

TITLE 89: SOCIAL SERVICES
CHAPTER X: THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS

PART 1200
PROGRAM CONTENT AND GUIDELINES FOR DIVISION
OF SPECIALIZED CARE FOR CHILDREN

Section	
1200.10	Purpose and Description
1200.20	Definitions
1200.30	Eligibility: General
1200.40	Medical Eligibility
1200.50	Financial Eligibility
1200.60	Appeal Process
1200.70	Payment for Services
1200.80	Availability of Services
1200.90	Rates of Payment
1200.100	Standards for Health Care Professionals
1200.110	Standards for Health Care Facilities
1200.120	Records
1200.130	Reports
APPENDIX A	Financial Eligibility Scale
APPENDIX B	Payment Scale (Repealed)

AUTHORITY: Implementing the Specialized Care for Children Act [110 ILCS 345] and authorized by Section 7 of the University of Illinois Act [110 ILCS 305/7].

SOURCE: Adopted at 11 Ill. Reg. 3508, effective February 10, 1987; amended at 13 Ill. Reg. 9283, effective June 6, 1989; amended at 14 Ill. Reg. 5136, effective March 22, 1990; amended at 17 Ill. Reg. 1137, effective March 8, 1993; emergency amendment at 17 Ill. Reg. 9735, effective July 1, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 2104, effective January 24, 1994; amended at 21 Ill. Reg. 17114, effective December 11, 1997, amended at 23 Ill. Reg. 14597, effective December 15, 1999; emergency amendment at 24 Ill. Reg. 7414, effective May 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 14773, effective September 25, 2000.

Section 1200.10 Purpose and Description

- a) General Program
- 1) The Division of Specialized Care for Children (hereinafter referred to as "DSCC" or "the Division") is the department of the University of Illinois designated to receive and administer funds and aid under Federal and State programs, including the Maternal and Child Health Services Block Grant (42 U.S.C. 701 et seq.) as implemented by 42 C.F.R. Part 51a et seq., for the purpose of providing habilitative, rehabilitative, and medical treatment to children with disabilities, as provided in Section 1 of the Specialized Care for Children Act [110 ILCS 345] ("the Act"). The objectives of DSCC are as follows:
 - A) to provide for early evaluation of children with conditions eligible for the services of the Division;
 - B) to develop and implement a mechanism for evaluation and diagnosis required to carry out the purposes of this Part;
 - C) to offer or arrange for the necessary specialized medical care and related habilitative services for eligible children with disabilities;
 - D) to develop, promote or improve the standards of care required by children with disabilities;
 - E) to make efforts, within the resources of DSCC, to coordinate benefits for children who are eligible for other State programs providing benefits to children with health problems; and
 - F) to encourage the development of comprehensive systems of care for children with special health care needs that are coordinated, community-based, culturally competent and family centered.
 - 2) All services are provided subject to budgetary limitations and annual appropriations to the State and federal programs through which DSCC is funded.
- b) Supplemental Security Income - Disabled Children's Program (SSI-DCP)
- 1) DSCC administers this program for the State of Illinois in accordance with Section 1615(a)(2) of Subchapter XVI - Supplemental Security Income for Aged, Blind, and Disabled (42 U.S.C. 1382d(a)(2)) to the extent provided in this Part.
 - 2) Children are evaluated as eligible for this program by the Social Security Administration of the U.S. Government and its regional offices as well as the Department of Rehabilitation Services of the State of Illinois through its

Disability Adjudication Unit. Children so deemed eligible by those agencies are referred to DSCC for disposition.

- 3) An SSI-DCP-eligible child with a Medically Eligible Condition shall be deemed to be entitled to DSCC benefits in accordance with and subject to this Part. (See Section 1200.40 of this Part.) All other SSI-DCP-eligible children will be referred by DSCC to programs, services, or institutions providing assistance to said children whenever such programs, services, or institutions are available.

c) Service Population

Children suspected of having Medically Eligible Conditions represent the potential service population. Such children, if not already specifically diagnosed, may be referred to DSCC for a diagnostic evaluation.

d) Availability of Information

- 1) All information distributed by DSCC about its programs, as well as all official DSCC forms and/or applications are available in both English and Spanish.
- 2) For further descriptions of available DSCC information and DSCC information dissemination techniques, see DSCC Internal Operating Rules (2 Ill. Adm. Code 5155).

Section 1200.20 Definitions

Advisory Board: As established in Section 2 of the Act, physicians or surgeons appointed by the Board of Trustees of the University of Illinois who advise the University of Illinois and the Division on qualifying for Federal funds, make recommendations to the University and the Division regarding the provision of services to children with disabilities, and consult with the Division and the University regarding general policy considerations.

Amenable to Treatment: Reasonable medical certainty of long term improvement in health status or function as determined by the treating physician.

Annual Total Income: The amount of a family's income determined pursuant to Section 1200.50(d)(2).

Applicant Child: One applying for DSCC eligibility. The term as used in this Part refers to the child.

Assistive Appliance: Equipment intended to support, replace or augment a dysfunctioning or non-functioning part of the body. Such appliances -- which may be mechanical, structural or electrical -- are intended to support specific habilitative objectives determined by the Recipient Child's health care providers.

Associated Health Impairment: A chronic or acute medical condition, not DSCC eligible by itself, that interferes with or is a complication of the Medically Eligible Condition or a result of the treatment of the Recipient Child's Medically Eligible Condition and that must be treated to appropriately manage the Medically Eligible Condition.

Authorized Services: Direct medical care and related care for a Recipient Child, as more completely set forth in Section 1200.80(e) of this Part, which DSCC staff has approved for payment.

Child with Disability: An individual below the age of 21 who has a physical impairment or an organic disease, function, defect, or condition which may hinder the achievement of normal growth and/or development.

Chronic Condition: Condition which is expected to be long lasting or to be lifelong.

Completed Application: A signed and dated request for program benefits made by the LRA on a form specified by the agency which contains current, accurate and relevant information in every space required by the form.

Consent: An agreement by a Legally Responsible Adult to a certain course of action involving him/herself or his/her Recipient Child. Such consent will only be valid when the consenting person:

has been informed by the physician(s) treating a Recipient Child of such foreseeable risks, results, and alternatives to a proposed medical procedure as a reasonable medical practitioner of the same discipline, in the same or similar circumstances, would make known to his/her patients;

agrees in writing to the performance of the procedure for which consent was sought;

has been informed that the granting of consent is voluntary and may be revoked at any time.

Diagnostic Services: Those medical services which provide information necessary to determine an Applicant's medical eligibility for participation in the DSCC treatment program, i.e., whether an Applicant has a Medically Eligible Condition. See Section 1200.40 of this Part. Diagnostic Services shall also include any initial interviews provided as a part of the application process.

Emergency: A medical situation requiring immediate medical care and services to avoid loss of life, permanent loss of good health, or permanent degradation of state of health.

Field Clinic: A community-based clinic which meets on a periodic basis for the purpose of diagnosis and treatment. Such clinics are organized and operated by DSCC and utilize DSCC approved providers.

Financial Assistance: When DSCC pays, to the extent provided for in this Part, for all of a Recipient Child's DSCC authorized services not covered by the family's insurance or other third party payment resource. To determine eligibility see Section 1200.50 of this Part.

Financial Eligibility Scale: The schedule, adjusted for family size, used to determine financial eligibility.

Health Care Facility: Any Diagnostic and Treatment Facility within the contemplation of Section 1200.110(a) and any Outpatient Therapy Center within the contemplation of Section 1200.110(b) of this Part.

Health Care Professional: Any individual or corporation licensed or certified to provide health care services to a patient and practicing in a commonly recognized field of knowledge. The term shall include but shall not be limited to Physicians and Other Health Care Professionals as defined in Section 1200.100(a)(3).

Health Care Provider: Any Health Care Professional, Health Care Facility, or any Medical Equipment Supplier within the meaning of Section 1200.110(c) of this Part.

Income: Money received by an Applicant, Recipient Child, or his family which can be applied directly to meet basic needs for food, shelter, and medical expenses. Total income is defined at Section 1200.50(d)(2) of this Part.

Individual Service Plan (ISP): A document describing a Recipient Child's health and developmental status which serves as a basis for a plan of specific services and monitoring. The Plan is developed by the DSCC professional staff based upon the demonstrated health care needs of the Recipient Child and the availability of services to meet those needs.

Legally Responsible Adult (LRA): A person who is legally required to provide for and entitled to make decisions about the DSCC service Applicant or Recipient Child. This person may be a parent (biological or adoptive) or legally appointed guardian. The LRA may also be the DSCC service Applicant or Recipient Child under the following circumstances:

If he/she has been emancipated in accordance with the provisions of the Emancipation of Mature Minors Act [750 ILCS 30] provided that the order of emancipation contemplates that the Applicant or Recipient Child is empowered to act in the manner required.

If he/she is authorized to consent to health care services in accordance with the Consent by Minors to Medical Procedures Act [410 ILCS 210].

If he/she is over the age of 18 years and has the legal capacity to act in the manner required, provided that, if any Applicant or Recipient Child is partially or wholly financially dependent on his/her parents or guardian, the parents or guardian shall be considered the LRA for purposes of making financial determinations hereunder. Medical consent is required from only one Legally Responsible Adult in the event that the Recipient Child or Applicant is not legally entitled to consent.

Medically Eligible Condition: That medical condition which renders the Applicant or Recipient Child eligible for DSCC services. Specific conditions are enumerated at Section 1200.40 of this Part.

Parent: The biological or adoptive parent of the Applicant or Recipient Child receiving or seeking DSCC services.

Principal Medical Condition: The medical condition which exerts the most pervasive impact on the Applicant or Recipient Child's function, state of health or well-being or anatomic structure. Usually the condition which requires the most immediate and extensive medical attention at the time.

Programmatic Assistance for Care Coordination Activities: A process undertaken by professional staff of the Division on behalf of an Applicant or Recipient Child with a Medically Eligible Condition, which may include procedures for evaluation of the Applicant or Recipient Child's condition, development of an Individual Service Plan, recommendations of health care providers and facilities, assistance in arrangement of such care, and subsequent monitoring of the status of the Applicant or Recipient Child and family. The level of Programmatic Assistance for Care Coordination Activities required will be based on the medical needs of the Applicant or Recipient Child as determined by usual and customary medical standards.

Recipient Child: A child who is currently receiving DSCC services.

Referral: A procedure by which any person can introduce a child to the DSCC program. See Section 1200.80(c)(5)(A) and (B) of this Part.

Reimbursement Agreement: Written agreement signed by the LRA(s) and/or attorney(s) for the LRA or Applicant/Recipient Child specifying that any money recovered as judgment or settlement of a lawsuit or from an insurance or personal settlement arising from a claim relating to the child's medical condition for which DSCC is providing care or reimbursing Health Care Providers will be used to reimburse DSCC for its payment of the Applicant/Recipient Child's medical and related care costs, which funds will then be replaced into the DSCC program and used to further benefit Applicant/Recipient Children.

Resident of Illinois:

Any person living in the State of Illinois with the intent to remain in the State indefinitely. The term "living in the State of Illinois" shall be limited to all persons whose primary domicile is located within the State. Intent to remain indefinitely is established through a showing that a person has significant contacts with the State of Illinois as evidenced by indicia thereof, such as maintaining a bank account in the State, registering to vote in the State, paying Illinois income taxes, obtaining permanent employment within the State, owning real estate within the State, and possessing an Illinois driver's license or similar permits; or

Any person who is present in the State of Illinois for the purpose of performing migrant agricultural labor and who evidenced a pattern of regularly returning to the State to perform such work or who expresses an intention to establish a pattern of regularly returning to the State to perform such work. Migrant agricultural labor is defined as agricultural work of a seasonal or temporary nature which requires that the worker be away from his/her permanent place of residence to perform said work more than overnight. A pattern of regularly returning to the State to perform such work shall be considered to have been established if a person is present in the State of Illinois to perform migrant agricultural work for two successive growing seasons; or

Any person who is an active duty member of the U.S. military and on official military assignment within the State of Illinois, whether or not they maintain residence in another state, or any person who is an active duty member of the U.S. military on official military assignment in another state or country who pays Illinois income taxes.

Retroactive Authorization: Authorizations which occur, under specified circumstances, after medical service has been provided to a Recipient Child. See Section 1200.80(c)(5) for enumeration of the circumstances in which this will be considered.

Retroactive Financial Eligibility: Financial eligibility which reaches back no more than 30 days prior to the date of completed application. See Section 1200.50(c)(6)(A) and (B).

Section 1200.30 Eligibility: General

a) **Program Purpose**

The purpose of the Illinois Division of Specialized Care for Children is to provide Programmatic Assistance for Care Coordination Activities with children who are disabled as a result of congenital and/or acquired states or have a condition which may lead to disability. The objective is to provide a program of comprehensive

evaluation, medical care and related habilitative services appropriate to their various needs and to financially support such care to the extent that their Legally Responsible Adults (LRAs) require such financial assistance as determined by the financial eligibility criteria (Section 1200.50 of this Part). Recipient children who are eligible only for Programmatic Assistance for Care Coordination Services will be served without regard to a financial means test. Due to financial limitations, DSCC will only provide assistance to children with certain categories of disabling conditions as defined in Section 1200.40 of this Part.

b) Eligibility Criteria for Diagnostic Services

Initial diagnostic services are provided without regard to ability to pay to the extent medically necessary applying usual and customary medical standards to determine whether the applicant has one of the conditions enumerated in Section 1200.40, Medically Eligible Conditions. Whenever eligibility or ineligibility is established based upon an interview with the applicant or the LRA, which occurs when a diagnosis has already been established, DSCC shall not be required to provide further initial medical diagnostic services.

c) Eligibility Criteria for Other DSCC Services

1) Programmatic Assistance for Care Coordination Activities

To be eligible for Programmatic Assistance for Care Coordination Activities, an applicant or recipient child must meet the following requirements:

- A) Be under 21 years of age;
- B) Be a resident of Illinois;
- C) Have, or be suspected of having, a medically eligible condition.

2) Care Coordination and Financial Assistance

A) It is recognized that it is the duty and responsibility of the LRAs to pay for necessary health care services for their children. DSCC will assist the LRA with this responsibility by providing care coordination services and financial assistance, provided the LRAs are residents of Illinois, and provided the applicant or recipient child:

- i) Is under 21 years of age with the exception that DSCC shall provide services beyond the recipient child's 21st birthday when necessary to complete a treatment plan developed before that time if cessation of treatment would cause an immediate threat to or damage to the recipient child's life or good health or would negate gains resulting from previous rehabilitative efforts. In no event may the extension continue more than six months beyond the recipient child's 21st birthday;
- ii) Is a resident of Illinois;

- iii) Has a medically eligible condition and in addition: the LRAs are lawfully admitted to the United States on a visa or permit which contemplates that the LRA will be entitled to permanently remain in the United States or has been admitted under color of law; or the applicant or recipient child is a United States citizen.
 - B) Whenever payment for treatment services or financial assistance is desired, the LRA must:
 - i) Meet the financial eligibility criteria set forth at Section 1200.50 of this Part;
 - ii) Make maximum use of third party payments, if any, including Medicaid and KidCare benefits, as well as any other form of payment (such as trust funds, gifts, or fund raising drives) available for the applicant or recipient child;
 - iii) Sign a reimbursement agreement, if the injuries for which treatment is sought were caused by any alleged negligent act (including products liability) whenever litigation is pending or contemplated.
- 3) Further, any attorney retained to represent the recipient child on any claim relating to the recipient child's medical condition for which DSCC will provide care must separately sign the reimbursement agreement. Failure to comply with this requirement will not, however, delay or hinder the application process.
- 4) When the LRAs are no longer residents of Illinois, care coordination and financial assistance can be provided for as long as the following conditions are met not to exceed 12 months from the change of residency status:
 - A) The recipient child remains a resident of Illinois;
 - B) The recipient child's LRAs were residents of Illinois at the time the recipient child was registered with DSCC;
 - C) An active DSCC supported treatment plan for the recipient child's eligible condition was in progress at the time the LRAs lost residency status;
 - D) Discontinuation of treatment would result in probable harm to the recipient child or an adverse outcome of treatment; and
 - E) Legal action is in progress that will establish legal guardianship of the recipient child with a person or agency located in Illinois.
- d) Application Process: Initial and Continuing Eligibility

- 1) No person participating in or wishing to participate in the Division's programs shall be denied benefits of the program or shall be discriminated against on the basis of sex, religion, race, color, national origin or handicap not related to program eligibility.
- 2) General responsibilities of applicants, recipient children, and LRAs:
 - A) Applicants/Recipients and LRAs requesting assistance shall furnish requested factual information regarding eligibility and shall keep DSCC informed of any changes in financial status (defined as any change in financial circumstances which would affect financial eligibility for DSCC benefits as set forth in Section 1200.50 including, but not limited to changes in family size and income).
 - B) The application process requires consent by the LRAs to release or to verify medical data and financial information provided as a part of the application process.
- 3) An LRA shall complete and sign a written application on behalf of the applicant on forms specified by DSCC. The applicant shall comply with all relevant time deadlines with respect to filing of an application and appealing any adverse decision. An LRA may choose a person to assist in completing the application. A representative of a public agency must complete and sign the application for an applicant in that agency's custody. A representative of a private agency may complete and sign the application for an applicant if he/she is the authorized guardian for the applicant.
- 4) A completed application must be submitted to DSCC within the following time periods:
 - A) In all cases, a completed application for initial financial eligibility must be received by DSCC within 30 days from the date of services for which assistance is desired. Applications not received within the 30 day period shall be processed for reimbursement of treatment services provided no more than 30 days prior to the actual date of receipt. This time period shall be adjusted by DSCC for good cause if DSCC is notified of the circumstances within the 30 day time period (for purposes of this clause, "good cause" shall include, but shall not be limited to, a family emergency, demonstrated delays caused by the U.S. Postal Service, and demonstrated delays caused by the Internal Revenue Service in providing a copy of an income tax return).
 - B) Applications for continuing financial eligibility must be received by DSCC within the current period of eligibility. If an application is received after said eligibility time period, continuing eligibility shall recommence no more than 30 days prior to the date the application is actually received by DSCC.
- 5) If financial assistance is desired, the LRA shall complete and sign a financial application on behalf of the applicant on forms specified by DSCC, which

shall be submitted within the time periods specified in subsection (d)(4) of this Section.

- A) Such application shall include a copy of the LRA's most recent filed federal income tax return. If an LRA is not required to file with the Internal Revenue Service, verification of income must be submitted.
 - B) DSCC shall accept other supporting documents from the LRA to verify level of income if DSCC determines that the documents provided prove the information sought and if the LRA has demonstrated diligence in attempting to obtain federal tax returns or pay stubs but has been unsuccessful in doing so.
- 6) If financial assistance is not desired, no financial application is required. Applicants with a medically eligible condition who either do not desire or do not qualify for DSCC financial assistance shall be eligible for Programmatic Assistance for Care Coordination Activities.
- 7) Determination of eligibility is performed at the regional offices. (See 2 Ill. Adm. Code 5155.Appendix A.)
- A) The DSCC staff shall verify the information provided on behalf of the applicant. This may include discussion, including an interview with the LRA, if the application is not complete. The interview shall be conducted at a place and time convenient to all parties.
 - B) If supplemental information required by DSCC to determine eligibility is not provided within 30 days after the LRA receives notice of a requirement that the information is needed to complete this application, DSCC shall then advise the LRA that the application will be invalidated and not given further consideration unless the LRA was unable, due to causes beyond his/her control, to provide the information required.
 - C) A written decision regarding eligibility shall be sent to the LRA and any referring health care provider or professional or referring agency within 30 days after receipt of the completed application unless the emergent nature of the applicant's condition requires a decision in a more timely fashion.

(Source: Amended at 24 Ill. Reg.14773, effective September 25, 2000.)

Section 1200.40 Medical Eligibility

a) General

- 1) Within the resources available, the Division of Specialized Care for Children has determined that it can best serve children who: have disabling impairments that are expected to be chronic; involve multiple physical defects/disabilities/handicaps; are amenable to treatment as determined by the treating physician; have a need for long-term highly specialized medical care including, as necessary, related habilitative services; and in the judgement of the treating physician have life expectancy sufficient to realize benefit from the treatment.
- 2) Currently, DSCC serves children whose disabling impairments are enumerated in the list which follows. These conditions were determined to be eligible by the Director, in consultation with and upon advice of the Advisory Board.

b) Medically Eligible Conditions

- 1) **ORTHOPEDIC IMPAIRMENTS** which are defined as those affecting bone, joint or muscle are eligible. Such impairments may be of congenital origin, or may be manifestations of an active chronic disease, or may represent a persisting result of previous infection, trauma, toxicity, disease or malignancy, which are determined to be chronic orthopedic impairments amenable to treatment requiring long-term management involving specialist care and required related habilitative or rehabilitative services.
- 2) **NERVOUS SYSTEM IMPAIRMENTS** which are defined as those affecting the brain, spinal cord or peripheral nerves, and present as persistent or recurring loss of consciousness, coordination, strength or sensation, but not cognitive or emotional disability, are eligible. Such impairments may be of congenital origin, or may be manifestations of an active chronic disease, or may represent a persisting result of previous infection, trauma, toxicity, disease or malignancy, which are determined to be chronic neurologic impairments responsive to medical treatment requiring long-term management involving specialist care and required related habilitative services. Children in a chronic vegetative state would be eligible upon medically determined emergence of recovery and sufficient health stability for a program of active habilitation to be instituted (for purposes of this clause, a chronic vegetative state is defined as a condition in which a child displays no evidence of progressive positive developmental or neurological improvement, as determined by usual and customary medical standards).
- 3) **CARDIOVASCULAR IMPAIRMENTS** which are defined as primarily affecting the heart and/or the larger blood vessels are eligible. Such impairments may be of congenital or acquired origin, the latter representing a persisting result of previous infection, trauma, toxicity or disease or malignancy, and which are determined to be a chronic cardiovascular impairment responsive to treatment requiring multispecialist intervention and a program of

extended supervision and/or long-term active management, specialized medical care and such related habilitation services as may be necessary. Children with a disease or past infection known to primarily affect the heart and/or larger blood vessels which predispose to chronic heart and/or larger blood vessels impairment and which requires specialist management to minimize or preclude such impairment would be eligible.

- 4) **EXTERNAL BODY IMPAIRMENTS**, including the oral and nasal structures with their extension into the mouth, pharynx, larynx, major bronchi and esophageal structures, defined as significant defects affecting the skin and/or its underlying structures and defects of the mucosa and/or its underlying structures of the above internal parts which may affect breathing, speech and eating. Such impairments must be determined to be beyond the normal range of acceptable external appearances or adequate function, as determined by a medical specialist, responsive to specialist(s) intervention and a program of long-term management with related habilitation services or subject to correction which would preclude chronic physical or functional impairment, and may be of congenital origin, or may be manifestations of an active chronic disease, or may represent a persisting result of previous infection, disease, trauma, toxicity or malignancy. External body defects to be considered as beyond the normal range of accepted appearance are those defects considered to be major in the customary characterization of congenital defects or, if acquired, to be defects which fall outside of acceptable appearance as defined by the Division in consultation with its advisers. Defects of dentition and occlusion associated with severe oro-craniofacial structural deformities or if causative to impairment of intelligible speech are included.

- 5) **HEARING IMPAIRMENTS** which are defined as a loss of hearing or deafness of at least 30 decibels in two frequencies or a 35 decibel loss in one speech frequency involving one or both ears, as determined by audiometric testing are eligible. Such hearing loss may be of congenital origin, or may be a manifestation of an active chronic disease, or may represent a persisting result of previous infection, trauma, toxicity, disease or malignancy and which are determined to be chronic hearing impairments responsive to treatment requiring otological intervention and a program of extended supervision and/or long-term active management. Children with middle ear infection and/or middle ear effusion persisting for longer than three months and who have received medical treatment are eligible for special medical and hearing assessment and evaluation of communicative skills. If a hearing impairment is defined, otologic treatment, monitoring of communicative skills and provision of hearing aids shall be provided if determined medically necessary in accordance with usual and customary standards. Children considered to be profoundly deaf and not amenable to otologic intervention and/or hearing aids, as determined through the application of usual and customary medical standards, shall be eligible for assistance to enhance the communication skills of the child (and family) if such assistance is not available from other agencies or sources.

- 6) SPEECH IMPAIRMENTS which are defined as an impairment of intelligibility arising from any structural defect of the organs responsible for vocalization or neurological defects specific to orderly speech development are eligible. Such speech impairments may be of congenital origin, or may be manifestations of an active chronic disease, or represent a persisting result of previous infection, trauma, disease or malignancy determined to be responsible for the chronic speech impairment which is responsive to medical treatment requiring long-term management involving specialist care and related habilitative services and equipment. Developmental language deficits are not eligible (for purposes of this clause, a developmental language deficit is defined as a condition, as determined by the application of usual and customary medical standards, that can be expected to correct itself with maturation or with such therapy as is generally available through the public school system).
- 7) CYSTIC FIBROSIS. Children with cystic fibrosis are eligible if they manifest symptoms amenable to specialized medical care and long-term management by a team of specialists organized for this purpose.
- 8) HEMOPHILIA and similar chronic defects of coagulation or chronic hemorrhagic conditions are eligible. Eligibility for services shall be established in accordance with Rules under the Hemophilia Care Act [410 ILCS 420] (77 Ill. Adm. Code 705). Eligible persons shall receive such services as may be provided with those rules. DSCC shall provide children care coordination and financial assistance of hospitalization, outpatient care and such additional services as may be required for specialized medical and related habilitative services, including home management, except that a Recipient Child not eligible for services under the Hemophilia Care Act as provided above shall receive required services through the Division.
- 9) INBORN ERRORS OF METABOLISM which are defined as those newborn conditions leading to severe neurological, mental and physical deterioration for which there are acceptable treatments which, when promptly instituted, would preclude or significantly minimize the adverse effects of the metabolic defect are eligible.
- 10) EYE IMPAIRMENTS which are defined as those affecting the eye and/or eye muscles, but excluding isolated refractive errors, are eligible. Such impairments must lead to or cause a significant risk of loss of vision and be chronic impairments which are determined to be responsive to treatment requiring medical or surgical ophthalmologic intervention and a program of extended supervision and/or long-term active management. In determining whether an eye impairment may be responsive to a program of extended supervision and/or long-term active management, the following factors must be present: that without treatment, the condition would be expected to last at least six months; and that extended and long-term active management shall require medical supervision of at least six months. Such impairments may be of congenital origin, or may be a manifestation of an active chronic disease, or may represent a persisting result of previous infection, trauma, toxicity or disease. When required as part of an approved management

program not involving services or equipment prohibited by Section 1200.80(a) and approved pursuant to Section 1200.80(b) and (c), and prescribed by the managing ophthalmologist, treatment of associated refractive errors is eligible. Children considered to be blind and not amenable to ophthalmologic intervention, as determined through the application of usual and customary medical standards, are not eligible under this category.

11) URINARY SYSTEM IMPAIRMENTS which are defined as those chronic organic impairments affecting the kidney, ureter, bladder, and/or urethra, but excluding urinary tract infections, and isolated ureteral urinary reflux unless associated with a persistent structural defect, are eligible. Such impairments may be of congenital origin, or may be manifestations of an active chronic disease, or may represent a persisting result of previous infection, trauma, toxicity, disease or malignancy, which are determined to be chronic, amenable to treatment requiring long-term medical or surgical management involving specialist care and required related habilitative or rehabilitative services. Children requiring chronic renal dialysis and/or renal transplantation are not eligible under this category.

c) Health care services defined as “well child care,” routine medical and dental treatment, medical care of acute childhood illnesses (defined as diseases which are not normally chronically disabling and which are not unusual in the course of a child's maturation) or trauma or short-term complications related thereto, are not provided by DSCC.

d) Health care services for children whose impairment is considered to be “acute” as an immediate associated consequence of infection, trauma, disease, toxicity or malignancy would be considered eligible after completion of medical treatment of such acute condition and determination of a resulting persisting disability.

e) Care Beyond Medical Eligible Conditions

Children with the chronic disabilities which are defined in this Section as Medically Eligible Conditions may have associated health impairments which, as isolated health impairments, would not be considered as medically eligible for DSCC services. However, in order to achieve successful treatment of the eligible condition, if medically recommended, the services required to treat such associated health impairments will be provided to Recipient Children, except those related to a malignancy or to a chronic vegetative state. Treatment of such associated health impairments must be necessary for successful treatment of the Medically Eligible Condition and will continue to be provided only so long as the Recipient Child has a Medically Eligible Condition which is under continuing and active medical treatment. Further, if at any time, one of these other than Medically Eligible Conditions becomes the Recipient Child's principal medical condition, these additional services will be discontinued.

Section 1200.50 Financial Eligibility

- a) The LRA has an obligation to meet the cost of medical care for his/her recipient child to the extent he/she is able. Financial assistance, in the form described in Section 1200.90 of this Part, is provided to LRAs who are unable to meet such expenses from their own resources or other third party payers for which the child is eligible as established through a financial need determination performed pursuant to criteria established in subsections (c) and (d) of this Section.
- b) Exceptions to Financial Need Determination
 - 1) DSCC provides diagnostic services necessary to determine medical eligibility without regard to the economic status of an applicant's LRAs.
 - 2) Financial information is not required from LRAs when:
 - A) medical eligibility is uncertain;
 - B) no expenditure of DSCC funds is anticipated;
 - C) the applicant or recipient child is a ward of the State agency which is financially responsible for the applicant or recipient child's medical care;
 - D) the applicant or recipient child has been determined eligible for services being provided by or reimbursed under the Hemophilia Care Act [410 ILCS 420]. However, if the LRAs elect to provide financial information and complete the DSCC financial need process, they may do so and the period of eligibility established will be determined in accordance with subsection (c)(6) below.
 - 3) Only Programmatic Assistance for Care Coordination Activities is requested.
- c) Criteria for Financial Assistance
 - 1) Financial eligibility is based upon the financial status of the LRA requesting financial assistance.
 - 2) The Financial Eligibility Scale (Appendix A) represents 285% of the Federal Poverty Guidelines as developed by the Department of Health and Human Services as published in Vol. 65, No.31, February 15, 2000, pp. 7555-7557 of the Federal Register. No subsequent dates or editions are included. A family is placed on the scale according to its total family income and family size.
 - 3) Financial assistance is provided when the total family income considering family size is equal to or less than that which is allowable in accordance with the Financial Eligibility Scale. The LRA and attorney must submit a reimbursement agreement, if applicable, as provided in Section 1200.30(c)(2)(B)(iii).

- 4) The LRA shall be determined ineligible for financial assistance from DSCC when:
- A) It is determined that the total family income is in excess of that which is allowable in accordance with Appendix A, the Financial Eligibility Scale.
 - B) An LRA has failed within the time periods established in Section 1200.30(d) to provide sufficient information to determine eligibility. In such instances, eligibility shall commence up to 30 days prior to the date of receipt of a new application with information sufficient to establish eligibility.
 - C) An LRA has failed within the time period established in Section 1200.30(d) to complete and sign the application (including the financial application), and the reimbursement agreement (Section 1200.30(c)(2)(B)(iii)), if applicable. In such instances, eligibility shall commence up to 30 days prior to the date of receipt of a newly signed application and/or reimbursement agreement.
 - D) An LRA without a third party payer fails to enroll, if eligible, on behalf of the applicant or recipient child for the Medicaid or KidCare Program. A current family financial period for the recipient child will be reduced only if the financial eligibility end date exceeds December 31, 2000 due to the requirement that the family must apply for Medicaid or KidCare. Families potentially eligible for the Medicaid or KidCare Program will be notified at least 90 days prior to the end of their family financial eligibility period or 90 days prior to December 31, 2000, that they must make application and enroll in the Medicaid or KidCare Program, if eligible, to continue DSCC financial assistance.
 - E) In addition, the LRAs shall lose their financial assistance if:
 - i) Medical insurance payments or other forms of payment available or paid directly to the LRA to meet the cost of care for the recipient child have not been applied to the cost of care arranged, authorized, and paid by DSCC for that child. In such instances, the LRA may reapply for assistance upon repayment to DSCC of an amount equal to the medical insurance payments made available but not applied toward the recipient child's cost of care.
 - ii) An LRA fails to notify DSCC within 30 days of any change in the recipient child's medical insurance which results in medical coverage for costs which are currently paid for by DSCC.
 - iii) An LRA fails to submit a reimbursement agreement in accordance with Section 1200.30(c)(2)(B)(iii), if applicable.

- iv) It is determined that the LRA has in any way falsified documents used to determine eligibility.
- 5) LRAs determined to be wholly or partially ineligible shall be advised of the right to appeal the determination in accordance with the procedures as set forth in Section 1200.60.
- 6) Period of Financial Eligibility
 - A) Financial eligibility shall be established for a period of up to 24 months commencing no sooner than 30 days prior to the date a completed application is received by DSCC if applicants are able to provide current federal tax information. For purposes of this Section, current federal tax information shall be defined as the tax information for the calendar year prior to the year of application.
 - B) Alternatively, financial eligibility shall be established for a period of up to 12 months commencing no sooner than 30 days prior to the date a completed application is received by DSCC under the following circumstances:
 - i) Applicants/LRAs able to provide federal tax information not older than one year prior to the current federal tax information.
 - ii) Applicants/LRAs not required to file federal income tax forms as defined by the federal Internal Revenue Service. Income must be verified using two consecutive pay stubs that are within two months of application.
 - iii) Applicants/LRAs determined financially eligible on the basis of eligibility for services being provided by or reimbursed under the Hemophilia Care Act [410 ILCS 420].
 - C) When more than one child in a family is eligible for financial assistance, the period of eligibility for all eligible children will be for the same period.
 - D) Financial eligibility shall be redetermined subject to the date established at subsection (c)(6)(A) and (B) above. No current family financial eligibility period will be reduced due to changes in the Financial Eligibility Scale effective December 15, 1999, except as noted in subsections (c)(4)(E) and (c)(6)(E) (i) and (iii). No redetermination of financial eligibility will be done for a minimum of one year for families with existing financial eligibility based on the prior income scale.
 - E) The period of financial eligibility may be decreased under the following circumstances:

Section 1200.60 Appeal Process

a) Notice of Determination

- 1) Except as otherwise provided in this Part, the Division shall notify the Applicant's LRA in writing within 30 days after the receipt of the completed application of eligibility status. If the Applicant or LRA is determined to be ineligible, the Notice of Determination shall state the reasons for the determination.
- 2) In the event that DSCC has requested additional information in order to determine eligibility, or has requested the LRA to sign a Reimbursement Agreement and the request has not been complied with within the time period set forth in Section 1200.50, DSCC shall provide a Notice of Determination to the LRAs that the application shall be considered inactive and provide an explanation.
- 3) The Division shall notify a Recipient Child's LRA of any action which the Division intends to take which adversely affects eligibility. This written notification shall provide specific reasons for the action being taken. This written notification shall be sent to the Recipient Child's LRA at least 30 days prior to the effective date of the proposed action.
- 4) An explanation of the LRA's right to appeal shall be sent with each Notice of Determination provided pursuant to subsections (a)(1)-(3).
- 5) The Notice of Determination described at subsection (a)(3) and all further written notices which bear on it shall be sent by certified or registered mail to the LRA at his/her last known address. If the Applicant or Recipient Child has a designated representative, a copy of all written notices will also be sent to that designated representative.

b) Right to Reapply

An LRA of a child who has been determined to be ineligible may reapply at any time he or she believes the child has become eligible.

c) Right to Meeting and Appeal Conference

- 1) The Child's LRA, or designated representative, has a right to a meeting with the DSCC staff person responsible for a decision reflected in any Notice of Determination issued pursuant to subsections (a)(1)-(3).
 - A) The request for such a meeting must be made in writing and must identify the decision which is being questioned.
 - B) The request must be made within 14 days after receipt of the Notice of Determination.

- C) DSCC shall contact the LRA or designated representative within five days after receipt of the request in order to schedule a meeting date, time and place.
 - D) Within seven days after the meeting, DSCC shall notify the LRA of the result of the meeting. Such notification shall be in the manner set forth at subsection (a)(5) and shall state the reasons for the decision made.
- 2) The LRA, or designated representative, has a right to appeal the results of a meeting decision to the Director in a conference with the Director or his/her designee held for that purpose. The Director shall not take part in any original decision or any initial meeting held under subsection (c)(1).
- A) The request for such an appeal conference must be made in writing and must identify the meeting decision which is being appealed.
 - B) The request must be made within 14 days after receipt of notification of result of the subsection (c)(1) meeting.
 - C) DSCC shall contact the requester within five days after receipt of the request in order to schedule a meeting date, time and place.
 - D) The Director or his/her designee shall consider the decision issued pursuant to subsection (c)(1)(D), any written material presented at the meeting provided for in subsection (c), any evidence presented at the conference, and all other information which the Director or his/her designee obtains through an independent investigation of the issues raised by the appeal.
 - E) Within seven days after the appeal conference, DSCC shall notify the LRA of the result of the appeal conference. Such notification shall be in the manner set forth at subsection (a)(5) above and shall state the reasons for the decision made.
 - F) The decision rendered by the Director or his designee is final.
- d) Procedural Rights at Meeting and Conference

The LRA, or designated representative, has the following rights:

- 1) The right at any time to inspect and copy the contents of the Applicant or Recipient Child's case file and any other documents used by DSCC in making its determination or proposing its action; and
- 2) The right to appear on his or her own behalf and/or to be advised and/or accompanied by a relative, friend, lawyer or advocate; and
- 3) The right to present relevant information, witnesses and evidence in any form; and

- 4) The right to ask questions of the Division staff present.
- e) DSCC may deny or dismiss a meeting or appeal conference if:
- 1) The LRA, or designated representative, withdraws the request for the meeting or appeal conference in writing; or
 - 2) The LRA, or designated representative, fails without good cause (defined as any reason which a prudent person would deem to be an adequate and complete excuse for failure to act, such as emergencies and family deaths) to appear at the scheduled meeting or appeal conference.
- f) Benefits While Awaiting Decision
- 1) LRAs who are denied initial financial assistance benefits may appeal the denial but shall not receive any financial benefits in behalf of the Applicant while awaiting the meeting or appeal conference.
 - 2) An LRA who is notified of a termination shall continue at his/her prior level of financial assistance while awaiting the meeting or appeal conference, provided that the LRA requests the meeting and appeal conference within the time limits designated in subsections (c)(1)(B) and (c)(2)(B).
- g) Effective Dates of DSCC Decisions
- 1) If the decision of a meeting or appeal conference is in favor of an initial application of an Applicant's LRA, the financial assistance benefits determined appropriate as a result of the appeal shall be effective from the date of the completed application.
 - 2) If a Recipient Child's LRA does not appeal, a Notice of Determination of termination or reduction of DSCC benefits, the effective date thereof shall be as provided for in subsection (a)(3).
 - 3) If a Recipient Child's LRA appeals a Notice of Determination of termination or reduction of DSCC benefits, no such termination or reduction shall be effective until ten days after all appeal rights have been waived or exhausted.

Section 1200.70 Payment for Services

- a) With respect to Medicaid, Medicare, any other medical insurance plan or policy or other third-party payers, unless prohibited by law, DSCC shall be deemed the payer of last resort. Nothing contained in these regulations shall authorize or require DSCC to provide payment for medical services, hospital services, supplies or appliances which would otherwise be paid by Medicaid, Medicare, any other medical insurance plan or policy or other third-party payers, including donated funds and such other funds available for medical care derived from settlement of injury claims.
- b) Payments for services are subject to the availability of funds as determined by the Board of Trustees of the University of Illinois in its sole discretion.
 - 1) If DSCC determines, based upon its own internal auditing and record keeping systems, at any time, that it does not have or will not have sufficient funds to provide payments for authorized services for additional Applicants, DSCC shall:
 - A) Cease accepting applications.
 - B) Post notices in conspicuous places in DSCC offices and clinics and in other places where such notices are likely to be seen by Applicants. The notices shall state that DSCC is no longer accepting applications because of insufficient funds, and shall state the probable date on which DSCC shall again accept applications. Notices will also be posted in a like manner when funding again becomes available.
 - C) DSCC employees shall inform all Applicants or Recipients and other persons that DSCC is no longer accepting applications because of insufficient funds, and shall inform such persons of the probable date on which the Division shall again accept applications.
 - D) Cease authorizing additional health care services for Recipient Children whose LRAs are eligible for DSCC financial assistance.
 - 2) If DSCC determines, based upon its own internal auditing and record keeping systems, at any time that it does not have or will not have sufficient funds to provide payments for authorized services for Applicants who have applied, but with respect to whom no determination of eligibility has been made, DSCC shall nevertheless finish processing those applications and determine the eligibility or ineligibility of each Applicant and his/her LRA for use in the event that additional funds become available. In such event, the LRAs of eligible Applicants shall be provided funding in the order received unless a child's life or good health is threatened in which event the child's application will be given priority.
 - 3) DSCC shall make payments for authorized services in the order in which DSCC receives bills for such services.

- 4) If DSCC determines due to nonavailability of funds that it is unable to pay for an authorized service, it shall cancel the authorization any time up to the point at which services have been provided. For this purpose, the authorization shall contain the following statement: "This authorization is subject to all of the various rules and procedures set forth at 89 Ill. Adm. Code 1200." In the event any authorization is cancelled pursuant to this limitation, any charges incurred for services rendered after the date of cancellation shall not be the obligation of DSCC.
 - 5) Except as otherwise specifically provided herein in the event that DSCC determines that it does not or will not have sufficient funds to provide payments for all Applicants, present and future, as well as to make payments in behalf of all Recipient Children, it shall first cease accepting applications in accordance with subsection (b)(1) above. If after taking such action, it is still determined that sufficient funds are not available, it shall take the actions set forth in subsection (b)(2) above. If after taking such action, it is still determined that sufficient funds are not available, it shall take the actions set forth in subsections (b)(3) and (4) above. In the event that the life or good health of a child is threatened if a procedure is not performed, DSCC shall give funding such procedure priority over other procedures not posing such threat if funds are available.
- c) The Director shall establish maximum dollar amounts for payment of authorized services per fiscal year which shall be applied to each child. DSCC shall provide notice of the limit to all Recipients and Health Care Facilities who may be affected.
 - d) By accepting a DSCC authorization, the Health Care Provider agrees not to seek further payment from the patient or the patient's family for such authorized services beyond the amounts available from insurance, DSCC, Medicare, or Medicaid. In those cases where DSCC has notified the Provider that money is no longer available from DSCC, the Provider shall not be so restricted.
 - e) Insurance
 - 1) Maximum insurance benefits must be used. The LRA is responsible for complying with insurance contract provisions required to maximize the level of insurance benefits.
 - 2) Payment for authorized services for a Recipient Child with insurance benefits shall not be made until insurance has paid or rejected the claim. Subject to all the limits on benefits as contained in this Part, DSCC will pay the cost of all required services above that reimbursed by insurance up to an established rate of payment. The Director shall approve payment for authorized services prior to settlement of the insurance claims if such is necessary to avoid undue suffering or to preserve life and good health, and if immediate payment will cause DSCC funds to be utilized in the most efficient and effective fashion, all as determined based on usual and customary medical standards.

- 3) The LRA shall notify DSCC within 30 days of any change in the Recipient Child's medical insurance coverage which results in coverage of costs which are currently paid for by DSCC.
- f) Submittal of Claims
- 1) In order to be eligible for payment consideration, a provider's/vendor's payment claim or bill, either initial or resubmittal following prior rejection, must be received by DSCC no later than 18 months from the date on which medical services, appliances or supplies are provided. This includes third party payment or denial information.
 - 2) Claims which are not submitted and received by DSCC in compliance with the requirements of subsection (f)(1) will not be eligible for payment under DSCC's medical program. DSCC and the Applicant/Recipient Child or the Applicant/Recipient Child's family or guardian shall have no liability for any payment thereof.

Section 1200.80 Availability of Services

a) Limitations

DSCC will not provide the following:

- 1) Organ transplants and related anti-rejection drugs.
- 2) Surgery or other treatment which is primarily for cosmetic purposes.
- 3) Research or experimental medical or professional services, hospital services, drugs, devices or equipment.
 - A) Research or experimental medical or professional services, hospital services, drugs, devices or equipment is defined to include services, drugs, devices or equipment which have not been recognized as having a proven rehabilitative value as determined by the professional standards of the applicable medical or health care specialty groups, including but not limited to:
 - i) equipment or appliances that do not have the approval of the Department of Health and Human Services, Food and Drug Administration or other appropriate federal agency (Investigational New Drugs and Devices and investigational services and treatments shall not be deemed to have received such approval);
 - ii) medical and/or other health related services, including drugs, food supplements, equipment or appliances not reported on, described, or discussed in published and recognized professional journals which have an advisory board passing on its publications;
 - iii) services, drugs, devices, equipment or appliances that have not been recognized by appropriate national professional organizations.
 - B) If a Health Care Provider wishes to utilize medical services, equipment or appliances which are identified as possibly research or experimental, the Provider must provide a written justification for doing so. Other pertinent information from knowledgeable professional sources may be obtained by the Health Care Provider. The DSCC Director shall determine whether services, equipment or appliances are, in fact, experimental or research based on the information supplied and the criteria at subsection (a)(3)(A).
 - C) If DSCC authorizes a Health Care Provider to perform medical services or hospital service, or to purchase equipment or supplies later determined by DSCC as research or experimental, and if said Provider has failed to notify DSCC in advance of the possible experimental or research nature thereof, the Provider shall be

obligated to refund any monies paid to it by DSCC or the LRA to perform such procedure or purchase such item.

b) Authorization: General

- 1) Except as otherwise specifically provided in subsection(c)(5) of this Section, all health care services, equipment or drugs to be purchased for an Applicant or Recipient Child by DSCC, including diagnostic evaluation services (see subsection (d)), must be preauthorized, i.e., authorized by DSCC before their delivery. Such authorizations shall be to specific Health Care Providers and shall specify the services to be provided.
- 2) Prior to any services, equipment or drugs being authorized by DSCC, a completed application must have been submitted to DSCC and eligibility established for the DSCC program (see Section 1200.50).
- 3) All authorizations are recorded as part of the Applicant/Recipient Child's case record.

c) Authorization Procedure

- 1) An authorization for health care services, equipment or drugs must be requested from DSCC.
 - A) Authorizations will not be effective until DSCC receives notice from a Health Care Provider who documents the need for and extent of the services, equipment or drugs to be provided to the Recipient Child. This notice may be either written or oral.
 - B) Services, drugs or equipment which are duplicative of those authorized or exceed authorized limits or are arranged without prior notification to and concurrence by DSCC shall not be authorized.
- 2) Authorizations will be issued for health care services, drugs or equipment only to a specific Health Care Provider and then only if Provider meets the criteria established in this Part, has evidenced a willingness to participate in the DSCC program, agrees to accept DSCC rates of payment, and agrees to abide by DSCC administrative procedures, as set forth in this Part.
 - A) DSCC maintains lists of qualifying, currently participating, Health Care Providers.
 - B) If the LRA or Recipient Child wishes to use a particular Health Care Provider, not currently participating in the DSCC program, that Provider will be added to the DSCC program upon confirmation that said Provider meets all the standards enumerated above.
- 3) All hospitalizations and all equipment purchases are subject to separate authorizations for each occasion of such service.

- 4) Recipient Children receiving DSCC services shall be preauthorized for a certain set number of professional outpatient service visits if such is determined medically necessary and the services will be furnished by a specific Health Care Professional or Facility. Upon medical recommendation for additional services, separate issuance of authorizations will be required.
- 5) Exceptions to the pre-authorization requirement:
 - A) The initial medical referral of an Applicant to DSCC may be concurrent with the first visit to an approved Health Care Professional or Health Care Facility. Upon submission of a completed application by an LRA (within 30 days after services were rendered), an authorization for the initial medical service will be issued if the Applicant and LRA are determined eligible for the DSCC program and if the services provided are determined by DSCC to be medically necessary through the application of usual and customary medical criteria. (Note: payment for such services is subject to the time limits on retroactive benefits.)
 - B) Retroactive authorizations for services provided may be made unless:
 - i) the service was not provided during a period of eligibility except as provided in subsection (c)(5)(A);
 - ii) DSCC was not notified within 30 days after the service was provided;
 - iii) funds are not available to make the reimbursement, as determined by DSCC in accordance with Section 1200.70(b);
 - iv) the service was provided by a Health Care Facility or by a Health Care Professional not pre-approved by DSCC as meeting the Standards for Health Care Professionals (Section 1200.100) or Standards for Health Care Facilities (Section 1200.110); unless the service provided was an emergency, as determined by usual and customary medical standards, in which case the service will be retroactively authorized if the Facility or Professional providing the service is deemed by DSCC to meet the standards of this Part after the request for reimbursement is received;
 - v) the LRA has privately arranged for services with a Health Care Provider expecting private sources of reimbursement at the level of their usual and customary charges; unless the Provider subsequently agrees to accept the DSCC level of reimbursement.
- d) The Diagnostic Evaluation Program (Diagnostic Services)

- 1) DSCC provides for early identification and diagnostic evaluation of children eligible for the DSCC treatment program through the qualified professional and support staff within DSCC, through a clinic system which is organized and operated in cooperation with Health Care Providers from various regions and through relationships with Health Care Providers in the private-voluntary sector throughout the State.
 - 2) Services necessary to determine medical eligibility are provided without charge above available insurance or other forms of reimbursement regardless of family financial circumstances.
 - 3) In specified areas outside of Chicago, DSCC arranges for field clinics with special or general scope to meet on a periodic basis. These clinics are staffed by Health Care Professionals participating in the DSCC program and are available for Diagnostic Services as well as certain treatment services.
 - 4) In the City of Chicago, DSCC utilizes established outpatient clinics associated with DSCC approved Health Care Facilities to perform Diagnostic Services. This list is available to the general public and these facilities may be utilized at any time, since there are not specific "DSCC clinic times" at these Facilities.
 - 5) All Applicants requiring Diagnostic Services must receive an Authorization from DSCC and must make a specific appointment for the evaluation, in accordance with the rules and procedures of that Health Care Facility.
 - 6) If DSCC is able to determine, from an interview or from other existing information, that an Applicant is ineligible, Diagnostic Services shall not be performed.
 - 7) All Diagnostic Services must be provided on an outpatient basis unless inpatient services for this purpose are specifically approved by the Director who shall approve such services when they are medically required to complete the diagnostic evaluation.
- e) The Treatment Program
- 1) DSCC coordinates treatment and follow-up services through qualified professional and support staff within DSCC, through the field clinic system outside the City of Chicago, through DSCC approved Health Care Professionals and Facilities in Chicago, and through Health Care Providers throughout the State. The DSCC program is oriented in large part around a clinic or "specialized centers" model to encourage coordinated multi-specialist involvement with DSCC Recipient Children.
 - 2) The services provided through the DSCC Treatment Program include, when determined medically necessary by a Recipient Child's treating physicians, the following:
 - A) Consultative services through a Health Care Professional or Facility.

- B) Continuing outpatient supervision furnished by Health Care Professionals including office visits or by a Health Care Facility in a clinic, if such would more adequately meet the health care needs of the Recipient Child based on all applicable medical criteria than would a DSCC field clinic.
- C) Hospitalization and inpatient medical and/or surgical treatment including special rehabilitation services. Provided, however, that procedures, tests, or services shall not be performed on an inpatient basis if, under medical professional standards such procedures, tests, or services are usually and customarily performed in outpatient facilities, except that such procedures, tests, or services shall be performed on an inpatient basis if determined to be medically indicated by the Director based on the recommendation of the Recipient Child's treating physicians.
- D) Convalescent care to the extent available and required as an intermediate service to continued hospitalization.
- E) Home based care intended to prevent continued hospitalization or similar-type medical placement, as determined desirable and feasible applying all medical standards. Such care is limited to training of parents and/or community health care providers; provision of recommended equipment and supplies; and, as necessary, periodic visiting nurse and/or related health personnel supervision. DSCC does not provide continuing care nursing, life support systems, or high technology equipment and related supplies but will help the LRA locate funding sources for these services, if they are determined to be medically necessary.
- F) Assistive appliances, approved by DSCC, such as braces, prosthetic limbs, hearing aids, wheelchairs and related adaptive devices and special supplies determined medically necessary to accomplish rehabilitation goals. Excluded are fixed architectural modifications of the LRA's dwelling in which the Recipient Child resides, and property related thereto. External ramps and/or mechanical lifts needed to provide the Recipient Child access to the dwelling are not excluded.
- G) Speech and hearing therapy, physical and occupational therapy.
- H) Nutrition evaluation, guidance and provision of special dietary substances upon medical recommendation, excepting those dietary substances available through programs of public or private agencies established for such purposes.
- I) Specialized dental care, such as orthodontia, prosthodontia, or oral surgery as required to further the treatment plan of a Recipient Child with severe oro-craniofacial deformities (e.g., cleft lip-cleft palate) or severe congenital malformation of the teeth (e.g., anodontia or dentinogenesis imperfecta). Routine preventive or restorative dentistry is not provided except for Recipient Children for

whom this service is a specific recommendation to be integrated into an authorized orthodontic or prosthodontic plan.

- J) Arrangements for home follow-up services by public health and/or related habilitative services personnel.
 - K) Specialized prescriptive drugs integral to the treatment program of a chronic disability.
 - L) Genetic evaluation and family counseling.
 - M) Psychological/psychiatric evaluation as medically recommended for diagnosis and treatment planning.
 - N) Referral to other public or private agencies as required to further support the special needs of the family and/or Recipient Child.
- f) Transportation Assistance
- 1) In order to make recommended services accessible to families, DSCC will support necessary transportation, lodging, meals, and parking costs. DSCC shall be obligated to provide the support only if no other sources are available for this purpose.
 - A) DSCC shall support necessary transportation by the most economically appropriate method and at a cost not exceeding limitations as set forth in the Reimbursement Schedule of the Travel Regulation Council at 80 Ill. Adm. Code 3000. Appendix A. DSCC will prescribe the form and procedure which families must follow in order to receive and verify expenses.
 - B) Support will be available for the following individuals: LRAs; the Applicant or Recipient Child; any additional caretaker whose presence is medically required to provide care for the Applicant or Recipient Child during transportation.
 - C) When circumstances so dictate to meet the health care needs of the Applicant or Recipient Child, the Director shall authorize payments in excess of the amount stated above.

Section 1200.90 Rates of Payment

- a) All services subject to payment by DSCC shall be authorized by DSCC in accordance with Section 1200.80(c). All payments shall be approved and made in accordance with all applicable State laws relating to making disbursements of public funds.

- b) Methods of Payment
 - 1) The rate of payment for the services of Health Care Professionals shall be established by the Director at a level not in excess of the usual and customary fee for the service to be performed as determined by all data, information and value scales bearing on the appropriateness of the fee. Dental services shall have the same reimbursement arrangement. DSCC will negotiate other reimbursement formulae or fee schedules if it determines that such will be required to meet the needs of children with complex impairments.

 - 2) Payments for other medically necessary treatment or services appropriate for the condition being treated whether at the patient's home, a private office, hospital, extended care facility or outpatient therapy center, shall be determined by the Director utilizing the criteria described in subsection (b) (1).

 - 3) Payments for hospital services, including hospital outpatient clinics, shall be the lower of the hospital's reimbursable costs as determined by cost reports filed by the hospital with the Illinois Department of Public Aid or similar agency or its charges. Hospitals shall be entitled to interim payments in amounts not to exceed their billed charges. In the event that these interim payments to the hospital exceed the hospital's verified allowable costs, the hospital shall reimburse any overpayment to DSCC. All payments made to hospitals shall be deemed subject to this provision.

 - 4) Payments for outpatient services such as x-rays and laboratory procedures shall be made in accordance with fee schedules established by DSCC utilizing criteria described in subsection (b)(1).

 - 5) Payments for drugs shall be made in accordance with a fee schedule based upon a set dispensing fee and a percentage of the average wholesale price as determined from the National Drug Code (NDC) Product and Pricing Database.

 - 6) Payments for braces, prostheses, hearing aids, and related assistive appliances and medical supplies shall be made in accordance with the laws of the State of Illinois relating to purchasing and finance.

 - 7) Payment amounts for services in out-of-state facilities not otherwise included in subsection (b)(3) of this Section shall be the facility's charge unless DSCC determines that the charge exceeds the usual and customary level of reimbursement. When possible, the amount will be determined in

advance of the authorization for services through direct negotiation with the provider.

Section 1200.100 Standards for Health Care Professionals

a) Qualifications/Requirements of Physicians and Other Health Care Professionals

1) Physician Health Care Professionals: General Qualifications

In view of the specialized care required by children with chronic and often uncommon physical impairments served by DSCC, a participating physician health care professional shall be certified by one of the boards constituting the American Board of Medical Specialties or the American Osteopathic Board; be licensed by the State of Illinois or the state in which the medical services are being provided; and be a member in good standing of the professional staff of the health care facility approved by DSCC for the services to be provided. Physicians shall be those who have been approved by DSCC as meeting the above standards as evidenced by a submission thereof on forms provided by DSCC for that purpose. The Director will authorize the use of non-certified physicians when such is required to meet the needs of a specific child (for purposes of this clause a non-certified physician is defined as a physician who is qualified by training in his specialty as determined by the American Board of Medical Specialties but who has not yet met the minimum experience qualifications required to complete the credentialing process through oral and written examinations). In such cases, the Director will establish limits on the services to be performed by such professionals which reflect the extent of the training and experience of the physician.

2) Physician Health Care Professionals: Special Qualifications

If medically necessary to meet the unique needs of individual children, the Director shall require physician health care professionals involved in providing care to the children to demonstrate that they have completed advanced training germane to the condition being treated. Such training may include sub-specialty certification by the American Board of Medical Specialties or completion of a period of fellowship training in an approved program. The Director may also require, in such circumstance, that the physician evidence completion of continuing medical education in the specialized area needed and demonstrate significant recent experience in treating low incidence health impairments. Among the services provided by DSCC which require such qualifications are those involving medical and surgical management of children with cardiac defects; surgical management of curvature of the spine; habilitation of the upper extremity amputee; diagnosis and management of inborn errors of metabolism; hemophilia; cystic fibrosis; cleft lip/cleft palate; spina bifida; and genetic evaluation and counseling.

3) Other Health Care Professionals: Qualifications

Other health care professionals include, but are not limited to, nurses, social workers, specialized dentists, physical therapists, occupational therapists, speech clinicians, audiologists, optometrists, podiatrists, psychologists, nutritionists, genetic counselors, orthotists, prosthetists, and

related consultants shall need licensure, certification and credentialing requirements of the State and professional associations in the specialty areas in which they practice or provide services. Additionally, they shall present evidence of their training and experience in providing services to physically impaired children. Evidence of such training and experience shall be relevant to the prescriptive intervention ordered. The Director shall require additional qualifications when further expertise is required in accordance with the standards enumerated in subsection (a)(2).

4) Liability Insurance: Requirements

All physicians and all other health care professionals shall maintain professional liability insurance in an amount not less than \$1,000,000 per occurrence and an annual aggregate limit not less than \$3,000,000. The physician and other health care professional further agrees to maintain continuous coverage in the amount required by DSCC for the length of time DSCC services are provided. DSCC retains the right to modify insurance requirements from time to time. All physicians and other health care professionals must provide to DSCC proof of the required professional liability coverage and shall update such proof upon renewal of coverage. Failure of DSCC to obtain such proof of coverage shall not be deemed a waiver of such coverage requirement.

5) Health Care Professionals: Qualification Exceptions

The above qualifications notwithstanding, physicians and other health care providers who provided DSCC services prior to the effective date of this Part shall be entitled to continue in such status provided the Director determines that they have demonstrated the skill, knowledge, training, and experience necessary to continue to provide services to applicant/recipient children. They shall be deemed to have demonstrated such skill, knowledge, training and experience if past medical outcomes were satisfactory, past medical diagnoses proved correct, and all past medical interventions were in accordance with usual and customary medical standards. (See exclusion in subsection (b)(6) below.)

6) Exclusion from Participation

- A) Health care professionals formally and involuntarily excluded from participation in programs of federal and State agencies, shall automatically be excluded from participation in the DSCC program.
- B) Health care professionals shall also be excluded for cause. Cause for exclusion by DSCC shall include, but shall not be limited to, failure to successfully complete the accreditation process by the appropriate certifying Board or organization within the maximum time frame for such certification; documented evidence of any kind of professional performance not consonant with the recognized standard of care; adverse action of a hospital medical board, a

professional society or other organization; and lack of cooperation regarding billing practice or submission of reports.

- C) Any exclusion for cause shall be communicated to the health care professional in writing. The professional shall be entitled to appeal any such decision in accordance with the procedures set forth in subsection (b).
- b) Upon receiving notice of DSCC intention to terminate participation in DSCC programs for cause, a health care professional shall be entitled to a hearing thereon before the DSCC Director, if such is requested in writing within 30 days after said notice is received by the professional.
- 1) The hearing shall be informal in nature and the professional shall have the right to present all relevant information, witnesses, and evidence in any form.
 - 2) Within 30 days after the hearing, the Director shall issue a decision determining whether the professional is so qualified and stating the reasons for the decision. The decision shall be based upon the facts presented at the hearing and any supplemental investigation performed by the Director.
 - 3) The decision of the Director shall be final.

(Source: Amended at 24 Ill. Reg.14773, effective September 25, 2000.)

Section 1200.110 Standards for Health Care Facilities

- a) Diagnostic and Treatment Facilities - General
 - 1) All diagnostic and treatment facilities utilized by DSCC shall cause a Certificate of Insurance to be issued showing the following required coverage in no less than the minimum coverage limits. The insurance companies providing coverage must have a B+:V1 or better rating in the current edition of Best's Key Rating Guide. The diagnostic and treatment facility must agree to maintain such insurance for the term that services are rendered. Required coverage includes:
 - A) Workman's Compensation (Part A) (including Occupational Diseases) as required in statutory limits and Employers Liability (Part B) in the amount of \$500,000 per occurrence;
 - B) Commercial general liability (including products, completed operation, bodily injury or physical damage) in the amount of \$1,000,000 per occurrence;
 - C) Commercial auto liability (if applicable) for bodily injury or physical damage in the amount of \$1,000,000 per occurrence;
 - D) Hospital liability/medical professional liability and errors and omissions liability in the amount of \$1,000,000 per occurrence.
 - 2) All hospital and extended care facilities utilized by DSCC for the provision of patient care services shall conform to the following standards:
 - A) Licensure by the appropriate State licensing body;
 - B) Accreditation by the Joint Commission on Accreditation of Healthcare Organizations or the American Osteopathic Association when providing in-hospital care;
 - C) Recipient Children shall be provided inpatient care in hospital facilities with a physically definable pediatric unit to which only children are admitted. In making the selection and designation of such approved patient care facilities, DSCC shall give priority to those facilities which demonstrate emphasis on quality children's medical services pursuant to standards enumerated in subsection (a)(2)(D). This provision will not apply where the Recipient Child is 16 years or older;
 - D) All patient care facilities, programs and specialized patient care centers shall meet national standards whenever possible, including those promulgated by the American Medical Association, the American Hospital Association, the American College of Surgeons, the American Academy of Pediatrics, the Joint Commission on the Accreditation of Healthcare Organizations, the Commission for the Accreditation of Rehabilitation Facilities, the Inter-Society Committee

on Congenital Heart Disease, the American Heart Association and the Association for Accreditation of Ambulatory Health Centers.

- 3) Priority shall be given to those facilities affiliated with a medical school. DSCC shall refer children to designated regional or statewide referral centers when medically indicated utilizing usual and customary medical standards.
 - 4) The above standards shall be waived by the DSCC Director when necessary to meet the medical needs of the child utilizing usual and customary medical standards.
- b) Outpatient therapy centers, defined as facilities, not directly associated with approved hospital facilities, which are organized to provide habilitative services such as physical, occupational, speech and hearing therapy (including applicable diagnoses), at the community level, will be available to patients under DSCC authorization provided that:
- 1) All outpatient therapy centers utilized by DSCC shall cause a Certificate of Insurance to be issued showing the following required coverage in no less than the minimum coverage limits. The insurance companies providing coverage must have a B+:V1 or better rating in the current edition of Best's Key Rating Guide. The outpatient therapy center must agree to maintain such insurance for the term that services are rendered. Required coverage includes:
 - A) Workman's Compensation (Part A) (including Occupational Diseases) as required in statutory limits and Employers Liability (Part B) in the amount of \$500,000 per occurrence;
 - B) Commercial general liability (including products, completed operation, bodily injury or physical damage) in the amount of \$1,000,000 per occurrence;
 - C) Commercial auto liability (if applicable) for bodily injury or physical damage in the amount of \$1,000,000 per occurrence;
 - D) Professional liability and errors and omissions liability in the amount of \$1,000,000 per occurrence;
 - 2) Such facilities and staff meet appropriate State certification whenever such standards exist;
 - 3) Such facilities and staff meet accreditation standards of the Commission for Accreditation of Rehabilitation Facilities, where they exist;
 - 4) Utilization of outpatient therapy centers or individual therapist Health Care Professionals must be prescribed by the Recipient Child's DSCC-authorized physician responsible for the overall management of the physical impairment requiring the habilitative service.

c) Medical Equipment Suppliers

- 1) All medical equipment suppliers utilized by DSCC shall cause a Certificate of Insurance to be issued showing the following required coverage in no less than the minimum coverage limits. The insurance companies providing coverage must have a B+:V1 or better rating in the current edition of Best's Key Rating Guide. The medical equipment supplier must agree to maintain such insurance for the term that services are rendered. Required coverage includes:
 - A) Workman's Compensation (Part A) (including Occupational Diseases) as required in statutory limits and Employers Liability (Part B) in the amount of \$500,000 per occurrence;
 - B) Commercial general liability (including products, completed operation, bodily injury or physical damage) in the amount of \$1,000,000 per occurrence;
 - C) Commercial auto liability (if applicable) for bodily injury or physical damage in the amount of \$1,000,000 per occurrence;
 - D) Professional liability and errors and omissions liability in the amount of \$1,000,000 per occurrence.
- 2) A facility providing braces, appliances and/or prostheses must be currently approved under the Facility Certification Program administered by the American Board of Certification in Orthotics and Prosthetics, Incorporated, and have in their employ an orthotist and/or prosthetist who has successfully completed a training program recognized by the American Board of Orthotists and Prosthetists, Incorporated, and who is certified by the Board. Providers of specialized medical equipment shall be authorized or approved dealers for such equipment as defined by the manufacturer and shall meet the manufacturer's standards for servicing and repairing such equipment.
- 3) The above services must be requested by the Recipient Child's DSCC-authorized physician.
- 4) A provider of hearing instruments must be licensed by the Department of Public Health as a hearing instrument dispenser as provided in the Hearing Instrument Consumer Protection Act [225 ILCS 50].

d) Clinical Laboratories

- 1) All clinical laboratories utilized by DSCC shall cause a Certificate of Insurance to be issued showing the following required coverage in no less than the minimum coverage limits. The insurance companies providing coverage must have a B+:V1 or better rating in the current edition of Best's Key Rating Guide. The clinical laboratory must agree to maintain such insurance for the term that services are rendered. Required coverage includes:

- A) Workman's Compensation (Part A) (including Occupational Diseases) as required in statutory limits and Employers Liability (Part B) in the amount of \$500,000 per occurrence;
 - B) Commercial general liability (including products, completed operation, bodily injury or physical damage) in the amount of \$1,000,000 per occurrence;
 - C) Commercial auto liability (if applicable) for bodily injury or physical damage in the amount of \$1,000,000 per occurrence;
 - D) Professional liability and errors and omissions liability in the amount of \$1,000,000 per occurrence.
- 2) All such laboratories utilized by DSCC must meet the standards and be appropriately licensed by the state in which they operate. Laboratories in Illinois must have a current license maintained in accordance with the Clinical Laboratory and Blood Bank Act [210 ILCS 25] or be fully certified to perform tests of moderate or high complexity under the Clinical Laboratory Improvement Amendments of 1988 (CLIA).
- e) Hospitals and other treatment facilities are responsible for informing DSCC of changes in professional staff providing services to any Recipient Child.

Section 1200.120 Records

a) General

Access to the Public Records of DSCC is governed by the Rules of The Board of Trustees of the University of Illinois. See DSCC Internal Operating Rules (2 Ill. Adm. Code Sec. 5155).

b) Administrative Records

The following administrative records shall be maintained by DSCC for a period of at least 3 years:

- 1) All financial records of expenditures, third-party reimbursements and other DSCC income.
- 2) Inventory records of all equipment with a unit cost of \$100 purchased from DSCC funds including:
 - A) A description of the item
 - B) Acquisition date and cost
 - C) From whom purchased
- 3) Personnel Records for all staff

c) Patient Records

- 1) One complete medical record shall be maintained on each Recipient Child.
- 2) A patient record shall contain entries made by each Health Care Provider in accordance with customary standards. Documentation showing preauthorization of services purchased by DSCC shall be maintained as part of the Recipient Child's patient record.
- 3) Confidentiality

Subject to applicable laws and regulations relating to confidentiality of information, the following information relating to patients and persons requesting services shall be treated as confidential:

- A) Names and addresses individually or by list;
- B) Information contained in reports or medical examinations and treatments;
- C) Information contained in registers, case records, in correspondence, in any forms or notations obtained from or about the Recipient Child and family concerning his/her condition or circumstances, whether or not recorded;

- D) Information about financial resources gathered as a result of the determinations made under Section 1200.50 of this Part;
- E) Records of evaluations done by state and local health departments.

4) Release of Information

Subject to applicable laws and regulations relating to confidentiality:

- A) Confidential information may be released only with the consent of an LRA to agencies, institutions or individuals who are requested to provide health services to the child, as a part of the DSCC program. In addition, any representative of the Applicant/Recipient Child or the child's LRA will have access to the child's DSCC records upon presentation of a consent authorization signed by the LRA.
- B) Confidential information may be released to state or federal agencies having as their purpose the health and welfare of the child only if assurances are given that:
 - i) The confidential character of the information will be preserved;
 - ii) The confidential information will be used only for the purpose for which it is made available;
 - iii) The information is materially related to the purpose of the other agency or program; and
 - iv) The standards of confidentiality of the other agency or program to which the confidential information is made available are at least equal to those established by DSCC.
- C) Information may be disclosed without consent in summary, statistical or other form which does not make it possible to identify any particular individual.

Section 1200.130 Reports

- a) DSCC will submit all reports required by the Federal government in a timely manner.
- b) State Reports
 - 1) DSCC will submit all reports required by the State of Illinois in a timely manner.
 - 2) Specific reference is made to the reports required under 77 Ill. Adm. Code Sec. 630.100 of the Illinois Department of Public Health Rules.

Section 1200.APPENDIX A Financial Eligibility Scale

Family Size	Financial Eligibility Maximum*
1	\$ 23,798
2	32,063
3	40,328
4	48,593
5	56,858
6	65,123
7	73,388
8	81,653

This scale is based on 285% of the Federal Poverty Guidelines as developed by the Department of Health and Human Services as published in Vol.65, No.31, February 15, 2000, pp. 7555-7557 of the Federal Register. No subsequent dates or editions are included.

*For family units with more than 8 members, add \$8,265 for each additional member. (The same increment applies to smaller family units also, as can be seen in the figures above.)

(Source: Amended at 24 Ill. Reg.14773, effective September 25, 2000.)

Section 1200.APPENDIX B

Payment Scale* (Repealed)