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

Effective for dates of service starting July 1, 2020, except when specifically designated otherwise in this Section:

a) Qualifying Criteria. An Illinois academic medical center or teaching hospital as defined in Section 148.25(h) that is identified as the primary hospital affiliate of one of the regional Alzheimer's Disease Assistance Centers as designated by the Alzheimer's Disease Assistance Act [410 ILCS 405] and identified in the Illinois Department of Public Health Alzheimer's Disease State Plan dated December 2016.

b) Payment. A qualifying hospital shall receive a payment that is the product of the following factors:

1) The hospital's SFY 2018 inpatient days; and

2) The hospital's Alzheimer's Treatment Rate:

A) For qualifying hospitals located in Cook County: $226; and

B) For qualifying hospitals located outside of Cook County: $116.21.

c) "Inpatient days" means, for a given hospital, the sum of inpatient fee-for-service hospital days provided to recipients of medical assistance under Title XIX of the Social Security Act for general acute care, psychiatric care, and rehabilitation care, excluding days for individuals eligible for Medicare under Title XVIII of the Social Security Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for total days occurring during SFY 2018 as of July 10, 2019.

(Source: Amended at 44 Ill. Reg. 19767, effective December 11, 2020)