**Section 106.25 Charges for services**

a) The maximum charge for services to be assessed against a recipient, or the estate of a recipient in a Department-operated facility, shall be 55% of the average per capita cost commencing January 1, 1985; 65% of the average per capita cost commencing January 1, 1986; 75% of the average per capita cost commencing January 1, 1987; 85% of the average per capita cost commencing January 1, 1988; 95% of the average per capita cost commencing January 1, 1989; and 100% of the average per capita cost commencing January 1, 1990 and each January 1 thereafter to be recalculated annually.

b) The standard authorized by Section 5-116 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5-116] by which the Department will set the rate for responsible relatives to provide support will be based on a percentage of annual income, considering the number of dependents. Section 106.Table A, found at the end of this Part, is used for determining the support obligation of a responsible relative.

c) The maximum rate to be used when filing claims for benefits under Title XVIII of the Social Security Act (Medicare) (42 U.S.C.A. 1395b-1 (1996)), Title XIX of the Social Security Act (Medicaid) (42 U.S.C.A. 1396a (1996)) Veteran's Administration benefits (38 U.S.C.A. 521, 541, 542 (1996)), Champus/Champva (38 U.S.C.A. 601 (1996)) and active military, is not to exceed the rate set by the Department of Public Aid, or as approved each year for the respective program. Payments received from a benefit or federal insurance program shall be credited on a dollar for dollar basis for each covered day up to the maximum per capita cost for which the recipient has a liability or the contracted rate established by the provider, whichever is less. Responsible relatives cannot be assessed a charge during periods such coverage is received.

d) All payments received from private hospitalization insurance shall be credited against the recipient's liability on a dollar for dollar basis up to the prevailing maximum charge for recipients as established in this Section.

e) All payments on behalf of recipients from any source shall be credited against Medicaid (42 U.S.C.A. 1396a (1996)) billings if for the same period of service.

f) If a spouse who is a legal dependent of a recipient is designated as payee of the recipient's benefits and is using such benefits as his/her income, charges shall be established on the total combined income in accordance with the schedule in Section 106.Table A as provided for in Section 5-116 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5-116].

g) Voluntary payments in excess of required amounts will be accepted from the recipient and from responsible relatives as well as from persons not legally responsible.

(Source: Amended at 15 Ill. Reg. 1555, effective January 22, 1991)