

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 220
COMMUNITY-BASED RESIDENTIAL REHABILITATION CENTER
DEMONSTRATION PROGRAM CODE

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AUTHORITY: Implementing and authorized by the Alternative Health Care Delivery Act [210 ILCS 3].

SOURCE: Adopted at 24 Ill. Reg. 6675, effective April 25, 2000; amended at 26 Ill. Reg. 11969, effective July 31, 2002; emergency amendment at 27 Ill. Reg. 7904, effective April 30,

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2003, for a maximum of 150 days; emergency expired September 26, 2003; amended at 28 Ill. Reg. 2240, effective January 26, 2004; amended at 30 Ill. Reg. 850, effective January 9, 2006; amended at 42 Ill. Reg. _____, effective _____.

Section 220.1000 Definitions

The following terms have the meaning ascribed to them here whenever the term is used in this Part.

Abuse – any physical or mental injury or sexual assault inflicted on a participant other than by accidental means in a facility. Abuse means:

Physical abuse refers to the infliction of injury on a participant that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

Mental injury arises from the following types of conduct:

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to patients or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent. Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual assault – an act of nonconsensual sexual conduct or sexual penetration, as defined in Section 11-0.1 of the Criminal Code of 2012, including, without limitation, acts prohibited under Sections 11-1.20 through 11-1.60 of the Criminal Code of 2012. ~~Sexual assault.~~

Act – the Alternative Health Care Delivery Act ~~[210 ILCS 3]~~.

Active treatment – an interaction between a participant and staff member that is intended to result in greater autonomy or independence for the participant.

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Board – *the State Board of Health.* (Section 10 of the Act)

Case Manager – ~~athe~~ person who is responsible for organizing the provision of services to the participant.

Charitable Care – the intentional provision of free or discounted services to persons who cannot afford to pay for them.

Community-Based Residential Rehabilitation Center Model or Model – *a designated site that provides rehabilitation or support, or both, for persons who have experienced ~~an acquired brain injury~~ ~~severe brain injury~~, who are medically stable, and who no longer require acute rehabilitation care or intense medical or nursing services.* (Section 35(4) of the Act)

Comparable Health Care Providers – other community-based residential rehabilitation programs in the region that are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Demonstration Program or Program – *a program to license and study alternative health care models authorized under the Act.* (Section 10 of the Act)

Department – *the Illinois Department of Public Health.* (Section 10 of the Act)

Dietician – a person who is a licensed dietician as provided in the Dietetic and Nutrition Services Practice Act ~~{225 ILCS 30}~~.

Director – *the Director of Public Health* or designee. (Section 10 of the Act)

Individual Rehabilitation Plan – a coordinated plan that identifies rehabilitation goals and outcomes based on the participant's preferences, strengths, and challenges.

Inspection – any survey, evaluation, or investigation of the Community-Based Residential Rehabilitation Center Model's compliance with the Act and this Part by the Department or designee.

Least Restrictive – treating individuals in the least intrusive manner and the least intrusive environment possible, given each individual's needs and the risk of harm to self or others.

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Licensee – ~~at~~the person or entity licensed to operate the Community-Based Residential Rehabilitation Center Model.

Life Skills Trainer – a person who meets the minimum qualifications in Section 220.700(k) and provides training, assistance and supervision to participants in the areas of living skills, therapeutic recreation, and other forms of assistance in both residential and community settings.

Neuropsychologist – a person who is licensed as a psychologist under the Clinical Psychologist Licensing Act ~~{225 ILCS 15}~~ who specializes in brain-behavior relationships. The neuropsychologist administers a series of tests to evaluate the person's cognitive, emotional, intellectual, and academic/vocational skills.

Occupational Therapist, Registered (OTR) – a person who is registered as an occupational therapist under the Illinois Occupational Therapy Practice Act ~~{225 ILCS 75}~~.

Operator – ~~at~~the person responsible for the control, maintenance and governance of the Model, its personnel and physical plant.

Owner – ~~an~~the individual, partnership, corporation, association or other person who owns the Model.

Participant – a person who resides in or receives services from a Community-Based Residential Rehabilitation Center Model.

Participant's Representative – a person authorized by the participant or by law to act on behalf of the participant.

Physical Therapist – a person who is registered as a physical therapist under the Illinois Physical Therapy Act ~~{225 ILCS 90}~~.

Physician – a person licensed to practice medicine in all its branches under the Medical Practice Act of 1987 ~~{225 ILCS 60}~~.

Registered Nurse – a person who is licensed as a registered professional nurse under the Nurse Practice Act~~Nursing and Advanced Practice Nursing Act~~ ~~{225 ILCS 65}~~.

Rehabilitation Team – the primary decision-making body, including the

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participant and primary rehabilitation personnel, that designs and delivers the aspects of the rehabilitation plan.

Residence – the place where a participant lives that is owned or leased and operated by the Model.

Social Worker – a person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act ~~[225 ILCS 20]~~.

Speech/Language Pathologist – a person who is licensed under the ~~Illinois Speech-Language Pathology and Audiology Practice Act [225 ILCS 110]~~ and is responsible for diagnosis and treatment of communication disorders, swallowing disorders, and cognitive difficulties.

State Fire Marshal – the Office of the State Fire Marshal, Division of Fire Prevention.

Substantial Compliance – meeting requirements except for variance from the strict and literal performance, which results in unimportant omissions or defects given the particular circumstances involved.

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

Section 220.1050 Referenced Materials

The following materials are referenced in this Part:

- a) State of Illinois ~~Statutes:statutes~~
 - 1) Alternative Health Care Delivery Act [210 ILCS 3]
 - 2) Criminal Code of 2012 [720 ILCS 5]
 - 3) Dietetic and Nutrition Services Practice Act [225 ILCS 30]
 - 4) Illinois Occupational Therapy Practice Act [225 ILCS 75]
 - 5) Illinois Physical Therapy Act [225 ILCS 90]

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- [65](#)) Medical Practice Act of 1987 [225 ILCS 60]
- [76](#)) [Nurse Practice Act](#) ~~Nursing and Advanced Practice Nursing Act~~ [225 ILCS 65]
- [87](#)) Clinical Social Work and Social Work Practice Act [225 ILCS 20]
- [98](#)) Clinical Psychologist Licensing Act [225 ILCS 15]
- [109](#)) [Illinois](#) Speech-Language Pathology and Audiology Practice Act [225 ILCS 110]
- [1110](#)) Illinois Health Facilities Planning Act [20 ILCS 3960]
- [1244](#)) Nursing Home Care Act [210 ILCS 45]
- [1312](#)) Health Care Worker Background Check Act [225 ILCS 46]
- b) Federal Statutes
 - Social Security Act ([42 USC ch. 7](#))~~(42 USC 301 et seq., 1395 et seq. and 1396 et seq.)~~
- c) State of Illinois Rules
 - 1) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)
 - 2) Control of Tuberculosis Code (77 Ill. Adm. Code 696)
 - 3) Food Service Sanitation Code (77 Ill. Adm. Code 750)
 - 4) Drinking Water Systems Code (77 Ill. Adm. Code 900)
 - 5) Public Area Sanitary Practice Code (77 Ill. Adm. Code 895)
 - 6) Private Sewage Disposal Code (77 Ill. Adm. Code 905)
 - 7) Illinois Accessibility Code (~~7177~~ Ill. Adm. Code 400)

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- 8) ~~Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)~~
- 9) Health Care Worker Background Check Code (77 Ill. Adm. Code 955)

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

Section 220.1800 Admission Practices

- a) The licensee shall designate the individual or group that is responsible for making admission decisions.
- b) The licensee shall establish written admission criteria that:
 - 1) Identify individuals who can be served by the programs available through the Model;
 - 2) Ensure nondiscrimination of participants based on disability, race, religion, sex, source of payment, and any other basis recognized by applicable State and federal laws;
 - 3) Ensure that participants *are medically stable and no longer require acute rehabilitative care or intense medical or nursing services.* (Section 35(4) of the Act)
- c) The licensee shall establish a preadmission screening process to ensure that the admission criteria are met and that outcome goals are addressed. The proposed plan of care~~preadmission screening report~~ shall serve as the rehabilitation plan until the comprehensive assessment is completed and a rehabilitation plan is developed for the individual.
- d) Physician orders for medications (if necessary) and information concerning any other immediate medical care needs shall be submitted to the licensee at the time of the participant's admission.

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

Section 220.2000 Individual Rehabilitation Plan

- a) Within 10 business days after ~~the~~ completion of the assessment conducted

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pursuant to Section 220.1900 ~~of this Part~~, the results of the assessment (designed by the rehabilitation team) shall be used to revise the individualized rehabilitation plan ~~to establish, designed by the rehabilitation team, that establishes~~ goals and objectives that incorporate the unique strengths, abilities, and preferences of the person served and relate ~~relates~~ to the services and environment to which the person will be discharged. *The design of individualized program plans shall be consistent with the outcome goals that are established for each resident.* (Section 35(4) of the Act)

- b) The individual rehabilitation plan shall include, at a minimum:
 - 1) The desired outcome goals for the program;
 - 2) Identification of targeted objectives to achieve the outcome goals;
 - 3) Services needed to support the targeted objectives;
 - 4) Anticipated time ~~times~~ frames for accomplishing the goals and objectives; and
 - 5) Persons responsible for implementing the rehabilitation plan.
- c) The licensee shall define the members of the rehabilitation team who will develop and review the rehabilitation plan. The members of the rehabilitation team shall include, at a minimum:
 - 1) The participant;
 - 2) Participant representative, if he or she ~~he/she~~ chooses to participate, and any other persons chosen by the participant;
 - 3) A person assigned to coordinate services for the person (case manager or designee);
 - 4) A nurse; and
 - 5) Persons providing services for the participant, based on the assessment.
- d) The rehabilitation team shall meet at least every 30 days to implement and modify, as needed, the rehabilitation plan and discharge plan.

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- e) The case manager or case manager designee shall ensure that the rehabilitation plan is implemented and ~~that~~ the appropriate services are coordinated to ensure ~~that~~ the rehabilitation plan is followed.

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

Section 220.2500 Medication Administration

- a) Except for medications allowed in subsection (f) ~~of this Section~~, the only medications allowed in the residence are those for particular individual participants. The medication of each participant shall be kept and stored in the original container received from the pharmacy or as packaged by the nurse, when preparing unit dose packages from ~~multi-dose~~~~multidose~~ containers.
- 1) Each ~~multi-dose~~~~multidose~~ medication container shall indicate the participant's name, physician's name, prescription number, name, strength ~~of dose, route of administration, frequency of dose~~ and quantity of drug, date this container was last filled, the initials of the pharmacist filling the prescription, the identity of the pharmacy, the refill date and any necessary special instructions.
 - 2) Each single unit or unit dose package shall contain the proprietary and nonproprietary name of the drug and the strength of the dose. The name of the participant and the physician do not have to be on the label of the package, but they must be identified with the package in ~~a straightforward method such a manner as~~ to assure ~~that~~ the drug is administered to the correct person.
 - 3) When the unit dose system is used for packaging oral medication, house staff trained in administering medication may assist participants in the self-administration or in taking their medication by carrying the medication from the locked area where it is stored and handing it to the participant. If the participant is unable to receive or open the container, staff may open the container for the participant and assist him or her in consuming or applying the medication. If cognitive ~~or~~~~or~~ behavioral limitations result in poor compliance, staff may open the container for the participant.
- b) All oral medication packaged in ~~multi-dose~~~~multidose~~ containers, prescribed

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medication given through a feeding tube, and all parenteral medication must be administered by a ~~licensed~~registered nurse or physician, and all intravenous parenteral medication must be administered by a registered nurse or physician, unless the medication is self-administered by the participant.

- c) All participants shall be evaluated by the rehabilitation team to determine their self-medication capability. Each participant determined to have the capability to learn to administer his or her~~his/her~~ own medications shall have written objectives developed by the team based on this evaluation and stated in specific behavioral terms that permit the progress of the resident to be assessed and recorded.
- d) The licensee shall provide, either directly or through arrangements with a consultant nurse, training and supervision necessary for identified participants to gain independence in self-administering their own medications as approved in writing by the participant's physician, and documented in the participant's individual plan.
- e) To be considered "capable of self-administering their own medications," participants must, at a minimum, be able to identify their medication by size, shape, or color and know when they should take it, and the amount to be taken each time.
- f) A licensee may stock a small supply of medications regularly available without prescription at a commercial pharmacy, such as over-the-counter~~noncontrolled~~ cough syrups, laxatives, and analgesics. These shall be given to a participant only upon the order of a physician.
- g) The licensee shall have in each residence a first aid kit that contains items appropriate to treat minor cuts, burns, and abrasions.
- h) All medications shall be properly stored in a secured location not accessible to unauthorized individuals.

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

Section 220.2700 Personnel

- a) The licensee shall provide adequate, properly trained and supervised staff to meet each participant's individual rehabilitation plan. Services shall be provided by a coordinated rehabilitation team.

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- b) The licensee shall define, through job descriptions, the minimum education and experience requirements for all staff, consultants, and contract staff providing services to the Community-Based Residential Rehabilitation Center Model.
- c) The licensee shall provide an initial orientation and routine, pertinent training to all staff. This training may include demonstration, one-on-one training, small group exercises, or lectures. All training conducted shall be documented with:
 - 1) Date;date,
 - 2) Startstarting and ending time;,-
 - 3) Instructorsinstructors;,-
 - 4) Course title and short description of content;,- and
 - 5) Attendance records, including staff member's written signature.
- d) The licensee shall develop and maintain written personnel policies, which are followed in the operation of the Model.
- e) Each employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, participants or visitors. Individuals who were employed by the Model prior to June 1, 2000, shall have an initial health evaluation within six months after licensure of the Model.
 - 1) The initial health evaluation shall be completed not more than 30 days prior to nor 30 days after the employee's first day of employment.
 - 2) The initial health evaluation shall include a health inventory from the employee, including an evaluation of the employee's immunization status.
 - 3) The initial health evaluation shall include tuberculin testing in accordance with the Department's Control of Tuberculosis Code (77 Ill. Adm. Code 696).
- f) The licensee shall designate a program manager or director~~coordinator/director~~.

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- g) A registered nurse shall be responsible for managing the day-to-day health needs of every residential participant. Residential staff, as well as clinical team members, shall support health-related programs, as requested by the registered nurse under the direction of the treating physician.
- h) The Model shall have a Supervisory Nurse, who shall be a registered nurse and who shall:
 - 1) Promote the competency, numbers, and staff levels of nursing personnel appropriate to meet the rehabilitation and complex needs of the persons served;
 - 2) Identify and implement a nursing program and structure to ensure such that the persons served will receive coordinated services;
 - 3) Provide ongoing monitoring of compliance with nursing standards in practice and documentation; and
 - 4) Provide orientation and ongoing training in rehabilitation nursing skills.
- i) The Model shall have a Medical Director or Medical Consultant who coordinates and/or advises personnel on medical matters. The Medical Director or Consultant shall:
 - 1) Have training and/or experience in dealing with the needs of persons with acquired brain injuries;
 - 2) Be participating in an active clinical practice; and
 - 3) Provide direction and consultation~~direction/consultation~~ on a regular basis as dictated by the needs of the persons served.
- j) The Model shall employ case managers to organize the provision of services to participants. Minimum qualifications shall include:
 - 1) A bachelor's degree in a social service field; and
 - 2) Three years of direct service to persons with disabilities, in either a medical or rehabilitation setting.

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- k) The Model shall employ life skills ~~trainers~~~~therapists~~ to provide training, assistance and supervision to participants in the areas of living skills, therapeutic recreation and other forms of assistance in both residential and community settings. Minimum qualifications shall include:
- 1) A high school diploma, ~~or~~ general education development (GED) diploma or, in lieu of high school diploma or GED diploma, proof of active enrollment at a college or university;
 - 2) A valid government issued identification~~A valid drivers' license, five years' driving history, and an insurable driving record;~~
 - 3) Certification in cardiopulmonary resuscitation (CPR) and first aid;
 - 4) Completion of Office of Safety and Health Administration (OSHA) training;
 - 5) Completion of vital signs and physical transfer training;
 - 6) Ability to manage physical transfers of adults and to lift 50 lbs. for short distances and 3 ft. high;
 - 7) Good written and verbal communications skills;
 - 8) Ability to work independently; ~~and~~
 - 9) Passage of a background check and physical examination in accordance with requirements of the Department of Children and Family Services prior to working with adolescent program participants; ~~and-~~
 - 10) For staff who will be transporting participants, the licensee shall ensure that all persons who transport participants on behalf of the licensee hold a valid driver's license and have an insurable driving record.
- l) Prior to employing any individual in a position that requires a State license, the Model shall contact the Illinois Department of ~~Financial and~~ Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.
- m) The Model shall check the status of all applicants with the Health Care Worker

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~~Nurse Aide~~ Registry prior to hiring.

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

Section 220.2900 Food Service

- a) At least three meals a day shall be provided and prepared by either residential staff or participants assisted by residential staff as needed.
- b) Snacks shall be offered between meals and at bedtime.
- c) Menus shall be developed according to the participants' preferences, ascertained through a group decision-making process, and shall be reviewed by a dietician.
- d) Menus shall be planned at least one week in advance. All menus, as actually served, shall be kept on file for no fewer than 30 days.
- e) If a participant's rehabilitation plan includes training in meal planning and preparation, this Part shall not preclude that participant from planning and preparing his or her~~his/her~~ own meals in the residence.
- f) Supplies of staple foods adequate to prepare a minimum of ~~three days~~one week's meals and of perishable foods adequate to prepare a minimum of ~~three days~~two days' meals shall be maintained on the premises of each residence.
 - 1) Primary food supply of staple and perishable foods is maintained at a licensee food distribution location.
 - 2) Life skills trainers pick up food supplies in three- and four-day intervals.
 - 3) Access to additional staple and perishable foods is available at the licensee food distribution location.
- g) All food served shall be prepared in accordance with the Department's Food Service Sanitation Code (77 Ill. Adm. Code 750).

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