

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Medical Payment
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Numbers: Proposed Actions:
 140.990 Amendment
 Amendment
 Amendment
 Amendment
 Amendment
 Repealed
 Repealed
 Repealed
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Complete Description of the Subjects and Issues Involved: This proposed amendment creates the Integrated Health Home (IHH) program.
- 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 rulemakings pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Actions:</u>	<u>Illinois Register Citations:</u>
140.417	Amendment	42 Ill. Reg. 27; January 5, 2018
140.3	Amendment	42 Ill. Reg. 7285; April 20, 2018
140.6	Amendment	42 Ill. Reg. 7285; April 20, 2018
140.413	Amendment	42 Ill. Reg. 7285; April 20, 2018
140.421	Amendment	42 Ill. Reg. 8119; May 18, 2018
140.513	Amendment	42 Ill. Reg. 9052; June 8, 2018
140.80	Amendment	42 Ill. Reg. 13411; July 13, 2018
140.452	Amendment	42 Ill. Reg. 14043; July 20, 2018

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

140.453	Amendment	42 Ill. Reg. 14043; July 20, 2018
140.455	Amendment	42 Ill. Reg. 14043; July 20, 2018
140.460	Amendment	42 Ill. Reg. 14043; July 20, 2018
140.TABLE N	Amendment	42 Ill. Reg. 14043; July 20, 2018
140.421	Amendment	42 Ill. Reg. 16364; August 31, 2018
140.492	Amendment	42 Ill. Reg. 16364; August 31, 2018
140.TABLE D	Amendment	42 Ill. Reg. 16364; August 31, 2018
140.439	New Section	42 Ill. Reg. 17067; September 28, 2018

- 11) Statement of Statewide Policy Objective: This rulemaking does not affect units of local government.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Christopher Gange
Acting General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
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HFS.Rules@illinois.gov

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

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 14) Regulatory Agenda on which this Rulemaking was Summarized: July 2018

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER d: MEDICAL PROGRAMS

PART 140

MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section

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

SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

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

SUBPART C: PROVIDER ASSESSMENTS

- Section
- 140.80 Hospital Provider Fund
- 140.82 Developmentally Disabled Care Provider Fund
- 140.84 Long Term Care Provider Fund

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

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

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section

- 140.400 Payment to Practitioners
- 140.402 Copayments for Noninstitutional Medical Services
- 140.403 Telehealth Services
- 140.405 Non-Institutional Rate Reductions
- 140.410 Physicians' Services
- 140.411 Covered Services By Physicians
- 140.412 Services Not Covered By Physicians
- 140.413 Limitation on Physician Services
- 140.414 Requirements for Prescriptions and Dispensing of Pharmacy Items – Prescribers
- 140.416 Optometric Services and Materials
- 140.417 Limitations on Optometric Services
- 140.418 Department of Corrections Laboratory
 - Dental Services
 - Limitations on Dental Services
 - Requirements for Prescriptions and Dispensing Items of Pharmacy Items – Dentists (Repealed)
 - Licensed Clinical Psychologist Services
 - Licensed Clinical Social Worker Services
 - Podiatry Services
 - Limitations on Podiatry Services
 - Requirement for Prescriptions and Dispensing of Pharmacy Items – Podiatry (Repealed)
 - Chiropractic Services
 - Limitations on Chiropractic Services (Repealed)
 - Independent Clinical Laboratory Services
 - Services Not Covered by Independent Clinical Laboratories

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Limitations on Independent Clinical Laboratory Services
Payment for Clinical Laboratory Services
Record Requirements for Independent Clinical Laboratories
Advanced Practice Nurse Services
Limitations on Advanced Practice Nurse Services
140.438 Diagnostic Imaging Services
Pharmacy Services
Pharmacy Services Not Covered
Prior Approval of Prescriptions
Filling of Prescriptions
Compounded Prescriptions
Legend Prescription Items (Not Compounded)
Over-the-Counter Items
Reimbursement
Returned Pharmacy Items
Payment of Pharmacy Items
Record Requirements for Pharmacies
Prospective Drug Review and Patient Counseling
Community-based Mental Health Providers Qualified for Payment
Community-based Mental Health Service Definitions and Professional
Qualifications
Types of Mental Health Services
Payment for Mental Health Services
Hearings
Therapy Services
Prior Approval for Therapy Services
Payment for Therapy Services
Clinic Services
Clinic Participation, Data and Certification Requirements
Covered Services in Clinics
Clinic Service Payment
Hospital-Based and Encounter Rate Clinic Payments
Speech and Hearing Clinics (Repealed)
Rural Health Clinics (Repealed)
Independent Clinics
Hospice
Eligible Home Health Care, Nursing and Public Health Providers
Description of Home Health Care Services
Home Health Care Services

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Prior Approval for Home Health Care Services
Payment for Home Health Care Services
Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices
Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices for Which Payment
Will Not Be Made
Limitations on Equipment, Prosthetic Devices and Orthotic Devices
Prior Approval for Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices
Limitations, Medical Supplies
Equipment Rental Limitations
Payment for Medical Equipment, Supplies, Prosthetic Devices and Hearing Aids
Family Planning Services
Limitations on Family Planning Services
Payment for Family Planning Services
Healthy Kids Program
Illinois Healthy Women
Healthy Kids Program Timeliness Standards
Periodicity Schedules, Immunizations and Diagnostic Laboratory Procedures
Medical Transportation
Medical Transportation Limitations and Authorization Process
Payment for Medical Transportation
Payment for Helicopter Transportation
Record Requirements for Medical Transportation Services
Psychological Services
Payment for Psychological Services
Hearing Aids
Fingerprint-Based Criminal Background Checks
Behavioral Health Clinic

SUBPART E: GROUP CARE

Section

Long Term Care Services
Cessation of Payment at Federal Direction
Cessation of Payment for Improper Level of Care
Cessation of Payment Because of Termination of Facility
Informal Hearing Process for Denial of Payment for New ICF/MR
Provider Voluntary Withdrawal
Continuation of Provider Agreement

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Determination of Need for Group Care
Long Term Care Services Covered By Department Payment
Utilization Control
Notification of Change in Resident Status
Certifications and Recertifications of Care (Repealed)
Management of Recipient Funds – Personal Allowance Funds
Recipient Management of Funds
Correspondent Management of Funds
Facility Management of Funds
Use or Accumulation of Funds
Management of Recipient Funds – Local Office Responsibility
Room and Board Accounts
Reconciliation of Recipient Funds
Bed Reserves
Cessation of Payment Due to Loss of License
Quality Incentive Program (QUIP) Payment Levels
County Contribution to Medicaid Reimbursement (Repealed)
Quality Incentive Survey (Repealed)
Payment of Quality Incentive (Repealed)
Reviews (Repealed)
Basis of Payment for Long Term Care Services
General Service Costs
Health Care Costs
General Administration Costs
Ownership Costs
Costs for Interest, Taxes and Rent
Organization and Pre-Operating Costs
Payments to Related Organizations
Special Costs
Reimbursement for Basic Nursing Assistant, Developmental Disabilities Aide, Basic Child
Care Aide and Habilitation Aide Training and Nursing Assistant Competency
Evaluation
Costs Associated With Nursing Home Care Reform Act and Implementing Regulations
Salaries Paid to Owners or Related Parties
Cost Reports – Filing Requirements
Time Standards for Filing Cost Reports
Access to Cost Reports (Repealed)
Penalty for Failure to File Cost Reports

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- Update of Operating Costs
- General Service Costs Updates
- Nursing and Program Costs
- General Administrative Costs Updates
- Component Inflation Index (Repealed)
- Minimum Wage
- 140.560 Components of the Base Rate Determination
- 140.561 Support Costs Components
- 140.562 Nursing Costs
- 140.563 Capital Costs
 - Kosher Kitchen Reimbursement
 - Out-of-State Placement
 - Level II Incentive Payments (Repealed)
 - Duration of Incentive Payments (Repealed)
 - Clients With Exceptional Care Needs
 - Capital Rate Component Determination
 - Capital Rate Calculation
 - Total Capital Rate
 - Other Capital Provisions
 - Capital Rates for Rented Facilities
 - Newly Constructed Facilities (Repealed)
 - Renovations (Repealed)
 - Capital Costs for Rented Facilities (Renumbered)
 - Property Taxes
 - Specialized Living Centers
 - Mandated Capital Improvements (Repealed)
 - Qualifying as Mandated Capital Improvement (Repealed)
 - Cost Adjustments
 - Campus Facilities
 - Illinois Municipal Retirement Fund (IMRF)
- 140.590 Audit and Record Requirements
- 140.642 Screening Assessment for Nursing Facility and Alternative Residential Settings and Services
- 140.643 In-Home Care Program
- 140.645 Home and Community Based Services Waivers for Medically Fragile, Technology Dependent, Disabled Persons Under Age 21 (Repealed)
- 140.646 Reimbursement for Developmental Training (DT) Services for Individuals With Developmental Disabilities Who Reside in Long Term Care (ICF and SNF) and Residential (ICF/MR) Facilities

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

140.647	Description of Developmental Training (DT) Services
140.648	Determination of the Amount of Reimbursement for Developmental Training (DT) Programs
140.649	Effective Dates of Reimbursement for Developmental Training (DT) Programs
140.650	Certification of Developmental Training (DT) Programs
140.651	Decertification of Day Programs
140.652	Terms of Assurances and Contracts
140.680	Effective Date Of Payment Rate
140.700	Discharge of Long Term Care Residents
140.830	Appeals of Rate Determinations
140.835	Determination of Cap on Payments for Long Term Care (Repealed)

SUBPART F: FEDERAL CLAIMING FOR STATE AND
LOCAL GOVERNMENTAL ENTITIES

Section

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 140.910 Referrals (Recodified)
- 140.911 Basic Rehabilitation Aide Training Program (Recodified)
- 140.912 Interim Nursing Rates (Recodified)

SUBPART G: MATERNAL AND CHILD HEALTH PROGRAM

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

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

- | Section | General Description |
|---------|---|
| 140.940 | Illinois Competitive Access and Reimbursement Equity (ICARE) Program (Recodified) |
| 140.942 | Definition of Terms (Recodified) |
| 140.944 | Notification of Negotiations (Recodified) |
| 140.946 | Hospital Participation in ICARE Program Negotiations (Recodified) |
| 140.948 | Negotiation Procedures (Recodified) |
| 140.950 | Factors Considered in Awarding ICARE Contracts (Recodified) |
| 140.952 | Closing an ICARE Area (Recodified) |
| 140.954 | Administrative Review (Recodified) |
| 140.956 | Payments to Contracting Hospitals (Recodified) |
| 140.958 | Admitting and Clinical Privileges (Recodified) |
| 140.960 | Inpatient Hospital Care or Services by Non-Contracting Hospitals Eligible for Payment (Recodified) |
| 140.962 | Payment to Hospitals for Inpatient Services or Care not Provided under the ICARE Program (Recodified) |
| 140.964 | Contract Monitoring (Recodified) |
| 140.966 | Transfer of Recipients (Recodified) |
| 140.968 | Validity of Contracts (Recodified) |
| 140.970 | Termination of ICARE Contracts (Recodified) |
| 140.972 | Hospital Services Procurement Advisory Board (Recodified) |

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 140.980 Elimination Of Aid To The Medically Indigent (AMI) Program (Emergency Expired)
- 140.982 Elimination Of Hospital Services For Persons Age Eighteen (18) And Older And Persons Married And Living With Spouse, Regardless Of Age (Emergency Expired)

SUBPART I: PRIMARY CARE CASE MANAGEMENT PROGRAM

Section

- 140.990 ~~Integrated Health Home Primary Care Case~~ Management Program
- 140.991 ~~Integrated Health Home Primary Care~~ Provider Participation Requirements
- 140.992 ~~Eligibility Populations Eligible~~ to Participate in the ~~Integrated Health Home Primary Care Case Management~~ Program
- 140.993 ~~Department Responsibilities for the Integrated Health Home Program Care Management Fees~~
- 140.994 ~~Reimbursement for Care Coordination Services under the Integrated Health Home Program Panel Size and Affiliated Providers~~
- 140.995 Mandatory Enrollment (~~Repealed~~)
- 140.996 Access to Health Care Services (~~Repealed~~)
- 140.997 Payment for Services (~~Repealed~~)

SUBPART J: ALTERNATE PAYEE PARTICIPATION

Section

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

SUBPART K: MANDATORY MCO ENROLLMENT

Section

- 140.1010 Mandatory Enrollment in MCOs

SUBPART L: UNAUTHORIZED USE OF MEDICAL ASSISTANCE

Section

- 140.1300 Definitions

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

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

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

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; preemptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; preemptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; preemptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; Notice of Corrections to Adopted Amendment at 15 Ill. Reg. 1174; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment suspended at 17 Ill. Reg. 18902, effective October 12, 1993; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended at 18 Ill. Reg. 17286, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. Reg. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days; emergency expired April 29, 1999; amended at 23 Ill. Reg. 5796, effective April 30, 1999; amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9874, effective August 3, 1999; amended at 23 Ill. Reg. 12697, effective October 1, 1999; amended at 23 Ill. Reg. 13646, effective November 1, 1999; amended at 23 Ill. Reg. 14567, effective December 1, 1999; amended at 24 Ill. Reg. 661, effective January 3, 2000; amended at 24 Ill. Reg. 10277, effective July 1, 2000; emergency amendment at 24 Ill. Reg. 10436, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15086, effective October 1, 2000; amended at 24 Ill. Reg. 18320, effective December 1, 2000; emergency amendment at 24 Ill. Reg. 19344, effective December 15, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 3897, effective March 1, 2001; amended at 25 Ill. Reg. 6665, effective May 11, 2001; amended at 25 Ill. Reg. 8793, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 8850, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 11880, effective September 1, 2001; amended at 25 Ill. Reg. 12820, effective October 8, 2001; amended at 25 Ill. Reg. 14957, effective November 1, 2001; emergency amendment at 25 Ill. Reg. 16127, effective November 28, 2001, for a maximum of 150 days; emergency amendment at 25 Ill. Reg. 16292, effective December 3, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 514, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 663, effective January 7, 2002; amended at 26 Ill. Reg. 4781, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 5984, effective April 15, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 7285, effective April 29, 2002; emergency amendment at 26 Ill. Reg. 8594, effective June 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11259, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 12461, effective July 29, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16593, effective October 22, 2002; emergency amendment at 26 Ill. Reg. 12772, effective August 12,

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13641, effective September 3, 2002; amended at 26 Ill. Reg. 14789, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 15076, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16303, effective October 25, 2002; amended at 26 Ill. Reg. 17751, effective November 27, 2002; amended at 27 Ill. Reg. 768, effective January 3, 2003; amended at 27 Ill. Reg. 3041, effective February 10, 2003; amended at 27 Ill. Reg. 4364, effective February 24, 2003; amended at 27 Ill. Reg. 7823, effective May 1, 2003; amended at 27 Ill. Reg. 9157, effective June 2, 2003; emergency amendment at 27 Ill. Reg. 10813, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 13784, effective August 1, 2003; amended at 27 Ill. Reg. 14799, effective September 5, 2003; emergency amendment at 27 Ill. Reg. 15584, effective September 20, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16161, effective October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18629, effective November 26, 2003; amended at 28 Ill. Reg. 2744, effective February 1, 2004; amended at 28 Ill. Reg. 4958, effective March 3, 2004; emergency amendment at 28 Ill. Reg. 6622, effective April 19, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7081, effective May 3, 2004; emergency amendment at 28 Ill. Reg. 8108, effective June 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 9640, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10135, effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 11161, effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12198, effective August 11, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13775, effective October 1, 2004; amended at 28 Ill. Reg. 14804, effective October 27, 2004; amended at 28 Ill. Reg. 15513, effective November 24, 2004; amended at 29 Ill. Reg. 831, effective January 1, 2005; amended at 29 Ill. Reg. 6945, effective May 1, 2005; emergency amendment at 29 Ill. Reg. 8509, effective June 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12534, effective August 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 14957, effective September 30, 2005; emergency amendment at 29 Ill. Reg. 15064, effective October 1, 2005, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 29 Ill. Reg. 15985, effective October 5, 2005, for the remainder of the 150 days; emergency amendment at 29 Ill. Reg. 15610, effective October 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 16515, effective October 5, 2005, for a maximum of 150 days; amended at 30 Ill. Reg. 349, effective December 28, 2005; emergency amendment at 30 Ill. Reg. 573, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 796, effective January 1, 2006; amended at 30 Ill. Reg. 2802, effective February 24, 2006; amended at 30 Ill. Reg. 10370, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 12376, effective July 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 13909, effective August 2, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 14280, effective August 18, 2006; expedited correction at 31 Ill. Reg. 1745, effective August 18, 2006; emergency amendment at 30 Ill. Reg. 17970, effective November 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18648, effective November 27, 2006; emergency amendment at 30

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Ill. Reg. 19400, effective December 1, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 388, effective December 29, 2006; emergency amendment at 31 Ill. Reg. 1580, effective January 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 2413, effective January 19, 2007; amended at 31 Ill. Reg. 5561, effective March 30, 2007; amended at 31 Ill. Reg. 6930, effective April 29, 2007; amended at 31 Ill. Reg. 8485, effective May 30, 2007; emergency amendment at 31 Ill. Reg. 10115, effective June 30, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 14749, effective October 22, 2007; emergency amendment at 32 Ill. Reg. 383, effective January 1, 2008, for a maximum of 150 days; preemptory amendment at 32 Ill. Reg. 6743, effective April 1, 2008; preemptory amendment suspended at 32 Ill. Reg. 8449, effective May 21, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at 32 Ill. Reg. 18323, effective November 12, 2008; preemptory amendment repealed by emergency rulemaking at 32 Ill. Reg. 18422, effective November 12, 2008, for a maximum of 150 days; emergency expired April 10, 2009; preemptory amendment repealed at 33 Ill. Reg. 6667, effective April 29, 2009; amended at 32 Ill. Reg. 7727, effective May 5, 2008; emergency amendment at 32 Ill. Reg. 10480, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27, 2008; amended at 32 Ill. Reg. 17133, effective October 15, 2008; amended at 33 Ill. Reg. 209, effective December 29, 2008; amended at 33 Ill. Reg. 9048, effective June 15, 2009; emergency amendment at 33 Ill. Reg. 10800, effective June 30, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 11287, effective July 14, 2009; amended at 33 Ill. Reg. 11938, effective August 17, 2009; amended at 33 Ill. Reg. 12227, effective October 1, 2009; emergency amendment at 33 Ill. Reg. 14324, effective October 1, 2009, for a maximum of 150 days; emergency expired February 27, 2010; amended at 33 Ill. Reg. 16573, effective November 16, 2009; amended at 34 Ill. Reg. 516, effective January 1, 2010; amended at 34 Ill. Reg. 903, effective January 29, 2010; amended at 34 Ill. Reg. 3761, effective March 14, 2010; amended at 34 Ill. Reg. 5215, effective March 25, 2010; amended at 34 Ill. Reg. 19517, effective December 6, 2010; amended at 35 Ill. Reg. 394, effective December 27, 2010; amended at 35 Ill. Reg. 7648, effective May 1, 2011; amended at 35 Ill. Reg. 7962, effective May 1, 2011; amended at 35 Ill. Reg. 10000, effective June 15, 2011; amended at 35 Ill. Reg. 12909, effective July 25, 2011; amended at 36 Ill. Reg. 2271, effective February 1, 2012; amended at 36 Ill. Reg. 7010, effective April 27, 2012; amended at 36 Ill. Reg. 7545, effective May 7, 2012; amended at 36 Ill. Reg. 9113, effective June 11, 2012; emergency amendment at 36 Ill. Reg. 11329, effective July 1, 2012 through June 30, 2013; emergency amendment to Section 140.442(e)(4) suspended at 36 Ill. Reg. 13736, effective August 15, 2012; suspension withdrawn from Section 140.442(e)(4) at 36 Ill. Reg. 14529, September 11, 2012; emergency amendment in response to Joint Committee on Administrative Rules action on Section 140.442(e)(4) at 36 Ill. Reg. 14820, effective September 21, 2012 through June 30, 2013; emergency amendment to Section 140.491 suspended at 36 Ill. Reg. 13738, effective August 15, 2012; suspension withdrawn by the Joint Committee on Administrative Rules from Section 140.491 at 37 Ill. Reg. 890, January 8, 2013; emergency amendment in response to Joint Committee on Administrative Rules action on

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Section 140.491 at 37 Ill. Reg. 1330, effective January 15, 2013 through June 30, 2013; amended at 36 Ill. Reg. 15361, effective October 15, 2012; emergency amendment at 37 Ill. Reg. 253, effective January 1, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 846, effective January 9, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 1774, effective January 28, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 2348, effective February 1, 2013 through June 30, 2013; amended at 37 Ill. Reg. 3831, effective March 13, 2013; emergency amendment at 37 Ill. Reg. 5058, effective April 1, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 5170, effective April 8, 2013 through June 30, 2013; amended at 37 Ill. Reg. 6196, effective April 29, 2013; amended at 37 Ill. Reg. 7985, effective May 29, 2013; amended at 37 Ill. Reg. 10282, effective June 27, 2013; amended at 37 Ill. Reg. 12855, effective July 24, 2013; emergency amendment at 37 Ill. Reg. 14196, effective August 20, 2013, for a maximum of 150 days; amended at 37 Ill. Reg. 17584, effective October 23, 2013; amended at 37 Ill. Reg. 18275, effective November 4, 2013; amended at 37 Ill. Reg. 20339, effective December 9, 2013; amended at 38 Ill. Reg. 859, effective December 23, 2013; emergency amendment at 38 Ill. Reg. 1174, effective January 1, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 4330, effective January 29, 2014; amended at 38 Ill. Reg. 7156, effective March 13, 2014; amended at 38 Ill. Reg. 12141, effective May 30, 2014; amended at 38 Ill. Reg. 15081, effective July 2, 2014; emergency amendment at 38 Ill. Reg. 15673, effective July 7, 2014, for a maximum of 150 days; emergency amendment at 38 Ill. Reg. 18216, effective August 18, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 18462, effective August 19, 2014; amended at 38 Ill. Reg. 23623, effective December 2, 2014; amended at 39 Ill. Reg. 4394, effective March 11, 2015; emergency amendment at 39 Ill. Reg. 6903, effective May 1, 2015 through June 30, 2015; emergency amendment at 39 Ill. Reg. 8137, effective May 20, 2015, for a maximum of 150 days; emergency amendment at 39 Ill. Reg. 10427, effective July 10, 2015, for a maximum of 150 days; emergency expired December 6, 2015; amended at 39 Ill. Reg. 12825, effective September 4, 2015; amended at 39 Ill. Reg. 13380, effective September 25, 2015; amended at 39 Ill. Reg. 14138, effective October 14, 2015; emergency amendment at 40 Ill. Reg. 13677, effective September 16, 2016, for a maximum of 150 days; emergency expired February 12, 2017; amended at 41 Ill. Reg. 999, effective January 19, 2017; amended at 41 Ill. Reg. 3296, effective March 8, 2017; amended at 41 Ill. Reg. 7526, effective June 15, 2017; amended at 41 Ill. Reg. 10950, effective August 9, 2017; amended at 42 Ill. Reg. 4829, effective March 1, 2018; amended at 42 Ill. Reg. 12986, effective June 25, 2018; emergency amendment at 42 Ill. Reg. 13688, effective July 2, 2018, for a maximum of 150 days; emergency amendment to emergency rule at 42 Ill. Reg. 16265, effective August 13, 2018, for the remainder of the 150 days; amended at 42 Ill. Reg. 14383, effective July 23, 2018; amended at 42 Ill. Reg. _____, effective _____.

SUBPART I: PRIMARY CARE CASE MANAGEMENT PROGRAM

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Section 140.990 Integrated Health Home~~Primary Care Case Management Program~~

The Integrated Health Home (IHH) Program is a form of care coordination fully integrating coordination of services for physical health, behavioral health and social care needs of all eligible participants in the Illinois Medical Assistance Program. The Primary Care Case-Management Program (PCCM) is a managed care model in which each enrollee has a medical home with a Primary Care Provider (PCP). Enrollees may pick their own doctor or clinic as their PCP if that provider is enrolled with HFS as a PCP. A medical home ensures that a single PCP knows about health care their enrollees receive and helps ensure enrollees get immunizations and other preventive health care, prevents duplication of services, ensures enrollees receive the most appropriate level of care, provides specialty referrals where appropriate, and improves the quality of care that an enrollee receives.

(Source: Amended at 42 Ill. Reg. _____, effective _____)

Section 140.991 Integrated Health Home~~Primary Care~~ Provider Participation Requirements

- a) Any entity is eligible to apply to be an Integrated Health Home.
- b) An IHH shall:
 - 1) Deliver care coordination services for members across their physical, behavioral and social level of care needs, including Substance Use Disorder (SUD).
 - 2) Select a tier of care coordination services in which to enroll with the Department:
 - A) Tier A, serving individuals described in Section 140.992(b)(1), and individuals in Tier B and Tier C, described in Section 140.992(b)(2) and (3), either through a single organization or through the use of contractual/**collaborative** agreements with partner entities;
 - B) Tier B, serving individuals as defined in Section 140.992(b)(2), either through a single organization or through the use of **contractual**/collaborative agreements with partner entities;

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- C) Tier C, serving individuals as defined in Section 140.992(b)(3), either through a single organization or through the use of ~~contractual~~/collaborative agreements with partner entities.
- 3) Enroll as an IHH under Subpart B.
- 4) Complete, sign and comply with the Department's Integrated Health Home Provider Terms and Conditions, and provide the Department with copies of all IHH partner related contractual or collaborative agreements with partner entities before enrollment as an IHH will be approved. The IHH must notify the Department through Illinois Medicaid Program Advanced Cloud Technology (IMPACT) of any change of IHH required professional or partner entity within ~~three ten~~ business days after the change and submit a copy of any contractual or collaborative agreement with a new partner entity through IMPACT within ~~ten sixty~~ business days after the change. Failure to notify the Department of any change of required professional, partner entity, or to submit an agreement within the time frames stated, will result in denial of payment for any care coordination service for any period of time from the change until notice of the change of required professional, or until a copy of the new partner entity agreement is received by the Department.
- 5) Upon assignment of an IHH eligible individual, engage the individual and document the individual's receipt of information explaining the IHH program and the date of the individual's consent to services as an enrolled member of the IHH. The consent must authorize sharing of medical information among the IHH partners and comply with all applicable State and federal laws for sharing medical information.
- 6) Provide the care coordination services listed in Section 140.994(b) to each member enrolled with it under the IHH program.
- 7) Maintain a minimum panel size of 500 members, unless the Department approves a smaller panel based on the limited availability of providers or possible members in a geographical area.
- 8) Submit a claim for every qualifying care coordination service provided to members, and cooperate fully in chart reviews, on-site or off-site, in order to meet the requirements of Section 140.994(d)(2).

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- c) Ongoing participation in the program will be contingent on the IHH providing consistent, high quality care coordination for its members through compliance with subsection (b). IHHs found not to be in compliance with subsection (b) will be required to submit a corrective action plan for approval and implement the approved plan. If the terms of the corrective action plan are not met by the IHH, the Department may terminate the IHH provider agreement pursuant to 89 Ill. Adm. Code 104.Subpart C.
- ~~a) Providers eligible to be Primary Care Providers (PCPs) are physicians, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), school-based/linked clinics, certified local health departments, hospital clinics per Section 140.461(f), and Encounter Rate Clinics (ERCs) per Section 140.461(b).~~
- ~~b) PCPs shall meet the qualifications (see Section 140.12) that are applicable for all medical providers under the Illinois Medical Assistance Program.~~
- ~~e) PCPs shall:~~
- ~~1) Establish and maintain hospital admitting and/or delivery privileges or arrangements for admission to a nearby hospital;~~
 - ~~2) Complete, sign, and comply with terms of the Department's Primary Care Provider Agreement;~~
 - ~~3) Provide to the patients enrolled with them under the PCCM program:
 - ~~A) Periodic health screening (EPSDT), including age appropriate immunizations, and primary pediatric care as needed for children served in their practice;~~
 - ~~B) Obstetrical care and delivery services as appropriate for pregnant women within the scope of their practice;~~
 - ~~C) Provide risk assessments for pregnant women and/or children;~~
 - ~~D) Provide medical care coordination, including arranging for diagnostic consultation and specialty care and communicating with the case management entity;~~~~

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

E) ~~— Maintain 24-hour telephone coverage for assessment and consultation.~~

(Source: Amended at 42 Ill. Reg. _____, effective _____)

Section 140.992 Eligibility Populations Eligible to Participate in the Integrated Health Home Primary Care Case Management Program

- a) Individuals enrolled in programs administered by the Department under Article V of the Public Aid Code, the Children's Health Insurance Program Act [215 ILCS 106], or the Covering ALL KIDS Health Insurance Act [215 ILCS 170], and who qualify for attribution to a tier based on the requirements in subsection (b) are eligible to participate in IHH, except: ~~or the Veterans' Health Insurance Program Act and not excluded by subsection (b) or (c) of this Section are eligible to participate in the Primary Care Case Management (PCCM) program.~~
- 1) Individuals who must meet spenddown requirements as described in 89 Ill. Adm. Code 120.10(d) and (e) before receiving all covered services under 89 Ill. Adm. Code 140.3;
 - 2) Individuals residing for more than 90 days in residential facilities licensed, certified or regulated by the Department of Public Health, the Department of Healthcare and Family Services, the Department of Children and Family Services, or the Department of Human Services;
 - 3) Individuals enrolled in the Medicare-Medicaid Alignment Initiative;
 - 4) Individuals who have access to third party liability reimbursements for medical services above reimbursement for prescription drugs;
 - 5) Individuals who are eligible only for Medical Assistance Program payment of Medicare premiums;
 - 6) Individuals qualifying for services under section 1903(v)(3) of the Social Security Act (emergency medical conditions **for noncitizens**);
 - 7) Inmates of correctional facilities;

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 8) Individuals eligible for Healthy Start (see 89 Ill. Adm. Code 120.66); or
 - 9) Individuals eligible for the State Chronic Renal Disease Program (89 Ill Adm. Code 148.Subpart D);; or
 - 9)10) Individuals enrolled in a Medicaid Home and Community-Based Services (HCBS) Waiver Program authorized under Section 1915© of the Social Security Act.
- b) Tiers
- 1) The Department will attribute to Tier A individuals having one condition in any group described in subsection (c)(2) and one condition described in subsection (c)(1).
 - 2) The Department will attribute to Tier B individuals having one condition in any group described in subsection (c)(2).
 - 3) The Department will attribute to Tier C individuals having a physical condition described in subsection (c)(1).
- c) Tier Attribution Criteria
- 1) Individuals having one or more chronic conditions listed as "Catastrophic", "Dominant/metastatic" or "Dominant chronic systems in 3 or more organ systems" or "Significant chronic disease in multiple organ systems" in the most recently released version of the Clinical Risk Grouper software, distributed by 3M Health information Systems (CRG software), available to the Department as of January 1 of the calendar year during which the individual is enrolled as an IHH member. For the calendar year beginning January 1, 2018, CRG software means Version 2.1 of the CRG software.
 - 2) Individuals Having a Mental Health Condition. For purposes of this subsection (c)(2), mental health condition means:
 - A) Group 1. Individuals with a diagnosis ~~of schizophrenia- from the schizophrenia spectrum~~ or bipolar disorder within the year preceding attribution.
 - B) Group 2. Individuals with:

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- i) one or more of the following conditions: self-injury, attempted self-injury/attempted suicide, or homicidal ideation; and
 - ii) one or more of the conditions set out in subsection (c)(2)(C)(i), within the year preceding attribution.
- C) Group 3. Individuals with:
- i) a diagnosis of one or more of the following conditions:
 - substance use disorder;
 - ~~major depression~~ depression disorders;
 - other depression;
 - ~~other mood disorders~~ disruptive impulse control and conduct disorders;
 - ~~conduct disorder;~~
 - ~~oppositional defiant disorder;~~
 - ~~psychosis~~ diagnosis with psychotic features;
 - post-traumatic stress syndrome;
 - personality disorders, including borderline personality disorder; or
 - eating disorders; and
 - ii) one or more behavioral-health related inpatient, crisis-unit, residential treatment facility, or rehabilitation facility admissions.
- d) The Department will continue to attribute individuals otherwise eligible for the IHH Program to the appropriate tier;
- 1) If their diagnoses or conditions change; or
 - 2) Upon a direct referral from a provider, including a hospital, that provides documentation supporting attribution to Tier A, B or C.
- e) Individuals must consent to receive services as an enrolled member of the IHH. The consent must authorize sharing of medical information among the IHH partners and comply with all applicable State and federal laws for sharing medical information.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- b) ~~Excluded populations are:~~
- 1) ~~Individuals covered by Medicare;~~
 - 2) ~~Children under age 21 receiving Supplemental Security Income (SSI);~~
 - 3) ~~Department of Children and Family Services (DCFS) wards and individuals participating in the Subsidized Guardianship or Adoption Assistance programs;~~
 - 4) ~~Children under age 21 covered under the Aid to the Aged, Blind and Disabled (AABD) program;~~
 - 5) ~~Residents of nursing facilities;~~
 - 6) ~~American Indian/Alaska natives;~~
 - 7) ~~Spend-down individuals;~~
 - 8) ~~Persons enrolled in the following Home and Community Based Services (HCBS) Waiver Programs:~~
 - A) ~~Adults with developmental disabilities (DD);~~
 - B) ~~Residential waiver for children and young adults with DD;~~
 - C) ~~Support waiver for children and young adults with DD;~~
 - D) ~~Persons with brain injury;~~
 - E) ~~Persons with HIV or AIDS;~~
 - F) ~~Supportive living facilities;~~
 - G) ~~Persons who are elderly (age 60-64); and~~
 - H) ~~Children who are medically fragile/technology dependent;~~

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 9) ~~Individuals in community integrated living arrangements (CILAs);~~
- 10) ~~Individuals in presumptive eligibility programs;~~
- 11) ~~Refugees;~~
- 12) ~~Children, under the age of 21, who are receiving services through a family-centered, community based, coordinated care system that receives grant funds under Section 501(a)(1)(D) of Title V of the Social Security Act or whose care is otherwise managed by the Division of Specialized Care for Children of the University of Illinois at Chicago or the Department;~~
- 13) ~~Individuals enrolled in the following programs with limited benefits:~~
 - A) ~~Illinois Healthy Women;~~
 - B) ~~All Kids Rebate and Family Care Rebate;~~
 - C) ~~Illinois Cares Rx;~~
 - D) ~~Transitional Assistance, age 19 or older;~~
 - E) ~~Emergency Medical Only;~~
 - F) ~~Hospice; and~~
 - G) ~~Sexual Assault, Renal, and Hemophilia programs.~~
- e) ~~Populations already managed are:~~
 - 1) ~~Individuals with high level Third Party Liability (TPL) private insurance; and~~
 - 2) ~~Individuals in the Program for All-Inclusive Care for the Elderly (PACE) participants.~~

(Source: Amended at 42 Ill. Reg. _____, effective _____)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Section 140.993 Department Responsibilities for the Integrated Health Home Program ~~Care Management Fees~~

- a) For purposes of this Section, the Department may fulfill its responsibilities either directly or through the use of agents or contractors.
- b) Inform an IHH-eligible individual who is attributed to a tier that the individual has 30 days to select an IHH or, if a selection is not made, the Department will assign the IHH-eligible individual to an IHH serving the tier to which the individual is attributed and inform the individual of the assignment.
- c) Inform an individual or IHH member of his or her right to request a different IHH or opt out of the program at any time.
- d) Instruct hospitals participating in the Medical Assistance Program to establish procedures for referring to an IHH a possible IHH-eligible individual who seeks or needs treatment in a hospital emergency department.
- e) Provide periodic IHH membership rosters to the appropriate IHH.
- f) Monitor IHH care coordination services, quality and cost-effectiveness.
- g) Deploy risk stratification and tools for level of care needs analysis.
- h) Provide quality and efficiency performance reports.
- i) Coordinate with partners to share best practices, information and resources with IHH.
- j) Conduct chart reviews, on-site or off-site, as necessary to establish compliance with the requirements of Section 140.994(d)(2).
- j)k) Provides assurances that there will be no duplication of services and payment for similar services provided under other Medicaid authorities including but not limited to services identified in Section 140.453(e)(1).
- ~~a) The Department shall pay Primary Care Providers (PCPs) enrolled in the Primary Care Case Management (PCCM) program the monthly care management fees set forth in subsection (b) of this Section for each individual enrolled with the PCP by the Department as of the beginning of the month. Such payments shall be made by the end of the month for which payment is being made.~~
- ~~b) Monthly care management fees are:~~

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) ~~— \$2.00 for children under age 21;~~
- 2) ~~— \$3.00 for non-disabled non-elderly adults; and~~
- 3) ~~— \$4.00 for disabled or elderly adults.~~

- e) ~~— August 2006 is the first month for which Federally Qualified Health Centers (FQHCs) and Encounter Rate Clinics (ERCs) enrolled as PCPs are eligible to receive care management fees.~~
- d) ~~— September 2006 is the first month for which Rural Health Centers (RHCs) enrolled as PCPs are eligible to receive care management fees.~~
- e) ~~— January 2007 is the first month for which all other PCPs in Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, and Will counties are eligible to receive care management fees.~~
- f) ~~— February 2007 is the first month for which all other enrolled PCPs in Boone, Bureau, Carroll, DeKalb, Fulton, Henderson, Henry, JoDaviess, Knox, LaSalle, Lee, Marshall, Mercer, Ogle, Peoria, Putnam, Rock Island, Stark, Stephenson, Tazewell, Warren, Whiteside, Winnebago, and Woodford counties will be eligible to receive care management fees.~~
- g) ~~— April 2007 is the first month for which all other enrolled PCPs in the remainder of the State are eligible to receive care management fees.~~

(Source: Amended at 42 Ill. Reg. _____, effective _____)

Section 140.994 Reimbursement for Care Coordination Services under the Integrated Health Home Program~~Panel Size and Affiliated Providers~~

- a) All reimbursements are subject to the provisions of Subpart B.
- b) Beginning ~~January 1, 2019~~ the first day of the first month after these rules are adopted, an IHH shall be paid for only one qualifying care coordination service per member per month (PMPM) for each member who receives at least one ~~face-to-face~~ qualifying care coordination service ~~in the per month based on telephonic or face-to-face contact.~~ If an IHH fails to have at least one face-to-face qualifying care coordination service per month in at least six (6) months of an outcomes-based payment year (as defined in subsection (d)(1)) and fails to qualify for an outcomes-based payment per subsection (d), then during the following outcomes-based payment year, after a total of six (6) months of PMPM payments based on telephonic contact, the IHH will only receive a PMPM payment for a member's qualifying care coordination service based on

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

face-to-face contact. A face- to-face qualifying care coordination service may occur through telehealth, in compliance with Section 140.403. Qualifying care coordination services are:

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) Comprehensive Care Management consisting of:
 - A) Completion of a comprehensive health assessment ~~or reassessment inclusive of medical, behavioral, rehabilitative, long term care and social service needs~~ based on a health history, physical examination, risk profile and/or screening completed by a physician, as defined in the Medical Practice Act of 1987 (225 ILCS 60/2), physician assistant, as defined in the Physician Assistant Practice Act of 1987 (225 ILCS 95/4), or advanced practice nurse, as defined in the Nurse Practice Act (225 ILCS 65/50-10), and assessment and treatment planning as defined by Section 140.453(d)(1);
 - B) Completion or revision of an individualized patient-centered plan with the member and family members and other social supports, within 30 days after becoming a member of an IHH, and as often as appropriate thereafter, but no less than every six months, identifying the member's needs and goals;
 - C) Consultation with a multidisciplinary team on a member's care plan, needs and goals;
 - D) Consultation with the member's primary care physician and any specialists involved in the member's treatment plan;
 - E) Conducting member outreach and engagement activities to assess on-going and emerging needs and to promote continuity of care and to improve the member's health outcome; or
 - F) Preparation of a member's crisis intervention plan.
- 2) Care Coordination and Health Promotion consisting of:
 - A) Coordination with service providers and health plans to secure necessary care and to share crisis intervention and emergency information;
 - B) Linkage or referral of the member to services to support care services; care plan treatments and goals, including medical and behavioral healthcare; patient education; self-help; self-recovery; and self-management;
 - C) Conducting case reviews with a multidisciplinary team to monitor and evaluate the member's condition and service needs;

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- D) Advocacy for services and assistance with scheduling of needed services;
 - E) Coordination with treating clinicians to assure that services are provided and that changes in treatment or medical condition are addressed;
 - F) Monitoring, supporting or accompanying the member to scheduled medical appointments; or
 - G) Required revision of care plan and goals due to crisis intervention.
- 3) Transitional Care consisting of:
- A) Follow-up with:
 - i) the emergency department, upon notification of a member's treatment; or
 - ii) a hospital, residential or rehabilitative setting, upon a member's admission or discharge;
 - B) Facilitation of discharge planning from an emergency department, hospital, residential or rehabilitative setting to establish a safe transition where services for care needs are in place;
 - C) Notification and consultation with treating clinicians, scheduling follow-up appointments, and assisting with medication adjustments;
 - D) Linking member with community supports to assure needed services are provided; or
 - E) Follow-up with the member and family to assist in the revision of the member's care plan after discharge.
- 4) Patient and Family Support consisting of:

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- A) Development, review or revision of the member's plan of care, with input from the member and his or her family, to ensure the plan reflects the member's preferences, education and supports for self-management;
 - B) ~~Consultating~~ Consulting with the member, and family and caretaker, if appropriate, on advanced directives and educating the member on his or her rights and health care issues;
 - C) Meeting with the member and family, and inviting other service providers to facilitate needed interpretation;
 - D) Referring the member and family to peer supports, support groups, social services, and entitlement programs, as needed; or
 - E) Collaborating and cooperating with community based providers to effectively use services based on the member and family needs.
- 5) Referral to Social Services consisting of:
- A) Identifying resources and linking the member with community supports, as needed; or
 - B) Collaborating and cooperating with community based providers to effectively use services based on the member and family needs.
- c) The rate for qualified services is paid in accordance with the Department's published fee schedule at <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>.
- d) Outcomes-Based Payments
- 1) No less than 30 days before the beginning of each ~~calendar~~ **calendar-outcomes-based payment** year of the operation of the IHH Program, the Department will publish on its website at www.illinois.gov/hfs quality measures, benchmarks and thresholds as a basis for IHHs to qualify for outcomes-based payments in addition to the fee schedule payments in subsection (c). ~~Outcomes-based payment years will be calendar years. The first outcomes-based payment year will begin January 1, 2019 and end December 31, 2019. Outcomes-based payment years will be calendar years, except the first month after these rules are adopted through December 31, 2019.~~

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 2) The IHH will only be eligible to receive outcomes-based payments if it has provided all information available, through claims submission or chart reviews, on all quality measures required by the Department that align with the Centers for Medicare and Medicaid Services quality measures, the Department's managed care organization quality measures, and the goals of the IHH program. For purposes of this Section, "quality measures" means nationally recognized measures from:
- A) The Centers for Medicare and Medicaid Services 2018 Updates to the Child and Adult Core Health Quality Measurement Sets (CMCS Informational Bulletin, dated November 14, 2017);
 - B) Measures endorsed by the National Quality Forum at http://www.qualityforum.org/Measures_Reports_Tools.aspx;
 - C) Agency for Healthcare Research and Quality quality indicators at <http://www.qualityindicators.ahrq.gov/Default.aspx>; or
 - D) National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS) measures at <http://www.ncqa.org/hedis-quality-measurement-hedis-measures>.
- 3) Benchmarks to establish the required level of quality measure compliance to qualify for outcomes-based payments are determined using:
- A) National historical data or percentiles, when available; or
 - B) Illinois claims data.
- 4) Thresholds are determined to establish the reliability of the reported quality measure data based upon:
- A) A minimum number of IHH members;
 - B) A ~~continuous~~ consecutive six month period of the minimum number of IHH members; and

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- C) A minimum number of members represented in each reported quality measure.
- 5) To qualify for outcomes-based payments, an IHH must:
- A) Report on all required quality measures;
 - B) Meet the thresholds established by the Department; and
 - C) Achieve the benchmarks set by the Department.
- 6) An IHH that qualifies for an outcomes-based payment shall be reimbursed as follows:
- A) For achieving the benchmark for the bronze performance level, the IHH will receive a payment of 10% of the IHH's care coordination payments during the outcomes-based payment year;
 - B) For achieving the benchmark for the silver performance level, the IHH will receive a payment of 25% of the IHH's care coordination payments during the outcomes-based payment year; or
 - C) For the third outcomes-based payment year, the Department may establish benchmarks and thresholds for a Gold performance level for shared savings in addition to silver performance level payments.
- 7) The Department will disburse outcomes-based payments within one year from the end of the outcomes-based payment year.
- ~~a) PCPs may designate to the Department those providers who provide primary care coverage for the PCP's patients when the PCP is unavailable. Providers so designated will not need a referral in order to be reimbursed by the Department for services provided to that PCP's patients.~~
- ~~b) The Department shall limit the number of patients enrolled with a PCP to 1,800. A PCP practicing with an Advanced Practice Nurse (APN), Physician's Assistant (PA) or Resident may have his or her panel size increased by 900 patients for each Full Time Equivalent APN, PA or Resident in his or her practice. The limit~~

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

~~on the number of patients enrolled with a clinic that is allowed to enroll as a PCP shall be based on the number of Full Time Equivalent physicians, APNs or PAs within the site.~~

- ~~e) A PCP may limit his or her panel to a specified number of patients less than the maximum number set forth in this Section, may limit that panel to only his or her existing patients or existing patients and their family members, and may limit patients by age or other factors relevant to the scope of his or her practice.~~
- ~~d) In areas where there is an insufficient number of PCPs to adequately serve the population eligible to enroll in the PCCM program without exceeding the panel limits established in subsection (b), the Department may allow APNs to enroll as PCPs or allow PCPs to exceed the limit established in subsection (b) of this Section.~~
- ~~e) A PCP may decline to have patients auto-assigned to him or her who have not chosen that PCP.~~

(Source: Amended at 42 Ill. Reg. _____, effective _____)

Section 140.995 Mandatory Enrollment (Repealed)

- ~~a) Effective on the dates set forth in subsection (e) of this Section, individuals enrolled in programs administered by the Department under Article V of the Public Aid Code, the Children's Health Insurance Program Act, the Covering ALL KIDS Health Insurance Act, or the Veterans' Health Insurance Program Act and not excluded in Section 140.992(b) who are not enrolled in a Managed Care Organization must enroll with a PCP.~~
- ~~b) HFS shall send a notice to each individual for whom enrollment in the PCCM program is mandatory, notifying the individual of the need to enroll with a Primary Care Provider and explaining the options for doing so, and, where available, the options for enrolling with a PCP within a Managed Care Organization (MCO). If the individual has not chosen a PCP within 30 days after the date of the first notice, the Department shall send a second notice to the individual instructing him or her to choose a PCP and informing the individual that the Department will assign him or her to a PCP in the PCCM program if he or she does not choose one.~~

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- ~~e) Individuals who have not chosen a PCP within 60 days after the date of their first notice shall be assigned by HFS to a PCP in the PCCM program in their service area. The algorithm used in the default enrollment process shall be in compliance with 42 CFR 438.50. The individuals will be mailed a notice to inform them of their assigned PCP. Assignment to a PCP shall be effective no sooner than 60 days after the date that the first notice is mailed by the Department.~~
- ~~d) An individual and the PCP with whom that individual is enrolled will receive notice of the enrollment. Enrollment information will be available the day following the enrollment through internet based and electronic eligibility verification systems.~~
- ~~e) Mandatory enrollment shall be phased in effective with the dates set forth in this subsection.~~
- ~~1) The Department will send notices to individuals living in Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, and Will counties beginning no sooner than February 2007.~~
 - ~~2) The Department will send notices to individuals living in Boone, Bureau, Carroll, DeKalb, Fulton, Henderson, Henry, JoDaviess, Knox, LaSalle, Lee, Marshall, Mercer, Ogle, Peoria, Putnam, Rock Island, Stark, Stephenson, Tazewell, Warren, Whiteside, Winnebago, and Woodford counties beginning no sooner than March 2007.~~
 - ~~3) The Department will send notices to individuals living in the remainder of the State beginning no sooner than April 2007.~~
- ~~f) Individuals may change PCPs within the PCCM program once per calendar month. Changes shall be effective no later than the fourth day after the request for change is registered with the Department or its agent. In counties where managed care organizations operate, an individual enrolled in the PCCM program may disenroll from the PCCM program and enroll in a managed care organization, and an individual enrolled in a managed care organization may disenroll from the managed care organization and enroll in the PCCM program. Such enrollments shall be effective no later than the first day of the second month following the month in which the enrollee files the request.~~

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- ~~g) Individuals living in a service area where there is no PCP available with capacity for an enrollment are excluded from mandatory enrollment requirements.~~
- ~~h) PCPs may request that an individual assigned to them be disenrolled from them in accordance with 42 CFR 438.56.~~
- ~~i) If an individual enrolled in the PCCM program loses Medical Assistance eligibility and his or her Medical Assistance eligibility is reinstated within 60 days, that individual will be assigned to the PCP to whom assigned when Medical Assistance eligibility terminated.~~
- ~~j) If a PCP in the PCCM Program is terminated or otherwise becomes unavailable, an individual in the PCCM Program who is enrolled with that PCP may access any Medicaid-enrolled provider until that member is enrolled in a new PCP.~~

(Source: Repealed at 42 Ill. Reg. _____, effective _____)

Section 140.996 Access to Health Care Services (Repealed)

- ~~a) With the exception of those direct access services identified in subsection (b), individuals enrolled with a PCP may only access health care services from that PCP, or a provider designated to the Department as affiliated with that PCP, or a provider to whom that PCP has referred those individuals.~~
- ~~b) Individuals enrolled with a PCP do not need a referral in order to access the services determined to be direct access by the Department. These services include:
 - ~~1) Services provided to newborns up to 91 days after birth~~
 - ~~2) Family Planning and Obstetrical and Gynecological (OB/Gyn) Services~~
 - ~~3) Inpatient and Outpatient Hospital Services~~
 - ~~4) Shots/Immunizations~~
 - ~~5) Emergency Services~~
 - ~~6) Emergency and Non-Emergency Transportation~~~~

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 7) ~~Pharmaceuticals~~
- 8) ~~Dental Services~~
- 9) ~~Vision Services~~
- 10) ~~Therapies~~
- 11) ~~Mental Health and Substance Abuse Services~~
- 12) ~~Outpatient Ancillary Services (radiology, pathology, lab, anesthesia)~~
- 13) ~~Services to Treat Sexually Transmitted Diseases and Tuberculosis~~
- 14) ~~Early Intervention Services~~
- 15) ~~Lead Screening and Epidemiological Services~~
- 16) ~~Services provided in the following settings:~~
 - A) ~~School Based/Linked Clinics for Children under Age 21~~
 - B) ~~School Based Clinics through Local Education Authorities for Children under Age 21~~
 - C) ~~Local Health Departments~~
 - D) ~~Mobile Vans, with Department approval~~
 - E) ~~FQHC Homeless Sites and Migrant Health Centers.~~

(Source: Repealed at 42 Ill. Reg. _____, effective _____)

Section 140.997 Payment for Services (Repealed)

~~Effective on or after July 1, 2007, for individuals enrolled with a PCP, providers other than the individual's PCP or providers affiliated with that PCP shall not be reimbursed for services that~~

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

~~are not direct access services, unless the individual's PCP referred the individual to that provider and a referral has been registered with the Department.~~

(Source: Repealed at 42 Ill. Reg. _____, effective _____)