**Section 147.320 Definitions**

For purposes of this Part, the following terms shall be defined as follows:

"Active Disease Diagnosis" means a physician documented diagnosis (or by a nurse practitioner, physician assistance, or clinical nurse specialist if allowable under State licensure laws) that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring or risk of death.

"Assessment Reference Date" means the last day of the Minimum Data Set (MDS) look-back period. The date sets the designated endpoint of the look-back period in the MDS process, and all MDS items refer back in time from that point. This period of time is also called the observation or assessment period.

"Case Mix" means a method of classifying care that is based on the intensity of care and services provided to the resident.

"Case Mix Index" means the weighting factors assigned to each RUG-IV classifications.

"Case Mix Reimbursement System" means a payment system that measures the intensity of care and services required for each resident, and translates these measures into the amount of reimbursement given to the facility for care of a resident.

"Continuous Positive Airway Pressure" or "CPAP" means a respiratory support device that prevents the airways from closing by delivering slightly pressurized air through a mask continually or via electronic cycling throughout the breathing cycle. The mask enables the individual to support his or her own respirations by providing enough pressure when the individual inhales to keep his or her airway open.

"Department" means the Illinois Department of Healthcare and Family Services (HFS).

"Fraud" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or State law.

"Index Maximization" means a method to classify a resident who could be assigned to more than one category, to the category with the highest case mix index.

"Minimum Data Set" or "MDS" means the assessment instrument specified by the Centers for Medicare and Medicaid Services (federal CMS) and designated by the "Department". A core set of screening, clinical, and functional status elements, including common definitions and coding categories, forms the foundation of a comprehensive assessment.

"Monitoring" means the ongoing collection and analysis of information (such as observations and diagnostic test results) and comparison to baseline and current data in order to ascertain the individual's response to treatment and care, including progress or lack of progress towards a goal. Monitoring can detect any improvements, complications or adverse consequences of the condition or of the treatments, and support decisions about adding, modifying, continuing or discontinuing any interventions.

"Nursing Monitoring" means clinical monitoring (e.g., serial blood pressure evaluations, medication management, etc.) by a licensed nurse.

"Resource Utilization Group" or "RUG" means the system for grouping a nursing facility's residents according to their clinical and functional status identified in MDS data supplied by a facility.

"Significant Error" means an error in an assessment where a resident's overall clinical status in not accurately represented and the error has not been corrected via submission of a more recent assessment.

"Ventilator or Respirator" means a type of electronically or pneumatically powered closed system mechanical ventilator support devices that ensures adequate ventilation in the resident who is, or who may become, unable to support his or her respirations.

(Source: Old Section 147.320 repealed at 26 Ill. Reg. 3093, effective February 15, 2002; new Section 147.320 added at 38 Ill. Reg. 12173, effective May 30, 2014)