proposing to provide CCP service.
- 4) A corporation or limited liability company must submit a "Certificate of Good Standing" from the Office of the Illinois Secretary of State certifying that the corporation has complied with the requirement to file an annual report and has paid required franchise taxes.
- 5) A not-for-profit corporation shall submit:
  - A) a "Certificate of Good Standing" from the Office of the Illinois Secretary of State certifying that the corporation has complied with the requirement to file an annual report; and
  - B) a current letter from the Office of the Illinois Attorney General certifying that the corporation is in full compliance with or is exempt from the charitable trust laws of the State of Illinois. When renewing a Provider Agreement, a non-exempt provider shall submit to the Department, upon request, a letter certified by the provider's Board of Directors stating that the provider remains in compliance or is exempt.
- 6) A nongovernmental agency shall certify that it is legally qualified to contract with the State of Illinois.
- i) Providers shall certify that they acknowledge and comply with the Illinois Human Rights Act [755 ILCS 5]; the Equal Employment Opportunity Act of 1974, as amended (Title VII of the U.S. Civil Rights Act of 1964, as amended (42



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

[U.S.C. USC 2000e et seq.](#)); the Civil Rights Act of 1964, as amended (42 [U.S.C. USC 2000d et seq.](#)); Section 504 of the Rehabilitation Act of 1973, as amended (29 [U.S.C. USC 790 et seq.](#)); and the Immigration Reform and Control Act of 1986 (8 [U.S.C. USC 1101 et seq.](#)).

- j) Providers shall certify to the Department that they are fiscally sound, as defined in Section 240.160 and further provided in Section 240.1505(a)(10 and 11).
- k) Assignment by a provider of a Provider Agreement to any other organizations or entities is not allowed. Any succeeding provider must be certified as a CCP provider under this Part and must enter into a new Provider Agreement with the Department.
- l) Failure by providers to seek and obtain written Department approval prior to entering into subcontracts with other entities for the provision of CCP services shall result in the immediate termination of the Provider Agreement.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1615 Provider Initiated Service Area Modifications**

- a) To request approval to modify a service area, a certified provider agency must submit in writing to the Department a plan of the proposed expansion or reduction, reasons with supportive information for the modification, and the revised boundaries of the agency's original service area.
- b) The Department may approve or deny requests for service area modification based upon [one](#) or more of the following reasons:
  - 1) demonstrated ability or inability to comply with standards as illustrated by substantiated complaint history, review reports or prior contract actions;
  - 2) evidence of ability or inability to manage and supervise services throughout the current service area;
  - 3) continuity or disruption of participant care;
  - 4) assurance of, or failure to assure, participant freedom of choice; or

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 5) action in, or failure to act in, the best interest of the participant or the CCP.
- c) If the Department approves the service area modification, the Provider Agreement shall be amended to include the modified service area.
- d) An agency shall provide a minimum of 60 days notice to the Department prior to the proposed effective date of a service area reduction.
- e) [A provider who has been granted a provisional contract is not eligible for a service area expansion.](#)

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1645 Objection to Certification Decision**

- a) A provider may file an objection, in limited circumstances, if a certification request is denied by the Department.
- b) Examples of circumstances that do not constitute an appealable basis for objection include:
  - 1) timing of initiation of certification process by the Department;
  - 2) termination of eligibility by closure of the file due to a provider's failure to comply with time frames for submitting a certification request under Section 240.1600(b);
  - 3) new supporting documentation to establish eligibility for certification or recertification as a service provider under the CCP following failure to comply with time frames for submitting material requested by the Department;
  - 4) issues upon which the Department has already made a final administrative decision as a result of a previous objection or contract action involving the provider;
  - 5) issues upon which an independent trier of fact has made a final determination or issued an order;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 6) disputes as to service rates or the underlying methodology for calculating those rates;
  - 7) duration of a service provider certification;
  - 8) timing of the Provider Agreement process by the Department; or
  - 9) other matters of general applicability that are not specifically adverse to the provider.
- c) Procedures for Filing an Objection
- 1) An objection regarding a certification decision must be in writing and must be received at the Department's Springfield office on or before the ~~tenth~~<sup>10<sup>th</sup></sup> calendar day after the date of the applicant's receipt of the notice of the objectionable action. If the objection is not received before the close of business on the ~~10<sup>th</sup>~~ tenth calendar day, the objection shall be disregarded.
  - 2) Each objection must contain a full and concise statement of the facts and circumstances of the action that is alleged to be objectionable, legally or otherwise, and a statement of the relief sought.
    - A) The Department may request additional details at any time.
    - B) Failure to supply any information requested by the Department will be cause for dismissal of the objection.
- d) Upon receipt of written objection, the Department shall immediately review the certification decision in question and shall issue a written response. The certification decision shall not be considered final until any relevant objections are resolved.
- e) The decision of the Director is final and shall be sent by ~~certified-mail~~ or email, ~~return receipt requested, or by any other means that allows the Department to document and confirm receipt by the applicant of the decision.~~

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

**Section 240.1650 Classification, Identification and Receipt of Provider Service Violations**

Failure to comply with the contract, proposal and Department rules shall be identified and classified by the Department.

- a) In determining the classification assigned to each provider service violation, the Department shall consider the following:
  - 1) the severity of the violation;
  - 2) the danger posed by the violation to the health, safety or welfare of the participant, based upon degree of participant impairment and availability of support sources;
  - 3) the provider's efforts to correct violations;
  - 4) the volume and scope of violations.
- b) There are ~~three~~3 classifications of violations: Type I, Type II and Type III.
  - 1) Type I provider service violations are participant-centered violations that pose an imminent risk to the health, safety or welfare of the CCP participant, and/or represent situations in which failure to correct the violation could result in the participant's potential hospitalization or nursing facility placement. Type I violations shall receive priority attention, requiring immediate (within 24 hours) correction to remove the risk environment. Permanent correction must be achieved within ~~30~~60 calendar days after receiving notice of the violation.
  - 2) Type II provider service violations are participant-centered violations that pose a potentially serious risk to the participant. These violations are to be corrected within 60 calendar days.
  - 3) Type III provider service violations are administrative violations that pose a very low risk to the participant. The time frame for correction of Type III violations shall be 60 calendar days or as established in an approved work plan.
- c) Provider service violations include, but are not limited to, violation of the

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

following CCP rules:

- 1) adult day service standard requirements (Section 240.1550);
  - 2) adult day service and in-home provider staffing requirements (Sections 240.1530 and 240.1555);
  - 3) special services (Subpart J);
  - 4) provider administrative minimum standards and responsibilities (Sections 240.1510, 240.1520, 240.1542, 240.1544 and 240.2020);
  - 5) service components (Sections 240.210, 240.230, 240.235, 240.237 and 240.270);
  - 6) adult day service and in-home provider staff qualification and responsibilities (Sections 240.1535 and 240.1560);
  - 7) service provision requirements (Subpart B and Section 240.915);
  - 8) emergency home response equipment (Section 240.1541);
  - 9) AMD equipment (Section 240.1543).
- d) The Department will be in receipt of reported violations through the following methods:
- 1) Performance reviews of contracted provider agencies (Section 240.1660);
  - 2) Service complaints/violations that are reported directly to the Department or to the Senior HelpLine of the Department or are referred to the Senior HelpLine by the Department/CCU or service provider/other; and/or
  - 3) Reports from Department staff.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1660 Provider Performance Reviews**

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- a) Providers under contract to the Department must comply with federal, State and local laws, regulations, Department rules and the contract requirements. When the provider signs the contract, this signature shall be the provider's certification that all applicable laws, rules and regulations, contract requirements, and statements included in the Provider Proposal shall be complied with. The Department shall have the authority to conduct performance reviews of a contracted provider agency at any time during the course of the provider's contract period. Any findings and/or contract actions resulting from a performance review may be appealed (see Section 240.1661).
- b) The Provider Performance Review consists of a sample of rules, of RFP requirements, and of cases that will be reviewed for performance.
- c) If non-performance findings result from the Provider Performance Review, the provider shall receive a written report of the findings and have a specified period of time for adherence. The allowable time period shall be relevant to the classification of the violation and the applicable corrective action time frames specified in Section 240.1650.
- d) If non-performance findings result from the follow-up review, the Department may impose [one+](#) or more of the contract actions specified in Section 240.1665.
- e) [The Department may initiate the termination of the provider agreement after three consecutive performance reviews resulting in non-compliance findings as indicated on the written report.](#)

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1661 Provider and Care Coordination Unit Right to Appeal**

The provider and CCU have the right to appeal any finding and/or contract action (see Section 240.1665) resulting from a performance review. [When an appeal of contract action is received, the contract action shall be stayed unless there is a Type I violation \(see Section 240.1650\), in which case the contract action shall continue during the appeal process.](#)

- a) Upon receipt of ~~the Provider or CCU Performance Review report of non-performance findings and the~~ written notification of contract actions to be taken, a provider or CCU [may request an appeal in writing within 15 calendar days](#) ~~wanting to appeal must do so in such a manner that the appeal is received at the~~

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

~~Department's Springfield Office on or before the 15<sup>th</sup> work day~~ from the date of the notice. If the ~~request for~~ appeal is not ~~filed within~~received before the close of business on the 15<sup>th</sup> calendar days~~work day~~, the appeal shall be ~~automatically denied~~disregarded.

- b) Appeals shall be submitted in the manner and form specified by the Department in its notice of contract action and shall be mailed or emailed~~addressed~~ to the Office of General Counsel (OGC) in Springfield~~and delivered or mailed to the Department's main office (see Section 240.150):~~
- c) The OGC~~General Counsel~~, with appropriate Department staff, will conduct an informal review ~~the appeal~~ and make a recommendation to the Director ~~for final decision~~.
- d) The OGC may contact the appellant to discuss the appeal request and/or request additional information.
- e) The OGC shall submit a recommendation to the Director within 60 days after receipt of the appeal or receipt of the requested information, whichever is later.
- f) The Director will review the OGC recommendation within 30 days after its receipt and may accept or reject all or part of the recommendation.
  - 1) If the Director determines that the finding and/or contract action is ~~determined by the Director to be~~ valid, the appeal will be denied and the finding/action shall be upheld/implemented.
  - 2) If the Director determines that the finding and/or contract action is ~~determined by the Director to be~~ invalid, the appeal shall be upheld and the finding/action shall be modified or expunged, in whole or in part, with letter~~evidence~~ placed in the provider or CCU file.
- gd) The Director may determine that the circumstances causing the contract actions warrant a hearing that shall be conducted at a location designated by the Department. A provider or CCU may request an administrative hearing following the Director's decision after the informal review. A provider or CCU must submit its request for a hearing by close of business on the 15<sup>th</sup> calendar day after the receipt of the Director's decision. Request not timely submitted shall be denied.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 1) ~~The provider or CCU may bring appropriate representation and written appeal data to the hearing.~~
- 2) ~~Appropriate Department staff shall be in attendance at the hearing.~~
- he) All hearings shall be conducted by an impartial Hearing Officer authorized by the Director~~in accordance with Department hearing rules (89 Ill. Adm. Code 220.500 through 220.520).~~
- i) The Hearing Officer may schedule one or more pre-hearing conferences.
- j) The Department and the appellant will provide copies of relevant documents, a list of potential witnesses, and a summary of potential testimony to be used at the hearing, to the other party. Depositions, interrogatories, other discovery mechanisms may be used upon the mutual consent of the parties. The hearing officer shall exclude immaterial, irrelevant, or unduly repetitious evidence.
- k) The hearing shall be conducted in accordance with Article 10 of the Illinois Administrative Procedure Act [5 ILCS 100] unless otherwise specified in this Part. Unless otherwise provided by law, the burden of proof will be by the preponderance of the evidence and will be on the moving party or the party bringing the action.
- l) The hearing may be conducted in person or with some or all parties, including the Hearing Officer, present at different locations connected with each other by telephone, videoconference, or other electronic means. The proceedings will be recorded.
- m) The appellant or a Department Representative may request a continuance, which shall be in writing to the Hearing Officer before the scheduled hearing date. A verbal request may be made when the hearing is convened. The Hearing Officer may continue the hearing to another date acceptable to all parties and the Hearing Officer.
- n) The appellant may withdraw the appeal at any time prior to or during the appeal process. The withdrawal must be submitted in writing and the Department will close the appeal file. If the withdrawal occurs after the appeal has been assigned to a Hearing Officer, the withdrawal must be submitted in writing to the Hearing Officer and the Department. The Hearing officer will make an oral finding on the



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

record that the appeal has been withdrawn.

- o) The failure to appear by the appellant or to proceed with the hearing is considered a non-appearance. The appeal is considered abandoned and shall be dismissed. Dismissal of an appeal is a final administrative decision.
- p) Within ten calendar days after the date of the dismissal notice, the appellant may request the reinstatement of the appeal sent in writing to the Hearing Officer and Department. The appellant's request must contain facts and supporting documentation, where applicable, to support the reinstatement. The Hearing Officer may or may not reinstate the appeal.
- q) The Hearing Officer shall certify the entire record of the hearing to the Director and shall recommend a decision on each issue in the hearing within 60 calendar days from the close of evidence and argument in the appeal. The Hearing Officer shall not render a final decision relevant to any issue in the hearing.
- r) The Director may accept or reject all or part of the recommendations. Their decision shall be made by applying the Department's rules to the particular case situation.
- s) The Director shall issue their decision in writing no later than 90 calendar days after the Hearing Officer's recommendation. The Department shall send a copy of the decision to the parties of the appeal by mail or email. The Director's decision is final.
- t) At any time within five years after the date of the release of the Department's final administrative decision, upon written request to the Office of General Counsel, the appellant/authorized representative may review the official report of the hearing.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

### **Section 240.1665 Contract Actions for Failure to Comply with Community Care Program Requirements**

The Department may impose one+ or more of the following contract actions upon any CCP provider or contracted CCU that fails to comply with Department rules or contract/Provider Agreement requirements, including any statements made on the CCU Proposal or the provider's

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

application for certification. These actions include:

- a) prohibition of specified staff from serving CCP participants (imposed when the Department finds that a worker, case manager, supervisor or other designated staff fails to comply);
- b) purchase of a limited financial audit (imposed when the Department finds that a provider or CCU has failed to adhere to the fiscal requirements specified in this Part);
- c) suspension of referrals for up to 90 days;
- d) transfer of a portion of the participants served under the contract or Provider Agreement;
- e) training of staff;
- f) termination of Provider Agreement or CCU contract and transfer of all participants;
- g) requiring a review by the provider or CCU of all or a specified subset of files and provider or CCU certification of corrective action;
- h) requiring the provider or CCU to contract with an outside management firm to evaluate program management and to implement recommendations for improvement as provided in the evaluation and negotiated with the Department;
- i) suspending all or a portion of CCP payments until the action is corrected;
- j) deducting overpayments to provider or CCU from future Provider or CCU Requests for Payment or requiring the provider or CCU to reimburse the Department;
- k) refusing to accept a proposal from a CCU or to enter into a Provider Agreement with the provider in one+ or more specified areas open for procurement; and/or
- l) taking any other action the Director determines to be appropriate to the non-performance circumstances.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1666 Termination of Provider Agreement**

- a) If the Department terminates a provider agreement, the provider cannot reapply for certification until six months after the receipt of the termination letter or the conclusion of an appeal process, whichever is later. This prohibition on reapplying extends to the owners and/or administrators of the provider agency.
- b) If the Department terminates a provider a second time, then the provider is prohibited from applying for another agreement for a year after the receipt of the termination letter or the conclusion of an appeal process, whichever is later. This prohibition on reapplying extends to the owners and/or administrators of the provider agency.
- c) To reapply for certification after a termination, the provider must provide a corrective action plan that addresses each of the corrective actions listed in the termination letter and last QI review report. The plan must list concrete steps that the provider will take to ensure these issues will not continue under a new agreement.
- d) The Department will deny a new application if the provider fails to provide an adequate corrective action plan.

(Source: Added at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART R: ADVISORY COMMITTEE

**Section 240.1800 Community Care Program Advisory Committee**

- a) The Director shall appoint individuals to serve on the Community Care Program Advisory Committee (CCPAC) that shall advise the Department on rates of reimbursement for the CCP service delivery network and issues affecting the CCP service delivery network and recommend solution strategies. The CCPAC shall meet on a bi-monthly basis.
- b) Persons appointed to the CCPAC shall be appointed based upon their experience with the CCP, geographic representation, and willingness to serve. Representatives shall serve at their own expense and must abide by all applicable

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

ethics laws. Representatives will be appointed to represent older adults and provider, advocacy, policy research and other constituencies committed to the delivery of high quality in-home and community-based services to older adults. Representatives shall be appointed to assure representation from:

- 1) adult day service providers;
  - 2) in-home service providers;
  - 3) CCUs;
  - 4) emergency home response providers;
  - 5) statewide trade or labor unions that represent homecare aides and direct care staff;
  - 6) Area Agencies on Aging;
  - 7) adults over age 60;
  - 8) membership organizations representing older adults; and
  - 9) other organizational entities, providers of care, and/or individuals determined by the Director to have demonstrated interest and expertise in the fields of in-home and community-based care.
- c) Nominations may be presented from any agency or State association with interest in the CCP.
  - d) The Director, or designee, will serve as permanent Co-chair of the CCPAC . One other Co-chair shall be nominated and approved annually by members of the CCPAC.
  - e) The Director will designate Department staff to provide technical assistance and staff support to the Committee. Department representation will not constitute membership on the CCPAC.
  - f) Terms of appointment will be for four4 years. Members shall continue to serve until their replacements are named.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- g) The Department will fill vacancies that have a remaining term of over one~~+~~ year, and this replacement will occur through the annual replacement of expiring terms.
- h) All papers, issues, recommendations, reports and meeting memoranda will be advisory only. The Director, or designee, will make a written response/report, as requested, regarding issues before the CCPAC.
- i) The Director retains full decision making authority on the CCP regarding any recommendations presented by the CCPAC.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART S: PROVIDER RATES

**Section 240.1910 Establishment of Fixed Unit Rates**

Rate methodologies and rates of payment for the Persons who are Elderly~~Elderly Medicaid HCBS~~ Waiver program are developed by the Department with consultation, oversight, and final approval by HFS, the State Medicaid agency. During the Waiver's five~~5~~-year renewal process, the federal Centers for Medicare and Medicaid Services review the State's Elderly Waiver compliance, including rate sufficiency.

- a) The fixed unit rates will be reviewed annually, at a minimum, and adjustments will be made to conform to CCP's appropriation and to program service requirements and federal and State changes in statutes and rules affecting CCP.
- b) In establishing fixed unit rates of reimbursement, the Department will take into consideration the following:
  - 1) cost information provided by service providers;
  - 2) current market conditions and trend analyses; and
  - 3) CCP appropriation levels.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1930 Fixed Unit Rate of Reimbursement for In-home Service**

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

The Department will establish a fixed unit rate of reimbursement for in-home service exclusive of those services defined in Section 240.270. Current providers will be notified in writing of any change in the fixed unit rate. The fixed unit rate of reimbursement will be published [on the Department's website](#)~~in the official State newspaper~~.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1940 Fixed Unit Rates of Reimbursement for Adult Day Service and Transportation**

The Department will establish fixed unit rates of reimbursement for adult day service and transportation as defined in Section 240.230. Current providers will be notified in writing of any change in the fixed unit rate. The fixed unit rates of reimbursement will be published [on the Department's website](#)~~in the official State newspaper~~.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1950 Adult Day Service Fixed Unit Reimbursement Rates**

Adult day service providers ~~under contract with the Department~~ shall be uniformly reimbursed for the provision of adult day service at the rates established by the Department. The reimbursable units of adult day services shall be as follows:

- a) One unit of adult day service is defined in Section 240.230(c)(1) as [one](#)~~+~~ direct participant contact hour (excluding transportation time) provided to a participant.
- b) One unit of documented adult day transportation provided by the adult day service provider is defined in Section 240.230(c)(2) as a [one-way](#)~~+~~~~way~~ trip per participant to or from the adult day site and the client's home.
  - 1) No more than [two](#)~~2~~ units of transportation shall be provided per participant in a 24 hour period.
  - 2) A unit of transportation shall not include transportation on outings, trips to physicians, shopping or other miscellaneous trips.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

**Section 240.1955 Fixed Unit Rates of Reimbursement for Emergency Home Response Service**

EHRIS providers ~~executing a contractual agreement with the Department pursuant to Section 240.1600~~ shall be uniformly reimbursed for the provision of EHRIS at fixed unit rates of reimbursement established by the Department. The reimbursable units of EHRIS shall be as follows:

- a) **Installation and Removal**  
The Department shall pay a ~~one~~-time installation fee at a fixed unit reimbursement rate established by the Department for the installation of the base unit in the participant's home. The Department shall not pay any fee for expenses incurred by the EHRIS provider if service could not be provided due to either the participant's absence or the participant's refusal to admit the EHRIS provider's employee into the home. The Department shall not pay any fee for removal of the base unit.
- b) **Monthly Service**  
The Department shall pay a monthly service fee per participant at a fixed unit reimbursement rate established by the Department for providing EHRIS to participants. The Department shall not pay for the cost of maintaining telephone service for the participants or any associated charges or fees.
- c) The rates will be reviewed annually, at a minimum. Adjustments may be made to conform to the appropriation, service requirements and/or changes in federal and State laws, regulations and/or rules affecting the service.
- d) In establishing the rates of reimbursement, the Department will comply with federal requirements for Medicaid waivers, which are described in the State Medicaid Plan maintained by HFS and posted on the HFS website. The Department will use a Request for Information process to obtain rate information from providers and then consider whether the resulting average is supported by the appropriation level for the program in light of trend analyses on use of the service and current market conditions. The goal is to ensure adequate provider participation and participant choice. The specific amount that the service provider will be reimbursed for a unit of service is reflected in the provider contract and is listed on the Department's website.
- e) Upon written notification from the Department of a change in the rates of

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

reimbursement, an ~~EHR~~~~S~~AMD provider may exercise its 60 calendar day termination rights if the EHR provider no longer wishes to provide services thereafter at the new rates of reimbursement.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1957 Fixed Unit Rates of Reimbursement for Automated Medication Dispenser Service**

AMD service providers ~~executing a contractual agreement with the Department pursuant to Section 240.1600~~ shall be uniformly reimbursed for the provision of AMD units at fixed unit rates of reimbursement established by the Department. The reimbursable units of AMD service shall be as follows:

- a) **Installation, Initial Training and Removal**  
The Department shall pay a ~~one~~-time installation fee at a fixed unit reimbursement rate established by the Department for the installation and initial training of the participant/authorized representative/responsible party of the AMD unit in the participant's residence. The Department shall not pay any fee for expenses incurred by the AMD provider if service could not be provided due to either the participant's absence or the participant's refusal to admit the AMD provider's employee into the residence. The Department shall not pay any fee for removal of the AMD unit.
- b) **Monthly Service**  
The Department shall pay a monthly service fee per participant at a fixed unit reimbursement rate established by the Department for providing AMD service that includes maintaining administrative and technical support to program machines; providing 24 hour technical assistance and additional training; signal monitoring, troubleshooting, machine maintenance, repair and replacement; notifications to the responsible party on missed medication doses and power outage; tracking and analyzing data; and providing reports as requested by the Department. The Department will not pay for the cost of maintaining telephone service for the participant or any associated charges or fees.
- c) **The rates will be reviewed annually, at a minimum, and adjustments may be made to conform to the appropriation, service requirements and/or changes in federal and State laws, regulations and/or rules affecting the service.**



## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- d) In establishing the rates of reimbursement, the Department may consider any of the following factors:
- 1) appropriation levels;
  - 2) cost information provided by the providers; and/or
  - 3) current market conditions and trend analyses.
- e) Upon written notification from the Department of a change in the rates of reimbursement, an AMD provider may exercise its 60 calendar day termination rights if the AMD provider no longer wishes to provide services thereafter at the new rates of reimbursement.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1960 Care Coordination Fixed Unit Reimbursement Rates**

Care Coordination Units under contract with the Department shall be uniformly reimbursed for the provision of CCP care coordination services at the rates established by the Department. The reimbursable CCP care coordination service activities subsequent to a procurement ~~conducted under 89 Ill. Adm. Code 220.610 through 220.675~~ as follows:

- a) completion of each initial eligibility determination for CCP services;
- b) completion of each redetermination of CCP eligibility not to exceed ~~one~~ redetermination per month per participant;
- c) completion of each face-to-face screening of a participant;
- d) completion of each HFS Interagency Certification of Results – Determination of Imminent Risk form, following prescreening by Choices for Care screeners;
- e) completion of each HFS ~~OBRA-1~~ (Level I ~~ID~~ Screen);
- f) availability to receive participant inquiries and requests, by telephone or in person, and to respond to those requests and inquiries for each active participant per month;

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- g) completion of each Deinstitutionalization assessment;
- h) completion of one face-to-face visit between initial assessment and annual reassessment that is to occur between ~~four~~<sup>4</sup> and ~~eight~~<sup>8</sup> months after the last determination or redetermination of eligibility.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

**Section 240.1970 Enhanced Rate for Health Insurance Costs**

The Department may be appropriated funds to pay an enhanced rate under CCP to those in-home service provider agencies that offer health insurance coverage as a benefit to their direct service worker employees.

- a) Definitions

For purposes of this Section:

"Direct service worker" means an employee who provides homecare aide services for an in-home service provider agency under CCP.

"Health insurance" means a Type 1 plan or a Type 2 plan.

- 1) Type 1 Plan

A Type 1 plan must comply with, be comparable to, or exceed required mandated benefits, coverages, and co-payment levels for individual and group insurance policies under the Illinois Insurance Code [215 ILCS 5] and 50 Ill. Adm. Code, Subchapter ww and individual and group contracts for health maintenance organizations under the Health Maintenance Organization Act [215 ILCS 125] and 50 Ill. Adm. Code 4521.

- 2) Type 2 Plan

A Type 2 plan is employer-paid health insurance as part of collective bargaining with unionized direct service workers through a Taft-Hartley Multi-employer Health and Welfare Plan that defines the eligibility requirements and coverage under section 302(c)(5) of the Labor Management Relations Act of 1947 (29 ~~U.S.C.~~<sup>USE</sup> 141).

- b) Initial Application

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

An interested in-home service provider agency must submit an initial application at least 120 days prior to the end of each State fiscal year. Applications will be accepted by the Department at its main office located in Springfield.

## c) Eligibility

Eligibility requirements include:

- 1) Verification of a current contract as an in-home service provider agency with the Department under CCP.
- 2) A copy of a health insurance plan or a certificate of insurance, and the effective date of that document, to establish that:
  - A) the in-home service provider agency provides health insurance at its own expense to its direct service workers, which may include coverage for those employees' dependents; or
  - B) the in-home service provider agency will provide for health insurance as part of collective bargaining with unionized direct service workers, which may include coverage for those employees' dependents through a Taft-Hartley Multi-employer Health and Welfare Plan.
- 3) Specification of the total number of employees and the total number of direct service workers, together with a certification from a responsible party for the in-home service provider agency to the effect that:
  - A) under a Type 1 health insurance plan:
    - i) health insurance coverage is offered to all direct service workers who have worked at least an average of 20 hours per week for ~~three~~3 consecutive months under the CCP; and
    - ii) at least 25% of the total number of direct service workers accept the offer of health insurance.
  - B) under a Type 2 health insurance plan:

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- i) health insurance coverage is offered to all of the direct service workers subject to the collective bargaining agreement who have worked at least an average of 20 hours per week for ~~three~~<sup>3</sup> consecutive months under the CCP; and
    - ii) at least 25% of the total number of direct service workers, or any higher percentage required under federal law, accept the offer of health insurance.
  - 4) Submission of any other relevant information requested by the Department for administrative or audit purposes.
- d) Impact on Financial Reporting
  - 1) An in-home service provider agency shall not report the enhanced rate for health insurance costs paid by the Department under this Section as part of its revenue for purposes of the required financial reporting under Subpart T.
  - 2) An in-home service provider agency shall not report health insurance for direct service workers as an incurred cost for purposes of the required financial reporting under Subpart T, except for an amount in excess of the enhanced rate paid by the Department during a reporting period.
- e) Payment
  - 1) If an in-home service provider agency is determined eligible for this enhanced rate, the Department will thereafter calculate the appropriate payment based on the number of units of in-home service accepted as billed per contract once the provider agency submits its VRFPP under the CCP (see Section 240.1520) for reimbursement under this Section. Payments may be adjusted by the Department to properly account for services provided to participants. Payment is subject to the availability of appropriations during the State fiscal year.
  - 2) An in-home service provider agency that makes a switch between a Type 1 and a Type 2 plan is not entitled to any retroactive payments for a period

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

of time preceding the date on which benefits are actually available under the new plan.

- 3) No in-home service provider agency is entitled to a duplicate payment for the same period of time or for the same units of in-home service accepted as billed per contract.
  - 4) By accepting any payment under the CCP, an in-home service provider agency agrees to repay the State of Illinois if:
    - A) the total revenue from the enhanced rate for health insurance costs exceeds the actual, documented expenses for its ~~health~~ ~~heath~~ insurance costs for the reporting period; or
    - B) an error in eligibility of an in-home service provider agency or the amount of revenue from the enhanced rate for health insurance or the amount of the health insurance costs is subsequently determined by an in-home service provider agency or the Department.
  - 5) In the case of a financial or operational hardship, the Department may deduct an overpayment from future VRFPs submitted by the in-home service provider agency instead of collecting a lump-sum amount.
- f) Notification  
It is the responsibility of an in-home service provider agency to notify the Department within ~~seven~~7 days after any change in its eligibility status, including, but not limited to, cancellation or termination of the health insurance plan or purchase of a new plan. An in-home service provider agency is only required to monitor participation by direct service workers in order to submit the initial application, the annual insurance review, and required financial reporting.
- g) Annual Insurance Review
- 1) Once an in-home service provider agency is determined eligible by the Department and is paid an enhanced rate for health insurance costs, the provider agency shall thereafter substantiate its continued eligibility under subsection (c) by submitting appropriate supporting documentation at the same time as its annual financial report under Subpart T.

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

- 2) As part of the annual insurance review, an independent certified public accounting firm for the in-home service provider agency must verify the actual, documented expense for health insurance for the period listed as part of the required financial reporting under Subpart T.
- 3) The Department reserves the right to require an in-home service provider agency to engage an independent certified public accounting firm to verify the information and data submitted by the provider agency if the Department is in possession of evidence to suggest the information and data submitted is inaccurate, incomplete or fraudulent. This audit will be performed at the in-home service provider agency's expense.
- 4) The Department shall notify an in-home service provider agency in the event of a determination during the annual insurance review that:
  - A) the in-home service provider agency is no longer eligible for continued payment of the enhanced rate for health insurance costs;
  - B) the total revenue from the enhanced rate for health insurance costs exceeds the actual, documented expenses for health insurance costs for the reporting period;
  - C) there was an error in eligibility of an in-home service provider agency for the prior reporting period;
  - D) there was an error in the amount of revenue from the enhanced rate for health insurance costs; or
  - E) there was an error in the amount of the health insurance costs.
- 5) An in-home service provider agency may appeal from an adverse eligibility decision regarding continued payment of the enhanced rate for health insurance costs or a repayment decision in accordance with Section 240.1661. The Department will continue to pay the enhanced rate for health insurance costs until the appeal is resolved.
- 6) Supporting documentation may be subject to release under the Freedom of Information Act unless an applicable exemption for confidentiality,

## DEPARTMENT ON AGING

## NOTICE OF ADOPTED AMENDMENTS

privacy, or other proprietary business purpose is marked on the face of any submission.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)

## SUBPART T: FINANCIAL REPORTING

**Section 240.2020 Financial Reporting of In-home Service**

- a) Provider agencies will be required to submit a cost report as described in this Section (Direct Service Worker Cost Certification). The report must be based upon actual, documented expenditures.
  - 1) The report must be submitted annually, within ~~six~~6 months after the end of the reporting period, and may be prepared as a part of the provider's annual audit.
  - 2) The report may be on either a calendar year basis or the provider's fiscal year (once a provider has elected to base the reports on a calendar or fiscal year, this election can be changed only upon written approval of the Department).
- b) The cost report must demonstrate that the provider has expended a minimum of 77% of the total revenues due from the Department, to include the participant incurred expense that may have been applicable prior to July 1, 2010, for direct service worker costs as enumerated in Section 240.2050. For purposes of this report, the phrase "total revenues due from the Department" does not include any amount received as an enhanced rate for health insurance costs by a qualifying in-home service provider.
- c) The cost report shall identify the provider's expenditures for direct service worker costs of program support costs and administrative costs as enumerated in Section 240.2050.
- d) The accuracy of the report must be attested to by an authorized representative of the provider.
- e) The Department reserves the right to require the provider to engage an independent certified public accounting firm to verify the information and data

DEPARTMENT ON AGING

NOTICE OF ADOPTED AMENDMENTS

submitted by the provider if the Department is in possession of evidence to suggest the information and data submitted is inaccurate, incomplete or fraudulent. This audit will be performed at the provider's expense.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)



## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Federal Surplus Property: Illinois State Plan, State Agency for Surplus Property
- 2) Code Citation: 44 Ill. Adm. Code 5020
- 3) 

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
5020.100	Amendment
5020.110	Amendment
5020.120	Amendment
5020.200	Amendment
5020.220	Amendment
5020.300	Amendment
5020.310	Amendment
5020.320	Amendment
5020.400	Amendment
5020.410	Amendment
5020.420	Amendment
5020.430	Amendment
5020.440	Amendment
5020.500	Amendment
5020.600	Amendment
5020.610	Amendment
5020.620	Amendment
5020.630	Amendment
- 4) Statutory Authority: Implementing Section 2 of the Federal Commodity Disbursement Act [30 ILCS 255] and implementing and authorized by the Federal Surplus Property Act [20 ILCS 430].
- 5) Effective Date of Rule: July 16, 2024
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the Adopted Rules, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in the *Illinois Register*: 48 Ill. Reg. 1980, February 9, 2024

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 10) Has JCAR issued a Statement of Objections to this rulemaking? No
- 11) Differences between Proposal and Final Version:

In Section 5020.100(a), "agency responsible for administering the plan" was changed to "State Agency for Surplus Property Utilization and the State Agency for Federal Surplus Property responsible for administering the State Plan of Operation", "44 Ill. Adm. Code 5020.110" was changed to "20 ILCS 430" and "102-37.130-515" was changed to "102-37.130 through 515".

In Section 5020.110(e), "in accordance with Section 5020.500" was added after "surplus property".

In Section 5020.120(a), "102-37.130-515" was changed to "102-37.130 through 515".

In Section 5020.120(a), "102-37.130-515" was changed to "102-37.130 through 515".

In Section 5020.120(b), "these rules" was replaced with "this Part", "the term" was deleted, "qualified recipients that meet the determination criteria in Section 5020.200" was added after "means" and "includes the following" was replaced with "that include".

In Section 5020.120(b)(1)(J), " – Multiple purposes such as above" was deleted.

In Section 5020.120(b)(2)(J), "Alcohol/drug" was changed to "Alcohol and drug".

In Section 5020.120(b)(2)(K), "Provider" was changed to "Providers" and "the" was added after "assistance".

In Section 5020.120(b)(2)(L), "Provider" was changed to "Providers" and "the" was added after "assistance to".

In Section 5020.120(b), subsections 3 through 7 had a period added at the end of the text.

In Section 5020.120(b)(7), "U.S." was added after "Small" and the text "(see 15 U.S.C. 636(j)(10) and 637(a))." was added after the closing parenthesis.

In Section 5020.200(b)(12), "listed as" was deleted.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

In Section 5020.200(e), "102-37.130-515" was changed to "102-37.130 through 515".

In Section 5020.220(b), "through marketing channels (e.g., website, email, social media)" was added after "public".

In Section 5020.310(c), "Federal" was replaced with "federal".

In Sections 5020.410(c)(1) and (2), both instances of "102-37.130-515" were changed to "102-37.130 through 515".

In Sections 5020.410(d)(1) and (2), both instances of "102-37.130-515" were changed to "102-37.130 through 515".

In Section 5020.410(e)(2), "(see 41 CFR 102-37.460(c))" was added after "form".

In Section 5020.420, "102-37.130-515" was changed to "102-37.130 through 515".

In Section 5020.430(a)(2), the first "the" in each subsection was replaced with "The".

In Section 5020.430(a)(3), the first "the" in each subsection was replaced with "The" and "Federal" was replaced with "federal".

In Section 5020.430(c), "102-37.130-515" was changed to "102-37.130 through 515".

In Section 5020.500(a), "shall be financed through the General Revenue Fund and does not typically have service charges. The SASP reserves the right to charge service charges if deemed necessary." was replaced with "may charge service fees in accordance with subsection (b). (See Sec. 4 of the Federal Surplus Property Act.)".

In Section 5020.500(b)(1), "510" was replaced with "5020.510".

In Section 5020.500, a new subsection (c) was added with the following text: "For fiscal years when the SASP is funded through the General Revenue Fund, no service charges will be assessed."

In Section 5020.600(a), "are used" was deleted and "102-37.130-515" was changed to "102-37.130 through 515".

In Section 5020.600(b), "102-37.130-515" was changed to "102-37.130 through 515".

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

In Section 5020.610(b), "by advising the recipient that all restrictions are listed on the back of the invoice" was deleted.

- 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 any emergency rule currently in effect? No
- 14) Are there any other proposed rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: The amendments make technical changes to the federal surplus property rules.
- 16) Information and questions regarding these adopted rules shall be directed to:

Department of Central Management Services  
313 S. 6th Street, 3rd Floor  
Springfield, IL 62702

(217) 782-9669  
CMS.Rule@illinois.gov

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

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 44: GOVERNMENT CONTRACTS, GRANTMAKING,  
PROCUREMENT AND PROPERTY MANAGEMENT  
SUBTITLE D: PROPERTY MANAGEMENT

CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 5020

FEDERAL SURPLUS PROPERTY: ILLINOIS STATE PLAN,  
STATE AGENCY FOR FEDERAL SURPLUS PROPERTY

SUBPART A: GENERAL

- Section
- 5020.100 Authority
- 5020.110 Policy
- 5020.120 Applicability

SUBPART B: ELIGIBILITY AND RESPONSIBILITY

- Section
- 5020.200 Determination of Eligible Recipients
- 5020.210 Authorized Representative File
- 5020.220 Notice to the Public of SASP Activities
- 5020.230 Cooperative Agreements

SUBPART C: DISTRIBUTION OF FEDERAL SURPLUS PROPERTY

- Section
- 5020.300 Distribution of Surplus Property
- 5020.310 Distribution of Major Items
- 5020.320 Distribution of Small Items
- 5020.330 Preference Given to Disaster Victims
- 5020.340 Competing Requests for Surplus Property

SUBPART D: TRANSFERABLE PROPERTY

- Section
- 5020.400 Conditions Placed on the Transfer of Surplus Property
- 5020.410 Special Conditions~~conditions~~ on Transfer of Motor Vehicles
- 5020.420 Restrictions on Surplus Property Other Than~~than~~ Motor Vehicles

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

5020.430 Waiver of Conditions or Restrictions  
5020.440 ~~Donation~~~~Issue~~ Document

## SUBPART E: IMPLEMENTATION OF SERVICE CHARGES

Section  
5020.500 Service ~~Charges~~~~charges~~  
5020.510 Criteria Used to Set Service Charges  
5020.520 Reduction of Service Charge

## SUBPART F: AUDITING AND COMPLIANCE REQUIREMENTS

Section  
5020.600 Compliance Inspection  
5020.610 Return of Donated Property  
5020.620 Non-Utilized Surplus Property  
5020.630 Report of Fraud or Misuse of Surplus Property

AUTHORITY: Implementing Section 2 of Federal Commodity Disbursement Act [30 ILCS 255] and implementing and authorized by the Federal Surplus Property Act [20 ILCS 430].

SOURCE: Adopted at 7 Ill. Reg. 15544, effective November 8, 1983; codified at 8 Ill. Reg. 15361; recodified Title of the Part at 39 Ill. Reg. 5903; amended at 48 Ill. Reg. 11297, effective July 16, 2024.

## SUBPART A: GENERAL

**Section 5020.100 Authority**

The Illinois Surplus Property Section of the Department of Central Management Services is designated as the State Agency for Surplus Property Utilization and the State Agency for Federal Surplus Property responsible for administering the State Plan of Operation pursuant to 30 ILCS 255/2 and 20 ILCS 430~~These rules are promulgated under authority of Illinois Revised Statutes, 1981, Chapter 127, paragraphs 176c, 176d1, 176d2, 176d3, 176d4, and in accordance with regulations set forth in 40 U.S.C. 549 and 41 CFR 102-37.130 through 515 (2023)41 CFR 101-44 (February 1980), as revised to conform with Public Law 94-519.~~

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

**Section 5020.110 Policy**

- a) The State Agency for Federal Surplus Property (SASP), administered by the Department of Central Management Services, shall regulate the accountability, and control of all personal property acquired from the United States of America under and in conformance with [41 CFR 102-37.130 through 515 \(2023\)](#) ~~the provisions of paragraph (j) of Section 203 of the Federal Property of Administrative Services Act of 1949, as amended (40 U.S.C.A. 484, February 1980).~~
- b) The Department shall regulate the distribution of ~~federal~~[Federal](#) property to eligible recipients within the State of Illinois.
- c) Representatives of the Department ~~may~~[shall](#) visit United States Government installations to select from property that is available for donation.
- d) The Department shall monitor the use of property acquired by eligible recipients for the duration of the restriction period as further defined in Section 5020.400 ~~of this Part.~~
- e) A service charge ~~may~~[shall](#) be assessed eligible recipients for the acquisition of ~~federal~~[Federal](#) surplus property [in accordance with Section 5020.500.](#)
- f) These functions shall be carried out by the Department of Central Management Services Federal Surplus Property Division.

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

**Section 5020.120 Applicability**

- a) This Part applies to any activity of the Department of Central Management Services pertaining to the acquisition, accountability, control, and distribution of all tangible personal property acquired by the State of Illinois through the Federal Donation Program ([41 CFR 102-37.130 through 515 \(2023\)](#)) ~~(41 CFR 101-44, February 1980).~~
- b) This Part applies to all [eligible recipients](#) ~~Eligible Recipients~~. For the purposes of [this Part](#) ~~these rules~~, the term "[eligible recipients](#) ~~Eligible Recipients~~" means [qualified recipients that meet the determination criteria in Section 5020.200](#) and

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

that include~~includes the following:~~

- 1) Public Agencies
  - A) Conservation.~~States, their departments, divisions, and other instrumentalities.~~
  - B) Economic development.~~Political sub-divisions of States, including cities, counties, and other local governmental units and economic-development districts.~~
  - C) Public education.~~Instrumentalities created by compact or agreements between States or political sub-divisions.~~
  - D) Indian tribes, bands, groups, pueblos, or communities located on State reservations.
  - E) Volunteer fire districts and/or departments.
  - F) Programs for the elderly.
  - G) Public health.~~Food banks.~~
  - H) Parks & Recreation.
  - I) Public safety.
  - J) Public purposes.
- 2) Non-Profit Educational and Public Health Activities
  - A) Medical institutions, hospitals, clinics, ~~and~~ health centers, and outpatient facilities.
  - B) Educational institutions, schools~~Schools, preschools, colleges, and universities, and schools for persons with disabilities.~~
  - C) Child care centers.



## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- D) Educational radio and TV stations.
  - E) Museums.
  - F) Libraries.
  - G) Nursing homes.
  - H) Programs for the elderly.
  - I) Food banks.
  - J) Alcohol and drug abuse treatment centers.
  - K) Providers of assistance to the homeless.
  - L) Providers of assistance to the impoverished.
  - M) Adult day care center.
  - N) Nursing homes or geriatric centers.
  - 3) Veteran-owned and service-disabled veteran-owned small businesses.
  - 4) Programs for the homeless (e.g., homeless shelters, foodbanks).
  - 5) Veteran organizations (e.g., VFWs, American Legions).
  - 6) SEAs – Service Educational Activities (e.g., Boy/Girl Scouts, American Red Cross).
  - 7) U.S. Small Business Administration (SBA) 8(a) small businesses (e.g., construction, services, retail, agricultural) (see 15 U.S.C. 636(j)(10) and 637(a)).
- c) These rules apply to all tangible personal property acquired by the Department from the United States Government.

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

## SUBPART B: ELIGIBILITY AND RESPONSIBILITY

**Section 5020.200 Determination of Eligible Recipients**

- a) Organizations~~The following organizations shall be~~ eligible to become recipients of Federal Surplus property include, but are not limited to:
- 1) Public agencies such as schools, airports, and public safety (law enforcement agencies and fire departments).~~State Agencies, Officers and Executive Code Departments.~~
  - 2) Local, city, county, or State government~~Municipalities and Other Units of Local Government.~~
  - 3) Certain~~Private, Non-Profit, Tax-Exempt~~ Organizations with an IRS 501(c) ruling, including medical facilities, providers of assistance to the homeless or impoverished, museums.
  - 4) Veteran-owned and service-disabled veteran-owned small businesses.
  - 5) Programs for the homeless (homeless shelters, foodbanks, etc.)
  - 6) Veteran organizations (VFWs, American Legions, among others)
  - 7) SEAs – Service Educational Activities (Boy/Girl Scouts, American Red Cross, etc.)
  - 8) Small Business Administration (SBA) 8(a) small businesses (construction, services, retail, agricultural)
- b) Each organization seeking to become a recipient shall be required to file with SASP.
- 1) The organization's name, address and telephone number.
  - 2) The name and title of the organization's chief executive officer.
  - 3) A description of the organization outlining the type of organization; and

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

the details and scope of its programs and activities.

- 4) When items available are insufficient to fill all requests, the SASP shall request additional information to determine the requesting organizations' relative income and expenses.
  - 5) If the applicant is a private tax exempt organization, an official certificate issued by the Internal Revenue Service stating that the organization has tax exempt status under Section 501(c)(3) of the Internal Revenue Code of 1954. (26 U.S.C 501).
  - 6) An "Application Certification and Agreement" form, signed by the recipient's ~~head authorized official~~~~chief executive officer~~, accepting the terms and conditions under which surplus property shall be transferred.
  - 7) A duly executed authorization from the ~~head authorized official~~~~executive head~~ of the applying organization giving one or more persons the power to act as agents for the applicant.
  - 8) A completed "Assurance of Compliance" form indicating that the applicant is in compliance with the civil rights and non-discriminatory regulations off the Federal General Services Administration.
  - 9) A list of the types of equipment, vehicles, supplies and machines the applicant desires to receive.
  - 10) Proof that the organization is approved, accredited, or licensed by a body with statutory or administrative authority to issue ~~the~~~~such~~ approval, accreditation, or license.
  - 11) If the applicant is a veteran-owned small business, an official certification from the SBA that the applicant is a veteran-owned small business is required.
  - 12) If the applicant is a veteran organization, it must be recognized by the Secretary of Veterans Affairs.
- c) All organizations submitting applications shall submit all additional information, documentation or proof required by SASP to process applications.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- d) All necessary application forms shall be provided by the SASP.
- e) After a completed application is submitted, the SASP shall evaluate the prospective recipient and notify the organization if it is accepted or rejected. Prospective recipients shall only be disqualified if they do not meet the requirements listed under subsections (a) and (b) ~~above~~. Prospective recipients shall have the right to appeal such rejection to the General Services Administration of the United States Government pursuant to [41 CFR 102-37.130 through 515 \(2023\)](#) ~~41 CFR 101-44.202(e)(9) (February 1980)~~.
- f) All approvals of eligibility shall be reviewed after three years or as required to determine continued eligibility status.

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

**Section 5020.220 Notice to the Public of SASP Activities**

- a) The SASP shall [participate in the discussion of the SASP's policy, procedure, and programs with potential participants](#) ~~meet periodically with both public and private non-profit recipients to discuss the SASP'S policy, procedure and programs.~~
- b) The SASP shall [notify the public through marketing channels \(e.g., website, email, social media\) of SASP offerings and programs](#) ~~also publish a bulletin or newsletter at regular intervals, publicizing the SASP offerings and programs, for distribution to recipients.~~
- c) The SASP shall actively seek opportunities to contact prospective recipients and encourage them to participate in the surplus property program.

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

## SUBPART C: DISTRIBUTION OF FEDERAL SURPLUS PROPERTY

**Section 5020.300 Distribution of Surplus Property**

- a) The SASP shall make property available to eligible recipients on a fair and equitable basis.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- b) The following factors shall be considered in distributing property:
  - 1) Relative needs.
  - 2) Relative resources.
  - 3) Ability to utilize the property.
- c) A recipient's relative needs shall be evaluated by determining:
  - 1) Size and type of program conducted.
  - 2) Contemplated use and frequency of use.
  - 3) Critical or urgent need.
  - 4) Geographical location (i.e., urban, suburban, rural).
  - 5) Interest and expression of need on the part of the recipient in property available.
- d) A recipient's relative resources shall be evaluated by determining:
  - 1) Funding sources.
  - 2) Availability of funds.
  - 3) Availability of equipment.
- e) A recipient's ability to utilize surplus property shall be evaluated by determining:
  - 1) Length of time of property's contemplated usage.
  - 2) The time when property can be put into use.
  - 3) Availability of funds to repair or maintain property in use.
  - 4) Recipient's ability to select and remove property from the Surplus

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

Distribution Center in a timely manner.

- 5) Type, ~~and~~ quality, and program compliance of property previously received by recipient.

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

**Section 5020.310 Distribution of Major Items**

- a) To ~~ensure~~insure that recipients located some distance away from the General Services Administration (GSA) distribution sites~~Surplus Distribution Center~~ receive their fair share of the major items of surplus distributed, such recipients may submit a "want list" to the SASP.
- b) Items which may be requested on such lists include, but are not limited to:
  - 1) Vehicles.
  - 2) Materials handling equipment.
  - 3) Machine tools.
  - 4) Generators.
  - 5) Air compressors.
  - 6) Business machines.
  - 7) Boats.
  - 8) Aircraft.
  - 9) Items of electronic or scientific equipment.
- c) If required by the ~~federal~~Federal General Services Administration, the recipient shall be required to provide a letter of intent to the ~~federal~~Federal Surplus Property Section, Administrative Office.

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

**Section 5020.320 Distribution of Small Items**

- a) Small miscellaneous items such as nuts, bolts and washers shall be available to recipients to select and pick up at the [GSA distribution sites](#) ~~SASP warehouse~~ or other designated sites.
- b) The quantity distributed to any one donee may be limited depending on the total quantity on hand.

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

## SUBPART D: TRANSFERABLE PROPERTY

**Section 5020.400 Conditions Placed on the Transfer of Surplus Property**

- a) The SASP shall require as a condition of transfer:
  - 1) That all items donated with an acquisition cost of ~~\$5,000~~ ~~\$3000~~ or less must be placed into use within one year of donation.
  - 2) That all items donated with an acquisition cost of ~~\$5,000~~ ~~\$3000~~ or less must be used for one year after being placed in use or otherwise returned to the SASP.
- b) The SASP shall impose any additional conditions involving special handling or use limitations on specific types or items of surplus property when it is directed to do so by the ~~federal~~ ~~Federal~~ General Services Administration.
- c) The SASP may impose any other conditions or restrictions on the transfer or use of items or types of surplus property that it deems necessary in specific situations. Such conditions or restrictions ~~may~~ ~~shall~~ be based upon the type of property, the type of donee, and the needs of the donee for the property.
- d) All terms, conditions, reservations and restrictions governing the transfer of surplus property shall be [provided with each SASP donation document](#). ~~printed on the reverse side of each the SASP invoice.~~

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

**Section 5020.410 Special Conditions on Transfer of Motor Vehicles**

- a) All passenger motor vehicles donated shall be placed into use within one year of donation.
- b) All passenger motor vehicles donated must be used for eighteen months after being placed in use or otherwise returned to the SASP.
- c) Combat Type Aircraft:
  - 1) All combat type aircraft are subject to permanent restrictions imposed by the federal government pursuant 41 CFR 102-37.130 through 515 (2023)~~Federal Government Pursuant to 41 CFR 101-44.108 2(b) (February 1980)~~.
  - 2) Combat type aircraft are also subject to all terms and restrictions contained in the "Conditional Transfer Document" 41 CFR 102-37.130 through 515 (2023)~~form (41 CFR 101-44.108 2, February 1980)~~.
- d) Non-Combat Type Aircraft
  - 1) All non-combat type aircraft having a unit acquisition cost of \$3000 or more are subject to permanent instructions imposed by the federal~~Federal~~ government on their use, transfer and disposal for five years from the date the aircraft is put into use 41 CFR 102-37.130 through 515 (2023)~~(41 CFR 101-44.108-9, February 1980)~~.
  - 2) All non-combat type aircraft are subject to the terms and restrictions contained in the "Conditional Transfer Document" form 41 CFR 102-37.130 through 515 (2023)~~(41 CFR 101-44.108-2, February 1980)~~.
- e) Ships and boats 50 or more feet in length:
  - 1) All ships and boats having a unit acquisition cost of ~~\$5,000~~\$3,000 or more are subject to restrictions on their use, transfer or disposal for five years from the date they are placed in use.
  - 2) All ships and boats are subject to the terms and conditions listed on the "Conditional Transfer Document" form (see 41 CFR 102-37.460(c)).



## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

**Section 5020.420 Restrictions on Surplus Property Other Than Motor Vehicles**

Surplus property, other than motor vehicles, having an acquisition cost of ~~\$5,000~~~~\$3,000~~ or more is subject to restrictions on its use, transfer and disposal for eighteen months from the date the property is placed in service 41 CFR 102-37.130 through 515 (2023)~~(41 CFR 101-44.202(e)(6), February 1980)~~.

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

**Section 5020.430 Waiver of Conditions or Restrictions**

- a) The SASP shall amend, modify or grant release of any term, condition, reservation or restriction the SASP has imposed on the transfer, use, or disposal of surplus property when:
  - 1) The conditions which make the waiver necessary include but are not limited to the type of equipment, the condition of equipment, that which is in the best interest of the public welfare, health and safety of the donee organization; and
  - 2) ~~The~~ conditions which make the waiver necessary have been reduced to writing; and
  - 3) ~~The~~ conditions which make the waiver necessary have received ~~federal~~ Federal General Services' Administration's approval.
- b) The SASP may reduce the restriction periods on motor vehicles subject to federal approval, or items of surplus property having a unit acquisition cost of ~~\$5,000~~~~\$3,000~~ or more when the SASP feels good and sufficient reason is present. Good and sufficient reasons shall include, but are not limited to, condition of the property and proposed use (i.e., secondary, cannibalization).
- c) The SASP shall not grant recipients release from any ~~federal~~ Federal regulation or law unless specifically authorized by ~~federal~~ Federal regulation or law to do so. The Department of Central Management Services shall base its decision on whether to grant a recipient release from any ~~federal~~ Federal regulation or law

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

according to the standards in, and provisions of, [41 CFR 102-37.130 through 515 \(2023\)](#) ~~41 CFR 101-44.202(e)(6) and 41 CFR 101-44.208(q) and (h), (February 1980).~~

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

**Section 5020.440 Donation ~~Issue~~ Document**

- a) A recipient shall not be issued any surplus property until [a donation document](#) ~~an invoice and receipt~~ for the property has been signed by an authorized representative, as noted in the authorized representative file, of the recipient.
- b) A copy of each [donation document and](#) invoice ~~and receipt~~ shall be filed in the recipients' file by the SASP. Recipients' files shall contain copies of [donation documents and](#) invoices ~~and receipts~~ for all property issued to that recipient.

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

## SUBPART E: IMPLEMENTATION OF SERVICE CHARGES

**Section 5020.500 Service Charges**

- a) The SASP [may charge service fees in accordance with subsection \(b\). \(See Sec. 4 of the Federal Surplus Property Act.\)](#) ~~shall be financed through the assessment of a service charge on all surplus property distributed.~~
- b) [Service Charges.](#)
  - 1) The service charge shall be assessed at a rate to cover all costs involved in acquiring and distributing surplus property. In determining what is fair and equitable charge, the SASP shall consider the criteria set forth in Section [5020.510](#) ~~5.10 of these rules.~~
  - 2) The service charges shall be fair and equitable in relation to the service performed. Emphasis shall be placed on keeping the service charge to a minimum while providing optimum service and maintaining the SASP activity on a sound financial basis.
- c) [For fiscal years when the SASP is funded through the General Revenue Fund, no](#)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

service charges will be assessed.

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

## SUBPART F: AUDITING AND COMPLIANCE REQUIREMENTS

**Section 5020.600 Compliance Inspection**

- a) The SASP shall conduct a regular survey program of inspection to ensure ~~insure~~ that recipients are utilizing federal ~~Federal~~ property in the correct manner and ~~are used~~ in compliance with applicable federal ~~Federal~~ standards, guidelines or restrictions pursuant to 41 CFR 102-37.130 through 515 (2023) ~~41 CFR 110-44.202 (e)(10) (February 1980)~~. Surveys ~~Inspections~~ shall be conducted on a random basis.
- b) Surveys will be conducted on a ~~Such inspections shall survey a~~ minimum of 10% of all property subject to 18 month restrictions distributed during the preceding year which are subject to 18 month restrictions pursuant to 41 CFR 102-37.130 through 515 (2023) ~~41 CFR 110-44.202 (e)(10) (February 1980)~~.
- c) A report shall be prepared by the SASP summarizing the results of these surveys ~~investigations~~, including:
- 1) The names of all recipients surveyed ~~visited~~.
  - 2) A list of property surveyed ~~inspected~~.
  - 3) Any violations discovered.
  - 4) Any corrective actions taken.
- d) A copy of all survey ~~inspection~~ reports shall be made available to the federal ~~Federal~~ General Services Administration, the Illinois State Police ~~Department of Law Enforcement~~ and any other law enforcement agency having jurisdiction over the subject where the report is in question.

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

**Section 5020.610 Return of Donated Property**

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- a) In the event that the SASP determines that a recipient has not put an item of surplus property into use within one year of the receipt of the property or has not used the property in accordance with any special restrictions that might pertain to that surplus property, the SASP shall instruct the recipient to:
- 1) Return the surplus property to the SASP warehouse at the recipient's expense.
  - 2) Retransfer the property to another recipient, SASP, or to a ~~federal~~Federal agency.
- b) To avoid unnecessary returns of surplus property the SASP shall ~~ensure~~insure that all recipients are made adequately aware of any use requirements and restrictions applying to property they are issued ~~by advising the recipient that all restrictions are listed on the back of the invoice.~~

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

**Section 5020.620 Non-Utilized Surplus Property**

- a) All property which has been in the possession of the SASP for 18 months which has not been distributed to eligible recipients shall be reported to the ~~federal~~Federal General Services ~~Administration (GSA)~~Administration.
- b) Upon receiving authorization from the ~~GSA~~Federal General Services Administration, the SASP shall proceed to dispose of the property as directed by the ~~GSA~~Federal General Services Administration, by:
- 1) Transferring the property to another SASP or a ~~federal~~Federal agency.
  - 2) Disposing of the property at public sale.
  - 3) Abandoning or destroying the property.
- c) In the event that the SASP is instructed to dispose of surplus property by transferring it to another agency or selling it, the SASP shall seek reimbursement for its costs in doing so, as instructed by the ~~GSA~~Federal General Services Administration.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

**Section 5020.630 Report of Fraud or Misuse of Surplus Property**

Where the SASP uncovers evidence that there has been fraud in acquiring surplus property or misuse of surplus property, the SASP shall conduct a preliminary [compliance review investigation](#) to determine if a formal investigation is necessary. A formal investigation shall be requested if the preliminary [compliance review investigation](#) fails to resolve questions on the use of the property or indicates a possible criminal violation. Where there is need for formal investigation the SASP shall notify and cooperate with the Illinois [State Police](#) ~~Department of Law Enforcement~~, the FBI, and the [federal](#) ~~Federal~~ General Services [Administration](#) ~~Adminstration~~.

(Source: Amended at 48 Ill. Reg. 11297, effective July 16, 2024)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Merit and Fitness
- 2) Code Citation: 80 Ill. Adm. Code 302
- 3) 

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
302.10	Amendment
302.20	Amendment
302.30	Amendment
302.40	Repealed
302.52	Repealed
302.55	Amendment
302.60	Repealed
302.70	Amendment
302.80	Repealed
302.90	Amendment
302.91	Amendment
302.100	Repealed
302.105	Amendment
302.110	Amendment
302.120	Repealed
302.130	Repealed
302.140	Repealed
302.150	Amendment
302.160	Amendment
302.180	Amendment
302.190	Amendment
302.200	Amendment
302.220	Amendment
302.250	Amendment
302.260	Amendment
302.270	Amendment
302.300	Amendment
302.310	Amendment
302.320	Repealed
302.330	Amendment
302.335	Repealed
302.340	Amendment
302.400	Amendment
302.410	Repealed

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

302.420	Repealed
302.425	Repealed
302.432	Amendment
302.460	Amendment
302.470	Amendment
302.480	Amendment
302.497	Amendment
302.500	Amendment
302.530	Amendment
302.560	Amendment
302.570	Amendment
302.580	Amendment
302.590	Amendment
302.595	Amendment
302.600	Amendment
302.610	Repealed
302.625	Amendment
302.630	Repealed
302.640	Amendment
302.660	Amendment
302.680	Amendment
302.700	Amendment
302.705	Amendment
302.720	Amendment
302.730	Amendment
302.780	Amendment
302.781	Amendment
302.785	Amendment
302.790	Amendment
302.795	Amendment
302.800	Repealed
302.810	Amendment
302.820	Amendment
302.822	Amendment
302.824	Amendment
302.830	Amendment
302.840	Repealed
302.846	Repealed
302.850	Repealed

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

302.860 Repealed  
302.863 Amendment

- 4) Statutory Authority: Implementing and authorized by the Personnel Code [20 ILCS 415].
- 5) Effective Date of Rule: July 16, 2024
- 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 in the Agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in *Illinois Register*: 48 Ill. Reg. 12, January 5, 2024
- 10) Has JCAR issued a Statement of Objections to this rulemaking? No
- 11) Differences between proposal and final version:

In the Table of Contents, "TRANSFER" was reinstated in the heading for Subpart J.

In Section 302.10, "implement policies and practices designed to" was deleted, "implement a" was added after "applicants and", "process" was added after "selection", "or equivalent" was changed to "or an equivalent evaluation process", and "State policy" was changed to "State procedures".

In Section 302.20, "evaluation process" was added after "equivalent".

In Section 302.30(a), all text following the 1st "qualified veterans" was deleted and the same text was reinserted italicized, all text following the 2nd "veterans" (except the phrase "(as set forth in Section 8b7 of the Personnel Code)") was deleted and the same text was reinserted italicized, a period was added after "8b" and before "7", and "[20 ILCS 415/8b.7]" was added after the last period.

In Section 302.30(c)(1), "purple heart" was deleted and replaced with "Purple Heart".

In Section 302.30(c)(3), all text except for "(c)(1) or (c)(2)" and the "or" which follows each lettered subsection was deleted and the same text was reinstated italicized.



## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

In Section 302.30(c)(4), all text except for "the preference described in subsection (c)(3)" and "subsection (c)(3)" was deleted with the same text was reinserted italicized and "[20 ILCS 415/8b.7(e)]" was added after the period.

In Section 302.30(d)(1), "a surviving unmarried spouse" and "of a veteran who suffered a service connected death" were deleted and reinserted italicized.

In Section 302.30(d)(2), all text except "who is not married or in a civil union partnership" was deleted with the same text reinserted italicized and "[20 ILCS 415/8b.7(i)]" was added after the period.

In Section 302.30(e), all text except "who is not married or in a civil union partnership" was deleted and reinserted italicized.

In Section 302.30(f), all text following "the applicant's entitlement to the preference" was deleted with the same text reinserted italicized and "[20 ILCS 415/8b.7(k)]" was added after the period.

In Section 302.70, "an agency's" was added after the 1st "to", "program" was added after "pre-employment", and "the examination" was changed to "an examination or equivalent evaluation process".

In Section 302.91(a)(2), "and" was added after the semicolon.

In Section 302.91(d), "in a position if he or she" was deleted and replaced with "and", the comma was changed to a period, "unless" was changed to "However", "if" was reinstated and ", the employee may remain in the Program" was added after "disability".

In Section 302.110, "approve to bypass" was changed to ", when warranted by application of applicable State law, rule or procedure, the CMS Director or the Director's designee approves bypassing" and "is obtained by the hiring agency" was deleted.

In Section 302.150(b), "exist" was changed to "exists".

In section 302.150(h), "four year" was changed to "four-year".

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

In Section 302.432, "an appropriate manner" was changed to "typical forms of communication used to most effectively reach that employee, such as, but not limited to, personal delivery, email, mail, certified mail, or other applicable or relevant methods".

In section 302.640, "in" was deleted and "an appropriate manner" was changed to "by typical forms of communication used to most effectively reach that employee, such as, but not limited to, personal delivery, email, mail, certified mail, or other applicable or relevant methods".

In Section 302.660, "12 month" was changed to "12-month".

In Section 302.720, "his/her" was deleted and was replaced with "the agency head's".

In Section 302.730, "an appropriate manner" was changed to "typical forms of communication used to most effectively reach that employee, such as, but not limited to, personal delivery, email, mail, certified mail, or other applicable or relevant methods".

In Section 302.780(c), "Section" was added after "violate".

In Section 302.781, "he/she" was deleted and replaced with "the employee".

In section 302.785(c)(5), "an appropriate manner" was changed to "typical forms of communication used to most effectively reach that employee, such as, but not limited to, personal delivery, email, mail, certified mail, or other applicable or relevant methods".

In Section 302.810, "not covered by a collective bargaining agreement and" was added after the 1st "position", "Term Appointments" was deleted and replaced with "term appointments", "except that all positions" was changed to "except for all positions" and the text including and following "and those positions which have either salaries at" was deleted up to the period.

In Section 302.820(a), "Term Appointment" was changed to "term appointment" and "four year" was changed to "four-year".

In Section 302.822, "Term Appointments" was changed to "term appointments" and "Sections 302.410 and 302.420" were deleted and replaced with "Section 302.400".

In Section 302.824(a), "Term Appointments" was changed to "term appointments".

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

In Section 302.830(a), "Term Appointment" had the quotation marks removed and "four year" was changed to "four-year".

In section 302.863, "Exempt Appointment" was changed to "exempt appointment".

- 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 any emergency rule currently in effect? No
- 14) Are there any other proposed rulemakings pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This rulemaking makes numerous amendments to the Personnel Rules in order to conform with current and best practices in addition to repealing several sections that are no longer relevant.
- 16) Information and questions regarding this adopted rulemaking shall be directed to:

Administrative Rules Coordinator  
Department of Central Management Services  
313 S. 6<sup>th</sup> Street, 3<sup>rd</sup> Floor  
Springfield, IL 62702

(217) 782-9669  
CMS.Rule@illinois.gov

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

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES  
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND  
POSITION CLASSIFICATIONS  
CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICESPART 302  
MERIT AND FITNESS

## SUBPART A: APPLICATION AND EXAMINATION

Section	
302.10	<a href="#">Competitive Selection Examinations</a>
302.20	<a href="#">Testing Time, Place, Conduct, Cancellation, Postponement and Suspension of Examinations</a>
302.30	Veterans Preference
302.40	Announcement of Examination <a href="#">(Repealed)</a>
302.52	Notice to Eligibles <a href="#">(Repealed)</a>
302.55	Grading <a href="#">Tests Examinations</a>
302.60	Retaking or Regrading Examinations <a href="#">(Repealed)</a>
302.70	Application and Eligibility

## SUBPART B: APPOINTMENT AND SELECTION

Section	
302.80	Eligible Lists <a href="#">(Repealed)</a>
302.90	Appointments
302.91	Alternative Employment
302.100	Geographic Preference <a href="#">(Repealed)</a>
302.105	Pre-Employment Screening
302.110	Appointment <a href="#">Following Competitive Selection From Eligible List</a>
302.120	Responsibilities of Eligibles <a href="#">(Repealed)</a>
302.130	Removal of Names From Eligible Lists <a href="#">(Repealed)</a>
302.140	Replacement of Names on Eligible List <a href="#">(Repealed)</a>
302.150	Appointment and Status
302.160	Extension of Jurisdiction B

## SUBPART C: TRAINEES

Section

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 302.170 Programs
- 302.175 Appointments
- 302.180 Limitations on Trainee Appointments

## SUBPART D: CONTINUOUS SERVICE

- Section
- 302.190 Definitions
- 302.200 Interruptions in Continuous Service
- 302.210 Deductions From Continuous Service
- 302.215 Leave of Absence for Educational Purposes
- 302.220 Veterans Continuous Service
- 302.230 Peace or Job Corps Enrollees Continuous Service
- 302.240 Accrual and Retention of Continuous Service During Certain Leaves
- 302.250 Limitations on Continuous Service

## SUBPART E: PERFORMANCE REVIEW

- Section
- 302.260 Performance Records
- 302.270 Performance [Evaluations](#)~~Evaluation Forms~~

## SUBPART F: PROBATIONARY STATUS

- Section
- 302.300 Probationary Period
- 302.310 Certified Status
- 302.320 Status Change in Probationary Period ([Repealed](#))
- 302.325 Intermittent Status

## SUBPART G: PROMOTIONS

- Section
- 302.330 Eligibility for Promotion
- 302.335 Limitations On Promotions ([Repealed](#))
- 302.340 Failure to Complete Probationary Period

## SUBPART H: EMPLOYEE TRANSFERS

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

Section	
302.400	Transfer
302.410	Intra-Agency Transfer ( <a href="#">Repealed</a> )
302.420	Inter-Agency Transfer ( <a href="#">Repealed</a> )
302.425	Merit System Transfer ( <a href="#">Repealed</a> )
302.430	Geographical Transfer (Agency Directed)
302.431	Geographical Transfer (Agency Directed) Procedures
302.432	Notice To Employee
302.433	Effective Date of Geographical Transfer (Agency Directed)
302.435	Employee-Requested Geographical Transfer
302.440	Rights of Transferred Employees
302.445	Transfer of Duties
302.450	Limitations on Transfers
302.460	Employee Records

## SUBPART I: DEMOTION

Section	
302.470	Demotion
302.480	Notice to Employee
302.490	Employee Obligations
302.495	Salary and Other Benefits of Employee
302.496	Appeal by Certified Employee
302.497	Demotion of Other Employees
302.498	Status of Demoted Employees

## SUBPART J: VOLUNTARY REDUCTION, TRANSFER AND LAYOFFS

Section	
302.500	Voluntary Reduction of Certified and Probationary Employees
302.505	Limitations in Voluntary Reduction
302.507	Definition of Layoff
302.510	Temporary Layoff
302.512	Use of Accrued Benefits During Temporary Layoff
302.514	Notice of Temporary Layoff
302.516	Return From Temporary Layoff
302.518	Scheduling of Temporary Layoffs
302.519	Deferral of Wages
302.520	Indeterminate Layoff Procedure

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

302.523	Voluntary Indeterminate Layoff
302.525	Disapproval
302.530	Order of Layoff
302.540	Effective Date of Layoff
302.545	Filling of Vacancies by Merit Compensation System/Broad-Banded Employees Subject to Layoff via Transfer
302.550	Employee Opportunity to Seek Voluntary Reduction or Lateral Transfer
302.560	Order of Preference in Voluntary Reduction or Lateral Transfer
302.570	Reemployment <del>Lists</del>
302.580	<u>Reemployment Due to Recall</u> <del>Employment From Reemployment List</del>
302.590	Removal of <del>Names From</del> Reemployment <u>Eligibility List</u>
302.595	Laid Off Probationary Employee
302.596	Appeal by Employee
302.597	Reinstatement from Layoff
302.600	Resignation
302.610	Reinstatement ( <u>Repealed</u> )

## SUBPART K: DISCHARGE AND DISCIPLINE

Section	
302.625	Definition of Certified Employee
302.626	Progressive Corrective Discipline
302.628	Prohibited Disciplinary Action
302.630	Disciplinary Action Warning Notice ( <u>Repealed</u> )
302.640	Suspension Totaling Not More Than Thirty Days in any Twelve Month Period
302.660	Suspension Totaling More than Thirty Days in any Twelve Month Period
302.670	Approval of Director of Central Management Services
302.680	Notice to Employee
302.690	Employee Obligations
302.700	Cause for Discharge
302.705	<u>Discharge</u> <del>Pre-Termination</del> Hearing
302.710	Suspension Pending Decision on Discharge
302.720	Discharge of Certified Employee
302.730	Notice to Employee
302.750	Appeal by Employee
302.780	<u>Separation</u> <del>Discharge</del> of Probationary Employees
302.781	Reinstatement from <u>Separation</u> , Suspension or Discharge
302.785	Suspension Resulting From Arrest or Criminal Indictment/Suspension Pending Judicial Verdict

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 302.790 Prohibition of Discrimination  
302.795 Administrative Leave

## SUBPART L: TERM APPOINTMENTS

- Section  
302.800 Definition of Terms ([Repealed](#))  
302.810 Positions Subject to Term Appointments  
302.820 Appointment  
302.821 Effect of Loss of Federal Funding on Employees Excluded from Term Appointment by Reason of Being Federally Funded ([Repealed](#))  
302.822 Appointees Under Term Appointments  
302.823 No Promotion to Positions Covered by Term Appointments ([Repealed](#))  
302.824 No Reallocation to Term Positions  
302.825 Reemployment Rights to Term Appointment  
302.830 Expiration of Term Appointment  
302.840 Renewal Procedures ([Repealed](#))  
302.841 Renewal Procedures for Incumbents on the Effective Date of Section 8b18 of the Personnel Code ([Repealed](#))  
302.842 Effective Date of Reappointment or Termination ([Repealed](#))  
302.846 Change in Position Factors Affecting Term Appointment Exclusion ([Repealed](#))  
302.850 Reconsideration Request ([Repealed](#))  
302.860 Renewal Procedure for Incumbents Subject to Public Act 83-1369 ([Repealed](#))  
302.863 Renewal of Certified or Probationary Incumbents in Exempted Positions

**AUTHORITY:** Implementing and authorized by the Personnel Code [20 ILCS 415].

**SOURCE:** Filed May 29, 1975; amended at 2 Ill. Reg. 33, p. 24, effective September 1, 1978; amended at 3 Ill. Reg. 1, p. 63, effective January 1, 1979; amended at 3 Ill. Reg. 22, p. 78, effective June 1, 1979; emergency amendment at 3 Ill. Reg. 48, p. 188, effective January 1, 1980, for a maximum of 150 days; emergency amendment at 4 Ill. Reg. 1, p. 76, effective January 1, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 11, p. 67, effective March 1, 1980; amended at 4 Ill. Reg. 15, p. 216, effective March 31, 1980; amended at 4 Ill. Reg. 22, p. 227, effective June 1, 1980; amended at 5 Ill. Reg. 8029, effective August 1, 1981; amended at 7 Ill. Reg. 654, effective January 5, 1983; codified at 7 Ill. Reg. 13198; amended at 8 Ill. Reg. 7788, effective May 23, 1984; emergency amendment at 9 Ill. Reg. 241, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 7907, effective May 15, 1985; amended at 10 Ill. Reg. 13940, effective September 1, 1986; amended at 12 Ill. Reg. 5634, effective March 15, 1988; emergency amendment at 12 Ill. Reg. 16214, effective September 23, 1988, for a



## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

maximum of 150 days; emergency expired February 20, 1989; amended at 13 Ill. Reg. 3722, effective March 13, 1989; amended at 13 Ill. Reg. 10820, effective June 23, 1989; amended at 13 Ill. Reg. 12970, effective August 1, 1989; amended at 15 Ill. Reg. 17974, effective November 27, 1991; amended at 16 Ill. Reg. 8375, effective May 21, 1992; emergency amendment at 16 Ill. Reg. 11645, effective July 6, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 13489, effective August 19, 1992; amended at 16 Ill. Reg. 17607, effective November 6, 1992; amended at 17 Ill. Reg. 3169, effective March 1, 1993; amended at 18 Ill. Reg. 1892, effective January 25, 1994; amended at 18 Ill. Reg. 17183, effective November 21, 1994; amended at 19 Ill. Reg. 8145, effective June 7, 1995; amended at 20 Ill. Reg. 3507, effective February 13, 1996; amended at 21 Ill. Reg. 15462, effective November 24, 1997; amended at 22 Ill. Reg. 14735, effective August 3, 1998; amended at 26 Ill. Reg. 15285, effective October 15, 2002; amended at 29 Ill. Reg. 11800, effective July 14, 2005; emergency amendment at 30 Ill. Reg. 12366, effective July 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18270, effective November 13, 2006; amended at 31 Ill. Reg. 15069, effective October 26, 2007; emergency amendment at 32 Ill. Reg. 19935, effective December 9, 2008, for a maximum of 150 days; amended at 33 Ill. Reg. 6495, effective April 23, 2009; amended at 33 Ill. Reg. 16560, effective November 13, 2009; amended at 36 Ill. Reg. 9384, effective June 14, 2012; amended at 42 Ill. Reg. 12956, effective June 25, 2018; amended at 46 Ill. Reg. 14701, effective August 11, 2022; amended at 48 Ill. Reg. 11318, effective July 16, 2024.

## SUBPART A: APPLICATION AND EXAMINATION

**Section 302.10 Competitive SelectionExaminations**

The Director shall determine the relative fitness of applicants and implement a competitive selection process for State employment. Competitive selection may include an evaluation of such factors as education, experience, training, capacity, knowledge, manual dexterity, character, and physical fitness. Tests shall be job related and may be written, oral, physical demonstration of skill, an evaluation of physical or manual fitness, or an evaluation of training and experience, or an equivalent evaluation process. Applicants shall not be questioned with respect to non-merit matters except as is necessary to meet the requirements of law or State procedures.

- a) ~~The Director shall conduct open competitive and promotional examinations to determine the relative fitness of applicants. Examinations may include an evaluation of such factors as education, experience, training, capacity, knowledge, manual dexterity, character, and physical fitness. Tests shall be job related and may be written, oral, physical demonstration of skill, an evaluation of physical or manual fitness, or an evaluation of training and experience. Examinations shall consist of one or more tests in any combination. Where minimum or maximum~~

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~requirements are established for any examination they shall be specified in the examination announcement.~~

- ~~b) Applicants shall not be questioned with respect to non-merit matters except as is necessary to meet the requirements of law or State policy.~~
- ~~c) In lieu of announcing or conducting examinations, the Director may accept the results of competitive examinations conducted by any established merit system subject to the Director's determination that such examinations are comparable in difficulty and comprehensiveness to those conducted by the Department of Central Management Services for similar positions.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.20 Testing~~Time, Place, Conduct, Cancellation, Postponement and Suspension of Examinations~~**

For positions requiring a test or equivalent evaluation process, such tests~~Examinations~~ shall be conducted by the Director or the Director's designee at such times and places deemed to be practical, convenient and in the best interests of the State service.~~The Director may upon timely notice cancel or postpone any examination when there is an insufficient number of qualified candidates. The Director may discontinue offering any examination in the State when there is a sufficient number of eligibles on the eligible list to meet the needs of the State service.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.30 Veterans Preference**

- a) Appropriate preference in competitive selection~~entrance examinations~~ shall be granted to qualified veterans who have been members of the armed forces of the United States or to qualified~~who have been members of the armed forces of the United States or to qualified~~ veterans who, while citizens of the United States, were members of the armed forces of allies of the United States in time of hostilities with a foreign country~~who, while citizens of the United States, were members of the armed forces of allies of the United States in time of hostilities with a foreign country~~ (as set forth in Section ~~8b.7~~~~8b7~~ of the Personnel Code) and to certain other persons as set forth in this Section~~and to certain other persons as set forth in this Section.~~ [20 ILCS 415/8b.7]

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- b) To be eligible, applicant must have received discharge under honorable conditions and served under one or more of the following conditions:
- 1) Served, for at least six months, in the armed forces of the United States, the Illinois National Guard, or any reserve component of the armed forces of the United States; or
  - 2) While a U.S. citizen, been a member of the armed forces of an ally of the U.S. in time of hostilities with a foreign country; or
  - 3) Discharged on the grounds of hardship; or
  - 4) Released from active duty because of a service connected disability; or
  - 5) Served for the duration of hostilities regardless of the length of engagement.
- c) Preference will be in the form of points or the equivalent added to the applicable scores~~final grades~~ of persons who otherwise qualify ~~and are entitled to appear on the list of those eligible for appointments~~. Preference in entrance examinations will be granted as follows:
- 1) Ten points or the equivalent shall be added to the applicable scores~~entrance examination grade~~ for veteran eligibles currently holding proof of a service connected disability from the U.S. Department of Veterans Affairs or from an allied country for service connected disabilities or if the veteran is a Purple Heart~~purple heart~~ recipient.
  - 2) Five points or the equivalent shall be added to the applicable scores~~entrance examination grade~~ for veteran eligibles who have served during a time of hostilities with a foreign country and who meet the qualifications set forth in subsection (b), but who do not qualify for 10 points under subsection (c)(1).
  - 3) *A person not eligible for a preference under subsection (c)(1) or (c)(2) is qualified for a preference of 3 points or the equivalent if the person has served in the armed forces of the United States, the Illinois National Guard, or any reserve component of the armed forces of the United States and the*

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~*person:* is qualified for a preference of 3 points if the person has served in the armed forces of the United States, the Illinois National Guard, or any reserve component of the armed forces of the United States and the person:~~

- A) ~~*served for at least 6 months and has been discharged under honorable conditions;*~~ *served for at least 6 months and has been discharged under honorable conditions;* or
- B) ~~*has been discharged on the grounds of hardship;*~~ *has been discharged on the grounds of hardship;* or
- C) ~~*was released from active duty because of a service connected disability;*~~ *was released from active duty because of a service connected disability;* or
- D) ~~*served a minimum of 4 years in the Illinois National Guard or reserve component of the armed forces of the United States, regardless of whether the person was mobilized to active duty.*~~ *served a minimum of 4 years in the Illinois National Guard or reserve component of the armed forces of the United States, regardless of whether the person was mobilized to active duty.*

- 4) ~~*An active member of the National Guard or a reserve component of the armed forces of the United States is eligible for*~~ *An active member of the National Guard or a reserve component of the armed forces of the United States is eligible for* the preference described in subsection (c)(3) ~~*if the member meets the service requirements of*~~ *if the member meets the service requirements of* subsection (c)(3). [20 ILCS 415/8b.7(e)]

~~d) If category ratings are used, the veteran eligibles in each category shall be preferred for appointment before the non-veteran eligibles in the same category.~~

de) The following shall be entitled to the same preference to which the veteran would have been entitled under this Section:

- 1) ~~*a surviving unremarried spouse*~~ *a surviving unremarried spouse* or civil union partner, who has not subsequently married or entered into a civil union, ~~*of a veteran who suffered a service connected death*~~ *of a veteran*

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~who suffered a service connected death~~; or

- 2) ~~the spouse~~~~the spouse~~ or civil union partner of a veteran who suffered a service connected disability that prevents the veteran from qualifying for civil service employment~~who suffered a service connected disability that prevents the veteran from qualifying for civil service employment.~~ [20 ILCS 415/8b.7(h)]

- e) ~~A preference shall also be given to the following individuals: 10 points for one parent of a veteran~~~~A preference shall also be given to the following individuals: 10 points for one parent of a veteran~~ who is not married or in a civil union partnership who suffered a service connected death or a service connected disability that prevents the veteran from qualifying for civil service employment. The first parent to receive a civil service appointment shall be the parent entitled to the preference~~who suffered a service connected death or a service connected disability that prevents the veteran from qualifying for civil service employment. The first parent to receive a civil service appointment shall be the parent entitled to the preference.~~ [20 ILCS 415/8b.7(h)]

- f) Before a veteran's preference is granted, the Department of Central Management Services must verify the applicant's entitlement to the preference by requiring a certified copy of the applicant's most recent DD-214 (Certificate of Release or Discharge from Active Duty) or other evidence of the applicant's most recent honorable discharge from the Armed Forces of the United States~~by requiring a certified copy of the applicant's most recent DD-214 (Certificate of Release or Discharge from Active Duty) or other evidence of the applicant's most recent honorable discharge from the Armed Forces of the United States.~~ The Department of Central Management Services shall determine whether the documentation submitted by the applicant is acceptable. To be acceptable, the documentation submitted must be an authentic, official record of the United States Armed Forces evidencing the individual's military service. [20 ILCS 415/8b.7(k)]

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.40 Announcement of Examination (Repealed)**

~~Public announcement of an open competitive examination shall be made at least 2 weeks prior to the date the examination is to be conducted except as otherwise provided for in Section 302.10. Announcements shall be posted on a conspicuous bulletin board in each office of the Department~~

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~of Central Management Services. Announcements may also be circulated through the press, radio, television, and other forms of public communication. Announcements shall specify the date and manner in which an application for examination shall be made. Announcements of promotional examinations shall be distributed to all agencies subject to the Personnel Code and made available to employees upon request.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.52 Notice to Eligibles (Repealed)**

~~In the event a change in the classification or testing standards or other change requires the elimination of an eligible list for a class, or of certain previously qualified eligibles from such a list, the Director shall notify each person thus losing eligibility of such new or revised requirements as soon as practicable, and when the revised examination is repeated, shall again notify each person in order that each may be given an opportunity to reestablish eligibility.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.55 Grading Tests~~Examinations~~**

The Director shall establish passing grades for tests~~examinations~~. Final grading of tests ~~and examinations~~ shall be completed as quickly as is reasonably practicable.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.60 Retaking or Regrading Examinations (Repealed)**

~~The retaking or regrading of examinations will be permitted only in accordance with the following provisions:~~

- a) ~~Retaking examinations~~
  - 1) ~~No applicant shall be permitted to retake a test or tests included within an examination until 30 days have elapsed. This limitation may, however, be waived when in the judgement of the Director the best interests of the State require such waiver.~~
  - 2) ~~No applicant may be permitted to retake a test included within an examination more than 12 months after the original date of examination.~~

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 3) ~~For purposes of ranking on eligible lists, the grades of applicants who retake a test or tests included within an examination shall be computed by using the latest passing scores attained by such applicants.~~
- b) ~~Regrading examinations~~
- 1) ~~At the request of an applicant who has completed an open competitive examination, the Director may regrade the examination taken by that applicant for placement on the eligible list for another class when the qualifications and examination standards for the new class are similar to those of the class for which tested.~~
- 2) ~~When a candidate makes an application for subsequent examination for the same or a different title having one or more identical tests which had been taken within the preceding 12 months, the Director may utilize the test or tests previously taken in lieu of requiring the candidate to repeat the applicable test or tests included within the examination.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.70 Application and Eligibility**

Admission to an agency's pre-employment program shall be granted only to applicants who meet such requirements as have been established by the Department for admission to an examination or equivalent evaluation process.

- a) ~~Admission to competitive examinations shall be granted only to applicants who meet such requirements as have been established by the Department for admission to the examination.~~
- b) ~~When results of examinations conducted by merit systems other than under the Personnel Code are utilized pursuant to Section 302.10 the requirements of this section on application and eligibility shall be ruled as having been met.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

## SUBPART B: APPOINTMENT AND SELECTION

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

**Section 302.80 Eligible Lists (Repealed)**

- a) ~~The Department shall establish and maintain lists of qualified applicants resulting from open competitive and promotional examinations. Such lists shall be in the order of the relative excellence of the qualified applicants whether by numerical grade or in category groupings.~~
- b) ~~The Director may limit eligible lists to positions in one or more organizational units or in one or more agencies or to certain areas or locations.~~
- c) ~~The length of time an eligible list is to be in existence or the length of time a name may remain on the list shall be specified in the examination announcement.~~
- d) ~~The director may approve the written request of an agency or applicant to extend the eligibility of a qualified eligible candidate when the extension is necessary to assist in achieving affirmative action goals in employment. The extended period of eligibility shall not exceed the duration of the original period of eligibility and shall not be renewed. The decision to approve an extension request will be based upon whether there is an under representation of minority eligibles and will be approved only for those position titles that are not on continuous call for examination.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.90 Appointments**

- a) Except as provided in subsection (b), the filling of a vacant position subject to Jurisdiction B of the Personnel Code may be made in any of the following ways:
  - 1) A probationary appointment following a hiring sequence filled by competitive selection, whether via application of contractual rights or other means~~by appointment from the appropriate open competitive list;~~
  - 2) by promotion of a certified employee or a probationary employee who has been certified during the current period of continuous service ~~from the applicable promotional list after giving appropriate consideration to employee qualifications, performance, seniority, and conduct;~~
  - 3) ~~by reinstatement of a former certified employee;~~



## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- ~~4)~~ ~~by intra-agency, inter-agency or merit system transfer;~~
  - ~~35)~~ by demoting an employee after having filed charges;
  - ~~46)~~ by accepting an employee's request for a voluntary reduction; or
  - ~~7)~~ ~~by selection from the alternative employment list established under Section 302.91; or~~
  - ~~58)~~ for positions subject to Term Appointment, renewal of a term following an initial appointment following competitive selection~~by appointment of the Director or the Chairman of the Department, Board or Commission in which the position is located~~ pursuant to Section 302.820.
- b) No position may be filled by any of the means listed in subsection (a) when there is an available person on a reemployment list for that title in the agency and for the county, location or area in which the position is established, ~~and, no position may be filled by appointment (subsection (a)(1)) or reinstatement (subsection (a)(3)) if there is an available person on the alternative employment list (subsection (a)(7)).~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.91 Alternative Employment**

- a) The Department shall establish and maintain an Alternative Employment Program~~alternative employment list~~ for certified employees who, due to a work related or non-work related disability which permanently precludes the performance of regularly assigned duties, are on disability leave, on other appropriate leave or who are receiving disability benefits. Eligible employees may participate in the Alternative Employment Program~~The alternative employment list shall be established and maintained by county or other geographical area approved by the Director. The names of employees shall be placed on the alternative employment list in order of continuous service as defined in Section 302.190~~ under the following conditions:
- 1) the employee shall voluntarily submit a written request for participation in the Alternative Employment Program~~placement on the alternative~~

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~employment list and work with a career counselor to identify appropriate positions for employment specify the county or area in which he or she will accept employment provided such position is established in that location;~~

- 2) the employee shall be eligible for appointment to such alternative employment by virtue of full participation in the Alternative Employment Program~~Section 302.10 or 302.610; and~~
  - 3) the employee shall be deemed able to perform the duties of the alternative position after examination, if requested, by a person licensed under the Medical Practice Act [225 ILCS 60]~~(Ill. Rev. Stat. 1985, ch. 111, pars. 4401 et seq.)~~ or under similar laws of Illinois, the laws of other states or countries, or by an individual authorized by a recognized religious denomination to treat by prayer or spiritual means.
- b) Refusal of an employee to request to participate in the Alternative Employment Program~~placement on the alternative employment list~~ shall not jeopardize the employee's eligibility for any benefit relating to the disability to which he or she would otherwise be entitled.
  - c) After appointment to a position pursuant to the Alternative Employment Program~~an alternative employment position~~, the employee shall be entitled to all the rights, benefits and privileges of jurisdictions A, B and C and any applicable collective bargaining agreement.
  - d) An employee will not be considered as a full participant in the Alternative Employment Program if the employee~~The Director shall remove the name of any employee from the alternative employment list who~~ refuses an offer of employment and~~in a position if he or she~~ is able to perform the duties of that position. However,~~but shall not remove the name~~ if the employee cannot perform the duties of the position due to the disabling condition or reasons related to the disability, the employee may remain in the Program.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.100 Geographic Preference (Repealed)**

~~Applicants for employment shall specify one or more of the locations or areas in which they will accept employment from those choices made available at the time of the examination or which~~

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~may be made available at a later date.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.105 Pre-Employment Screening**

Agencies may implement programs for pre-employment screening of persons who the Department has determined are eligible under this Part. Any program for pre-employment screening of eligibles, as well as the standards established by the appointing agency as a part of such screening, including but not limited to performance tests, mental ability tests, physical agility tests, job knowledge tests, assessment center evaluations, medical examinations, drug use tests, polygraph tests, personality inventory or other psychological tests, or any height/weight/age/sex requirement, shall be implemented and applied consistently. Procedures for routine reference verification and pre-employment background checking shall not require prior approval of the Director.

- a) ~~Agencies may implement programs for pre-employment screening of persons who the Department has determined are eligible under this Part. Any program for pre-employment screening of eligibles, as well as the standards established by the appointing agency as a part of such screening, including but not limited to performance tests, mental ability tests, physical agility tests, job knowledge tests, assessment center evaluations, medical examinations, drug use tests, polygraph tests, personality inventory or other psychological tests, or any height/weight/age/sex requirement, shall be implemented only after review and approval by the Director. Any substantive changes to previously approved pre-employment screening programs or standards (i.e., changes which could add potentially disqualifying criteria for job applicants) must also be approved by the Director prior to implementation. Procedures for routine reference verification and pre-employment background checking shall not require prior approval of the Director.~~
- b) ~~If an agency is operating a program for pre-employment screening on the effective date of this Section, such program, as well as the standards, must be submitted to the Director for approval within sixty (60) days of the effective date of this Section.~~
- e) ~~In determining whether new or existing pre-employment screening programs or substantive changes to previously approved programs should be approved, factors the Director will consider include job relatedness, compliance with federal or state~~

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~statutes and regulations, the needs of the requesting agency and consistency with the examination program provided in this Part.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.110 Appointment Following Competitive Selection~~From Eligible List~~**

When an appointment to a position is made following a competitive selection hiring sequence,~~from an eligible list resulting from an open competitive or promotional examination~~, such appointment shall be made in rank order unless, when warranted by application of applicable State law, rule or procedure, the CMS Director or the Director's designee approves bypassing the higher-ranking candidate~~of the person standing among those who are available within the 3 highest grades, if such a list is in order of examination grade, or from the highest ranking group, if such list is in category groupings, except as provided for under Section 302.160.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.120 Responsibilities of Eligibles (Repealed)**

~~It shall be the responsibility of each eligible to inform the Department in writing of any changes in address or availability for employment.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.130 Removal of Names From Eligible Lists (Repealed)**

a) ~~The Director shall remove names from an eligible list for any of the following reasons:~~

- ~~1) Appointment of an eligible from the eligible list;~~
- ~~2) Death of an eligible;~~
- ~~3) Notice by postal authorities that they are unable to locate the eligible at the eligible's last known address;~~
- ~~4) Attempt by an eligible to practice any deception or fraud in connection with an examination, after providing the eligible an opportunity to appeal~~

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~and provide information to support their appeal, which shall be considered when determining their eligibility as a candidate for employment [20 ILCS 415/8b.4];~~

- ~~5) Information that the eligible lacks any of the qualifications required for the class for which the eligible was erroneously declared eligible;~~
  - ~~6) Request of an eligible to remove name.~~
- b) ~~The Director may remove names from an eligible list for any of the following reasons. Eligibles shall be notified of such removal.~~
- ~~1) Failure of an eligible, upon referral, to reply or to report for interview;~~
  - ~~2) After accepting employment, failure without good cause to report to work within the time prescribed by the employing agency or the Department of Central Management Services;~~
  - ~~3) Failure of an eligible, upon request, to furnish written evidence of availability for employment;~~
  - ~~4) Specifying conditions of employment by an eligible which are not associated with the class for which eligible;~~
  - ~~5) Refusal of an eligible to accept 2 separate offers of employment;~~
  - ~~6) A request by an agency for removal of an eligible who has been passed over 3 times, after referral to the same agency, for the appointment of an eligible lower on the list;~~
  - ~~7) Poor work history of eligible;~~
  - ~~8) Former experience and history of eligible not compatible with duties and responsibilities of the class;~~
  - ~~9) Physical inability of eligible to perform the duties and responsibilities of the class;~~
  - ~~10) At the request of an agency for good and sufficient cause;~~

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- ~~11) After eligible accepts promotion;~~
- ~~12) When a change in either classification or testing standards or other change requires such action;~~
- ~~13) Conviction of an eligible of a felony.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.140 Replacement of Names on Eligible List (Repealed)**

- ~~a) The Director may restore a name to the same eligible list when such action is in the best interest of the State.~~
- ~~b) Names of veterans returning from active military service of not more than 4 years shall be restored to an eligible list for the same class if the request is made by the veteran within 90 days after discharge or from hospitalization continuing after discharge for not more than one year. The eligible must provide evidence of satisfactory completion of training and service when making the request and be qualified to perform the current duties of the class.~~
- ~~c) Names of employees who are laid off during their probationary period shall be returned to the eligible list for the class in which the layoff occurred.~~
- ~~d) Names so restored shall be at the grade in effect when the removal from the list was made and may not remain on the list after that period of time which is equal to the unexpired time remaining of the original eligibility.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.150 Appointment and Status**

The following types of appointment and status may be made by the Director:

- a) Exempt: For persons in positions not subject to Jurisdiction B. If an exempt employee's position becomes subject to Jurisdiction B by reason of extension of Jurisdiction B, the employee will not be afforded job protection unless and until the employee is competitively selected for the position pursuant to Section 4b of

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~the Personnel Code, such employee shall establish eligibility for such position by passing satisfactorily a qualifying examination prescribed by the Director within 6 months after the extension of Jurisdiction B to such position. In all other cases, if an exempt employee's position becomes subject to Jurisdiction B, such employee shall establish eligibility for such position within 6 months by successfully competing in the open competitive examination and receiving a probationary appointment according to applicable rules.~~

- b) Emergency: For persons selected by agencies to meet emergency situations. Such appointments shall not exceed 60 days, ~~shall not be renewed and may be made without regard to an eligible list.~~ However, where the Director determines an emergency situation that threatens the health, safety or welfare of employees or residents of the State exists, emergency appointments may not exceed 90 days. Notices of selections and terminations shall be reported immediately to the Director.
- c) Temporary: For persons in positions to perform temporary or seasonal work. No position shall be filled by temporary appointment for more than 6 months out of any 12-month period.
- d) Provisional: For persons in positions where the exempt status is being finalized or the Director has authorized provisional appointment pending the outcome of competitive selection~~for which there are fewer than 3 available eligibles on the open competitive eligible list.~~ No positions shall be filled by provisional appointment for more than 6 months out of any 12-month period.~~If a provisional employee's position is allocated to a class for which there are available eligibles, eligibility for such position shall be established within 90 days through successfully competing in the open competitive examination and receiving a probationary appointment according to the applicable rules herein.~~
- e) Probationary: For persons appointed following a competitively selected hiring sequence~~from an eligible list,~~ or for persons receiving a promotion ~~and for persons being reinstated.~~ ~~If a probationary employee's position is declared exempt from Jurisdiction B, the balance of the probationary period shall be served after which certified status shall be attained.~~
- f) Certified: For persons having successfully completed the required probationary period in the position. If a certified employee's position is declared exempt from Jurisdiction B, certified status shall be retained in that position.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- g) Trainee: For persons in positions pursuant to established trainee and apprenticeship programs.
- h) Term: For persons appointed for a ~~four-year~~four-year term. At the expiration of four years, the appointment automatically terminates unless renewed by the Director or Chairman of the employing department, commission or board. During the term of appointment, these persons shall be subject to Jurisdictions A, B, and C of the Personnel Code.
- i) Intermittent: For persons appointed pursuant to subsections (e) or (f) above whose work schedule varies from the regular work schedule of the operating agency as provided in an intermittent program established pursuant to Section 302.325. Incumbents in positions given intermittent status pursuant to such programs shall be allowed to remain in the position at the time the intermittent status is given.
- j) Interim Assignment: For a ~~certified~~ non-bargaining unit employee in a salary grade or merit compensation (including broad-band and medical administrator) position assigned to perform on a full-time interim basis and be accountable for the higher-level duties and responsibilities of a non-bargaining unit, ~~salary grade or merit compensation (including broad-band and medical administrator)~~ position. ~~The position shall have higher level duties and responsibilities within the same broadband position classification or a position classification with a higher pay grade or range. The interim assignment shall be to a position within the same agency.~~ The agency shall provide ~~written~~ justification of the need for the interim assignment and the interim assignment occurs upon the approval of the Director of Central Management Services. The initial interim assignment of the employee to the position shall not exceed six months, but may be extended in six-month increments upon the approval of the Director of Central Management Services, for good cause shown. The agency shall ensure that the minimum training and experience qualifications are met for the position with higher-level duties and responsibilities. ~~The employee must request a leave of absence from the current position to accept the interim assignment. An employee in interim assignment status cannot be transferred or promoted.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.160 Extension of Jurisdiction B**



## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- a) Employees in positions to which Jurisdiction B is extended pursuant to Section 4b of the Personnel Code, and employees appointed pursuant to the provisions of Section 17a of the Personnel Code shall be continued in such positions and shall attain certified status therein provided they ~~are deemed qualified~~ pass a qualifying examination prescribed by the Director ~~within 6 months after such jurisdiction is extended, or, in the case of employees appointed pursuant to Section 17a, within 6 months after their appointments,~~ and provided they satisfactorily complete their respective probationary periods.
- b) Appropriate standards for probationary appointments shall be prepared by the Director and appointments of such employees shall be without regard to other competitive selection ~~eligible lists and without regard to the~~ provisions of the Personnel Code and this Part ~~requiring the appointment of the person standing among the 3 highest on the appropriate eligible list to fill a vacancy or from the highest category ranking group if the list is by rankings instead of numerical ratings.~~ Nothing herein shall preclude the reclassification or reallocation as provided by these Rules of any position held by any such incumbent.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

## SUBPART C: TRAINEES

**Section 302.180 Limitations on Trainee Appointments**

Any trainee appointed to a position in a trainee class shall be appointed to a permanent position only after successfully completing the approved trainee program.

- a) ~~Any trainee appointed to a position in a trainee class in accordance with the Rules of the Department concerning Examinations and Eligible Lists, Sections 302.10 through 302.160, shall be appointed to a permanent position only after passing an appropriate competitive promotional examination for the title for which he/she is training and his/her name has been reached on the promotional eligible list.~~
- b) ~~Any trainee directly appointed in a training class without open competitive examination shall obtain a probationary appointment in the title for which he/she is training only after he/she has passed the appropriate open competitive examination and his/her name has been reached on the resulting eligible lists, except that a trainee appointed to serve in a highly technical or management~~

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~training program approved by the Director of Central Management Services shall obtain probationary appointment in the title for which he/she is being trained only after successful completion of the approved training program, and after passing an appropriate competitive promotional examination for the title for which he/she is training and his/her name has been reached on the promotional eligible list.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

## SUBPART D: CONTINUOUS SERVICE

**Section 302.190 Definitions**

- a) Continuous service for purposes of this Part is the uninterrupted period of service from the date of original appointment to State service in any position subject to jurisdiction B except as provided in b and c below.
- b) Employees who have accrued continuous service in another merit system in the State service or who have accrued continuous service in State service not covered by any merit system, and who have been transferred to an agency subject to the Personnel Code, shall be given such credit for said service as shall be determined by the Director or required by law.
- ~~e) *Effective September 1, 1981, any employee of the State of Illinois exempt from the Personnel Code by virtue of Section 4c(4) who is appointed in any status under the provisions of the Personnel Code within 32 days after terminating such exempted employment is entitled to receive credit for continuous service as if such employment were continuous with the appointment under the provisions of the Personnel Code, except that the interim period between employments, if in excess of four calendar days, shall constitute a deduction from continuous service. (Sec. 8f of the Personnel Code, Ill. Rev. Stat. 1983, ch. 127, par. 63b108f)*~~
- ed) For purposes other than this Part, continuous service is the uninterrupted period of service from the date of original appointment to State service under the Personnel Code except as provided in Section 302.250 and Section 303.155.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.200 Interruptions ~~in~~ Continuous Service**

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

Continuous service shall be interrupted by:

- a) Resignation; provided, however, that such continuous service will not be interrupted by resignation when an employee is employed in another position subject to jurisdiction B in the State service within 4 calendar days of such resignation;
- b) Discharge; provided, however, such continuous service shall not be interrupted if the employee is retained in the position after a hearing before the Civil Service Commission;
- c) Termination; because an employee has not been reemployed in a position subject to jurisdiction B within 2 years after layoff.
- d) [Probationary Separation; separations for failure to satisfactorily complete the probationary period, provided that no other provisions of these rules or relevant collective bargaining agreements allow a certified employee to return to a previously held position classification.](#)

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.220 Veterans Continuous Service**

- a) Leaves of absence shall be granted to all employees, except temporary or emergency employees, who leave their positions and enter military service for 5 years or less (exclusive of any additional service imposed pursuant to law). An employee shall be restored to the same or a similar position on making an application to his/her employing agency within 90 days after separation from active duty or from hospitalization or convalescence continuing after discharge for not more than two years. The employee must provide evidence of satisfactory completion of training and military service when making application and be qualified to perform the duties of the position.
- b) Subject to the provisions of Section 302.110, a veteran who returns to State service after having been granted a leave of absence from provisional status shall be permitted and required to pass the same or similar examination for his/her position within 90 days.
- c) Trainees who have not previously done so and whose training was interrupted by

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

military leave, shall be required to complete the trainee program~~qualify in an examination in the trainee class~~ before being granted allocation or non-competitive promotion to a higher class.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.250 Limitations on Continuous Service**

Temporary and emergency employees ~~employed after July 1, 1957,~~ shall not accumulate continuous service except as provided in the State Employee Vacation Time Act [5 ILCS 360] Public Act 77-1823.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

## SUBPART E: PERFORMANCE REVIEW

**Section 302.260 Performance Records**

- a) Performance records shall constitute any material in an employee's personnel file which, in the judgment of the Director, is relevant to determining the appropriateness of proposed or recommended personnel actions~~transactions~~.
- b) Such records shall be considered by the Director in all cases of promotion, demotion, discharge, layoff, recall, reinstatement, geographical transfer and certification.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.270 Performance Evaluations~~Evaluation Forms~~**

Each agency shall prepare a performance evaluation in a manner proscribed by the Director not less often than once per calendar year for certified employees, and at least once during a probationary period.

- a) ~~Performance records shall include an evaluation of employee performance prepared by each agency on forms prescribed by the Director.~~
- b) ~~For any employee serving a six-month probationary period, the agency shall prepare and submit to the Department two such evaluations, one at the end of the~~

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~third month of the employee's probationary period and another 15 days before the conclusion thereof.~~

- e) ~~For an employee serving a four month probationary period, the agency shall prepare and submit to the Department an evaluation form three and one half months after the commencement of the probationary period.~~
- d) ~~For a certified employee, each agency shall prepare such evaluation not less often than annually.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

## SUBPART F: PROBATIONARY STATUS

**Section 302.300 Probationary Period**

- a) A probationary period of six months shall be served by:
  - 1) an employee who enters State service or commences a new period of continuous service, ~~except an employee who is reinstated as provided under Section 302.610;~~
  - 2) an employee who is appointed following a competitive selection hiring sequence~~from an open competitive eligible list~~, whether or not it be considered an advancement in rank or grade.
- b) A probationary period of four months shall be served by any employee who is promoted pursuant to Subpart G ~~or reinstated on or after January 1, 1999, pursuant to Section 302.610. Employees reinstated prior to January 1, 1999 shall serve a six month probationary period.~~
- c) An employee transferred during the probationary period shall serve that portion of the probationary period that was not completed at the time of the transfer.
- d) A probationary period shall not be deemed to be continued by the payment of any sum for vacation or other benefits accrued during the probationary period.
- e) If an employee is absent from work for more than 15 consecutive calendar days during the probationary period because of leave of absence, disciplinary

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

suspension, [administrative leave](#), [suspension pending discharge](#), sick leave, unauthorized absence, or work related injury or industrial disease, the absence shall serve to extend the probationary period by the length of the absence.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.310 Certified Status**

A probationary employee shall attain certified status only after successful completion of [the](#) probationary period [in their position](#). Notice of certification will be sent to the employee and agency by the Director promptly thereafter.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.320 Status Change in Probationary Period [\(Repealed\)](#)**

~~An employee may not be promoted, demoted, discharged, or transferred during the probationary period without the approval of the Director.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

## SUBPART G: PROMOTIONS

**Section 302.330 Eligibility for Promotion**

The Director may approve the promotion of qualified employees ~~who have established eligibility for the appropriate class through examinations in accordance with merit standards set forth in Section 302.10.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.335 Limitations On Promotions [\(Repealed\)](#)**

~~No provisional, temporary, emergency or probationary employee shall be promoted unless the employee has previously held certified status during his/her current period of continuous service.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.340 Failure to Complete Probationary Period**

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

A certified employee who does not satisfactorily complete the probationary period in the position because of inability to perform the duties and responsibilities of the new promoted position may be returned to a position in the class, agency and locality and with the status from which promoted.

- a) ~~A promoted certified employee who does not satisfactorily complete the probationary period in the promoted position because of inability to perform the duties and responsibilities of the new promoted position shall be returned to a position in the class, agency and locality and with the status from which promoted.~~
- b) ~~A promoted employee previously certified during the current period of continuous service may be discharged for cause during the probationary period and, in such event, the employee has the same rights to appeal as a certified employee.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

## SUBPART H: EMPLOYEE TRANSFERS

**Section 302.400 Transfer**

A transfer is the assignment of an employee to a vacant position whose classification has the same maximum permissible salary or rate. Transfers may be within the same agency (Intra-Agency Transfer) or across agencies (Inter-Agency Transfer).

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.410 Intra-Agency Transfer (Repealed)**

~~An employee may be transferred to a position in the same class to which appointed or to a position involving similar qualifications, duties, responsibilities and salary range, in another division, section, or other unit, within the employing agency. No such transfer shall be made without the approval of the Director.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.420 Inter-Agency Transfer (Repealed)**

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~An employee may be transferred to a position in the same class, or to a position involving similar qualifications, duties, responsibilities and salary range in another agency, with the approval of both agencies, the Director, and with the consent of the employee.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.425 Merit System Transfer (Repealed)**

- a) ~~An employee of the State of Illinois who holds certified status or its equivalent in a merit system other than the Personnel Code may be transferred to a position which is subject to Jurisdiction B of the Personnel Code and which has comparable qualifications, duties, responsibilities and salary range, as determined by the Director, who shall consider:~~
- 1) ~~the amount of training and experience required to meet the classification standards as contained in the "Position Classification Specification" for the position being filled, in comparison with the training and experience of the person requesting the transfer;~~
  - 2) ~~the salary range or wage rates of the position being filled with the salary range or wage rates of the position filled by the person requesting the transfer and there is a value common to both salary ranges or wage rates; and~~
  - 3) ~~if the level of, type of, and degree of duties and responsibilities of the position being filled are significantly comparable to the duties and responsibilities of the position currently filled by the person requesting the transfer, as contained in the "Position Classification Specifications", for both positions.~~
- b) ~~Approval of the employing agency, the Director and the consent of the employee is required.~~
- c) ~~Such transferred employee shall retain certified status and shall be given credit for continuous service for such employment under the other merit system.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.432 Notice To Employee**



## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

Notice of an approved geographical transfer (agency directed) shall be served on the employee by the Director in typical forms of communication used to most effectively reach that employee, such as, but not limited to, personal delivery, email, mail, certified mail, or other applicable or relevant methods~~person or by certified mail, return receipt requested, at the employee's last address appearing in the personnel file.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.460 Employee Records**

When an employee has been transferred or resigns to accept a position in another agency, a copy of the agency personnel file, if any, shall be made available~~forwarded~~ to such agency.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

## SUBPART I: DEMOTION

**Section 302.470 Demotion**

- a) Demotion is assignment of an employee to a vacant position in a class having a lower maximum permissible salary or rate than the class from which the demotion was made for reasons of inability to perform the work of the class from which the demotion was made.
- b) An operating agency may initiate demotion of an employee by filing written statement of reasons for demotion with the Director in the form and manner prescribed. Such written statement shall be approved~~signed~~ by the head of the operating agency, and shall contain sufficient facts to show good cause for the demotion. No demotion shall become effective without the prior approval of the Director who shall take into consideration the employee's education, experience and performance records.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.480 Notice to Employee**

If the statement of reasons for demotion of a certified employee is approved by the Director, a copy of the approved statement of reasons for demotion shall be served on the employee by the

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

Director in typical forms of communication used to most effectively reach that employee, such as, but not limited to, personal delivery, email, mail, certified mail, or other applicable or relevant methods~~person or by certified mail, return receipt requested at the employee's last address appearing in the personnel file.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.497 Demotion of Other Employees**

The Director may approve the demotion of probationary employees. Notice of such demotion shall be served on the employee by the Director, in typical forms of communication used to most effectively reach that employee, such as, but not limited to, personal delivery, email, mail, certified mail, or other applicable or relevant methods~~person or by certified mail, return receipt requested at the employee's last address appearing in the personnel file.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

## SUBPART J: VOLUNTARY REDUCTION AND LAYOFFS

**Section 302.500 Voluntary Reduction of Certified and Probationary Employees**

Certified and probationary employees may voluntarily request or accept assignment to a vacant position in a class having a lower maximum permissible salary or rate. All requests for or acceptances of such voluntary reductions shall be in writing, and shall be authorized~~signed~~ by the employee and be directed to the head of the agency in which the vacant position exists.~~No reduction shall become effective without the written approval of the Director.~~ A certified employee who is assigned and accepts a voluntary reduction in grade shall be certified in the lower class without serving a probationary period and a probationary employee, the balance of the probationary period; provided however, if reduction results in return to a trainee class or other class for which there is no provision for certification in said class, the individual's certification shall be terminated.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.530 Order of Layoff**

- a) The following order shall be observed in making an indeterminate layoff:
  - 1) No certified, probationary, or provisional employee may be laid off until

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

all ~~exempt~~, temporary, and emergency employees in the same class, option and approved layoff organizational unit are terminated;

- 2) No certified or probationary employee may be laid off until all provisional employees in the same class, option and approved layoff organizational unit are terminated;
  - 3) No certified employee may be laid off until all probationary employees in the same class, option and approved layoff unit are laid off.
  - 4) Certified employees will be laid off in reverse order of continuous service in the same class, option and approved layoff unit.
- b) Within status groups and in accordance with the layoff plan submitted under Section 302.520, consideration shall be given to performance records and continuous service as defined in Section 302.190.
  - c) For purpose of this Section, "certified employee" shall mean any employee who has satisfactorily completed a required period of probation and/or attained certified status in any position during the employee's most recent period of continuous service.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.560 Order of Preference in Voluntary Reduction or Lateral Transfer**

- a) **Voluntary Reduction**  
In the event a certified employee as defined in Section 302.530 requests voluntary reduction as a result of his/her pending indeterminate layoff, the certified employee shall be preferred for any current vacant position in a lower class within the same agency and location in which the employee is then incumbent at the time of the layoff over any probationary or provisional employee, ~~any employee or applicant on an eligible list for the vacant position~~, any certified employee subject to layoff having lesser continuous service and any certified employee requesting a reduction who is not subject to layoff.
- b) **Lateral Transfer**  
In the event a certified employee requests a lateral transfer as a result of his/her pending indeterminate layoff, the certified employee shall be preferred for any

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

current vacant position whose classification has the same maximum permissible salary or rate within the same agency over any probationary or provisional employee, ~~any employee or applicant on an eligible list for the vacant position,~~ any certified employee subject to layoff having lesser continuous service and any certified employee requesting lateral transfer who is not subject to layoff.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.570 Reemployment-Lists**

- a) Employees in Titles Subject to Collective Bargaining  
The Department shall establish ~~and maintain~~ a reemployment report list, by class, option, agency and county or other designated geographical area approved by the Director before layoff. A certified employee who has been indeterminately laid off shall be eligible ~~placed~~ in order of length of continuous service as defined in Section 302.190 ~~on a reemployment list~~ for recall to the first available assignment to a position in the class (or related classes with substantially similar requirements and duties), option, agency, and county or other designated geographical location or area in which the employee was assigned prior to being indeterminately laid off ~~placed on the reemployment list~~. When circumstances warrant, at the discretion of the Director, ~~the~~ reemployment eligibility list may be established by related classes and options whose duties are substantially similar to the class from which the employee was laid off.
- b) Employees in Merit Compensation System/Broad-banded Titles  
In the event no vacancies exist as described in Section 302.545, employees in merit compensation system/broad-banded titles shall be eligible for reemployment by recall at ~~placed on~~ the employing agency ~~agency's reemployment list~~ for the title and option from which the employee was laid off, ~~and~~ any other titles in which the employee was previously certified within the county from which the employee was laid off and within two additional alternate counties designated by the employee. In the event the employee's facility or office is closing, the employee may designate one additional alternate county, for a total of four counties. In no event shall the vacancies include positions that are subject to collective bargaining unless those bargaining unit vacancies remain after all contractual obligations have been fulfilled. Laid off employees shall remain eligible for ~~on the~~ reemployment ~~list~~ for three years, commencing with the effective date of layoff. Reemployment of merit compensation system/broad-banded employees to positions under term appointments is subject to the provisions of Section 302.825.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

Reemployment of merit compensation system/broad-banded employees to non-term appointment Senior Public Service Administrator and Public Service Administrator positions will be ~~eligible placed on the appropriate list~~ for the identical classification and option designation for the position from which the employee was laid off. The employee shall be ~~eligible placed~~, in order of length of continuous service as defined in Section 302.190, ~~for on a~~ reemployment ~~by list~~ ~~for~~ recall to the first available assignment to a position in the class and option, agency, and county or other designated geographical location or area in which the employee was assigned prior to being ~~indeterminately laid off placed on the reemployment list~~.

- c) **Qualifications for Reemployment**  
An agency will not be required to consider any employee who does not have the necessary qualifications for reemployment to any position, or who was not at the same or higher organizational level as the position being filled. If an agency makes such a determination, this must be documented and submitted to the Department of Central Management Services.
- d) **Reinstatement**  
~~An employee whose name has been placed on the reemployment list will also be eligible for reinstatement in accordance with Section 302.610.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.580 Reemployment Due to Recall~~Employment From Reemployment List~~**

Whenever ~~there is~~ any person ~~eligible for available on a~~ reemployment ~~by list for~~ recall to a vacant position for the same class, or related classes where such have been established pursuant to Section 302.570, agency and county or other designated geographical area, ~~applies for a~~ posted vacancy, no temporary, provisional or probationary appointments shall be made to such vacancy.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.590 Removal of ~~Names From~~ Reemployment Eligibility List**

- a) A laid off ~~employee shall no longer~~ ~~employee's name shall~~ be ~~eligible for removed from the~~ reemployment ~~list~~ when:

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- 1) The employee is recalled from layoff;
  - 2) The employee refuses an offer of permanent reemployment;
  - 3) The employee has not been recalled for~~employee's name has remained on the~~ reemployment within~~list for~~ 36 months;
  - 4) ~~The employee has been reinstated in accordance with Section 302.610.~~
- b) Offers of temporary, exempt or emergency appointment shall not be considered as recall~~or reinstatement~~.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.595 Laid Off Probationary Employee**

- a) The name of a probationary employee who is terminated as a result of indeterminate layoff before the completion of the probationary period shall not be returned to the eligible for reemployment by recall~~list with the same grade as when appointed~~.
- b) An employee serving a probationary period but otherwise certified as defined in Section 302.530 who is to be indeterminately laid off shall be given notice, and may request a voluntary reduction pursuant to Section 302.500 and 302.550. If no voluntary reduction is effected, the employee will be laid off and the employee shall be eligible for reemployment by recall,~~employee's name placed~~ in seniority order as provided in Section 302.190,~~on the reemployment list~~ for the agency, work locality and title in which last certified.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.600 Resignation**

An employee who voluntarily leaves the State service shall, except in emergency circumstances approved by the agency head, give advance notice of intent not less than 15 calendar days before its effective date. Once an employee submits a resignation which is accepted by the agency head, the resignation shall not be revoked unless the revocation is requested by the employee and the revocation is approved by the agency head. Resignation in good standing shall mean that the employee gave the required written notice, or that emergency circumstances justified failure to

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

do so, and that the employee's conduct and work performance were satisfactory at the effective date thereof.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.610 Reinstatement (Repealed)**

- a) ~~On request of an operating agency, the Director may reinstate a former certified employee who resigned or terminated in good standing or whose position was reallocated downward or who was laterally transferred or whose name was placed on a reemployment list. Such reinstatement may be to a position in the class to which the employee was assigned prior to resignation, termination, downward allocation, lateral transfer or layoff or to a position in any other position class for which the employee is qualified. The Director may reinstate an employee who was formerly certified under the Secretary of State Merit Employment Code, the University Civil Service System of Illinois, Comptroller Merit Employment Code or the State Treasurer Employment Code. An employee reinstated prior to January 1, 1999 shall serve an additional six month probationary period in the position. An employee reinstated on or after January 1, 1999 shall serve an additional four month probationary period in the position. Request for reinstatement shall be accompanied by the employee's performance records when available.~~
- b) ~~A certified employee whose name appears on a reemployment list may be reinstated to a position other than the position to which the employee is eligible for reemployment. If reinstated to a position in the same or a higher pay grade than that for which the employee is eligible for reemployment, then, upon satisfactory completion of the new probationary period, the employee's name shall be removed from the reemployment list. If reinstated to a position in a lower pay grade than that for which the employee is eligible for reemployment, it shall have no effect on the employee's reemployment rights.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

## SUBPART K: DISCHARGE AND DISCIPLINE

**Section 302.625 Definition of Certified Employee**

For purpose of rules respecting discipline and discharge, "certified employee" shall mean any

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

employee currently employed in a position subject to jurisdiction B who has satisfactorily completed ~~the~~<sup>a</sup> required period of probation and attained certified status in ~~the position~~<sup>any position during the employee's most recent period of continuous State service</sup>.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.630 Disciplinary Action Warning Notice (Repealed)**

~~The agency head or his/her designee may warn an employee either orally or in writing as a disciplinary measure. A copy of any written notice shall be submitted to the Department and shall become part of the employee's personnel records. The notice shall bear the signature of the issuing official.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.640 Suspension Totaling Not More Than Thirty Days in any Twelve Month Period**

Disciplinary suspension without pay totaling not more than 30 days in any 12 month period may be imposed upon an employee by an agency head or designee. Unless delay in the imposition of discipline will result in clear harm or damage to an agency, the employee shall be informed in writing of the proposed suspension and the reasons therefor at least 6 working days prior to the effective date of the proposed suspension and be provided with copies of pertinent documents on which the proposed suspension is based. The employee shall have 5 working days after being informed of the proposed suspension within which to address to the agency head or designee written rebuttal to the reasons given for the suspension. A decision of an agency head or designee not to suspend the employee shall be rendered in writing before the proposed suspension date. Written notice of any suspension imposed with the reasons therefor must be served upon the employee on a form prescribed by the Director on or before the effective date of the suspension by typical forms of communication used to most effectively reach that employee, such as, but not limited to, personal delivery, email, mail, certified mail, or other applicable or relevant methods~~in person or by certified mail, return receipt requested, at the employee's last address appearing in the personnel file~~. Notice of such suspension imposed must also be filed immediately with the Director.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.660 Suspension Totaling More than Thirty Days in any Twelve Month Period**



## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

The agency head or a designee may, after complying with the procedures set forth in this Part, initiate a disciplinary suspension of any employee totaling more than 30 days in any ~~12-month~~<sup>12 month</sup> period and if such employee is certified, the agency shall file written charges for such suspension with the Director in the form and manner prescribed. Such written charges shall be ~~approved~~<sup>signed</sup> by the head of the operating agency or designee, and shall contain a clear and concise statement of facts showing good cause for such suspension. The charges shall be accompanied by a copy of the employee's performance records. Unless delay in the imposition of discipline will result in clear harm or damage to an agency, the employee shall be informed in writing of the proposed suspension and the reasons therefor at least 6 working days prior to the effective date of the proposed suspension and be provided with copies of pertinent documents on which the proposed suspension is based. The employee shall have 5 working days after being informed of the proposed suspension within which to address to the agency head or designee written rebuttal to the reasons given for the suspension. A decision of an agency head or designee not to suspend the employee shall be rendered in writing before the proposed suspension date.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.680 Notice to Employee**

Notice of approved charges for a disciplinary suspension totaling more than 30 days in any 12 month period shall be served on a certified employee by the Director, in typical forms of communication used to most effectively reach that employee, such as, but not limited to, personal delivery, email, mail, certified mail, or other applicable or relevant methods~~person or by certified mail, return receipt requested, at the employee's last address appearing in the personnel file.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.700 Cause for Discharge**

Cause for discharge consists of repeated or serious misconduct, willful disobedience or insubordination, gross and habitual neglect of duties, fraud or willful breach of trust, loss of confidence, a commission of a crime or offense, or other similar conduct that creates a reasonable basis~~some substantial shortcoming which renders the continuance of an employee in a State position in some way detrimental to the discipline and/or efficiency of the service and which the law or sound public opinion recognizes as good cause~~ for the employee to no longer hold the~~being held in that~~ position.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.705 ~~Discharge~~~~Pre-Termination~~ Hearing**

Before an agency shall suspend any certified employee pending decision on discharge or bring charges for discharge against any certified employee, that agency shall apprise the employee of the basis for such action and provide the employee an opportunity to respond to the charges in accordance with the following standards:

- a) The agency will notify the employee in writing of the intended discharge or suspension pending discharge.
- b) A statement of charges in support of the proposed action, full and complete to the knowledge of the agency at the time it is drawn, will be given to the employee, including the name of any known witness and a copy of any document ~~relevant~~~~pertinent~~ to the charges.
- c) The employee shall have 5 scheduled working days after receipt of the charges and prior to the effective date of the suspension or discharge in which to respond to them orally or in writing.
- d) The employee is entitled to representation in any meeting either through the collective bargaining representative or in the absence of such representation by any person or organization.
- e) The employee shall remain in paid status pending the response but not necessarily permitted to work.
- f) The employee or the employee's representative shall be permitted access to a designated area or a secure area of the work place to investigate the charges and, upon request, be provided a copy of other pertinent documents.
- g) The failure of the employee to respond to the charges within the time limits shall not bar the agency from proceeding with discharge.
- h) When the investigation of the charges causes them to be altered in fact, form, context, or reference from those given the employee at the time the notice of suspension pending discharge was issued and for which the employee has not had an opportunity to respond, a second notice and opportunity for response will be

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

given to the employee.

- i) The agency head or a designee shall receive the response of the employee, whether it is oral or written.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.720 Discharge of Certified Employee**

The agency head or ~~the agency head's his/her~~ designee may after compliance with Section 302.705 initiate discharge of a certified employee by filing written charges for discharge with the Director in the form and manner prescribed by the Director. Written charges shall be ~~approved~~~~signed~~ by the head of the agency, and shall contain a clear and concise statement of facts showing good cause for discharge, and shall be accompanied by a copy of the employee's performance records. No discharge of a certified employee shall be effective without the approval of the written charges for discharge by the Director.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.730 Notice to Employee**

Notice of approved charges for discharge shall be served on the employee by the Director, in ~~typical forms of communication used to most effectively reach that employee, such as, but not limited to, personal delivery, email, mail, certified mail, or other applicable or relevant methods~~~~person or by certified mail, return receipt requested, at the employee's last address appearing in the personnel file.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.780 ~~Separation~~Discharge of Probationary Employees**

- a) The Director may approve the separation of a probationary employee who fails to satisfactorily complete the probationary period. Employees who have not been certified in their current period of continuous service may not appeal a probationary separation.
- b) Employees who are separated for failure to satisfactorily complete the probationary period, but who have been certified during their current period of continuous service, may appeal the separation.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- c) On appeal, a probationary separation will be reversed only if the separation was determined to violate Section 302.790.

~~The Director may approve the discharge or suspension of a probationary employee at the request of an agency. In determining whether or not to approve the discharge of such employee, the Director shall consider the employee's performance records.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.781 Reinstatement from Separation, Suspension or Discharge**

An employee reinstated for the period for which the employee~~he/she~~ was separated, suspended or discharged shall receive full compensation for such period. Full compensation shall mean compensation such suspended or discharged employee would have earned in the position classification during the period of suspension or discharge less amounts earned by the employee from any other source and unemployment compensation payments received during such period.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.785 Suspension Resulting From Arrest or Criminal Indictment/Suspension Pending Judicial Verdict**

- a) The arrest or criminal indictment of any employee may be grounds for suspension if the arrest or indictment and facts in support of either made known to the Director:
- 1) resulted from an employee's conduct in the course of employment duties, including a failure to perform such duties, or
  - 2) occurred on or proximate to State premises and as a result of the employee's conduct thereon, or
  - 3) raises reasonable doubt concerning the employee's suitability for continued State employment in the present assignment or position.
- b) The Director shall under the circumstances set forth above, at the request of an agency, suspend an employee, without pay, pending a final court determination of innocence or guilt.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- c) The following shall control the suspension pending judicial verdict:
- 1) An affected employee may be in jail, free on bond or in some other similar status at the time the suspension is imposed.
  - 2) The arrest or indictment of an employee shall be for State or Federal criminal or civil charges, or charges brought in a foreign country, which raise reasonable doubt concerning the employee's suitability for continued employment in the current position. Traffic violations are not sufficient cause for suspension except where the employee temporarily loses driving privileges if the license is a requirement for work as contained in the job description or position classification specification.
  - 3) Any proposed Suspension Pending Judicial Verdict requires approval by the Agency head or designee and will include a complete and detailed statement of the reason(s) for the suspension and a copy of any official document, such as charges, indictment or arrest record, which supports the suspension.
  - 4) Such suspension shall have no designated expiration date, depending on the length of the initial judicial process. The suspension ends with the return of the employee to work, discharge or termination of employment. The Director shall notify the agency of the status of the suspension 12 months after the suspension is granted and each 12 months thereafter for the agency to determine the continuing validity of the suspension. This suspension will not be continued while the employee appeals an initial guilty verdict through higher courts.
  - 5) A suspension pending judicial verdict will be submitted to the Director for approval and service. An approved Suspension Pending Judicial Verdict will be served on the employee in typical forms of communication used to most effectively reach that employee, such as, but not limited to, personal delivery, email, mail, certified mail, or other applicable or relevant methods~~person or by certified mail, return receipt requested, to the employee's latest address of record~~. It will be the responsibility of the employee to notify the agency of any change of address.
  - 6) Upon a finding of not guilty or the dismissal of the charges for any reason the employee, upon application, will be restored to the same or similar

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

position classification in the agency and work location held at the time the suspension was issued. A similar position classification shall include:

- A) the same position classification with different duties;
  - B) a successor position classification; or
  - C) a different position classification having related requirements and duties and the same salary or wage assignment.
- 7) The employee may or may not be entitled to back pay depending upon the circumstances surrounding a finding of not guilty or a dismissal of the charges. The Director shall make a final determination with respect to whether back pay shall be granted.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.790 Prohibition of Discrimination**

- a) Discrimination against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel transaction, because of religion, race, national origin, sex, age, ~~disability~~~~handicap~~ or any other non-merit factor is prohibited except where such may be a bona fide job qualification.
- b) Any applicant or employee who feels adversely affected in employment because of such discrimination shall have resort to the grievance procedure hereunder and may be joined in such procedure by the Affirmative Action Director or designee where necessary or appropriate.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.795 Administrative Leave**

- a) With the approval of the Director of Central Management Services, an agency head may relieve an employee from duty when extraordinary circumstances and the best interest of the agency and the State of Illinois will be served in doing so.
- b) Circumstances warranting this leave must be of an extraordinary nature and are limited to those situations where no alternative means, such as suspension or

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

temporary reassignment of an employee, will adequately protect the best interest of the agency and the State of Illinois.

- c) Duration of an administrative leave shall be no longer than necessary to protect the best interest of the agency and the State of Illinois. The leave shall initially be for no longer than 60 calendar days, but may be extended for additional periods of time, not to exceed 60 days each, so long as necessary to protect the best interest of the agency and the State of Illinois.
- d) Administrative leave shall not be used as an alternative to Suspension Pending Decision on Discharge or Suspension Pending Judicial Verdict pursuant to Section 302.710 and Section 302.785 of this Part.
- e) Administrative leave shall not be allowed in lieu of vacation, sick leave, personal business leave or any other type of paid or unpaid leave when the other leave is appropriate, nor shall administrative leave be used to circumvent rules governing limits on other leaves available to an employee.
- f) The agency will immediately provide the affected employee written notice of the administrative leave, and the agency will also immediately report any administrative leave to the Department of Central Management Services.
- g) Administrative leave time shall extend applicable probationary periods.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

## SUBPART L: TERM APPOINTMENTS

**Section 302.800 Definition of Terms (Repealed)**

~~"Employee" shall refer to any employee on the payroll as well as any employee on a leave of absence granted pursuant to 80 Ill. Adm. Code 302 and 80 Ill. Adm. Code 303 or whose name appears on a list maintained pursuant to Section 302.570.~~

~~"Jurisdictions A, B, and C" shall mean Jurisdictions A, B, and C as specified in Sections 8a, 8b, and 8c of the Personnel Code (Ill. Rev. Stat. 1987, ch. 127, pars. 63b108a, 63b108b, and 63b108c).~~

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~"Major administrative responsibilities" shall refer to a position under the Personnel Code:~~

~~that requires the incumbent to direct programs defined by statute, or agency, board or commission policy or, that is responsible for the execution of policies or operating objectives in one or more operating units within an agency, board or commission, or which participates in the integrating of plans and projections of related organizational units and the scheduling of projected work programs of the agency, board or commission, and that encompasses on a regular basis questions of allocation and determination of resources, program definition, interpretation and implementation, and accountability.~~

~~"Merit Compensation Grade 12" shall refer to any position in state service covered by 80 Ill. Adm. Code 310. Subpart E, of the State of Illinois, Department of Central Management Services Pay Plan, the Merit Compensation System, with a salary range of 12 or above.~~

~~"Negotiated rates" shall refer to those positions in State service described within Subpart B, Section 310.220 and appendices of the State of Illinois, Department of Central Management Services Pay Plan (80 Ill. Adm. Code 310).~~

~~"Or equivalent" shall refer to non-merit compensation pay grades or rates which fall within the salary range included within Merit Compensation Grade 12 and above.~~

~~"Policy-making" position shall mean a position under the Personnel Code directly responsible to a board, agency, commission or departmental director or assistant director, and~~

~~requiring participation in the determination of policy which fixes objectives or states the principles to control action toward operating objectives, or toward the conduct of one or more administrative units next below the director or assistant director level, or participates in the planning and programming of activities within the agency mandated by legislation or by the director or assistant director of the department, board or commission.~~

~~"Prevailing rates" shall refer to those positions in State service described within 80 Ill. Adm. Code 310.210 of the State of Illinois, Department of Central~~



## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~Management Services Pay Plan.~~

~~"Professional position" shall mean a position which requires specialized, theoretical, or technical knowledge which is usually acquired through college training or through work experience and other training which provides comparable knowledge.~~

~~"Term Appointment" shall mean an appointment to a state position made under Section 8b19 of the Personnel Code (Ill. Rev. Stat. 1987, par. 63b108b19).~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.810 Positions Subject to Term Appointments**

All positions not covered by a collective bargaining agreement and not subject to Section 4d(1), (2), (3) and (6) of the Personnel Code [20 ILCS 415/4d(1), (2), (3) and (6)]~~(Ill. Rev. Stat. 1987, pars. 63b104d(1), (2), (3) and (6))~~ on or above merit system~~compensation~~ grade MS-3212 or its equivalent shall be subject to term appointments~~Term Appointments~~; except for that all positions required by receipt of federal funds to not be subject to a term~~the duties and responsibilities of which are wholly professional but do not include policy making or major administrative responsibilities and those positions which have either salaries at negotiated rates or salaries at prevailing rates shall be exempt from the provisions of the Term Appointment.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.820 Appointment**

- a) An appointment~~appointee~~ to a position subject to term appointment may be made following posting and competitive selection~~Term Appointment for which the individual is qualified and which position is determined by the Director of Central Management Services to be exempt from the requirements of the United States Supreme Court decision in Rutan, et al. v. Republican Party of Illinois, et al., 497 U.S. 62 (1990), shall be selected by the Director or Chairman of the Department, Board or Commission in which the position is located. An appointee to all other positions subject to Term Appointment shall be selected by the Director or Chairman of the Department, Board or Commission in which the position is located from the appropriate open competitive or competitive promotional eligible list.~~ Such appointments shall be made for a four-year~~four year~~ term commencing on the date of the appointment.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

- b) After an appointment following initial competitive selection, the employing agency may choose to renew the term appointment or post the position for an additional round of competitive selection with notice to the appointee.~~All appointments to and renewals in term positions made before the effective date of P.A. 85-1152, effective July 29, 1988, amending the Personnel Code are ratified and confirmed.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.822 Appointees Under Term Appointments**

Appointees under term appointments~~Term Appointments~~ shall be subject to Jurisdictions A, B, and C of Personnel Code with all rights and obligations thereunder during the term of their appointment. Appointees shall be subject to the provisions of the Personnel Rules during the term of their appointment, including Section 302.400~~Sections 302.410 and 302.420~~. Appointment to a different term position following competitive selection restarts the 4 year term period.~~An intra-agency or inter-agency transfer may be to a term position and shall not operate to extend the incumbent's term or to terminate the appointment prior to expiration of the incumbent's term.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.824 No Reallocation to Term Positions**

- a) If a~~Any~~ position ~~which~~ is reallocated, reclassified, or reevaluated to become subject to term appointments, the incumbent may accept a probationary term appointment to the newly reallocated, reclassified, or reevaluated position without additional competitive selection.~~Term Appointments shall be declared vacant by the Director of the Department of Central Management Services who shall so advise the Director or Chairman of the Department, Board or Commission and notify the incumbent. The incumbent may directly petition the Director of Central Mangement Services for reconsideration of the decision pursuant to Section 302.850.~~
- b) ~~The incumbent in the position selected shall be allowed to apply for the vacant position. The Director or Chairperson of the Department, Board or Commission in which such position is located within 30 days of the decision by the Director that the position is subject to Section 302.810 shall notify the Director and the~~

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~incumbent employee in writing of the decision whether to appoint the employee to a Term Appointment in that position.~~ If the incumbent elects not to accept the probationary term appointment to the newly reallocated, reclassified, or reevaluated position~~not selected~~, the individual shall be given a vacant position in the same agency in the same class as the position previously held, or be allowed a voluntary reduction, pursuant to Section 302.500. The provisions of 80 Ill. Adm. Code 301.20 and 301.30 shall apply.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.830 Expiration of Term Appointment**

- a) A ~~"Term Appointment"~~ shall automatically terminate at the end of the fourth year after the date of the initial appointment unless the Term Appointment is renewed for another ~~four-year~~four-year term by the Director or Chairman of the Department, Board or Commission.
- b) The Director or Chairman of the Department, Board or Commission shall provide notice to the effected employee and the Department of the intention to renew a term or allow a term to expire no later than four months before the term appointment is set to expire~~term of any person appointed to or renewed in a term position before the effective date of P.A. 85-1152 amending the Personnel Code shall expire 4 years after the effective date of the appointment or renewal.~~
- c) Failure to renew a Term Appointment is not grievable or appealable to the Civil Service Commission.
- d) Should a Director or Chairman of the Department, Board or Commission elect to not renew an expiring term, and instead seek to fill the position via a competitive selection process, the Director or Chairman of the Department, Board or Commission may ask the Director to extend the term appointment until the conclusion of the competitive selection process being used to fill the position.

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.840 Renewal Procedures (Repealed)**

- a) ~~At least sixty (60) days prior to the termination of a Term Appointment the Director shall notify the Director or Chairman of the Department, Board or~~

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~Commission and the employee, that the incumbent's term automatically expires on the last calendar day preceding the fourth anniversary of the appointment date unless the Director or Chairman renews the "Term Appointment". The Director or Chairman will notify the employee, in writing, prior to the expiration of the term of the intention to renew or not to renew the appointment. A copy of said letter shall be sent to the Director of Central Management Services.~~

- b) ~~The Director or Chairman shall advise the Director of Central Management Services in writing, whether the employee's term has been renewed or allowed to expire automatically. Failure to notify the Director of Central Management Services prior to the expiration of the appointment shall be deemed termination by the employing Director or Chairman.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.846 Change in Position Factors Affecting Term Appointment Exclusion**  
**(Repealed)**

- a) ~~Any position excluded from Term Appointment whose status, salary, pay plan assignment or source of funding is changed to cause the position to be subject to Term Appointment under Section 302.810 shall become immediately so subject. The Director of Central Management Services shall so advise the Director or Chairman of the Department, Board or Commission and notify the incumbent. The incumbent may directly petition the Director of Central Management Services for reconsideration of the decision pursuant to Section 302.850.~~
- 1) ~~The incumbent in the position selected shall be allowed to apply for the position. The Director or Chairperson of the Department, Board or Commission in which such position is located within 30 days of the decision by the Director that the position is subject to Section 302.810 shall notify the Director and the incumbent employee in writing of the decision whether to appoint the employee to a Term Appointment in that position.~~
- 2) ~~If the Director or Chairperson of the Department, Board or Commission in which the position is located fails to notify the Director within 30 days, the Department will prepare documents necessary to terminate the incumbent, effective 60 days following the effective date the position becomes subject to term appointment. These documents will be sent to the Director or~~

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~Chairperson of the Department, Board or Commission who must either sign the appropriate documents confirming the decision to terminate the incumbent or return the documents unsigned and notify the Department that the decision is to appoint the incumbent to the term position.~~

- 3) ~~In no case may such a position be filled by other than the provisions for Term Appointment for more than 60 days following the effective date the position becomes subject to Term Appointment.~~
- b) ~~Any position may be excluded from Term Appointment under Section 302.810 due to changes in: status, salary, pay plan assignment or source of funding as reported to the General Assembly. The exclusion shall become effective upon the date of the change and any incumbent shall be continued in the position under Jurisdiction A, B or C of the Personnel Code as appropriate.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.850 Reconsideration Request (Repealed)**

~~An employee whose position is deemed subject or deemed not subject to Term Appointment under Section 302.810 will be notified of such decision by the Director of Central Management Services. Within five (5) working days of receipt of the notice of inclusion under or exclusion from the provisions for Term Appointment by the Director of Central Management Services under Section 302.810, such employee may directly petition the Director in writing for reconsideration of such decision. In the event a request for reconsideration is made, the Director shall designate a review officer to review and investigate the application of this Part in the decision. The review officer shall submit findings to the Director for final determination. In any discussion or meeting chaired by the review officer, the employee shall be entitled to be present and may be accompanied or represented by any person. Notice of the final decision of the Director shall be served on the employee in person or by certified mail, return receipt requested, to the employee's last address appearing in the personnel file within 15 calendar days of receipt of the employee's request for reconsideration. Failure by the Director to act within this period of time shall be deemed a denial of the request.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.860 Renewal Procedure for Incumbents Subject to Public Act 83-1369 (Repealed)**

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF ADOPTED AMENDMENTS

~~Any incumbent who has received an appointment or renewal and is holding probationary or certified status in a position in or above merit compensation grade 12 or its equivalent while such position is subject to Section 4d(1), (2), (3) or (6) of the Personnel Code shall be subject to review and appointment when his or her term expires. During the term of such appointment, Jurisdiction A, B and C shall apply to such incumbent.~~

(Source: Repealed at 48 Ill. Reg. 11318, effective July 16, 2024)

**Section 302.863 Renewal of Certified or Probationary Incumbents in Exempted Positions**

Any employee holding a term appointment pursuant to this Subpart L whose position is declared exempt from Jurisdiction B of the Personnel Code by the Illinois Civil Service Commission as provided in Section 4d(3) of the Personnel Code shall be continued in that position with probationary status in accordance with Section 302.150(e) or with certified status in accordance with Section 302.150(f) until the expiration of the term. At the end of the term, the position may only be filled as an exempt appointment~~and such term appointment shall be subject to renewal in accordance with Section 302.840.~~

(Source: Amended at 48 Ill. Reg. 11318, effective July 16, 2024)

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION TO AND  
PROHIBITION AGAINST FILING OF PROPOSED RULEMAKING

DEPARTMENT OF HUMAN SERVICES

Heading of the Part: Fiscal/Administrative Recordkeeping and Requirements

Code Citation: 89 Ill. Adm. Code 509

<u>Section Numbers:</u>	509.15	509.50	509.80
	509.20	509.60	509.100
	509.30	509.65	509.110
	509.40	509.70	

Date Originally Published in the *Illinois Register*: 2/23/24  
48 Ill. Reg. 2769

At its meeting on July 16, 2024, the Joint Committee on Administrative Rules voted to object to the above-referenced rulemaking and prohibit its filing with the Secretary of State. The reason for the Objection and Prohibition is as follows:

JCAR object to, and prohibit the Department of Human Services' rulemaking titled Fiscal/Administrative Recordkeeping and Requirements because the Department has not provided adequate rationale for allowable and unallowable cost restrictions as required by 1 Ill. Adm. Code 220.900(a)(2)(A). Also, no standards for Agency discretion are present as required by 1 Ill. Adm. Code 220.900(a)(1)(B). JCAR further finds that this proposed rulemaking constitutes a serious threat to the public interest.

The proposed rulemaking may not be filed with the Secretary of State or enforced by the Department of Human Services for any reason following receipt of this certification and statement by the Secretary of State for as long as the Prohibition remains in effect.

## JOINT COMMITTEE ON ADMINISTRATIVE RULES

## SECOND NOTICES RECEIVED

The following second notices were received during the period of July 16, 2024 through July 22, 2024. These rulemakings are scheduled for the August 14, 2024 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
8/25/24	<u>Department of Human Services</u> , Aid to the Aged, Blind or Disabled (89 Ill. Adm. Code 113)	3/29/24 48 Ill. Reg. 4572	8/14/24
8/25/24	<u>Department of Public Health</u> , Ambulatory Surgical Treatment Center Licensing Requirements (77 Ill. Adm. Code 205)	4/12/24 48 Ill. Reg. 5602	8/14/24
8/28/24	<u>Department of Revenue</u> , Practice and Procedure for Hearings Before the Illinois Department of Revenue (86 Ill. Adm. Code 200)	5/3/24 48 Ill. Reg. 6682	8/14/24
8/23/24	<u>Illinois State Board of Education</u> , Public Schools Evaluation, Recognition and Supervision (23 Ill. Adm. Code 1)	4/5/24 48 Ill. Reg. 5208	8/14/24



## PROCLAMATIONS

**2024-198****Gubernatorial Disaster Proclamation**

**WHEREAS**, as of August 31, 2022, the State of Illinois and City of Chicago began receiving, with little to no notice, buses sent by the State of Texas, transporting individuals and families from Central and South America seeking asylum in the United States; and,

**WHEREAS**, between August 31, 2022, and July 19, 2024, more than forty-three thousand individuals and families seeking asylum have arrived in Chicago and other Illinois cities with little to no notice; and,

**WHEREAS**, it is expected that individuals and families seeking asylum will continue to be transported to Illinois, including by Texas, and potentially other states, and the State and local partners will need to continue to work together to directly and indirectly fund and/or provide necessary services, including, but not limited to, supporting shelter capacity, resettlement case management, and permanent housing; and,

**WHEREAS**, Illinois is a welcoming state, which has long been enriched and sustained by a thriving community of immigrants, and has resettled over 125,000 refugees from more than 60 countries since 1975; and,

**WHEREAS**, State agencies, in close coordination with the City of Chicago and other local governments, are continuing to take action to ensure that the individuals and families arriving in Illinois receive the assistance they need, both to protect their welfare and the overall welfare of the State of Illinois and its residents; and,

**WHEREAS**, the asylum-seeking families and individuals who have arrived in Illinois require specific and immediate support, including emergency shelter and housing; food; health screenings, medical assessments, and treatment; case management services to assist them in addressing critical needs (including legal services and job readiness support) and benefits (potentially including benefits to Victims of Trafficking, Torture, and Other Serious Crimes (VTTC), under the Violence Against Women Act, and/or the Victims of Crime Act); enrollment in public schools; and longer-term housing and housing assistance; and,

**WHEREAS**, because these families and individuals are arriving after a very long and difficult journey from their homes, many of them also require medical care, including prenatal care for pregnant women; treatment for malnourishment, dehydration, and asthma in children; foot injury and wound care; vaccinations; and chronic health condition management. Many of the adults, children, and infants arriving in Illinois also are in need of mental health assessments and care to begin to recover from the trauma experienced on their journey; and,

## PROCLAMATIONS

**WHEREAS**, the State of Illinois and many local governments throughout the State routinely engage in planning to ensure sufficient capacity to meet the needs of vulnerable populations, including families and individuals who are seeking refuge or asylum in the United States; and,

**WHEREAS**, families and individuals seeking asylum are arriving in Illinois with no advance notice as to when they will arrive and with no coordination with the State of Illinois or the City of Chicago, thereby contributing to the need for this proclamation; and,

**WHEREAS**, the State of Illinois and local governments have continued to work to meet the needs of the asylum-seeking families and individuals, both directly and by coordinating closely with non-governmental organizations and volunteers; and,

**WHEREAS**, the normal capacity to provide all necessary services for the health and welfare of these vulnerable families and individuals has been significantly exceeded, and immediate and continuing steps are needed to maintain the increased capacity required to meet the needs of the current asylum-seeking families and individuals; and,

**WHEREAS**, without urgent and ongoing action, capacity shortfalls will occur in critical services, including short-, intermediate-, and longer-term shelter and housing for the asylum-seeking families and individuals; wrap-around services such as food, health care, legal advocacy, and job readiness support; case management staff to assist in accessing other necessary services; and operational staffing required at all levels to provide these services; and,

**WHEREAS**, as the number of new individuals and families seeking asylum arrive in Illinois, to continue to meet the significantly increased needs for emergency shelter and housing capacity, as well as staffing and services, and to continue to prevent a threat to the health, safety, and welfare of the asylum-seeking families and individuals and communities, the State must urgently procure and maintain contracted assistance, requiring the use of the Governor's emergency powers; and,

**WHEREAS**, emergency steps are necessary to continue staffing the interagency and intergovernmental effort required to handle this evolving situation while ensuring that critical services for existing Illinois residents are not interrupted; and,

**WHEREAS**, the circumstances of the present situation give rise to a threat to the health, safety, and welfare of these vulnerable families and individuals and to the State, require immediate action, and constitute a disaster as provided in Section 4 of the Illinois Emergency Management Agency Act requiring emergency action by the State; and,

**WHEREAS**, due to the threat to health, safety, and welfare caused by these circumstances, I have declared all counties in the State of Illinois as a disaster area every month since September 2022; and,

## PROCLAMATIONS

**WHEREAS**, it is the policy of the State of Illinois that the State will be prepared to address any disasters and, therefore, it is necessary and appropriate to make additional State resources available to ensure public health, safety, and welfare; and,

**WHEREAS**, these conditions provide legal justification under Section 7 of the Illinois Emergency Management Agency Act for the issuance of a proclamation of disaster; and,

**WHEREAS**, the Illinois Constitution, in Article V, Section 8, provides that "the Governor shall have the supreme executive power, and shall be responsible for the faithful execution of the laws," and states, in the Preamble, that a central purpose of the Illinois Constitution is "provide for the health, safety, and welfare of the people";

**NOW, THEREFORE**, in the interest of aiding the people of Illinois and the local governments responsible for ensuring public health, safety, and welfare, I, JB Pritzker, Governor of the State of Illinois, hereby proclaim as follows:

**Section 1:** Pursuant to the provisions of Section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, I find that a disaster exists within the State of Illinois and declare all counties in the state as a disaster area. The proclamation authorizes the exercise of all the emergency powers provided in Section 7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7, including but not limited to those specific emergency powers set forth below.

**Section 2:** With the Illinois Department of Human Services serving as the lead agency, State agencies, including but not limited to those listed below, are directed to continue cooperating with the Governor, as well as with other State agencies, local authorities, and the Illinois State Board of Education, and to continue coordinating with each other with respect to the development and implementation of strategies and plans to respond to the impacts of the present situation, including meeting the needs of the asylum seekers coming to Illinois: the Illinois Department of Human Services (which houses the Bureau of Refugee and Immigrant Services, the Office of Hispanic and Latino Affairs, Welcoming Centers, and employs the State Refugee Coordinator and State Chief Homelessness Officer); the Illinois Department of Public Health (which employs the State Refugee Health Coordinator); the Illinois Emergency Management Agency and Office of Homeland Security; the Illinois Department of Central Management Services; the Illinois Department of Labor; and the Illinois Department of Healthcare and Family Services.

**Section 3:** The Illinois Emergency Management Agency and Office of Homeland Security is directed to continue the activation of the State Emergency Operations Plan and coordination of State resources to support State agencies and local governments in disaster response and recovery operations.

## PROCLAMATIONS

**Section 4:** To aid with emergency purchases necessary for response and other emergency powers as authorized by the Illinois Emergency Management Agency Act, the provisions of the Illinois Procurement Code and the Illinois Governmental Joint Purchasing Act that would in any way prevent, hinder, or delay necessary action in coping with the disaster are suspended to the extent they are not required by federal law. To aid with emergency grant-making necessary for response and other emergency powers as authorized by the Illinois Emergency Management Agency Act, the provisions of the Grant Accountability and Transparency Act and of the Illinois Administrative Code effectuating the same, which require State agencies to publish a notice of funding opportunity (NOFO) and to conduct a merit based application review and that would in any way prevent, hinder, or delay necessary action in coping with the disaster, are suspended to the extent they are not required by federal law. The remaining provisions of the Grant Accountability and Transparency Act remain in effect. If necessary, and in accordance with Section 7(1) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(1), the Governor may take appropriate executive action to suspend additional statutes, orders, rules, and regulations.

**Section 5:** Pursuant to Section 7(3) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(3), this proclamation activates the Governor's authority, as necessary, to transfer the direction, personnel, or functions of State departments and agencies or units thereof for the purpose of performing or facilitating emergency response programs.

**Section 6:** Pursuant to Section 7(10) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(10), this proclamation activates the Governor's authority, as necessary, to make provision for the availability and use of temporary emergency housing.

**Section 7:** This proclamation can facilitate a request for federal disaster assistance if a complete and comprehensive assessment of damage indicates that effective recovery is beyond the capabilities of the State and affected local governments.

**Section 8:** This proclamation shall be effective immediately and remain in effect for 30 days.

Date: July 19, 2024

Filed: July 19, 2024

**ILLINOIS ADMINISTRATIVE CODE**  
**Issue Index - With Effective Dates**

Rules acted upon in Volume 48, 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.

**PROPOSED RULES**

38 - 1055	.....	10965
11 - 1800	.....	10972
80 - 1600	.....	10992

**ADOPTED RULES**

89 - 240	7/16/2024 .....	11053
44 - 5020	7/16/2024 .....	11297
80 - 302	7/16/2024 .....	11318

**JOINT COMMITTEE ON  
ADMINISTRATIVE RULES  
STATEMENTS OF PROHIBITED  
FILINGS**

89 - 509	.....	11375
----------	-------	-------

**EXECUTIVE ORDERS AND  
PROCLAMATIONS**

24 - 198	7/19/2024 .....	11377
----------	-----------------	-------