**Section 2749.240 Waiver of Continuous Attendance Requirement**

A request to waive a recipient's continuous attendance requirement shall be submitted in writing to the Department. The request shall detail the reasons for the waiver and be accompanied and supported by documentation as described in this Section.

a) Reasons for the waiver can include the recipient's:

1) Total and permanent disability;

2) Incompetency; or

3) Death.

b) If a waiver is due to total and permanent disability, a formal request from a physician, advanced practice registered nurse, or physician's assistant (who is licensed to practice in the United States) is required. Accompanying this formal request, *proof of disability shall be*:

1) *A declaration from the Social Security Administration*;

2) From the *Illinois Workers' Compensation Commission*;

3) From the U.S. *Department of Defense; or*

4) From *an insurer authorized to transact business in Illinois who is* *providing* permanent *disability insurance coverage to a contractor*. (Section 3(21) of the Law)

c) If a waiver is requested because the recipient is incompetent, the request shall be supported by a certified copy of the adjudication from a State or federal court of law. *No claim for repayment may be filed against the estate of* an individual deemed *incompetent*. (Sections 6 and 6.5(d) of the Law)

d) If the waiver is requested because of the recipient's death, the request shall be supported by a certified copy of the recipient's death certificate. *No claim for repayment may be filed against the estate of a decedent*. (Sections 6 and 6.5(d) of the Law)

(Source: Recodified from 77 Ill. Adm. Code 597.240 (Department of Public Health) pursuant to P.A. 102-699, at 47 Ill. Reg. 7031)