

# 2008

# ILLINOIS

# REGISTER

RULES  
OF GOVERNMENTAL  
AGENCIES



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## INTRODUCTION

The Illinois Register is the official state document for publishing public notice of rulemaking activity initiated by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category.

Rulemaking activity consists of proposed or adopted new rules; amendments to or repealers of existing rules; and rules promulgated by emergency or peremptory action. Executive Orders and Proclamations issued by the Governor; notices of public information required by State Statute; and activities (meeting agendas; Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State Agencies; is also published in the Register.

The Register is a weekly update of the Illinois Administrative Code (a compilation of the rules adopted by State agencies). The most recent edition of the Code, along with the Register, comprise the most current accounting of State agencies' rulemakings.

The Illinois Register is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act [5 ILCS 100/1-1, et seq.].

### 2008 REGISTER SCHEDULE VOLUME #32

<u>Issue #</u>	<u>Rules Due Date</u>	<u>Date of Issue</u>
1	December 21, 2007*	January 4, 2008
2	December 31, 2007	January 11, 2008
3	January 7, 2008	January 18, 2008
4	January 14, 2008	January 25, 2008
5	January 22, 2008	February 1, 2008
6	January 28, 2008	February 8, 2008
7	February 4, 2008	February 15, 2008
8	February 11, 2008	February 22, 2008
9	February 19, 2008	February 29, 2008
10	February 25, 2008	March 7, 2008
11	March 3, 2008	March 14, 2008
12	March 10, 2008	March 21, 2008
13	March 17, 2008	March 28, 2008
14	March 24, 2008	April 4, 2008
15	March 31, 2008	April 11, 2008
16	April 7, 2008	April 18, 2008
17	April 14, 2008	April 25, 2008
18	April 21, 2008	May 2, 2008
19	April 28, 2008	May 9, 2008
20	May 5, 2008	May 16, 2008
21	May 12, 2008	May 23, 2008
22	May 19, 2008	May 30, 2008
23	May 27, 2008	June 6, 2008

24	June 2, 2008	June 13, 2008
25	June 9, 2008	June 20, 2008
26	June 16, 2008	June 27, 2008
27	June 23, 2008	July 7, 2008
28	June 30, 2008	July 11, 2008
29	July 7, 2008	July 18, 2008
30	July 14, 2008	July 25, 2008
31	July 21, 2008	August 1, 2008
32	July 28, 2008	August 8, 2008
33	August 4, 2008	August 15, 2008
34	August 11, 2008	August 22, 2008
35	August 18, 2008	August 29, 2008
36	August 25, 2008	September 5, 2008
37	September 2, 2008	September 12, 2008
38	September 8, 2008	September 19, 2008
39	September 15, 2008	September 26, 2008
40	September 22, 2008	October 3, 2008
41	September 29, 2008	October 10, 2008
42	October 6, 2008	October 17, 2008
43	October 14, 2008	October 24, 2008
44	October 20, 2008	October 31, 2008
45	October 27, 2008	November 7, 2008
46	November 3, 2008	November 14, 2008
47	November 10, 2008	November 21, 2008
48	November 17, 2008	December 1, 2008
49	November 24, 2008	December 5, 2008
50	December 1, 2008	December 12, 2008
51	December 8, 2008	December 19, 2008
52	December 15, 2008	December 26, 2008
53	December 22, 2008	January 2, 2009

**Editor's Note:** The Secretary of State Index Department is providing this opportunity to notify you that the next filing period for your Regulatory Agenda will occur from April 21, 2008 to July 1, 2008.

## AUDITOR GENERAL

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Code of Regulations
- 2) Code Citation: 74 Ill. Adm. Code 420
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
420.320	Amend
420.620	Amend
420.630	Amend
420.640	Amend
- 4) Statutory Authority: Implementing and authorized by Sections 3-6, 3-7 and 3-8 (a) of the Illinois State Auditing Act [30 ILCS 5/3-6, 3-7 and 3-8 (a)]
- 5) A Complete Description of the Subjects and Issues Involved: The Code of Regulations is being amended to incorporate by reference the latest revision to Government Auditing Standards and to make other minor changes as necessary or desirable for the efficient operation of the Office.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? Yes
- 10) Are there any other proposed amendments pending on the Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking will not create, enlarge or modify a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Pursuant to Section 3-7 of the Illinois State Auditing Act, written comments may be submitted within 60 days after publication of this notice to:

Rebecca Patton  
Office of the Auditor General  
740 E. Ash Street

## AUDITOR GENERAL

## NOTICE OF PROPOSED AMENDMENTS

Springfield, IL 62703  
217/782-6698 or 888/261-2887 (TTY)

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: This rulemaking incorporates by reference the latest revision to Government Auditing Standards. Accounting firms performing audits on behalf of the Auditor General are required to follow current auditing standards. Minor changes involving maintenance, disclosure and destruction of information are proposed to enhance Office efficiency.
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: Knowledge and application of generally accepted government auditing standards.
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2008

The full text of the Proposed Amendments begins on the next page:

AUDITOR GENERAL

NOTICE OF PROPOSED AMENDMENTS

TITLE 74: PUBLIC FINANCE  
CHAPTER III: AUDITOR GENERAL

PART 420  
CODE OF REGULATIONS

SUBPART A: STANDARDS OF CONSTRUCTION FOR REGULATIONS

Section	
420.10	Introduction
420.20	General Provisions

SUBPART B: DEFINITIONS

Section	
420.110	Introduction
420.120	General Provisions
420.130	Abbreviations
420.140	Specific Definitions

SUBPART C: INVESTIGATIONS

Section	
420.210	Introduction
420.220	General Particulars
420.230	Right to Information
420.240	Investigative Personnel
420.250	Investigation Procedures and Reports

SUBPART D: STANDARDS APPLICABLE TO AUDITS AND ATTESTATION  
ENGAGEMENTS OF ILLINOIS STATE GOVERNMENTAL ORGANIZATIONS  
AND PROGRAMS AND TO AUDITS AND ATTESTATION ENGAGEMENTS  
CONDUCTED BY STATE AGENCIES OF LOCAL AND PRIVATE AGENCIES

Section	
420.310	Introduction
420.320	General Provisions
420.330	Examination and Evaluation Standards (Repealed)
420.340	Reporting Standards (Repealed)

## AUDITOR GENERAL

## NOTICE OF PROPOSED AMENDMENTS

SUBPART E: FREQUENCY OF MANDATORY FINANCIAL AUDITS,  
COMPLIANCE AUDITS OR OTHER ATTESTATION ENGAGEMENTS

Section	
420.410	Introduction
420.420	General Provisions
420.430	Miscellaneous Provisions

SUBPART F: REVIEW OF RECEIPT OR COLLECTION  
OF STATE REVENUE BY STATE AGENCIES

Section	
420.510	Introduction (Repealed)
420.520	Review of Receipt or Collection of State Revenues by State Agencies (Repealed)
420.530	Miscellaneous Provisions (Repealed)

## SUBPART G: MAINTENANCE OF INFORMATION

Section	
420.610	Introduction
420.620	General Provisions
420.630	Confidential Information
420.640	Disclosure and Dissemination of Information

## SUBPART H: CONSULTATIONS AND RESPONSES TO FINDINGS

Section	
420.710	Introduction
420.720	Consultations with Heads of Agencies and Individuals

AUTHORITY: Subparts A and B implementing and authorized by Section 3-7 of the Illinois State Auditing Act [30 ILCS 5/3-7]; Subpart C implementing and authorized by Sections 3-8(b), 3-8(c), and 3-8(d) of the Illinois State Auditing Act [30 ILCS 5/3-8(b), 3-8(c), and 3-8(d)]; Subpart D implementing and authorized by Section 3-6 of the Illinois State Auditing Act [30 ILCS 5/3-6]; Subpart E implementing and authorized by Section 3-8 of the Illinois State Auditing Act [30 ILCS 5/3-8]; Subpart G implementing and authorized by Sections 3-7, 3-8(a), and 3-11 of the Illinois State Auditing Act [30 ILCS 5/3-7, 3-8(a) and 3-11]; Subpart H implementing and authorized by Sections 3-7, 3-8(c), and 3-8(d) of the Illinois State Auditing

## AUDITOR GENERAL

## NOTICE OF PROPOSED AMENDMENTS

Act [30 ILCS 5/3-7, 3-8(c) and 3-8(d)].

SOURCE: Rules and Regulations of the Auditor General filed March 8, 1976, effective March 18, 1976, and amended: effective April 15, 1976; effective September 1, 1976; amended at 3 Ill. Reg. 5, p. 865, effective January 27, 1979; amended at 3 Ill. Reg. 5, p. 868, effective January 27, 1979; amended at 3 Ill. Reg. 15, p. 107, effective April 12, 1979; amended at 3 Ill. Reg. 34, p. 99, effective August 20, 1979; amended at 3 Ill. Reg. 48, p. 138, effective November 29, 1979; amended at 4 Ill. Reg. 40, p. 49, effective September 19, 1980; codified at 5 Ill. Reg. 10575; amended at 6 Ill. Reg. 2587, effective March 10, 1982; amended at 7 Ill. Reg. 1216, effective February 5, 1983; amended at 7 Ill. Reg. 6475, effective May 15, 1983; amended at 7 Ill. Reg. 6481, effective May 15, 1983; amended at 8 Ill. Reg. 7214, effective May 25, 1984; amended at 8 Ill. Reg. 17244, effective September 15, 1984; amended at 14 Ill. Reg. 15327, effective September 10, 1990; amended at 15 Ill. Reg. 3429, effective March 1, 1991; amended at 20 Ill. Reg. 701, effective January 31, 1996; amended at 30 Ill. Reg. 2260, effective February 20, 2006; amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART D: STANDARDS APPLICABLE TO AUDITS AND ATTESTATION ENGAGEMENTS OF ILLINOIS STATE GOVERNMENTAL ORGANIZATIONS AND PROGRAMS AND TO AUDITS AND ATTESTATION ENGAGEMENTS CONDUCTED BY STATE AGENCIES OF LOCAL AND PRIVATE AGENCIES

**Section 420.320 General Provisions**

General Standards.

- a) Scope.
  - 1) The full scope of an audit and/or attestation engagement conducted by the Auditor General may encompass:
    - A) An examination of financial transactions, accounts and reports;
    - B) An examination of compliance with applicable laws and regulations and conformity with applicable fiscal and business practices;
    - C) A review of efficiency and economy in the use of resources and soundness of managerial and other operational aspects;

## AUDITOR GENERAL

## NOTICE OF PROPOSED AMENDMENTS

- D) A review to determine whether intended program results are effectively achieved; and
  - E) A review of the controls and integrity associated with computerized information systems.
- 2) The scope for a particular audit and/or attestation engagement conducted by the Auditor General shall include:
- A) That prescribed by Section 1-13 of the Illinois State Auditing Act for compliance audits and other attestation engagements conducted pursuant to the provisions of Sections 3-1 and 3-2 of the Illinois State Auditing Act;
  - B) That prescribed by Section 1-13.5 of the Illinois State Auditing Act for financial audits conducted pursuant to the provisions of Sections 3-1 and 3-2 of the Illinois State Auditing Act;
  - C) That specified by an authorizing resolution approved by the Legislative Audit Commission or by either house of the General Assembly for engagements conducted pursuant to the provisions of Sections 3-2 and 3-4 of the Illinois State Auditing Act;
  - D) That specified by the terms of the agreement for reimbursable federal audits conducted pursuant to the provisions of Section 3-3A of the Illinois State Auditing Act;
  - E) That specified by the Auditor General in a notice provided to the Legislative Audit Commission for engagements conducted pursuant to Section 3-3 of the Illinois State Auditing Act;
  - F) That prescribed by Section 1-13.5 of the Illinois State Auditing Act for engagements conducted pursuant to Section 2-3.17a of the School Code [105 ILCS 5/2-3.17a]; and
  - G) That specified by the terms of the engagement for change-over engagements conducted pursuant to Section 3-2.1 of the Illinois State Auditing Act.

## AUDITOR GENERAL

## NOTICE OF PROPOSED AMENDMENTS

- 3) The scope for a particular audit or attestation engagement conducted by a State agency (other than the Office of the Auditor General) of a local or private agency shall be that specified by the terms of the agreement making the grant or award of funds to the local or private recipient agency. However, all such audits or attestation engagements shall, at a minimum, comply with the requirements of subsection (b) of this Section.
- b) General, Fieldwork and Reporting Standards. All audits and attestation engagements subject to the provisions of the Illinois State Auditing Act and regulations issued under that Act shall be conducted in accordance with standards applicable to the engagement, which may include: generally accepted auditing standards (GAAS) issued by the American Institute of Certified Public Accountants, Inc. (AICPA) and other relevant Statements on Auditing Standards (SAS) issued by the Auditing Standards Executive Committee; Statements on Standards for Attestation Engagements (SSAE) issued by senior technical bodies of the AICPA; generally accepted government auditing standards, as embodied in Government Auditing Standards (~~July 2007~~2003 Revision) (GAS) issued by the Comptroller General of the United States; and the federal Single Audit Act Amendments of 1996 (31 USC 7501-7507), and circulars implementing that Act issued by the Office of Management and Budget (OMB), including Circular A-133 establishing requirements for audits of States, Local Governments and Non-Profit Organizations. Copies of GAAS, SSAE and SAS may be ordered on the internet at [www.cpa2biz.com](http://www.cpa2biz.com) or by calling 1-888-777-7077. Copies of GAS may be downloaded from the internet at [www.gao.gov/govaud/ybk01.htm](http://www.gao.gov/govaud/ybk01.htm) [www.gao.gov/govaud/yb2003.pdf](http://www.gao.gov/govaud/yb2003.pdf). Print copies may be obtained by contacting the Superintendent of Documents, U.S. Government Printing Office at 202-512-1800 or by visiting the GPO website at <http://bookstore.gpo.gov> (stock number ~~020-000-00288-3020-000-00284-1~~). Copies of OMB circulars may be obtained from the Office of Federal Financial Management, Office of Management and Budget, Washington, D.C. 20503 or downloaded from the internet at [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars). These incorporations by reference do not include any later amendments or editions.
- c) Specific standards for audits of regional offices of education and educational service centers conducted pursuant to Section 2-3.17a of the School Code [105 ILCS 5/2-3.17a]. By statute, this Section does not apply to an educational service center serving a school district in a city having a population exceeding 500,000.

## AUDITOR GENERAL

## NOTICE OF PROPOSED AMENDMENTS

- 1) "Books and records" as used in this subsection (c) means all financial statements, fiscal documents, vouchers for distributions, records of cash receipts, records of obligation and expenditure of funds, records of accounts and funds, journals, ledgers and subsidiary records of the ledgers, computer programs and data files integral to records of funds and accounts in the care, custody or control of the regional superintendent of schools or educational service center, and required for the purpose of enabling the Auditor General to perform the audits required by Section 2-3.17a of the School Code. The regional office of education and educational service center shall maintain records in accordance with this subsection (c), as applicable. Financial records shall be maintained on either a cash or accrual basis of accounting. However, supporting information must be maintained to allow preparation of an accrual statement as required by subsection (c)(2).
- 2) For audit purposes, each regional office of education and educational service center subject to audit by the Auditor General shall make available to the Auditor General or its designee all books and records during regular business hours on such days in each fiscal year as the Auditor General or its designee shall deem necessary to make and complete the required audits. [TheSuch](#) records shall be completed in auditable form by August 15 of the succeeding fiscal year. Financial reports are to be available no later than August 31 in order that the annual audit may be done by an independent auditor selected by the Auditor General. Annual financial statements are to be prepared on an accrual basis of accounting in accordance with generally accepted accounting principles.
- 3) Each regional office of education and educational service center subject to audit by the Auditor General shall make available the books and records necessary to make the required audit by providing to the Auditor General or its designee full, complete and unrestricted access to those books and records and to those persons who may have prepared, reviewed, reported on or otherwise have knowledge of them.
- 4) Each regional office of education and educational service center subject to audit by the Auditor General shall retain all books and records for a period of five years or until each required audit is resolved. This provision shall not be construed to shorten any record retention requirement otherwise applicable to [thesueh](#) records.

## AUDITOR GENERAL

## NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART G: MAINTENANCE OF INFORMATION

**Section 420.620 General Provisions**

- a) **AVAILABILITY OF INFORMATION.**  
Except as provided in Section 420.630 of this Part, all information maintained by the Office of the Auditor General shall be public information and shall be available to the public as provided by this Subpart.
- b) **SUBPOENA OF EMPLOYEES.**
  - 1) Any employee or agent of the Office of the Auditor General who is served with a subpoena requiring the disclosure of information or the production of any document ~~that~~<sup>which</sup> is classified confidential shall appear as required by the subpoena and shall respectfully decline to disclose the information or produce any document called for basing the refusal on the requirement of this Section, unless the person subpoenaed has a written authorization permitting the release of the information or production of the document requested.
  - 2) The authorization required by this Section may be issued only by the Auditor General, Deputy Auditor General, or the Chief Legal Counsel of the Office of the Auditor General. An authorization may be issued only if the release of the information:
    - A) would not contravene any statute;
    - B) would not interfere with an ongoing audit or investigation; or
    - C) would not unreasonably interfere with an individual's right of privacy.
  - 3) In addition, information of other agencies ~~that~~<sup>which</sup> is confidential by or pursuant to law shall not be disclosed by the Office of the Auditor General, unless:

## AUDITOR GENERAL

## NOTICE OF PROPOSED AMENDMENTS

- A) the information is not available from the officially authorized custodian; and ~~B)~~ the officially authorized custodian consents to the release; ~~or:~~
- B) a court orders the disclosure of the documents.
- c) SUBPOENA OF CONTRACTORS.
- 1) Any Special Assistant Auditor or other contractor of the Office of the Auditor General who is served with a subpoena requiring the disclosure of information or the production of any document ~~thatwhich~~ is classified confidential and ~~thatwhich~~ was obtained or created in the exercise of audit authority delegated by the Auditor General pursuant to the ISAA shall appear as required by the subpoena and shall respectfully decline to disclose the information or produce any document called for basing the refusal on the requirement of this Section, unless the person subpoenaed has a written authorization permitting the release of the information or production of the document requested.
- 2) The authorization required by this Section may be issued only by the Auditor General, Deputy Auditor General, or the Chief Legal Counsel of the Office of the Auditor General. An authorization may be issued only if the release of the information:
- A) would not contravene any statute;
- B) would not interfere with an ongoing audit or investigation; or
- C) would not unreasonably interfere with an individual's right of privacy.
- 3) In addition, information that is confidential by or pursuant to law shall not be disclosed, unless:
- A) the information is not available from the officially authorized custodian and the officially authorized custodian consents to the release; or
- B) a court orders the disclosure of the documents.

## AUDITOR GENERAL

## NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 420.630 Confidential Information**

- a) Statutory. All information maintained by the office ~~that~~which was confidential by or pursuant to law when secured by the Auditor General shall be maintained in accordance with Section 6-1 of the Illinois State Auditing Act [30 ILCS 5/6-1] and other applicable law.
- b) Information Related to Current Work.
- 1) Information not otherwise confidential, but acquired or developed as part of an ongoing audit, attestation engagement, investigation, study, or inquiry shall be classified confidential until the conclusion of the audit, attestation engagement, investigation, study, or inquiry to which the information pertains. The Auditor General may release ~~thesueh~~ information only to:
- A) persons or entities named in the audit, attestation engagement, investigation, study, or inquiry to which the information pertains;
- B) governmental agencies with whom the Auditor General is jointly conducting or co-operating on an audit or attestation engagement, to the extent necessary for the conduct of the audit or attestation engagement;
- C) prosecutorial offices, government agencies with investigatory powers and sworn law enforcement agencies if approved by the Auditor General but subject to subsection (b)(3) of this Section; and
- D) current or potential contractors, but only on a need to know basis, for specific audit or engagement purposes.
- 2) The issuance of the final report shall establish the conclusion of the audit, attestation engagement, investigation, study, or inquiry ~~that~~which is the subject of the report, and all information acquired or developed as part of ~~thesueh~~ audit, attestation engagement, investigation, study, or inquiry and

## AUDITOR GENERAL

## NOTICE OF PROPOSED AMENDMENTS

classified confidential by operation of this subsection (b) shall at that time become public information, unless the Auditor General provides otherwise pursuant to subsection (c) or Section 420.640(h) of this Part.

- 3) Prosecutorial office, government agencies with investigatory powers and law enforcement agencies shall not obtain through, or in conjunction with, the Office of the Auditor General, data, information, or evidence ~~that~~which the prosecutorial office or law enforcement agency could not lawfully obtain through its own authorities.
- c) Investigation. All information and documents pertaining to an investigation conducted pursuant to Section 3-4 ISAA may be classified as confidential and, if classified as confidential, may not be disclosed outside the office except as provided in Section 420.Subpart C of this Part or as declared in the resolution authorizing the investigation.
- d) Personnel Information. All personnel information of the Office of the Auditor General matchable to an individual concerning job performance evaluations, personal conduct, disclosure statements, personal characteristics and health shall be confidential, and may be released only as authorized by law or with the consent of the individual affected.
- e) Special Assistant Auditor Evaluations. Trade, business, and proprietary information concerning special assistant auditors and the performance evaluations of special assistant auditors shall be maintained confidential and may be disclosed to persons outside the office only as necessary to an authorized audit or inquiry concerning expenditures of our office. An audit or inquiry is authorized if it is required by law, by formal action of the General Assembly or the Legislative Audit Commission, or by request of a designated peer review committee reviewing the Office of the Auditor General's audit or attestation process.
- f) Audit and/or Attestation Engagement Selection Criteria.
  - 1) Any test, standard, or specification intended for use in an audit or attestation engagement may be maintained confidential if:
    - A) the test, standard, or specification under consideration is necessary or applicable to a future audit or attestation engagement and disclosure would impair the validity or reliability of the test,

## AUDITOR GENERAL

## NOTICE OF PROPOSED AMENDMENTS

standard, procedure or specification for future application; or

B) disclosure might impair auditor techniques or methods or procedures designed to detect fraud, abuse, or other illegal activity.

2) Any information declared confidential under this subsection (f) shall be disclosed jointly to the Chair and Co-Chair of the Legislative Audit Commission at the joint request of the Chair and Co-Chair.

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 420.640 Disclosure and Dissemination of Information**

- a) Information Confidential when Acquired. Information maintained in the office of the Auditor General ~~that~~ which was confidential by or pursuant to law when acquired may not be disseminated outside the office for any reason except by court order or as provided in Section 420.620(b) ~~or (c)~~ of this Part.
- b) Information Established Confidential by the Office of the Auditor General. Information maintained by the Office of the Auditor General ~~that~~ which the office of the Auditor General has established confidential by authority of the Illinois State Auditing Act or these regulations may be released to persons outside the Office of the Auditor General only by order of the Legislative Audit Commission pursuant to Section 3-11 ISAA, by court order, or as specifically provided in this Subpart.
- c) Dissemination of Other State Agency Information.
- 1) The Office of the Auditor General may decline to make available records or information ~~that~~ which is available or currently controlled by the originating or controlling State agency.
- 2) Records and information are considered "available" even if the agency or agent refuses to disseminate them, such as information ~~that~~ which may be withheld as an exception to the Illinois Freedom of Information Act [5 ILCS 140].
- d) Dissemination Procedures and Copies (Public Records).

## AUDITOR GENERAL

## NOTICE OF PROPOSED AMENDMENTS

- 1) All public records of the Office of the Auditor General stored in the Springfield or Chicago offices shall be available for inspection and copying at their respective office during regular working hours.
  - 2) All public records of the Office of the Auditor General stored at locations other than the Springfield or Chicago offices shall be available for inspection and copying, but only by request and appointment ~~through the office librarian or his or her designee.~~
  - 3) Any person requesting inspection or copying of public records stored at locations other than the Springfield or Chicago office may require that the records be made available at the Springfield office.
  - 4) The Auditor General may establish reasonable charges to defray the cost of any copies requested.
- e) Purging of Acquired Confidential Information – Memorandum.
- 1) Records supplied to the Office of the Auditor General ~~that which~~ are confidential by or pursuant to law shall be destroyed or returned to the agency from which they were obtained no later than the time of the issuance of the final report for which the information constitutes work papers, unless the Auditor General provides otherwise pursuant to subsection (h) of this Section.
  - 2) However, if the records are confidential because they contain personally sensitive information ~~that which~~ is matchable to individuals, ~~thesuch~~ records need not be destroyed if all means of matching ~~thesuch~~ information to its corresponding individuals has been destroyed. In such cases, the destruction of the means of matching the information to its corresponding individuals shall occur no later than the time of the issuance of the final report for which the information constitutes work papers.
  - 3) The person destroying work papers pursuant to this Section shall place among the work papers a list of the number and type of records destroyed, identification of the source from which the records came, and an affidavit certifying how and when the records were destroyed and the fact that they were so destroyed. The affidavit shall be signed by the person destroying the workpapers and countersigned by ~~a personan auditor~~ who witnessed

## AUDITOR GENERAL

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the destruction. Each affidavit shall be submitted to an Audit Manager for review.

- f) Purging of Records Generally. The Auditor General may destroy any records five years after the release of the audit to which the records pertain unless a longer retention period is required by law. The Auditor General may establish schedules for the destruction and type of storage for all records relating to the Office of the Auditor General.
- g) Maintenance and Reproduction of Permanent Records. Permanent records of the Office of the Auditor General may be kept on microform, optical image, or other reliable media. The Auditor General shall maintain suitable devices for reading and copying all permanent records.
- h) Exceptions to Purging and Disclosure of Workpapers.
  - 1) If the Auditor General or Deputy Auditor General determines, in a written document certified by the Auditor General or Deputy Auditor General, that the establishment of the working papers of a particular audit as public records or the purging of confidential information contained in the work papers of a particular audit would:
    - A) impair the reporting or defending of the audit;
    - B) impair future or follow-up audit work;
    - C) compromise the integrity of the audit process; or
    - D) disclose confidential information, because of the postponement of the purging of confidential information pursuant to the Auditor General's authority under this subsection [\(h\)](#),
  - 2) then the Auditor General, [or his or her designee](#), may postpone the implementation of the requirements of Section 420.630(b)(2) of this Part or subsection (e) for up to five years following release of the audit to which the information pertains. After that time period, the postponement shall lapse and may be renewed, for up to 12 months at a time, only if the Legislative Audit Commission shall specifically approve [thesueh](#) renewal.

AUDITOR GENERAL

NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Business Enterprise Program: Contracting with Businesses Owned and Controlled by Minorities, Females and Persons with Disabilities
- 2) Code Citation: 44 Ill. Adm. Code 10
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
10.64	Amendment
10.100	Amendment
- 4) Statutory Authority: Implementing and authorized by the Business Enterprise for Minorities, Females and Persons with Disabilities Act [30 ILCS 575]
- 5) A Complete Description of the Subjects and Issues Involved: The purpose of this amendment is to conform the Administrative Code with the recent statutory changes to the gross sales limitation on firms eligible for BEP certification. The gross sales limitation was changed from \$27 million for the most recent fiscal year to \$31.4 million averaged over the three most recent fiscal years.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: The statutory change to the gross sales limitation was calculated based on the Consumer Price Index (CPI).
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: These proposed amendments neither create nor expand any State mandate on units of local government, school districts or community college districts.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit written comments within 45 days after the date of publication to:

Gina Wilson

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF PROPOSED AMENDMENTS

Illinois Department of Central Management Services  
720 Stratton Office Building  
Springfield, Illinois 62706

217/785-1793

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: This change allows for greater participation in the Business Enterprise Program by small businesses owned and controlled by minority, female and persons with disabilities.
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None that are not already in place.
- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent agendas because: it was not anticipated.

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 44: GOVERNMENT CONTRACTS, PROCUREMENTS,  
AND PROPERTY MANAGEMENT

SUBTITLE A: PROCUREMENT AND CONTRACT PROVISIONS

CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 10

BUSINESS ENTERPRISE PROGRAM: CONTRACTING WITH BUSINESSES OWNED  
AND CONTROLLED BY MINORITIES, FEMALES AND PERSONS WITH DISABILITIES

SUBPART A: GENERAL

Section

- 10.05 Introduction
- 10.10 Definitions

SUBPART B: GOAL AND GOAL MEASUREMENT

Section

- 10.20 Goal
- 10.21 Contracts and Expenditures Subject to the Goal
- 10.22 Categories of Contracts and Expenditures Exempt from Goal
- 10.23 Council Review of Agency Requests for Specific Exemptions
- 10.24 Goal Measurement
- 10.25 Subcontracting

SUBPART C: AGENCY COMPLIANCE AND REPORTING

Section

- 10.30 Agency Compliance
- 10.35 Professional and Artistic Contract Reporting

SUBPART D: PROGRAM ELIGIBILITY

Section

- 10.40 Program Eligibility

SUBPART E: CERTIFICATION

Section

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 10.50 General
- 10.55 Program Information

SUBPART F: CERTIFICATION REQUIREMENTS AND PROCEDURES

Section

- 10.60 Application
- 10.61 Applicant Requirements
- 10.62 Time to Determine Eligibility
- 10.63 Certification by Other Certifying Entities
- 10.64 ~~\$27,000,000~~ Sales Limitation; Exception
- 10.65 Citizenship/Permanent Residency
- 10.66 Ownership/Control by Members of Eligible Groups
- 10.67 Ownership
- 10.68 Control
- 10.69 Notice of Certification or Denial

SUBPART G: RECONSIDERATION, DECERTIFICATION AND RECERTIFICATION

Section

- 10.70 Review and Reconsideration
- 10.71 Decertification Process
- 10.72 Annual Confirmation of Eligibility

SUBPART H: SPECIAL ASSISTANCE FOR CERTIFIED BUSINESSES

Section

- 10.80 Special Assistance

SUBPART I: CONTRACT REQUIREMENTS

Section

- 10.90 Change in Eligibility
- 10.91 Contract Commitment; Good Faith Effort

SUBPART J: VIOLATIONS BY VENDOR

Section

- 10.100 Violations by Vendor

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF PROPOSED AMENDMENTS

AUTHORITY: Implementing and authorized by the Business Enterprise for Minorities, Females and Persons with Disabilities Act [30 ILCS 575].

SOURCE: Adopted by emergency rulemaking at 22 Ill. Reg. 12584, effective July 1, 1998, for a maximum of 150 days; adopted at 22 Ill. Reg. 20560, effective November 16, 1998; amended at 25 Ill. Reg. 4831, effective March 19, 2001; amended at 26 Ill. Reg. 17980, effective December 6, 2002; amended at 31 Ill. Reg. 4023, effective February 22, 2007; amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART F: CERTIFICATION REQUIREMENTS AND PROCEDURES

**Section 10.64 ~~\$27,000,000~~ Sales Limitation; Exception**

- a) Average annual gross sales over the three most recent calendar years of the applicant business must be less than the statutory maximum established by Section 2(A)(10) of the Business Enterprise for Minorities, Females and Persons with Disabilities Act [30 ILCS 575/2]~~Annual gross sales of the applicant business for its most recent fiscal year must be less than \$27 million.~~
- 1) In determining the annual gross sales, sales of any affiliated business shall also be counted.
  - 2) An affiliated business is one related to the other by virtue of significant commonality of management, or commonality of ownership (at least 5% of one company owned by owner or management personnel of the other). Other factors that may be considered in determining affiliation include, but are not limited to, sharing of office space, workers or equipment.
- b) A business with average annual gross sales over the three most recent calendar years equal to or greater than the statutory maximum~~annual gross sales of \$27 million or more in its most recent fiscal year~~ is eligible to participate in the program if the business can show that if it were to receive a particular contract or subcontract, there would be a significant impact on employment of minorities, females or persons with disabilities, or in the use of BEP certified subcontractors or suppliers.
- 1) For the impact to be significant in terms of employment, the business would have to hire new employees to perform the work of the contract and

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF PROPOSED AMENDMENTS

at least 51% of those new hires must be minority, female or persons with disabilities.

- 2) For the impact to be significant in terms of use of subcontractors or suppliers, the business must direct 51% of the value of the contract to BEP certified vendors as subcontractors or suppliers.

Such vendors must meet all certification requirements but will not be certified or be listed in the Directory.

- c) If the business makes contractual commitments regarding hiring or use of subcontractors or suppliers, agrees to appropriate enforcement mechanisms, such as bonding or damage provisions, and meets the other requirements for certification, the Secretary, on behalf of the Council, will approve counting expenditures under that contract toward the agency's goal.

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART J: VIOLATIONS BY VENDOR

**Section 10.100 Violations by Vendor**

Should a vendor violate the Act, this Part, or the terms of contracts let pursuant to this Program, the State may pursue any or all of the following actions.

- a) A certified vendor may be decertified and an applicant for certification may be denied certification for reasons including, but not limited to:
  - 1) refusal to supply information sufficient for the Secretary or the Council to make a determination for eligibility or continued eligibility;
  - 2) refusal to supply additional proof of eligibility for the Program, particularly after receiving a contract with Section 10.80 (Special Assistance) provisions;
  - 3) accepting a contract with Section 10.80 (Special Assistance) provisions when the vendor does not qualify for the Program; or
  - 4) any other violation of the Act or this Part.

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- b) The State may cancel, without penalty to the State, any contract entered into by a vendor in violation of:
- 1) the Act or this Part;
  - 2) the requirements of a contract let with Section 10.80 (Special Assistance) provisions; or
  - 3) commitments regarding use of certified vendors, including, but not limited to, those in Section 10.64 (~~\$27,000,000~~ Sales Limitation; Exception) and Section 10.91 (Contract Commitment; Good Faith Effort).
- c) In the case of a cancellation under subsection (b)(2) or (b)(3), the amount of profit applicable to amounts paid to the vendor shall be withheld from any amounts owed to the vendor. If the amount owed the vendor is insufficient to off-set profits, the vendor shall be liable to pay back to the State any balance of those profits. The profit rate shall be deemed 20% unless a lesser or greater amount can be conclusively proved.
- d) The Secretary may suspend a vendor from the program for a period of no more than one year and a contracting agency may cancel a contract for a violation of:
- 1) the Act or this Part;
  - 2) the requirements of a contract let with Section 10.80 (Special Assistance) provisions; or
  - 3) commitments regarding use of certified vendors, including, but not limited to, those in Section 10.64 (~~\$27,000,000~~ Sales Limitation; Exception) and Section 10.91 (Contract Commitment; Good Faith Effort).
- e) Depending on the seriousness of the violation, the suspension shall be:
- 1) from participation in the BEP Program; or
  - 2) from further contracting with the State.
- f) A vendor may appeal any of the actions of the Council taken pursuant to this

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF PROPOSED AMENDMENTS

Section in the same manner as a vendor denied certification (see Subpart G of this Part).

- g) The Secretary shall notify the Chief Procurement Officers, State Purchasing Officers and other interested parties of the revocation of certification or of suspension.
- h) If any agency finds or suspects that a business is in violation of the Act or of this Part, the violation should be reported to the Secretary as soon as practicable after the finding.

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Hospital Services
- 2) Code Citation: 89 Ill. Adm. Code 148
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
148.117	Amendment
148.122	Amendment
148.126	Amendment
148.295	Amendment
148.402	Repeal
148.404	Repeal
148.406	Repeal
148.408	Repeal
148.410	Repeal
148.412	Repeal
148.414	Repeal
148.416	Repeal
148.418	Repeal
148.420	Repeal
148.422	Repeal
148.424	Repeal
148.426	Repeal
148.428	Repeal
148.430	Repeal
148.432	Repeal
148.434	Repeal
148.440	New Section
148.442	New Section
148.444	New Section
148.446	New Section
148.448	New Section
148.450	New Section
148.452	New Section
148.454	New Section
148.456	New Section
148.458	New Section
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- 5) Complete Description of the Subjects and Issues Involved: The Department proposes implementation of a revised Hospital Assessment program, beginning July 1, 2008. A principal purpose of the program is to provide funding for Medicaid reimbursable hospital services provided on and after that date. The proposed amendments to Part 148 revises certain provisions of several Sections and repeals several Sections associated with the current hospital assessment program. New reimbursement methodologies, along with definitions and provisions applicable to all of the new Sections are also proposed. These changes are dependent upon enactment, by the General Assembly, of a revised assessment program and are subject to federal approval. The estimated annual impact is expected to be a little over \$1.541 billion. These expenditures, if approved by the federal government, will be eligible for federal Medicaid matching funds. In addition, this material may be viewed at the DHS local offices (except in Cook County). In Cook County, the changes may be reviewed at the Office of the Director, Healthcare and Family Services, 100 West Randolph Street, Chicago, Illinois. The changes may be reviewed at all offices Monday through Friday from 8:30 a.m. until 5:00 p.m. This notice is being provided in accordance with federal requirements found at 42 CFR 447.205.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? Yes
- | <u>Sections:</u> | <u>Proposed Action:</u> | <u>Illinois Register Citation:</u>   |
|------------------|-------------------------|--------------------------------------|
| 148.130          | Amendment               | 32 Ill. Reg. 303; January 11, 2008   |
| 148.126          | Amendment               | 32 Ill. Reg. 2885; February 29, 2008 |
| 148.500          | Amendment               | 32 Ill. Reg. 3552; March 14, 2008    |
| 148.510          | Amendment               | 32 Ill. Reg. 3552; March 14, 2008    |
- 11) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Tamara Tanzillo Hoffman  
Chief of Staff  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue E., 3<sup>rd</sup> Floor  
Springfield IL 62763-0002

217/557-7157

The Department requests the submission of written comments within 30 days after the publication of this Notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

These proposed amendments may have an impact on small businesses, small municipalities, and not-for-profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: Medicaid funded hospitals
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: The Department did not anticipate this rulemaking when the most recent regulatory agendas were published.

The full text of the Proposed Amendments begins on the next page:

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

## TITLE 89: SOCIAL SERVICES

## CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## SUBCHAPTER d: MEDICAL PROGRAMS

## PART 148

## HOSPITAL SERVICES

## SUBPART A: GENERAL PROVISIONS

## Section

148.10	Hospital Services
148.20	Participation
148.25	Definitions and Applicability
148.30	General Requirements
148.40	Special Requirements
148.50	Covered Hospital Services
148.60	Services Not Covered as Hospital Services
148.70	Limitation On Hospital Services

## SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

## Section

148.80	Organ Transplants Services Covered Under Medicaid (Repealed)
148.82	Organ Transplant Services
148.85	Supplemental Tertiary Care Adjustment Payments
148.90	Medicaid Inpatient Utilization Rate (MIUR) Adjustment Payments
148.95	Medicaid Outpatient Utilization Rate (MOUR) Adjustment Payments
148.100	Outpatient Rural Hospital Adjustment Payments
148.103	Outpatient Service Adjustment Payments
148.105	Psychiatric Adjustment Payments
148.110	Psychiatric Base Rate Adjustment Payments
148.112	High Volume Adjustment Payments
148.115	Rural Adjustment Payments
148.117	Outpatient Assistance Adjustment Payments
148.120	Disproportionate Share Hospital (DSH) Adjustments
148.122	Medicaid Percentage Adjustments
148.126	Safety Net Adjustment Payments
148.130	Outlier Adjustments for Exceptionally Costly Stays
148.140	Hospital Outpatient and Clinic Services

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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- 148.150 Public Law 103-66 Requirements
- 148.160 Payment Methodology for County-Owned Hospitals in an Illinois County with a Population of Over Three Million
- 148.170 Payment Methodology for Hospitals Organized Under the University of Illinois Hospital Act
- 148.175 Supplemental Disproportionate Share Payment Methodology for Hospitals Organized Under the Town Hospital Act
- 148.180 Payment for Pre-operative Days, Patient Specific Orders, and Services Which Can Be Performed in an Outpatient Setting
- 148.190 Copayments
- 148.200 Alternate Reimbursement Systems
- 148.210 Filing Cost Reports
- 148.220 Pre September 1, 1991, Admissions
- 148.230 Admissions Occurring on or after September 1, 1991
- 148.240 Utilization Review and Furnishing of Inpatient Hospital Services Directly or Under Arrangements
- 148.250 Determination of Alternate Payment Rates to Certain Exempt Hospitals
- 148.260 Calculation and Definitions of Inpatient Per Diem Rates
- 148.270 Determination of Alternate Cost Per Diem Rates For All Hospitals; Payment Rates for Certain Exempt Hospital Units; and Payment Rates for Certain Other Hospitals
- 148.280 Reimbursement Methodologies for Children's Hospitals and Hospitals Reimbursed Under Special Arrangements
- 148.285 Excellence in Academic Medicine Payments
- 148.290 Adjustments and Reductions to Total Payments
- 148.295 Critical Hospital Adjustment Payments (CHAP)
- 148.296 Tertiary Care Adjustment Payments
- 148.297 Pediatric Outpatient Adjustment Payments
- 148.298 Pediatric Inpatient Adjustment Payments
- 148.300 Payment
- 148.310 Review Procedure
- 148.320 Alternatives
- 148.330 Exemptions
- 148.340 Subacute Alcoholism and Substance Abuse Treatment Services
- 148.350 Definitions (Repealed)
- 148.360 Types of Subacute Alcoholism and Substance Abuse Treatment Services (Repealed)
- 148.368 Volume Adjustment (Repealed)
- 148.370 Payment for Subacute Alcoholism and Substance Abuse Treatment Services

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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148.380	Rate Appeals for Subacute Alcoholism and Substance Abuse Treatment Services (Repealed)
148.390	Hearings
148.400	Special Hospital Reporting Requirements
148.402	Medicaid Eligibility Payments <a href="#">(Repealed)</a>
148.404	Medicaid High Volume Adjustment Payments <a href="#">(Repealed)</a>
148.406	Intensive Care Adjustment Payments <a href="#">(Repealed)</a>
148.408	Trauma Center Adjustment Payments <a href="#">(Repealed)</a>
148.410	Psychiatric Rate Adjustment Payments <a href="#">(Repealed)</a>
148.412	Rehabilitation Adjustment Payments <a href="#">(Repealed)</a>
148.414	Supplemental Tertiary Care Adjustment Payments <a href="#">(Repealed)</a>
148.416	Crossover Percentage Adjustment Payments <a href="#">(Repealed)</a>
148.418	Long Term Acute Care Hospital Adjustment Payments <a href="#">(Repealed)</a>
148.420	Obstetrical Care Adjustment Payments <a href="#">(Repealed)</a>
148.422	Outpatient Access Payments <a href="#">(Repealed)</a>
148.424	Outpatient Utilization Payments <a href="#">(Repealed)</a>
148.426	Outpatient Complexity of Care Adjustment Payments <a href="#">(Repealed)</a>
148.428	Rehabilitation Hospital Adjustment Payments <a href="#">(Repealed)</a>
148.430	Perinatal Outpatient Adjustment Payments <a href="#">(Repealed)</a>
148.432	Supplemental Psychiatric Adjustment Payments <a href="#">(Repealed)</a>
148.434	Outpatient Community Access Adjustment Payments <a href="#">(Repealed)</a>
<a href="#">148.440</a>	<a href="#">High Volume Adjustment Payments</a>
<a href="#">148.442</a>	<a href="#">Inpatient Services Adjustment Payments</a>
<a href="#">148.444</a>	<a href="#">Capital Needs Payments</a>
<a href="#">148.446</a>	<a href="#">Obstetrical Care Payments</a>
<a href="#">148.448</a>	<a href="#">Trauma Care Payments</a>
<a href="#">148.450</a>	<a href="#">Supplemental Tertiary Care Payments</a>
<a href="#">148.452</a>	<a href="#">Crossover Care Payments</a>
<a href="#">148.454</a>	<a href="#">Magnet Hospital Payments</a>
<a href="#">148.456</a>	<a href="#">Ambulatory Procedure Listing Increase Payment</a>
<a href="#">148.458</a>	<a href="#">General Provisions</a>

## SUBPART C: SEXUAL ASSAULT EMERGENCY TREATMENT PROGRAM

Section	
148.500	Definitions
148.510	Reimbursement

## SUBPART D: STATE CHRONIC RENAL DISEASE PROGRAM

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

## Section

148.600	Definitions
148.610	Scope of the Program
148.620	Assistance Level and Reimbursement
148.630	Criteria and Information Required to Establish Eligibility
148.640	Covered Services
148.TABLE A	Renal Participation Fee Worksheet
148.TABLE B	Bureau of Labor Statistics Equivalence
148.TABLE C	List of Metropolitan Counties by SMSA Definition

AUTHORITY: Implementing and authorized by Articles III, IV, V and VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Sections 148.10 thru 148.390 recodified from 89 Ill. Adm. Code 140.94 thru 140.398 at 13 Ill. Reg. 9572; Section 148.120 recodified from 89 Ill. Adm. Code 140.110 at 13 Ill. Reg. 12118; amended at 14 Ill. Reg. 2553, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 11392, effective July 1, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 15358, effective September 13, 1990; amended at 14 Ill. Reg. 16998, effective October 4, 1990; amended at 14 Ill. Reg. 18293, effective October 30, 1990; amended at 14 Ill. Reg. 18499, effective November 8, 1990; emergency amendment at 15 Ill. Reg. 10502, effective July 1, 1991, for a maximum of 150 days; emergency expired October 29, 1991; emergency amendment at 15 Ill. Reg. 12005, effective August 9, 1991, for a maximum of 150 days; emergency expired January 6, 1992; emergency amendment at 15 Ill. Reg. 16166, effective November 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 18684, effective December 23, 1991; amended at 16 Ill. Reg. 6255, effective March 27, 1992; emergency amendment at 16 Ill. Reg. 11335, effective June 30, 1992, for a maximum of 150 days; emergency expired November 27, 1992; emergency amendment at 16 Ill. Reg. 11942, effective July 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19873, effective December 7, 1992; amended at 17 Ill. Reg. 131, effective December 21, 1992; amended at 17 Ill. Reg. 3296, effective March 1, 1993; amended at 17 Ill. Reg. 6649, effective April 21, 1993; amended at 17 Ill. Reg. 14643, effective August 30, 1993; emergency amendment at 17 Ill. Reg. 17323, effective October 1, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 3450, effective February 28, 1994; emergency amendment at 18 Ill. Reg. 12853, effective August 2, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 14117, effective September 1, 1994; amended at 18 Ill. Reg. 17648, effective November 29, 1994; amended at 19 Ill. Reg. 1067, effective January 20, 1995;

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emergency amendment at 19 Ill. Reg. 3510, effective March 1, 1995, for a maximum of 150 days; emergency expired July 29, 1995; emergency amendment at 19 Ill. Reg. 6709, effective May 12, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 10060, effective June 29, 1995; emergency amendment at 19 Ill. Reg. 10752, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13009, effective September 5, 1995; amended at 19 Ill. Reg. 16630, effective November 28, 1995; amended at 20 Ill. Reg. 872, effective December 29, 1995; amended at 20 Ill. Reg. 7912, effective May 31, 1996; emergency amendment at 20 Ill. Reg. 9281, effective July 1, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 12510, effective September 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 15722, effective November 27, 1996; amended at 21 Ill. Reg. 607, effective January 2, 1997; amended at 21 Ill. Reg. 8386, effective June 23, 1997; emergency amendment at 21 Ill. Reg. 9552, effective July 1, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 9822, effective July 2, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 10147, effective August 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13349, effective September 23, 1997; emergency amendment at 21 Ill. Reg. 13675, effective September 27, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 16161, effective November 26, 1997; amended at 22 Ill. Reg. 1408, effective December 29, 1997; amended at 22 Ill. Reg. 3083, effective January 26, 1998; amended at 22 Ill. Reg. 11514, effective June 22, 1998; emergency amendment at 22 Ill. Reg. 13070, effective July 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 15027, effective August 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16273, effective August 28, 1998; amended at 22 Ill. Reg. 21490, effective November 25, 1998; amended at 23 Ill. Reg. 5784, effective April 30, 1999; amended at 23 Ill. Reg. 7115, effective June 1, 1999; amended at 23 Ill. Reg. 7908, effective June 30, 1999; emergency amendment at 23 Ill. Reg. 8213, effective July 1, 1999, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 12772, effective October 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13621, effective November 1, 1999; amended at 24 Ill. Reg. 2400, effective February 1, 2000; amended at 24 Ill. Reg. 3845, effective February 25, 2000; emergency amendment at 24 Ill. Reg. 10386, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 11846, effective August 1, 2000; amended at 24 Ill. Reg. 16067, effective October 16, 2000; amended at 24 Ill. Reg. 17146, effective November 1, 2000; amended at 24 Ill. Reg. 18293, effective December 1, 2000; amended at 25 Ill. Reg. 5359, effective April 1, 2001; emergency amendment at 25 Ill. Reg. 5432, effective April 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 6959, effective June 1, 2001; emergency amendment at 25 Ill. Reg. 9974, effective July 23, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 10513, effective August 2, 2001; emergency amendment at 25 Ill. Reg. 12870, effective October 1, 2001, for a maximum of 150 days; emergency expired February 27, 2002; amended at 25 Ill. Reg. 16087, effective December 1, 2001; emergency amendment at 26 Ill. Reg. 536, effective December 31, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 680, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg.

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4825, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 4953, effective March 18, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 7786, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 7340, effective April 30, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 8395, effective May 28, 2002; emergency amendment at 26 Ill. Reg. 11040, effective July 1, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16612, effective October 22, 2002; amended at 26 Ill. Reg. 12322, effective July 26, 2002; amended at 26 Ill. Reg. 13661, effective September 3, 2002; amended at 26 Ill. Reg. 14808, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 14887, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17775, effective November 27, 2002; emergency amendment at 27 Ill. Reg. 580, effective January 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 866, effective January 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 4386, effective February 24, 2003; emergency amendment at 27 Ill. Reg. 8320, effective April 28, 2003, for a maximum of 150 days; emergency amendment repealed at 27 Ill. Reg. 12121, effective July 10, 2003; amended at 27 Ill. Reg. 9178, effective May 28, 2003; emergency amendment at 27 Ill. Reg. 11041, effective July 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16185, effective October 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16268, effective October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18843, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 1418, effective January 8, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 1766, effective January 10, 2004, for a maximum of 150 days; emergency expired June 7, 2004; amended at 28 Ill. Reg. 2770, effective February 1, 2004; emergency amendment at 28 Ill. Reg. 5902, effective April 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7101, effective May 3, 2004; amended at 28 Ill. Reg. 8072, effective June 1, 2004; emergency amendment at 28 Ill. Reg. 8167, effective June 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 9661, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10157, effective July 1, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 12036, effective August 3, 2004, for a maximum of 150 days; emergency expired December 30, 2004; emergency amendment at 28 Ill. Reg. 12227, effective August 6, 2004, for a maximum of 150 days; emergency expired January 2, 2005; amended at 28 Ill. Reg. 14557, effective October 27, 2004; amended at 28 Ill. Reg. 15536, effective November 24, 2004; amended at 29 Ill. Reg. 861, effective January 1, 2005; emergency amendment at 29 Ill. Reg. 2026, effective January 21, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 5514, effective April 1, 2005; emergency amendment at 29 Ill. Reg. 5756, effective April 8, 2005, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 29 Ill. Reg. 11622, effective July 5, 2005, for the remainder of the 150 days; amended at 29 Ill. Reg. 8363, effective June 1, 2005; emergency amendment at 29 Ill. Reg. 10275, effective July 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 15629, effective October 1, 2005, for a maximum of

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150 days; amended at 29 Ill. Reg. 19973, effective November 23, 2005; amended at 30 Ill. Reg. 383, effective December 28, 2005; emergency amendment at 30 Ill. Reg. 596, effective January 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 955, effective January 9, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 2827, effective February 24, 2006; emergency amendment at 30 Ill. Reg. 7786, effective April 10, 2006, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 30 Ill. Reg. 12400, effective July 1, 2006, for the remainder of the 150 days; emergency expired September 6, 2006; amended at 30 Ill. Reg. 8877, effective May 1, 2006; amended at 30 Ill. Reg. 10393, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 11815, effective July 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18672, effective November 27, 2006; emergency amendment at 31 Ill. Reg. 1602, effective January 1, 2007, for a maximum of 150 days; emergency amendment at 31 Ill. Reg. 1997, effective January 15, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 5596, effective April 1, 2007; amended at 31 Ill. Reg. 8123, effective May 30, 2007; amended at 31 Ill. Reg. 8508, effective June 1, 2007; emergency amendment at 31 Ill. Reg. 10137, effective July 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 11688, effective August 1, 2007; amended at 31 Ill. Reg. 14792, effective October 22, 2007; amended at 32 Ill. Reg. 312, effective January 1, 2008; emergency amendment at 32 Ill. Reg. 518, effective January 1, 2008, for a maximum of 150 days; emergency amendment at 32 Ill. Reg. 2993, effective February 16, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

## SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

**Section 148.117 Outpatient Assistance Adjustment Payments**

- a) Qualifying Criteria. Outpatient Assistance Adjustment Payments, as described in subsection (b) of this Section, shall be made to Illinois hospitals meeting one of the criteria identified in this subsection (a):
  - 1) A hospital that qualifies for Disproportionate Share Adjustment Payments for rate year 2007, as defined in Section 148.120, has an emergency care percentage greater than 70% and has provided greater than 10,500 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.
  - 2) A general acute care hospital that qualifies for Disproportionate Share Adjustment Payments for rate year 2007, as defined in Section 148.120, has an emergency care percentage greater than 85%.

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- 3) A general acute care hospital that does not qualify for Medicaid Percentage Adjustment Payments for rate year 2007, as defined in Section 148.122, located in Cook County, outside the City of Chicago, has an emergency care percentage greater than 63%, has provided more than 10,750 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year and has provided more than 325 Medicaid surgical group outpatient ambulatory procedure listing services in the outpatient assistance base year.
- 4) A general acute care hospital located outside of Cook County that qualifies for Medicaid Percentage Adjustment Payments for rate year 2007 as defined in Section 148.122, is a trauma center recognized by the Illinois Department of Public Health (IDPH) as of July 1, 2006, has an emergency care percentage greater than 58%, and has provided more than 1,000 Medicaid Non-emergency/Screening outpatient ambulatory procedure listing services in the outpatient assistance base year.
- 5) A hospital that has an MIUR of greater than 50% and an emergency care percentage greater than 80%, and that provided more than 6,000 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.
- 6) A hospital that has an MIUR of greater than 70% and an emergency care percentage greater than 90%.
- 7) A general acute care hospital, not located in Cook County, that is not a trauma center recognized by IDPH as of July 1, 2006, did not qualify for Medicaid Percentage Adjustment payments for rate year 2007, as defined in Section 148.122, has an MIUR of greater than 25% and an emergency care percentage greater than 50%, and provided more than 8,500 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.
- 8) A general acute care hospital, not located in Cook County, that is a Level I trauma center, recognized by IDPH as of July 1, 2006, has an emergency care percentage greater than 50%, and provided more than 16,000 Medicaid outpatient ambulatory procedure listing services, including more than 1,000 non-emergency screening outpatient ambulatory procedure listing services, in the outpatient assistance base year.

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- 9) A general acute care hospital, not located in Cook County, that qualified for Medicaid Percentage Adjustment payments for rate year 2007, as defined in Section 148.122, has an emergency care percentage greater than 55%, and provided more than 12,000 Medicaid outpatient ambulatory procedure listing services, including more than 600 surgical group outpatient ambulatory procedure listing services and 7,000 emergency services, in the outpatient assistance base year.
- 10) A general acute care hospital that has an emergency care percentage greater than 75%, and provided more than 15,000 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.
- 11) A rural hospital that has an MIUR of greater than 40% and provided more than 16,000 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.
- 12) A general acute care hospital, not located in Cook County, that is a trauma center, recognized by IDPH as of July 1, 2006, had more than 500 licensed beds in calendar year 2005, and provided more than 11,000 Medicaid outpatient ambulatory procedure listing services, including more than 950 surgical group outpatient ambulatory procedure listing services, in the outpatient assistance base year.

## b) Outpatient Assistance Adjustment Payments

- 1) For hospitals qualifying under subsection (a)(1), the rate is \$139.00.
- 2) For hospitals qualifying under subsection (a)(2), the rate is \$336.25.
- 3) For hospitals qualifying under subsection (a)(3), the rate is \$200.25.
- 4) For hospitals qualifying under subsection (a)(4), the rate is \$217.25.
- 5) For hospitals qualifying under subsection (a)(5), the rate is \$250.00.
- 6) For hospitals qualifying under subsection (a)(6), the rate is \$336.25.

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- 7) [For hospitals qualifying under subsection \(a\)\(7\), the rate is \\$110.00.](#)
- 8) [For hospitals qualifying under subsection \(a\)\(8\), the rate is \\$200.00.](#)
- 9) [For hospitals qualifying under subsection \(a\)\(9\), the rate is \\$48.50.](#)
- 10) [For hospitals qualifying under subsection \(a\)\(10\), the rate is \\$135.00.](#)
- 11) [For hospitals qualifying under subsection \(a\)\(11\), the rate is \\$65.00.](#)
- 12) [For hospitals qualifying under subsection \(a\)\(12\), the rate is \\$90.00.](#)

## c) Payment to a Qualifying Hospital

- 1) The total annual payments to a qualifying hospital shall be the product of the hospital's rate multiplied by the Medicaid outpatient ambulatory procedure listing services in the outpatient assistance adjustment base year.
- 2) ~~For the outpatient assistance adjustment period occurring in State fiscal year 2007, total payments will equal the amount determined using the methodologies described in subsection (c)(1) of this Section. For the period January 1, 2007 through June 30, 2007, total annual payments to each qualifying hospital shall be divided in two, and paid, at least, on a quarterly basis.~~
- 23) For the outpatient assistance adjustment period for fiscal year ~~2009~~2008 and after, total payments will equal the amount determined using the methodologies described in subsection (c)(1) of this Section and shall be paid to the hospital, at least, on a quarterly basis.

## d) Definitions

- 1) "Emergency care percentage" means a fraction, the numerator of which is the total Group 3 ambulatory procedure listing services as described in Section 148.140(b)(1)(C), excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2005 contained in the Department's data base adjudicated through June 30, 2006, and the denominator of which is the total ambulatory procedure listing services as

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described in Section 148.140(b)(1), excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2005 contained in the Department's data base adjudicated through June 30, 2006.

- 2) "General acute care hospital" is a hospital that does not meet the definition of a hospital contained in 89 Ill. Adm. Code 149.50(c).
- 3) "Outpatient Ambulatory Procedure Listing Payments" means, for a given hospital, the sum of payments for ambulatory procedure listing services as described in Section 148.140(b)(1), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient assistance base period that were adjudicated by the Department through June 30, 2006.
- 4) "Outpatient assistance ~~adjustment~~ year" means, beginning January 1, 2007, the 6-month period beginning on January 1, 2007 and ending June 30, 2007, and beginning July 1, 2007, the 12-month period beginning July 1 of the year and ending June 30 of the following year.
- 5) "Outpatient assistance base period" means the 12-month period beginning on July 1, 2004 and ending June 30, 2005.
- 6) "Surgical group outpatient ambulatory procedure listing services" means, for a given hospital, the sum of ambulatory procedure listing services as described in Section 148.140(b)(1)(A), excluding services for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient assistance base period that were adjudicated by the Department through June 30, 2006.
- 7) "Non-emergency/screening outpatient ambulatory procedure listing services" means, for a given hospital, the sum of ambulatory procedure listing services as described in Section 148.140(b)(1)(C)(iii), excluding services for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient assistance base period that were adjudicated by the Department through June 30, 2006.

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(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.122 Medicaid Percentage Adjustments**

The Department shall make an annual determination of those hospitals qualified for adjustments under this Section effective October 1, 2003, and each October 1 thereafter unless otherwise noted.

- a) Qualified Medicaid Percentage Hospitals. For inpatient services provided on or after October 1, 2003, the Department shall make adjustment payments to hospitals that are deemed as a Medicaid percentage hospital by the Department. A hospital may qualify for a Medicaid Percentage Adjustment in one of the following ways:
  - 1) The hospital's Medicaid inpatient utilization rate (MIUR), as defined in Section 148.120(k)(4), is at least one-half standard deviation above the mean Medicaid utilization rate, as defined in Section 148.120(k)(3).
  - 2) The hospital's low income utilization rate exceeds 25 per centum. For this alternative, payments for all patient services (not just inpatient) for Medicaid, Family and Children Assistance (formerly known as General Assistance) and/or any local or State government-funded care, must be counted as a percentage of all net patient service revenue. To this percentage, the percentage of total inpatient charges attributable to inpatient charges for charity care (less payments for Family and Children Assistance inpatient hospital services, and/or any local or State government-funded care) must be added.
  - 3) Illinois hospitals that, on July 1, 1991, had an MIUR, as defined in Section 148.120(k)(4), that was at least the mean Medicaid inpatient utilization rate, as defined in Section 148.120(k)(3), and that were located in a planning area with one-third or fewer excess beds as determined by the Illinois Health Facilities Planning Board (77 Ill. Adm. Code 1100), and that, as of June 30, 1992, were located in a federally designated Health Manpower Shortage Area (42 CFR 5 (1989)).
  - 4) Illinois hospitals that:

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- A) Have an MIUR, as defined in Section 148.120(k)(4), that is at least the mean Medicaid inpatient utilization rate, as defined in Section 148.120(k)(3); and
  - B) Have a Medicaid obstetrical inpatient utilization rate, as defined in subsection (h)(3) of this Section, that is at least one standard deviation above the mean Medicaid obstetrical inpatient utilization rate, as defined in subsection (h)(2) of this Section.
- 5) Any children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3).
- 6) Out of state hospitals meeting the criteria in Section 148.120(e).
- b) In making the determination described in subsections (a)(1) and (a)(4)(A) of this Section, the Department shall utilize the data described in Section 148.120(c) and received in compliance with Section 148.120(f).
- c) Hospitals may apply to become a qualified Medicaid Percentage Adjustment hospital under subsection (a)(2) of this Section by submitting audited certified financial statements as described in Section 148.120(d) and received in compliance with Section 148.120(f).
- d) Medicaid Percentage Adjustments. The adjustment payments required by subsection (a) of this Section for qualified hospitals shall be calculated annually as follows for hospitals defined in Section 148.25(b)(1), excluding hospitals defined in Section 148.25(b)(1)(A) [and \(B\)](#).
- 1) The payment adjustment shall be calculated based upon the hospital's MIUR, as defined in Section 148.120(k)(4), and subject to subsections (e) and (f) of this Section, as follows:
    - A) Hospitals with an MIUR below the mean Medicaid inpatient utilization rate shall receive a payment adjustment of \$25;
    - B) Hospitals with an MIUR that is equal to or greater than the mean Medicaid inpatient utilization rate but less than one standard deviation above the mean Medicaid inpatient utilization rate shall receive a payment adjustment of \$25 plus \$1 for each one percent

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that the hospital's MIUR exceeds the mean Medicaid inpatient utilization rate;

- C) Hospitals with an MIUR that is equal to or greater than one standard deviation above the mean Medicaid inpatient utilization rate but less than 1.5 standard deviations above the mean Medicaid inpatient utilization rate shall receive a payment adjustment of \$40 plus \$7 for each one percent that the hospital's MIUR exceeds one standard deviation above the mean Medicaid inpatient utilization rate; and
- D) Hospitals with an MIUR that is equal to or greater than 1.5 standard deviations above the mean Medicaid inpatient utilization rate shall receive a payment adjustment of \$90 plus \$2 for each one percent that the hospital's MIUR exceeds 1.5 standard deviations above the mean Medicaid inpatient utilization rate.

2) ~~(Reserved) For a hospital organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B), the amount calculated pursuant to subsection (d)(1) of this Section shall be increased by \$60 per day.~~

3) ~~(Reserved) The Medicaid Percentage Adjustment payment, calculated in accordance with this subsection (d), to a hospital, other than a hospital and/or hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B), shall not exceed \$155 per day for a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), and shall not exceed \$215 per day for all other hospitals.~~

4) The amount calculated pursuant to subsections (d)(1) through (d)(3) of this Section shall be adjusted by the aggregate annual increase in the national hospital market basket price proxies (DRI) hospital cost index from DSH determination year 1993, as defined in Section 148.120(k)(2), through DSH determination year 2003, and annually thereafter, by a percentage equal to the lesser of:

- A) The increase in the national hospital market basket price proxies (DRI) hospital cost index for the most recent 12 month period for which data are available; or

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- B) The percentage increase in the Statewide average hospital payment rate, as described in subsection (h)(5) of this Section, over the previous year's Statewide average hospital payment rate.
- 5) The amount calculated pursuant to subsections (d)(1) through (d)(4) of this Section, as adjusted pursuant to subsections (e) and (f) of this Section, shall be the inpatient payment adjustment in dollars for the applicable Medicaid percentage determination year. The adjustments calculated under subsections (d)(1) through (d)(4) of this Section shall be paid on a per diem basis and shall be applied to each covered day of care provided.
- e) Inpatient Adjustor for Children's Hospitals. For a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), the payment adjustment calculated under subsection (d)(1) of this Section shall be multiplied by 2.0.
- f) [DSH for Government-Owned or Operated Hospitals](#)
- 1) [The following classes of government-owned or operated Illinois hospitals shall, subject to the limitations set forth in subsection \(g\) of this Section, be eligible for the disproportionate share hospital adjustment payment:](#)
- A) [Hospitals defined in Section 148.25\(b\)\(1\)\(A\).](#)
- B) [Hospitals owned or operated by a unit of local government that is not a hospital defined in subsection \(f\)\(1\)\(A\) of this Section.](#)
- C) [Hospitals defined in Section 148.25\(b\)\(1\)\(B\).](#)
- 2) [The annual amount of the payment shall be the amount computed for the hospital pursuant to federal limitations, adjusted from the midpoint of the cost report period to the midpoint of the rate period using the CMS Hospital Price Index.](#)
- 3) [The annual amount shall be paid to the hospital in monthly installments. The portion of the annual amount not paid pending approval of payments pursuant to federal approval shall, upon approval, be paid in a single lump sum payment. The annual amount shall be paid monthly to the hospital in 12 equal installments.](#)

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~~Inpatient Adjustor for Hospitals Organized under the University of Illinois Hospital Act. For a hospital or hospitals organized under the University of Illinois Hospital Act, as defined in Section 148.25(b)(1)(B), the payment adjustment calculated under subsection (d)(2) of this Section shall be multiplied by 1.50.~~

- g) Medicaid Percentage Adjustment Limitations:
- 1) In addition, to be deemed a Medicaid Percentage Adjustment hospital, a hospital must provide to the Department, in writing, the names of at least two obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to such services under a State Medicaid plan. In the case of a hospital located in a rural area (that is, an area outside of a Metropolitan Statistical Area, as defined by the federal Executive Office of Management and Budget), the term "obstetrician" includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures. This requirement does not apply to a hospital in which the inpatients are predominantly individuals under 18 years of age, or does not offer nonemergency obstetric services as of December 22, 1987. Hospitals that do not offer nonemergency obstetrics to the general public, with the exception of those hospitals described in 89 Ill. Adm. Code 149.50(c)(1) through (c)(4), must submit a statement to that effect.
  - 2) Hospitals that qualify for Medicaid Percentage Adjustments under this Section shall not be eligible for the total Medicaid Percentage Adjustment if, during the Medicaid Percentage Adjustment determination year, the hospital discontinues provision of nonemergency obstetrical care. The provisions of this subsection (g)(2) shall not apply to those hospitals described in 89 Ill. Adm. Code 149.50(c)(1) through (c)(4) or those hospitals that have not offered nonemergency obstetrical services as of December 22, 1987. In this instance, the adjustments calculated under subsection (d) shall cease to be effective on the date that the hospital discontinued the provision of such nonemergency obstetrical care.
  - 3) Appeals based upon a hospital's ineligibility for Medicaid Percentage payment adjustments, or their payment adjustment amounts, in accordance with Section 148.310(b), which result in a change in a hospital's eligibility

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for Medicaid Percentage payment adjustments or a change in a hospital's payment adjustment amounts, shall not affect the Medicaid Percentage status of any other hospital or the payment adjustment amount of any other hospital that has received notification from the Department of its eligibility for Medicaid Percentage payment adjustments based upon the requirements of this Section.

- 4) Medicaid Inpatient Utilization Rate Limit. Hospitals that qualify for Medicaid percentage payment adjustments under this Section shall not be eligible for Medicaid percentage payment adjustments if the hospital's MIUR, as defined in Section 148.120(k)(4), is less than one percent.
- h) Inpatient Payment Adjustment Definitions. The definitions of terms used with reference to calculation of Inpatient Payment Adjustments are as follows:
- 1) "Medicaid Percentage determination year" means the 12 month period beginning on October 1 of the year and ending September 30 of the following year.
  - 2) "Mean Medicaid obstetrical inpatient utilization rate" means a fraction, the numerator of which is the total Medicaid (Title XIX) obstetrical inpatient days, as defined in subsection (h)(4) of this Section, provided by all Medicaid-participating Illinois hospitals providing obstetrical services to patients who, for such days, were eligible for Medicaid under Title XIX of the Federal Social Security Act (42 USC 1396a), and the denominator of which is the total Medicaid inpatient days, as defined in subsection (h)(6) of this Section, for all such hospitals. That information shall be derived from claims for applicable services provided in the Medicaid obstetrical inpatient utilization rate base year that were subsequently adjudicated by the Department through the last day of June preceding the DSH determination year and contained within the Department's paid claims data base.
  - 3) "Medicaid obstetrical inpatient utilization rate" means a fraction, the numerator of which is the Medicaid (Title XIX) obstetrical inpatient days, as defined in subsection (h)(4) of this Section, provided by a Medicaid-participating Illinois hospital providing obstetrical services to patients who, for such days, were eligible for Medicaid under Title XIX of the federal Social Security Act (42 USC 1396a), and the denominator of

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which is the total Medicaid (Title XIX) inpatient days, as defined in subsection (h)(6) of this Section, provided by such hospital. This information shall be derived from claims for applicable services provided in the Medicaid obstetrical inpatient utilization rate base year that were subsequently adjudicated by the Department through the last day of June preceding the Medicaid Percentage determination year and contained within the Department's paid claims data base.

- 4) "Medicaid (Title XIX) obstetrical inpatient days" means hospital inpatient days that were subsequently adjudicated by the Department through the last day of June preceding the Medicaid Percentage Adjustment determination year and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, with a Diagnosis Related Grouping (DRG) of 370 through 375, and specifically excludes Medicare/Medicaid crossover claims.
- 5) "Statewide average hospital payment rate" means the hospital's alternative reimbursement rate, as defined in Section 148.270(a).
- 6) "Total Medicaid (Title XIX) inpatient days", as referred to in subsections (h)(2) and (h)(3) of this Section, means hospital inpatient days, excluding days for normal newborns, that were subsequently adjudicated by the Department through the last day of June preceding the Medicaid Percentage determination year and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, and specifically excludes Medicare/Medicaid crossover claims.
- 7) "Medicaid obstetrical inpatient utilization rate base year" means, for example, fiscal year 2002 for the October 1, 2003, Medicaid Percentage Adjustment determination year; fiscal year 2003 for the October 1, 2004, Medicaid Percentage Adjustment determination year; etc.

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.126 Safety Net Adjustment Payments**

- a) Qualifying criteria: Safety net adjustment payments shall be made to a qualifying hospital, as defined in this subsection (a), unless the hospital does not provide

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comprehensive emergency treatment services as defined in 77 Ill. Adm. Code 250.710(a) on or after July 1, 2006, but did provide comprehensive emergency treatment services as defined in 77 Ill. Adm. Code 250.710(a) on January 1, 2006. A hospital not otherwise excluded under subsection (b) of this Section shall qualify for payment if it meets one of the following criteria:

- 1) The hospital has, as provided in subsection (e)(6) of this Section, an MIUR equal to or greater than 40 percent.
- 2) The hospital has the highest number of obstetrical care days in the safety net hospital base year.
- 3) The hospital is, as of October 1, 2001, a sole community hospital, as defined by the United States Department of Health and Human Services (42 CFR 412.92).
- 4) The hospital is, as of October 1, 2001, a rural hospital, as described in Section 148.25(g)(3), that meets all of the following criteria:
  - A) Has an MIUR greater than 33 percent.
  - B) Is designated a perinatal level two center by the Illinois Department of Public Health.
  - C) Has fewer than 125 licensed beds.
- 5) The hospital is a rural hospital, as described in Section 148.25(g)(3).
- 6) The hospital meets all of the following criteria:
  - A) Has an MIUR greater than 30 percent.
  - B) Had an occupancy rate greater than 80 percent in the safety net hospital base year.
  - C) Provided greater than 15,000 total days in the safety net hospital base year.
- 7) The hospital meets all of the following criteria:

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- A) Does not already qualify under subsections (a)(1) through (a)(6) of this Section.
  - B) Has an MIUR greater than 25 percent.
  - C) Had an occupancy rate greater than 68 percent in the safety net hospital base year.
  - D) Provided greater than 12,000 total days in the safety net hospital base year.
- 8) The hospital meets all of the following criteria in the safety net base year:
- A) Is a rural hospital, as described in Section 148.25(g)(3).
  - B) Has an MIUR greater than 18 percent.
  - C) Has a combined MIUR greater than 45 percent.
  - D) Has licensed beds less than or equal to 60.
  - E) Provided greater than 400 total days.
  - F) Provided fewer than 125 obstetrical care days.
- 9) The hospital meets all of the following criteria in the safety net base year:
- A) Is a psychiatric hospital, as described in 89 Ill. Adm. Code 149.50(c)(1).
  - B) Has licensed beds greater than 120.
  - C) Has an average length of stay less than ten days.
- 10) The hospital meets all of the following criteria in the safety net base year:
- A) Does not already qualify under subsections (a)(1) through (a)(9) of this Section.

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- B) Has an MIUR greater than 17 percent.
  - C) Has licensed beds greater than 450.
  - D) Has an average length of stay less than four days.
- 11) The hospital meets all of the following criteria in the safety net base year:
- A) Does not already qualify under subsections (a)(1) through (a)(10) of this Section.
  - B) Has an MIUR greater than 21 percent.
  - C) Has licensed beds greater than 350.
  - D) Has an average length of stay less than 3.15 days.
- 12) The hospital meets all of the following criteria in the safety net base year:
- A) Does not already qualify under subsections (a)(1) through (a)(11) of this Section.
  - B) Has an MIUR greater than 34 percent.
  - C) Has licensed beds greater than 350.
  - D) Is designated a perinatal Level II center by the Illinois Department of Public Health.
- 13) The hospital meets all of the following criteria in the safety net base year:
- A) Does not already qualify under subsections (a)(1) through (a)(12) of this Section.
  - B) Has an MIUR greater than 35 percent.
  - C) Has an average length of stay less than four days.

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- 14) The hospital meets all of the following criteria in the safety net base year:
- A) Does not already qualify under subsections (a)(1) through (a)(13) of this Section.
  - B) Has a CMIUR greater than 25 percent.
  - C) Has an MIUR greater than 12 percent.
  - D) Is designated a perinatal Level II center by the Illinois Department of Public Health.
  - E) Has licensed beds greater than 400.
  - F) Has an average length of stay less than 3.5 days.
- 15) ~~(Reserved)The hospital meets all of the following criteria in the safety net base year:~~
- ~~A) Does not already qualify under subsections (a)(1) through (a)(14) of this Section.~~
  - ~~B) Has a CMIUR greater than 28 percent.~~
  - ~~C) Is designated a perinatal Level II center by the Illinois Department of Public Health.~~
  - ~~D) Has licensed beds greater than 320.~~
  - ~~E) Had an occupancy rate greater than 37 percent in the safety net hospital base year.~~
  - ~~F) Has an average length of stay less than 3.1 days.~~
- 16) A hospital provider that would otherwise be excluded from payment by subsection (a) because it does not operate a comprehensive emergency room, if the hospital provider operates within 1 mile of an affiliate hospital provider that is owned and controlled by the same governing body that operates a comprehensive emergency room, as defined in 77 Ill. Adm.

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Code 250.710(a), and the provider operates a standby emergency room, as defined in 77 Ill. Adm. Code 250.710(c), and functions as an overflow emergency room for its affiliate hospital provider.

18) The hospital meets all of the following criteria in the safety net base year:

A) Does not already qualify under subsections (a)(1) through (a)(17) of this Section.

B) Is located outside HSA 6.

C) Has an MIUR greater than 16%.

D) Has licensed beds greater than 475.

E) Has an average length of stay less than five days.

19) The hospitals meet all of the following criteria in the safety net base year:

A) Provided greater than 5,000 obstetrical care days.

B) Has a combined MIUR greater than 80%.

b) The following five classes of hospitals are ineligible for safety net adjustment payments associated with the qualifying criteria listed in subsections (a)(1) through (a)(4), subsections (a)(6) through (a)(8), ~~and~~ subsections (a)(10) through (a)(~~16~~45) and subsections (a)(18) through (a)(19) of this Section:

- 1) Hospitals located outside of Illinois.
- 2) County-owned hospitals, as described in Section 148.25(b)(1)(A).
- 3) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).
- 4) Psychiatric hospitals, as described in 89 Ill. Adm. Code 149.50(c)(1).
- 5) Long term stay hospitals, as described in 89 Ill. Adm. Code 149.50(c)(4).

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## c) Safety Net Adjustment Rates

- 1) For a hospital qualifying under subsection (a)(1) of this Section, the rate is the sum of the amounts for each of the following criteria for which it qualifies:
  - A) A qualifying hospital – \$15.00.
  - B) A rehabilitation hospital, as described in 89 Ill. Adm. Code 149.50(c)(2) – \$20.00.
  - C) A children's hospital, as described in 89 Ill. Adm. Code 149.50(c)(3) – \$20.00.
  - D) A children's hospital that has an MIUR greater than or equal to 80 per centum that is:
    - i) Located within HSA 6 or HSA 7 – \$296.00.
    - ii) Located outside HSA 6 or HSA 7 – \$35.00.
  - E) A children's hospital that has an MIUR less than 80 per centum, but greater than or equal to 60 per centum, that is:
    - i) Located within HSA 6 or HSA 7 – \$35.00.
    - ii) Located outside HSA 6 or HSA 7 – \$15.00.
  - F) A children's hospital that has an MIUR less than 60 per centum, but greater than or equal to 45 per centum, that is:
    - i) Located within HSA 6 or HSA 7 – \$12.00.
    - ii) Located outside HSA 6 or HSA 7 – \$5.00.
  - G) A children's hospital with more than 25 graduate medical education programs, as listed in the "2000-2001 Graduate Medical Education Directory" – ~~\$255.50~~ \$160.25.

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- H) A children's hospital that is a rural hospital – \$145.00.
- I) A qualifying hospital that is neither a rehabilitation hospital nor a children's hospital that is located in HSA 6 and that:
- i) Provides obstetrical care – \$10.00.
  - ii) Has at least one graduate medical education program, as listed in the "2000-2001 Graduate Medical Education Directory" – \$5.00.
  - iii) Has at least one obstetrical graduate medical education program, as listed in the "2000-2001 Graduate Medical Education Directory" – \$5.00.
  - iv) Provided more than 5,000 obstetrical days during the safety net hospital base year – \$35.00.
  - v) Provided fewer than 4,000 obstetrical days during the safety net hospital base year and its average length of stay is: less than or equal to 4.50 days – \$5.00; less than 4.00 days – \$5.00; less than 3.75 days – \$5.00.
  - vi) Provides obstetrical care and has an MIUR greater than 65 percent – \$11.00.
  - vii) Has greater than 700 licensed beds – ~~\$37.75~~~~\$57.25~~.
- J) A qualifying hospital that is neither a rehabilitation hospital nor a children's hospital, that is located outside HSA 6, that has an MIUR greater than 50 per centum, and that:
- i) Provides obstetrical care – ~~\$280.00~~~~\$70.00~~.
  - ii) Does not provide obstetrical care – ~~\$120.00~~~~\$30.00~~.
  - iii) Is a trauma center, recognized by the Illinois Department of Public Health (IDPH), as of July 1, 2005 – \$173.50.

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- K) A qualifying hospital that provided greater than 35,000 total days in the safety net hospital base year – \$6.00.
- L) A qualifying hospital with two or more graduate medical education programs, as listed in the "2000-2001 Graduate Medical Education Directory", with an average length of stay fewer than 4.00 days – \$48.00.
- 2) For a hospital qualifying under subsection (a)(2) of this Section, the rate shall be ~~\$154.50~~ \$123.00.
- 3) For a hospital qualifying under subsection (a)(3) of this Section, the rate is the sum of the amounts for each of the following criteria for which it qualifies:
- A) A qualifying hospital – \$40.00.
- B) A hospital that has an average length of stay of fewer than 4.00 days, and:
- i) More than 150 licensed beds – \$20.00.
- ii) Fewer than 150 licensed beds – \$40.00.
- C) A qualifying hospital with the lowest average length of stay – \$15.00.
- D) A hospital that has a CMIUR greater than 65 per centum – \$35.00.
- E) A hospital that has fewer than 25 total admissions in the safety net hospital base year – \$160.00.
- 4) For a hospital qualifying under subsection (a)(4) of this Section, the rate shall be ~~\$55.00~~ \$110.00.
- 5) For a hospital qualifying under subsection (a)(5) of this Section, the rate is the sum of the amounts for each of the following for which it qualifies, divided by the hospital's total days:

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- A) The hospital that has the highest number of obstetrical care admissions – \$30,840.00.
- B) The greater of:
- i) The product of \$115.00 multiplied by the number of obstetrical care admissions.
  - ii) The product of \$11.50 multiplied by the number of general care admissions.
- 6) For a hospital qualifying under subsection (a)(6) of this Section, the rate is ~~\$56.00~~\$149.00.
- 7) For a hospital qualifying under subsection (a)(7) of this Section, the rate is ~~\$210.50~~\$322.50.
- 8) For a hospital qualifying under subsection (a)(8) of this Section, the rate is \$124.50.
- 9) For a hospital qualifying under subsection (a)(9) of this Section, the rate is \$85.50.
- 10) For a hospital qualifying under subsection (a)(10) of this Section, the rate is ~~\$13.75~~\$96.25.
- 11) For a hospital qualifying under subsection (a)(11) of this Section, the rate is \$39.50.
- 12) For a hospital qualifying under subsection (a)(12) of this Section, the rate is ~~\$240.50~~\$120.25.
- 13) For a hospital qualifying under subsection (a)(13) of this Section, the rate is ~~\$231.50~~\$365.00.
- 14) For a hospital qualifying under subsection (a)(14) of this Section, the rate is ~~\$443.75~~\$430.00.
- 15) ~~(Reserved) For a hospital qualifying under subsection (a)(15) of this~~

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~~Section, the rate is \$540.00.~~

17) For a hospital qualifying under subsection (a)(18) of this Section, the rate is \$69.00.

18) For a hospital qualifying under subsection (a)(19) of this Section, the rate is \$16.00.

d) Payment to a Qualifying Hospital

1) The total annual payments to a qualifying hospital shall be the product of the hospital's rate multiplied by two multiplied by total days.

~~2) For the safety net adjustment period occurring in State fiscal year 2007, total payments will equal the methodologies described in subsection (c) of this Section. For the period January 1, 2007 through June 30, 2007, payment will equal the State fiscal year 2006 amount less the amount the hospital received under the safety net adjustment period for the quarters ending September 30, 2006 and December 31, 2006.~~

23) For safety net adjustment periods occurring after State fiscal year 20092007, total payments will equal sum of amounts calculated under the methodologies described in subsection (c) of this Section and shall be paid to the hospital during the safety net adjustment period in installments on, at least, a quarterly basis.

e) Definitions

1) "Average length of stay" means, for a given hospital, a fraction in which the numerator is the number of total days and the denominator is the number of total admissions.

2) "CMIUR" means, for a given hospital, the sum of the MIUR plus the Medicaid obstetrical inpatient utilization rate, determined as of October 1, 2001, as defined in Section 148.120(k)(6).

3) "General care admissions" means, for a given hospital, the number of hospital inpatient admissions for recipients of medical assistance under Title XIX of the Social Security Act, as tabulated from the Department's

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claims data for admissions occurring in the safety net hospital base year that were adjudicated by the Department by June 30, 2001, excluding admissions for: obstetrical care, as defined in subsection (e)(7) of this Section; normal newborns; psychiatric care; physical rehabilitation; and those covered in whole or in part by Medicare (Medicaid/Medicare crossover admissions).

- 4) "HSA" means Health Service Area, as defined by the Illinois Department of Public Health.
- 5) "Licensed beds" means, for a given hospital, the number of licensed beds, excluding long term care and substance abuse beds, as listed in the July 25, 2001, Illinois Department of Public Health report entitled "Percent Occupancy by Service in Year 2000 for Short Stay, Non-Federal Hospitals in Illinois."
- 6) "MIUR", for a given hospital, has the meaning as defined in Section 148.120(k)(5) and shall be determined in accordance with Section 148.120(c) and (f). For purposes of this Section, the MIUR determination that was used to determine a hospital's eligibility for Disproportionate Share Hospital Adjustment payments in rate year 2002 shall be the same determination used to determine a hospital's eligibility for safety net adjustment payments in the Safety Net Adjustment Period.
- 7) "Obstetrical care admissions" means, for a given hospital, the number of hospital inpatient admissions for recipients of medical assistance under Title XIX of the Social Security Act, as tabulated from the Department's claims data, for admissions occurring in the safety net hospital base year that were adjudicated by the Department through June 30, 2001, and were assigned by the Department a diagnosis related grouping (DRG) code of 370 through 375.
- 8) "Obstetrical care days" means, for a given hospital, days of hospital inpatient service associated with the obstetrical care admissions described in subsection (e)(7) of this Section.
- 9) "Occupancy rate" means, [for a given hospital](#), a fraction, the numerator of which is the hospital's total days, excluding long term care and substance abuse days, and the denominator of which is the hospital's total beds,

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excluding long term care and substance abuse beds, multiplied by 365 days. The data used for calculation of the hospital occupancy rate is as listed in the July 25, 2001, Illinois Department of Public Health report entitled "Percent Occupancy by Service in Year 2000 for Short Stay, Non-Federal Hospitals in Illinois".

- 10) "Safety net hospital base year" means the 12-month period beginning on July 1, 1999, and ending on June 30, 2000.
- 11) "Safety net adjustment period" means, beginning July 1, 2002, the 12 month period beginning on July 1 of a year and ending on June 30 of the following year.
- 12) "Total admissions" means, for a given hospital, the number of hospital inpatient admissions for recipients of medical assistance under Title XIX of the Social Security Act, excluding admissions for individuals eligible for Medicare under Title XVIII of that Act (Medicaid/Medicare crossover admissions), as tabulated from the Department's claims data for admissions occurring in the safety net hospital base year that were adjudicated by the Department through June 30, 2001.
- 13) "Total days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of that Act (Medicaid/Medicare crossover days), as tabulated from the Department's claims data for admissions occurring in the safety net hospital base year that were adjudicated by the Department through June 30, 2001.

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.295 Critical Hospital Adjustment Payments (CHAP)**

Critical Hospital Adjustment Payments (CHAP) shall be made to all eligible hospitals excluding county-owned hospitals, as described in Section 148.25(b)(1)(A), unless otherwise noted in this Section, and hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B), for inpatient admissions occurring on or after July 1, 1998, in accordance with this Section.

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- a) Trauma Center Adjustments (TCA)  
The Department shall make a TCA to Illinois hospitals recognized, as of the first day of July in the CHAP rate period, as a Level I or Level II trauma center by the Illinois Department of Public Health (IDPH) in accordance with the provisions of subsections (a)(1) through (a)(4) of this Section. For the purpose of a TCA, a children's hospital, as defined under 89 Ill. Adm. Code 149.50(c)(3), operating under the same license as a hospital designated as a trauma center, shall be deemed to be a trauma center.
- 1) Level I Trauma Center Adjustment-
- A) Criteria. Illinois hospitals that, on the first day of July in the CHAP rate period, are recognized as a Level I trauma center by IDPH shall receive the Level I trauma center adjustment. Hospitals qualifying under subsection (a)(2) are not eligible for payment under this subsection.
- B) Adjustment. Illinois hospitals meeting the criteria specified in subsection (a)(1)(A) of this Section shall receive an adjustment as follows:
- i) Hospitals with Medicaid trauma admissions equal to or greater than the mean Medicaid trauma admissions, for all hospitals qualifying under subsection (a)(1)(A) of this Section, shall receive an adjustment of \$21,365.00 per Medicaid trauma admission in the CHAP base period.
- ii) Hospitals with Medicaid trauma admissions less than the mean Medicaid trauma admissions, for all hospitals qualifying under subsection (a)(1)(A) of this Section, shall receive an adjustment of \$14,165.00 per Medicaid trauma admission in the CHAP base period.
- 2) Level I Trauma Center Adjustment for Illinois hospitals located in the same city, that alternate their Level I trauma center designation-
- A) Criteria. Illinois hospitals that are located in the same city and participate in an agreement in effect as of July 1, 2007, whereby their designation as a Level I trauma center by the Illinois

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Department of Public Health is rotated among qualifying hospitals from year to year or during a year, that are in the following classes:

- i) A children's hospital – All children's hospitals as defined in 89 Ill. Adm. Code 149.50(c)(3), in a given city, qualifying under subsection (a)(2)(A) shall be considered one entity for the purpose of calculating the adjustment in subsection (a)(2)(B).
  - ii) A general acute care hospital – All general acute care adult hospitals, in a given city, affiliated with a children's hospital, as defined in subsection (a)(2)(A)(i), qualifying under subsection (a)(2)(A) shall be considered one entity for the purposes of calculating the adjustment in subsection (a)(2)(B).
- B) Adjustment. Hospitals meeting the criteria specified in subsection (a)(2)(A) shall receive an adjustment as follows:
- i) If the sum of Medicaid trauma center admissions within either class, as described in subsection (a)(2)(A), is equal to or greater than the mean Medicaid trauma admissions for the 2 classes under subsection (a)(2)(A) of this Section, then each member of that class shall receive an adjustment of \$5,250.00 per Medicaid trauma admission for that class, in the CHAP base period.
  - ii) If the sum of Medicaid trauma center admissions within either class, as described in subsection (a)(2)(A), is less than the mean Medicaid trauma admissions of the 2 classes under subsection (a)(2)(A) of this Section, then each member of that class shall receive an adjustment of \$3,625.00 per Medicaid trauma admission for that class in the CHAP base period.
- 3) Level II Rural Trauma Center Adjustment. Illinois rural hospitals, as defined in Section 148.25(g)(3), that, on the first day of July in the CHAP rate period, are recognized as a Level II trauma center by the Illinois

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Department of Public Health shall receive an adjustment of \$11,565.00 per Medicaid trauma admission in the CHAP base period.

- 4) Level II Urban Trauma Center Adjustment. Illinois urban hospitals, as described in Section 148.25(g)(4), that, on the first day of July in the CHAP rate period, are recognized as Level II trauma centers by the Illinois Department of Public Health shall receive an adjustment of \$11,565.00 per Medicaid trauma admission in the CHAP base period, provided that such hospital meets the criteria described below:
  - A) The hospital is located in a county with no Level I trauma center; and
  - B) The hospital is located in a Health Professional Shortage Area (HPSA) (42 CFR 5), as of the first day of July in the CHAP rate period, and has a Medicaid trauma admission percentage at or above the mean of the individual facility values determined in subsection (a)(4) of this Section; or the hospital is not located in an HPSA and has a Medicaid trauma admission percentage that is at least the mean plus one standard deviation of the individual facility values determined in subsection (a)(4) of this Section; and
  - C) The hospital does not qualify under subsection (a)(2).
- b) Rehabilitation Hospital Adjustment (RHA)

Illinois hospitals that, on the first day of July in the CHAP rate period, qualify as rehabilitation hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(2), and that are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), shall receive a rehabilitation hospital adjustment in the CHAP rate period that consists of the following three components:

  - 1) Treatment Component. All hospitals defined in subsection (b) of this Section shall receive \$4,215.00 per Medicaid Level I rehabilitation admission in the CHAP base period.
  - 2) Facility Component. All hospitals defined in subsection (b) of this Section shall receive a facility component that shall be based upon the number of Medicaid Level I rehabilitation admissions in the CHAP base period as follows:

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- A) Hospitals with fewer than 60 Medicaid Level I rehabilitation admissions in the CHAP base period shall receive a facility component of \$229,360.00 in the CHAP rate period.
  - B) Hospitals with 60 or more Medicaid Level I rehabilitation admissions in the CHAP base period shall receive a facility component of \$527,528.00 in the CHAP rate period.
- 3) Health Professional Shortage Area Adjustment Component. Hospitals defined in subsection (b) of this Section that are located in an HPSA on July 1, 1999, shall receive \$276.00 per Medicaid Level I rehabilitation inpatient day in the CHAP base period.
- c) Direct Hospital Adjustment (DHA) Criteria
- 1) Qualifying Criteria  
Hospitals may qualify for the DHA under this subsection (c) under the following categories unless the hospital does not provide comprehensive emergency treatment services as defined in 77 Ill. Adm. Code 250.710(a) on or after July 1, 2006, but did provide comprehensive emergency treatment services as defined in 77 Ill. Adm. Code 250.710(a) on January 1, 2006:
    - A) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals and long term stay hospitals, all other hospitals located in Health Service Area (HSA) 6 that either:
      - i) were eligible for Direct Hospital Adjustments under the CHAP program as of July 1, 1999 and had a Medicaid inpatient utilization rate (MIUR) equal to or greater than the statewide mean in Illinois on July 1, 1999;
      - ii) were eligible under the Supplemental Critical Hospital Adjustment Payment (SCHAP) program as of July 1, 1999 and had an MIUR equal to or greater than the statewide mean in Illinois on July 1, 1999; or

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- iii) were county owned hospitals as defined in 89 Ill. Adm. Code 148.25(b)(1)(A), and had an MIUR equal to or greater than the statewide mean in Illinois on July 1, 1999.
- B) Illinois hospitals located outside of HSA 6 that had an MIUR greater than 60 percent on July 1, 1999 and an average length of stay less than ten days. The following hospitals are excluded from qualifying under this subsection (c)(1)(B): children's hospitals; psychiatric hospitals; rehabilitation hospitals; and long term stay hospitals.
- C) Children's hospitals, as defined under 89 Ill. Adm. Code 149.50(c)(3), on July 1, 1999.
- D) Illinois teaching hospitals, with more than 40 graduate medical education programs on July 1, 1999, not qualifying in subsection (c)(1)(A), (B), or (C) of this Section.
- E) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals, long term stay hospitals and hospitals qualifying in subsection (c)(1)(A), (B), (C) or (D) of this Section, all other hospitals located in Illinois that had an MIUR equal to or greater than the mean plus one-half standard deviation on July 1, 1999 and provided more than 15,000 Total days.
- F) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals, long term stay hospitals and hospitals otherwise qualifying in subsection (c)(1)(A), (B), (C), (D), or (E) of this Section, all other hospitals that had an MIUR greater than 40 percent on July 1, 1999 and provided more than 7,500 Total days and provided obstetrical care as of July 1, 2001.
- G) Illinois teaching hospitals with 25 or more graduate medical education programs on July 1, 1999 that are affiliated with a Regional Alzheimer's Disease Assistance Center as designated by the Alzheimer's Disease Assistance Act [410 ILCS 405/4], that had

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an MIUR less than 25 percent on July 1, 1999 and provided 75 or more Alzheimer days for patients diagnosed as having the disease.

- H) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals, long term stay hospitals and hospitals otherwise qualifying in subsection (c)(1)(A) through (c)(1)(G) of this Section, all other hospitals that had an MIUR greater than 50 percent on July 1, 1999.
  - I) Except for hospitals operated by the University of Illinois, children's hospitals, psychiatric hospitals, rehabilitation hospitals, long term stay hospitals and hospitals otherwise qualifying in subsection (c)(1)(A) through (c)(1)(H) of this Section, all other hospitals that had an MIUR greater than 23 percent on July 1, 1999, had an average length of stay less than four days, provided more than 4,200 Total days and provided 100 or more Alzheimer days for patients diagnosed as having the disease.
  - J) A hospital that does not qualify under subsection (c)(1) of this Section because it does not operate a comprehensive emergency room will qualify if the hospital provider operates a standby emergency room, as defined in 77 Ill. Adm. Code 250.710(c), and functions as an overflow emergency room for its affiliate hospital provider, owned and controlled by the same governing body, that operates a comprehensive emergency room, as defined in 77 Ill. Adm. Code 250.710(a), within one mile of the hospital provider.
- 2) DHA Rates
- A) For hospitals qualifying under subsection (c)(1)(A) of this Section, the DHA rates are as follows:
    - i) Hospitals that have a Combined MIUR that is equal to or greater than the Statewide mean Combined MIUR, but less than one standard deviation above the Statewide mean Combined MIUR, will receive \$69.00 per day for hospitals that do not provide obstetrical care and \$105.00 per day for hospitals that do provide obstetrical care.

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- ii) Hospitals that have a Combined MIUR that is equal to or greater than one standard deviation above the Statewide mean Combined MIUR, but less than one and one-half standard deviation above the Statewide mean Combined MIUR, will receive \$105.00 per day for hospitals that do not provide obstetrical care and \$142.00 per day for hospitals that do provide obstetrical care.
  - iii) Hospitals that have a Combined MIUR that is equal to or greater than one and one-half standard deviation above the Statewide mean Combined MIUR, but less than two standard deviations above the Statewide mean Combined MIUR, will receive \$124.00 per day for hospitals that do not provide obstetrical care and \$160.00 per day for hospitals that do provide obstetrical care.
  - iv) Hospitals that have a Combined MIUR that is equal to or greater than two standard deviations above the Statewide mean Combined MIUR will receive \$142.00 per day for hospitals that do not provide obstetrical care and \$179.00 per day for hospitals that do provide obstetrical care.
- B) Hospitals qualifying under subsection (c)(1)(A) of this Section will also receive the following rates:
- i) County owned hospitals as defined in Section 148.25 with more than 30,000 Total days will have their rate increased by \$455.00 per day.
  - ii) Hospitals that are not county owned with more than 30,000 Total days will have their rate increased by \$330.00 per day.
  - iii) Hospitals with more than 80,000 Total days will have their rate increased by an additional \$423.00 per day.
  - iv) Hospitals with more than 4,500 Obstetrical days will have their rate increased by \$101.00 per day.

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- v) Hospitals with more than 5,500 Obstetrical days will have their rate increased by an additional \$194.00 per day.
  - vi) Hospitals with an MIUR greater than 74 percent will have their rate increased by \$147.00 per day.
  - vii) Hospitals with an average length of stay less than 3.9 days will have their rate increased by \$41.00 per day.
  - viii) Hospitals with an MIUR greater than the statewide mean plus one standard deviation that are designated a Perinatal Level 2 Center and have one or more obstetrical graduate medical education programs as of July 1, 1999 will have their rate increased by \$227.00 per day.
  - ix) Hospitals receiving payments under subsection (c)(2)(A)(ii) of this Section that have an average length of stay less than four days will have their rate increased by \$528.00 per day.
  - x) Hospitals receiving payments under subsection (c)(2)(A)(ii) of this Section that have an MIUR greater than 60 percent will have their rate increased by \$320.50 per day.
  - xi) Hospitals receiving payments under subsection (c)(2)(A)(iv) of this Section that have an MIUR greater than 70 percent and have more than 20,000 days will have their rate increased by \$98.00 per day.
  - xii) Hospitals with a Combined MIUR greater than 75 percent that have more than 20,000 total days, have an average length of stay less than five days and have at least one graduate medical program will have their rate increased by \$148.00 per day.
- C) Hospitals qualifying under subsection (c)(1)(B) of this Section will receive the following rates:
- i) Qualifying hospitals will receive a rate of \$421.00 per day.

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- ii) Qualifying hospitals with more than 1,500 Obstetrical days will have their rate increased by \$369.00 per day.
- D) Hospitals qualifying under subsection (c)(1)(C) of this Section will receive the following rates:
- i) Hospitals will receive a rate of \$28.00 per day.
  - ii) Hospitals located in Illinois and outside of HSA 6 that have an MIUR greater than 60 percent will have their rate increased by \$55.00 per day.
  - iii) Hospitals located in Illinois and inside HSA 6 that have an MIUR greater than 80 percent will have their rate increased by \$573.00 per day.
  - iv) Hospitals that are not located in Illinois that have an MIUR greater than 45 percent will have their rate increased by \$32.00 per day for hospitals that have fewer than 4,000 Total days; or \$246.00 per day for hospitals that have more than 4,000 Total days but fewer than 8,000 Total days; or \$178.00 per day for hospitals that have more than 8,000 Total days.
  - v) Hospitals with more than 3,200 Total admissions will have their rate increased by \$328.00 per day.
- E) Hospitals qualifying under subsection (c)(1)(D) of this Section will receive the following rates:
- i) Hospitals will receive a rate of \$41.00 per day.
  - ii) Hospitals with an MIUR between 18 percent and 19.75 percent will have their rate increased by an additional \$14.00 per day.

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- iii) Hospitals with an MIUR equal to or greater than 19.75 percent will have their rate increased by an additional \$110.25 per day.
- iv) Hospitals with a combined MIUR that is equal to or greater than 35 percent will have their rate increased by an additional \$41.00 per day.
- F) Hospitals qualifying under subsection (c)(1)(E) of this Section will receive \$188.00 per day.
- G) Hospitals qualifying under subsection (c)(1)(F) of this Section will receive a rate of \$55.00 per day.
- H) Hospitals that qualify under subsection (c)(1)(G) of this Section will receive the following rates:
  - i) Hospitals with an MIUR equal to or less than 19.75 percent will receive a rate of \$11.00 per day.
  - ii) Hospitals with an MIUR greater than 19.75 percent, but equal to or less than 20.00 percent, will receive a rate of \$69.00 per day.
  - iii) Hospitals with an MIUR greater than 20.00 percent will receive a rate of \$110.00 per day.
- I) Hospitals qualifying under subsection (c)(1)(H) of this Section will receive a rate of \$268.00 per day.
- J) Hospitals qualifying under subsection (c)(1)(I) of this Section will receive a rate of ~~\$328.00~~\$238.00 per day.
- K) Hospitals that qualify under subsection (c)(1)(A)(iii) of this Section will have their rates multiplied by a factor of two. The payments calculated under this Section to hospitals that qualify under subsection (c)(1)(A)(iii) of this Section may be adjusted by the Department to ensure compliance with aggregate and hospital specific federal payment limitations. A portion of the payments

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calculated under this Section may be classified as disproportionate share adjustments for hospitals qualifying under subsection (c)(1)(A)(iii) of this Section.

- 3) DHA Payments
  - A) Payments under this subsection (c) will be made at least quarterly, beginning with the quarter ending December 31, 1999.
  - B) Payment rates will be multiplied by the Total days.
  - C) Total Payment Adjustments
    - i) For the CHAP rate period occurring in State fiscal year 2008, total payments will equal the methodologies described in subsection (c)(2) of this Section.
    - ii) For CHAP rate periods occurring after State fiscal year 2008, total payments will equal the methodologies described in subsection (c)(2) of this Section.
- d) Rural Critical Hospital Adjustment Payments (RCHAP)

RCHAP shall be made to rural hospitals, as described in 89 Ill. Adm. Code 140.80(j)(1), for certain inpatient admissions. The hospital qualifying under this subsection that has the highest number of Medicaid obstetrical care admissions during the CHAP base period shall receive \$367,179.00 per year. The Department shall also make an RCHAP to hospitals qualifying under this subsection at a rate that is the greater of:

  - 1) the product of \$1,367.00 multiplied by the number of RCHAP Obstetrical Care Admissions in the CHAP base period, or
  - 2) the product of \$138.00 multiplied by the number of RCHAP General Care Admissions in the CHAP base period.
- e) Total CHAP Adjustments

Each eligible hospital's critical hospital adjustment payment shall equal the sum of the amounts described in subsections (a), (b), (c) and (d) of this Section. The critical hospital adjustment payments shall be paid at least quarterly.

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- f) **Critical Hospital Adjustment Limitations**  
Hospitals that qualify for trauma center adjustments under subsection (a) of this Section shall not be eligible for the total trauma center adjustment if, during the CHAP rate period, the hospital is no longer recognized by the Illinois Department of Public Health as a Level I trauma center as required for the adjustment described in subsection (a)(1) of this Section, or a Level II trauma center as required for the adjustment described in subsection (a)(2) or (a)(3) of this Section. In these instances, the adjustments calculated shall be pro-rated, as applicable, based upon the date that such recognition ceased. This limitation does not apply to hospitals qualifying under subsection (a)(2).
- g) **Critical Hospital Adjustment Payment Definitions**  
The definitions of terms used with reference to calculation of the CHAP required by this Section are as follows:
- 1) "Alzheimer days" means total paid days contained in the Department's paid claims database with a ICD-9-CM diagnosis code of 331.0 for dates of service occurring in State fiscal year 2001 and adjudicated through June 30, 2002.
  - 2) "CHAP base period" means State Fiscal Year 1994 for CHAP calculated for the July 1, 1995 CHAP rate period; State Fiscal Year 1995 for CHAP calculated for the July 1, 1996 CHAP rate period; etc.
  - 3) "CHAP rate period" means, beginning July 1, 1995, the 12 month period beginning on July 1 of the year and ending June 30 of the following year.
  - 4) "Combined MIUR" means the sum of Medicaid Inpatient Utilization Rate (MIUR) as of July 1, 1999, and as defined in Section 148.120(k)(5), plus the Medicaid obstetrical inpatient utilization rate, as described in Section 148.120(k)(6), as of July 1, 1999.
  - 5) "Medicaid general care admission" means hospital inpatient admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, excluding admissions for

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normal newborns, Medicare/Medicaid crossover admissions, psychiatric and rehabilitation admissions.

- 6) "Medicaid Level I rehabilitation admissions" means those claims billed as Level I admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with an ICD-9-CM principal diagnosis code of: 054.3, 310.1 through 310.2, 320.1, 336.0 through 336.9, 344.0 through 344.2, 344.8 through 344.9, 348.1, 801.30, 803.10, 803.84, 806.0 through 806.19, 806.20 through 806.24, 806.26, 806.29 through 806.34, 806.36, 806.4 through 806.5, 851.06, 851.80, 853.05, 854.0 through 854.04, 854.06, 854.1 through 854.14, 854.16, 854.19, 905.0, 907.0, 907.2, 952.0 through 952.09, 952.10 through 952.16, 952.2, and V57.0 through V57.89, excluding admissions for normal newborns.
- 7) "Medicaid Level I rehabilitation inpatient day" means the days associated with the claims defined in subsection (g)(5) of this Section.
- 8) "Medicaid obstetrical care admission" means hospital inpatient admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of Social Security Act, with Diagnosis Related Grouping (DRG) of 370 through 375; and specifically excludes Medicare/Medicaid crossover claims.
- 9) "Medicaid trauma admission" means those claims billed as admissions that were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with an ICD-9-CM principal diagnosis code of: 800.0 through 800.99, 801.0 through 801.99, 802.0 through 802.99, 803.0 through 803.99, 804.0 through 804.99, 805.0 through 805.98, 806.0 through 806.99, 807.0 through 807.69, 808.0 through 808.9, 809.0 through 809.1, 828.0 through 828.1, 839.0 through 839.31, 839.7 through 839.9, 850.0 through 850.9, 851.0 through 851.99, 852.0 through 852.59, 853.0 through 853.19, 854.0 through 854.19, 860.0 through 860.5, 861.0 through 861.32, 862.8, 863.0 through 863.99, 864.0 through 864.19, 865.0 through 865.19, 866.0 through 866.13, 867.0

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through 867.9, 868.0 through 868.19, 869.0 through 869.1, 887.0 through 887.7, 896.0 through 896.3, 897.0 through 897.7, 900.0 through 900.9, 902.0 through 904.9, 925 through 925.2, 926.8, 929.0 through 929.99, 958.4, 958.5, 990 through 994.99.

- 10) "Medicaid trauma admission percentage" means a fraction, the numerator of which is the hospital's Medicaid trauma admissions and the denominator of which is the total Medicaid trauma admissions in a given 12 month period for all Level II urban trauma centers.
- 11) "RCHAP general care admissions" means Medicaid General Care Admissions, as defined in subsection (g)(4) of this Section, less RCHAP Obstetrical Care Admissions, occurring in the CHAP base period.
- 12) "RCHAP obstetrical care admissions" means Medicaid Obstetrical Care Admissions, as defined in subsection (g)(7) of this Section, with a Diagnosis Related Grouping (DRG) of 370 through 375, occurring in the CHAP base period.
- 13) "Total admissions" means total paid admissions contained in the Department's paid claims database, including obstetrical admissions multiplied by two and excluding Medicare crossover admissions, for dates of service occurring in State fiscal year 1998 and adjudicated through June 30, 1999.
- 14) "Total days" means total paid days contained in the Department's paid claims database, including obstetrical days multiplied by two and excluding Medicare crossover days, for dates of service occurring in State fiscal year 1998 and adjudicated through June 30, 1999.
- 15) "Total obstetrical days" means hospital inpatient days for dates of service occurring in State fiscal year 1998 and adjudicated through June 30, 1999, with an ICD-9-CM principal diagnosis code of 640.0 through 648.9 with a 5<sup>th</sup> digit of 1 or 2; 650; 651.0 through 659.9 with a 5<sup>th</sup> digit of 1, 2, 3, or 4; 660.0 through 669.9 with a 5<sup>th</sup> digit of 1, 2, 3, or 4; 670.0 through 676.9 with a 5<sup>th</sup> digit of 1 or 2; V27 through V27.9; V30 through V39.9; or any ICD-9-CM principal diagnosis code that is accompanied with a surgery procedure code between 72 and 75.99; and specifically excludes Medicare/Medicaid crossover claims.

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(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.402 Medicaid Eligibility Payments (Repealed)**

- a) ~~Qualifying Criteria. Medicaid Eligibility Payments shall be made to a qualifying Illinois hospital as defined in this subsection (a). A hospital not otherwise excluded under subsection (b) of this Section shall qualify for payment if it was assessed as described in 89 Ill. Adm. Code 140.80 for the rate year 2006 determination.~~
- b) ~~The following classes of hospitals are ineligible for Medicaid Eligibility Payments associated with the qualifying criteria listed in subsection (a) of this Section:
  - 1) ~~County-owned hospitals as described in Section 148.25(b)(1)(A).~~
  - 2) ~~Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - 3) ~~A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~~~
- e) ~~Medicaid Eligibility Payments
  - 1) ~~A hospital qualifying under subsection (a) of this Section shall receive payment equal to the product of \$430 multiplied by the qualifying hospital's Medicaid admissions in the Medicaid eligibility base year, multiplied by the change in the growth percentage of Medicaid clients within the hospital's county from State fiscal year 1998 to State fiscal year 2003.~~
  - 2) ~~A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being preformed under this subsection (e).~~~~
- d) ~~Payment to a Qualifying Hospital~~

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- 1) ~~For the Medicaid eligibility adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (e) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March, and May. The sum of the amounts required prior to the conditions described in subsection (f) of this Section being met shall be paid within 100 days after the conditions described in subsection (f) have been met.~~
  - 2) ~~If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~
- e) ~~Definitions~~
- 1) ~~"Growth percentage" means, for a given hospital, the percentage of change in the growth of Medicaid clients within the county where the hospital is located from 1998 to 2003.~~
  - 2) ~~"Medicaid admissions" means, for a given hospital, the sum of admissions of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the Medicaid eligibility base period that were adjudicated by the Department through June 30, 2004.~~
  - 3) ~~"Medicaid eligibility adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.~~
  - 4) ~~"Medicaid eligibility base period" means the 12-month period beginning on July 1, 2002, and ending on June 30, 2003.~~
- f) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
- 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~

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- 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
- 3) ~~the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.404 Medicaid High Volume Adjustment Payments (Repealed)**

- a) ~~Qualifying Criteria. Medicaid High Volume Adjustment Payments shall be made to a qualifying Illinois hospital as defined in this subsection (a). A hospital not otherwise excluded under subsection (b) of this Section shall qualify for payment if it is:~~
  - 1) ~~an Illinois hospital that did not qualify for Medicaid Percentage Adjustments as described in Section 148.122 for the 12-month period beginning on October 1, 2004 and provided more than 10,000 Medicaid inpatient days in the Medicaid high volume base period; or~~
  - 2) ~~an Illinois general acute care hospital defined in Section 148.270(c)(1) that did qualify for Medicaid Percentage Adjustment Payments as described in Section 148.122 for the 12-month period beginning on October 1, 2004 and provided more than 21,000 Medicaid inpatient days in the Medicaid high volume base period.~~
- b) ~~The following classes of hospitals are ineligible for High Volume Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:~~
  - 1) ~~County-owned hospitals as described in Section 148.25(b)(1)(A).~~
  - 2) ~~Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - 3) ~~A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~
- e) ~~Medicaid High Volume Adjustment Payments~~

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- 1) ~~For a hospital qualifying under subsection (a)(1) of this Section, payment is as follows:~~
  - A) ~~A hospital that:~~
    - i) ~~provided less than or equal to 14,500, but more than 10,000, Medicaid inpatient days in the Medicaid high volume base period shall receive payments equal to the product of \$90 multiplied by the qualifying hospital's Medicaid inpatient days;~~
    - ii) ~~provided less than or equal to 18,500, but more than 14,500, Medicaid inpatient days in the Medicaid high volume base period shall receive payments equal to the product of \$135 multiplied by the qualifying hospital's Medicaid inpatient days;~~
    - iii) ~~provided less than or equal to 20,000, but more than 18,500, Medicaid inpatient days in the Medicaid high volume base period shall receive payments equal to the product of \$225 multiplied by the qualifying hospital's Medicaid inpatient days; or~~
    - iv) ~~provided 20,000 or more Medicaid inpatient days in the Medicaid high volume base period shall receive payments equal to the product of \$900 multiplied by the qualifying hospital's Medicaid inpatient days.~~
  - B) ~~Payments will be the lesser of the calculation described in subsection (c)(1)(A)(i), (c)(1)(A)(ii), (c)(1)(A)(iii), and (c)(1)(A)(iv) or \$19 million dollars.~~
- 2) ~~For a hospital qualifying under subsection (a)(2) of this Section, payment shall equal the product of \$35 multiplied by the qualifying hospital's Medicaid inpatient days.~~
- 3) ~~A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements~~

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~~annualized prior to the payment calculations being performed under this subsection.~~

- d) ~~Payment to a Qualifying Hospital~~
- ~~1) For the Medicaid high volume adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (c) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (f) of this Section being met shall be paid within 100 days after the conditions described in subsection (f) have been met.~~
  - ~~2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~
- e) ~~Definitions~~
- ~~1) "Medicaid high volume adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.~~
  - ~~2) "Medicaid high volume base period" means the cost report on file with the Department on July 1, 2004, for the hospital's fiscal year ending in 2002.~~
  - ~~3) "Medicaid inpatient days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as contained in the hospital's cost report on file with the Department as of July 1, 2004, for the hospital's fiscal year ending in 2002.~~
- f) ~~Payment Limitations: Payments under this Section are not due and payable until:~~

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- 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~
- 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
- 3) ~~the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.406 Intensive Care Adjustment Payments (Repealed)**

- a) ~~Qualifying Criteria. Intensive Care Adjustment Payments shall be made to qualifying Illinois general acute care hospitals as described in Section 148.270(c)(1). A hospital not otherwise excluded under subsection (b) of this Section shall qualify for payment if the hospital is located in a large urban area and has a ratio of Medicaid intensive care days to total Medicaid days greater than 19 percent for the intensive care adjustment period.~~
- b) ~~The following classes of hospitals are ineligible for Intensive Care Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:~~
  - 1) ~~County-owned hospitals as described in Section 148.25(b)(1)(A).~~
  - 2) ~~Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - 3) ~~A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~
- e) ~~Intensive Care Adjustment Payments~~
  - 1) ~~Each qualifying hospital with an intensive care ratio of less than 30 percent, shall receive payment equal to the product of:~~
    - A) ~~The ratio of Medicaid intensive care days to total Medicaid days;~~

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- B) ~~Multiplied by total Medicaid days;~~
- C) ~~Multiplied by \$1,000.~~
- 2) ~~Each qualifying hospital with an intensive care ratio percentage equal to or greater than 30 percent shall receive payment equal to the product of:~~
  - A) ~~The ratio of Medicaid intensive care days to total Medicaid days;~~
  - B) ~~Multiplied by total Medicaid days;~~
  - C) ~~Multiplied by \$2,800.~~
- 3) ~~A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (c).~~
- d) **Payment to a Qualifying Hospital**
  - 1) ~~For the intensive care adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (c) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March, and May. The sum of the amounts required prior to the conditions described in subsection (f) of this Section being met shall be paid within 100 days after the conditions described in subsection (f) have been met.~~
  - 2) ~~If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~
- e) **Definitions**
  - 1) ~~"Intensive care adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.~~

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- 2) ~~"Intensive care base period" means the cost report on file with the Department on July 1, 2004, for the hospital's fiscal year ending in 2002.~~
- 3) ~~"Large urban area" means an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17th Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a population in excess of 1,000,000, and with an urban hospital as described in Section 148.25(g)(4).~~
- 4) ~~"Medicaid intensive care days" means, for a given hospital, the sum of days of inpatient hospital service for intensive care days provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as contained in the hospital's cost report on file with the Department as of July 1, 2004, for the hospital's fiscal year ending in 2002.~~
- 5) ~~"Total Medicaid inpatient days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as contained in the hospital's cost report on file with the Department as of July 1, 2004, for the hospital's fiscal year ending in 2002.~~
- f) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
  - 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~
  - 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
  - 3) ~~the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.408 Trauma Center Adjustment Payments (Repealed)**

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- a) ~~Qualifying Criteria. Trauma Center Adjustment Payments shall be made to a qualifying Illinois hospital as defined in this subsection (a). A hospital not otherwise excluded under subsection (b) of this Section shall qualify for payment if it was a general acute care hospital that, as of January 1, 2005, was considered a trauma center and meets the requirements specified in subsection (c).~~
- b) ~~The following classes of hospitals are ineligible for Trauma Center Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:~~
- ~~1) County-owned hospitals as described in Section 148.25(b)(1)(A).~~
  - ~~2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - ~~3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~
- e) ~~Trauma Center Adjustment Payments~~
- ~~1) Level I Trauma Center Adjustment Payments~~
    - ~~A) For an Illinois general acute care hospital that was considered a Level I trauma center as of January 1, 2005 and that is located in a large urban area or an other urban area that qualified for Medicaid Percentage Adjustments as described in Section 148.122 as of October 1, 2004, shall receive payments equal to the product of \$800 multiplied by the qualifying hospital's Medicaid intensive care unit (ICU) days in the trauma base period.~~
      - ~~i) For a hospital located in a large urban area outside of a city with a population in excess of one million people, the Department shall pay an amount equal to the Level I Trauma Center Adjustment Payment calculated in subsection (e)(1)(A) of this Section multiplied by 4.5.~~
      - ~~ii) For a hospital located in another urban area, the Department shall pay an amount equal to the Level I~~

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~~Trauma Center Adjustment Payment calculated in (c)(1)(A) multiplied by 8.5.~~

- 2) ~~Level II Trauma Center Adjustment Payments~~
  - A) ~~For an Illinois general acute care hospital that was considered a Level II trauma center as of January 1, 2005 and was designated a Level III perinatal center, the payment shall equal the product of \$475 multiplied by the qualifying hospital's Medicaid inpatient days in the trauma base period.~~
  - B) ~~For an Illinois general acute care hospital that was considered a Level II trauma center as of January 1, 2005 and was designated a Level II or II+ perinatal center that has a ratio of Medicaid ICU days to total Medicaid days greater than five percent, the payment shall equal the product of \$475 multiplied by the qualifying hospital's Medicaid inpatient days in the trauma base period.~~
- 3) ~~Pediatric Trauma Center Adjustment Payments~~
  - A) ~~Qualifying Criteria: Payment shall be for all Illinois children's hospitals designated as Level I pediatric trauma centers that provided more than 30,000 Medicaid days in State fiscal year 2003 and those out of state Level I pediatric trauma centers that provided more than 700 Illinois Medicaid admissions in State fiscal year 2003.~~
  - B) ~~A hospital qualifying under subsection (c)(3)(A) of this Section shall receive payment equal to the product of \$325 multiplied by the hospital's Illinois Medicaid ICU days.~~
  - C) ~~For out of state hospitals qualifying under subsection (c)(3)(A), the amount calculated under subsection (c)(3)(B) shall be multiplied by 2.25.~~
- 4) ~~A hospital that enrolled to provide Medicaid services during fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (c).~~

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- 5) ~~Notwithstanding any other provisions of this subsection (c), a children's hospital, as defined at 89 Ill. Adm. Code 149.49(c)(3)(b), is not eligible for the payments described in subsections (c)(1) and (c)(2) of this Section.~~
- d) ~~Payment to a Qualifying Hospital~~
- 1) ~~For the trauma center adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (c) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (f) being met shall be paid within 100 days after the conditions described in subsection (f) of this Section have been met.~~
- 2) ~~If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~
- e) ~~Definitions~~
- 1) ~~"Large urban area" means an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17<sup>th</sup> Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a population in excess of 1,000,000, and with an urban hospital as described in Section 148.25(g)(4).~~
- 2) ~~"Medicaid inpatient days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as contained in the hospital's cost report on file with the Department as of July 1, 2004, for the hospital's fiscal year ending in 2002.~~
- 3) ~~"Medicaid intensive care unit days" means, for a given hospital, the number of hospital inpatient days during which Medicaid recipients received intensive care services from the hospital, as determined from the~~

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~~hospital's 2002 Medicaid cost report on file with the Department on July 1, 2004.~~

- 4) ~~"Other urban area" means an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17<sup>th</sup> Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a city with a population in excess of 50,000 or with a total population in excess of 100,000, and with an urban hospital as described in Section 148.25(g)(4).~~
- 5) ~~"Trauma center adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006 and, beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.~~
- 6) ~~"Trauma center base period" means days reported in the hospital's 2002 Medicaid cost report on file with the Department on July 1, 2004.~~
- f) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
  - 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~
  - 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
  - 3) ~~the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.410 Psychiatric Rate Adjustment Payments (Repealed)**

- a) ~~Qualifying Criteria. Psychiatric Rate Adjustment Payments described in subsection (b) of this Section shall be made to an Illinois psychiatric hospital and an Illinois general acute care hospital that has a distinct part psychiatric unit, excluding the following hospitals:~~
  - 1) ~~County-owned hospitals as described in Section 148.25(b)(1)(A).~~

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- 2) ~~Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - 3) ~~A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~
- b) ~~Psychiatric Rate Adjustment Payments~~
- 1) ~~For a hospital qualifying under subsection (a) of this Section, the Department shall pay an amount equal to \$420 less the hospital's per diem rate for Medicaid inpatient psychiatric services, in effect on July 1, 2002, multiplied by the number of Medicaid inpatient psychiatric days provided in the psychiatric rate base period. In no event, however, shall that amount be less than zero.~~
  - 2) ~~For a hospital qualifying under subsection (a) of this Section whose inpatient psychiatric per diem rate is greater than \$420, the Department shall pay an amount equal to \$40 multiplied by the number of Medicaid inpatient psychiatric days provided in the psychiatric rate base period.~~
  - 3) ~~For an Illinois psychiatric hospital located in a county with a population in excess of three million people that did not qualify for Medicaid Percentage Adjustments, as described in Section 148.122, for the 12-month period beginning on October 1, 2004, the Department shall pay an amount equal to \$150 multiplied by the number of Medicaid inpatient psychiatric days provided in the psychiatric rate base period.~~
  - 4) ~~For an Illinois psychiatric hospital located in a county with a population in excess of three million people, but outside of a city with a population in excess of one million people, and did qualify for Medicaid Percentage Adjustments, as described in Section 148.122, for the 12-month period beginning on October 1, 2004, the Department shall pay an amount equal to \$20 multiplied by the number of Medicaid inpatient psychiatric days provided in the psychiatric rate base period.~~
- e) ~~Payment to a Qualifying Hospital~~

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- 1) ~~For the psychiatric rate adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (e) of this Section being met shall be paid within 100 days after the conditions described in subsection (e) of this Section have been met.~~
- 2) ~~If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~
- d) ~~Definitions~~
  - 1) ~~"Medicaid inpatient psychiatric days" means, for a given hospital, the sum of days of inpatient psychiatric hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of that Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the psychiatric base period that were adjudicated by the Department through June 30, 2004.~~
  - 2) ~~"Psychiatric rate adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006; and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.~~
  - 3) ~~"Psychiatric rate base period" means the 12-month period beginning on July 1, 2002 and ending on June 30, 2003.~~
- e) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
  - 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~
  - 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~

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- 3) ~~the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.412 Rehabilitation Adjustment Payments (Repealed)**

- a) ~~Qualifying Criteria. Rehabilitation Adjustment Payments shall be made to a qualifying Illinois hospital as defined in this subsection (a). A hospital not otherwise excluded under subsection (b) of this Section shall qualify for payment:~~
- 1) ~~if it is an Illinois general acute care hospital, as described in Section 148.270(c)(1), located in a large urban area, with a rehabilitation unit that has 40 rehabilitation beds or more based upon the 2003 Medicaid cost report on file with the Department as of March 31, 2005; or~~
  - 2) ~~if it is an Illinois rehabilitation hospital, as defined at 89 Ill. Adm. Code 149.50(c)(2), that did not qualify for Medicaid Percentage Adjustment Payments under Section 148.122 for the 12-month period beginning on October 1, 2004.~~
- b) ~~The following classes of hospitals are ineligible for Rehabilitation Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:~~
- 1) ~~County-owned hospitals as described in Section 148.25(b)(1)(A).~~
  - 2) ~~Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - 3) ~~A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~
- c) ~~Rehabilitation Adjustment Payments~~
- 1) ~~For a hospital qualifying under subsection (a)(1) of this Section, the Department shall pay the product of \$230 multiplied by the hospital's Medicaid inpatient days.~~

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- 2) ~~For a hospital qualifying under subsection (a)(2) of this Section, the Department shall pay an amount equal to the product of \$200 multiplied by the hospital's Medicaid inpatient days.~~
- 3) ~~A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (c).~~
- d) ~~Payment to a Qualifying Hospital~~
  - 1) ~~For the rehabilitation adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (c) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (f) of this Section being met shall be paid within 100 days after the conditions described in subsection (f) have been met.~~
  - 2) ~~If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~
- e) ~~Definitions~~
  - 1) ~~"Large urban area" means, an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17<sup>th</sup> Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a population in excess of 1,000,000, and with an urban hospital as described in Section 148.25(g)(4).~~
  - 2) ~~"Medicaid inpatient days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the rehabilitation base period that was adjudicated by the Department through June 30, 2004.~~

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- 3) ~~"Rehabilitation adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.~~
- 4) ~~"Rehabilitation base period" means the 12-month period beginning on July 1, 2002 and ending on June 30, 2003.~~
- f) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
  - 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~
  - 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
  - 3) ~~the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.414 Supplemental Tertiary Care Adjustment Payments (Repealed)**

- a) ~~Qualifying Criteria. Supplemental Tertiary Care Adjustment Payments, as described in subsection (b) of this Section, shall be made to all qualifying hospitals. An Illinois hospital shall qualify for payment if it was deemed eligible for payments under the Tertiary Care Adjustment Payments for fiscal year 2005, as described in Section 148.296, excluding:~~
  - 1) ~~County-owned hospitals as described in Section 148.25(b)(1)(A).~~
  - 2) ~~Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - 3) ~~A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~

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- b) ~~Supplemental Tertiary Care Adjustment Payments will be made to qualifying hospitals and will equal the product of the hospital's fiscal year 2005 tertiary care adjustment as described at Section 148.296 multiplied by 2.5.~~
- e) ~~Payment to a Qualifying Hospital~~
- 1) ~~For the supplemental tertiary care adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March, and May. The sum of the amounts required prior to the conditions described in subsection (e) being met shall be paid within 100 days after the conditions described in subsection (e) of this Section have been met.~~
- 2) ~~If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~
- d) ~~"Tertiary care adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, means the 12-month period beginning July 1 of the year and ending June 30 of the following year.~~
- e) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
- 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~
- 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
- 3) ~~the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.416 Crossover Percentage Adjustment Payments (Repealed)**

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- a) ~~Qualifying Criteria. Crossover Percentage Adjustment Payments shall be made to qualifying hospitals as defined in this subsection (a). A hospital not otherwise excluded under subsection (b) of this Section shall qualify for payment if it is an Illinois general acute care hospital as described in Section 148.270(c)(1), excluding any hospital defined as a cancer center hospital, located in an urban area, that provided over 500 days of inpatient care to Medicaid recipients, that had a ratio of crossover days to total Medicaid days, utilizing information used for the Medicaid percentage adjustment determination described in Section 148.122, effective October 1, 2004, of greater than 40 percent and that did not qualify for Medicaid Percentage Adjustment Payments as described in Section 148.122 on October 1, 2004.~~
- b) ~~The following classes of hospitals are ineligible for Crossover Percentage Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:~~
- ~~1) County owned hospitals as described in Section 148.25(b)(1)(A).~~
  - ~~2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - ~~3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~
  - ~~4) Cancer center hospitals.~~
- e) ~~Crossover Percentage Adjustment Payments~~
- ~~1) Each qualifying hospital's crossover days will be divided by its total Medicaid days to determine the crossover percentage ratio.~~
  - ~~2) Each hospital qualifying under subsection (a) of this Section, located in an other urban area as described in subsection (e)(5) of this Section, shall receive payment equal to \$140 multiplied by the hospital's total Medicaid days (including Medicaid/Medicare crossovers).~~
  - ~~3) Each hospital qualifying under subsection (a) of this Section located in a large urban area as described in subsection (e)(4) of this Section, with a crossover percentage less than 55 percent, shall receive payment equal to~~

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~~\$350 multiplied by the hospital's total Medicaid days (including Medicaid/Medicare crossovers).~~

- 4) ~~Each hospital qualifying under subsection (a) located in a large urban area as described in subsection (e)(4) of this Section, with a crossover percentage ratio equal to or greater than 55 percent, shall receive payment equal to \$1,400 multiplied by the hospital's total Medicaid days (including Medicaid/Medicare crossovers).~~
- 5) ~~A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (e).~~

d) ~~Payment to a Qualifying Hospital~~

- 1) ~~For the crossover percentage adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (c) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (f) of this Section being met shall be paid within 100 days after the conditions described in subsection (f) have been met.~~
- 2) ~~If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~

e) ~~Definitions~~

- 1) ~~"Cancer center hospital" means an Illinois hospital that has received the approval of the American College of Surgeons Commission on Cancer as of June 16, 2005 and provides more than 15 percent of the hospital Medicaid days in State fiscal year 2003 for treating patients with cancer. To be counted as cancer days, the Department will identify cancer days with any claim that contains an ICD-9-CM diagnosis code of 140.0 through 208.9 and 230.0 through 234.9 provided to recipients of medical assistance under Title XIX of the federal Social Security Act, as tabulated from the Department's paid claims data for admissions occurring in the~~

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~~State fiscal year 2003 base period that were adjudicated by the Department through June 30, 2004. To determine if 15 percent of the hospital Medicaid days were for treating cancer patients, the cancer days will be divided by the total Medicaid days provided to recipients of medical assistance under Title XIX of the federal Social Security Act, as tabulated from the Department's paid claims data for admissions occurring in the State fiscal year 2003 base period that were adjudicated by the Department through June 30, 2004.~~

- 2) ~~"Crossover percentage adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.~~
- 3) ~~"Crossover percentage base period" means the information utilized in the Medicaid percentage adjustment determination as described in Section 148.122 for October 1, 2004.~~
- 4) ~~"Large urban area" means an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17<sup>th</sup> Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a population in excess of 1,000,000, and with an urban hospital as described in Section 148.25(g)(4).~~
- 5) ~~"Other urban area" means an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17<sup>th</sup> Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a city with a population greater than 50,000 or with a total population in excess of 100,000, and with an urban hospital as described in Section 148.25(g)(4).~~
- 6) ~~"Total Medicaid days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, including days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's Medicaid percentage adjustment determination as described in Section 148.122 for October 1, 2004.~~

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- f) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
- 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~
  - 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
  - 3) ~~the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.418 Long Term Acute Care Hospital Adjustment Payments (Repealed)**

- a) ~~Qualifying Criteria. Long Term Acute Care Hospital Adjustment Payments described in subsection (b) of this Section shall be made to an Illinois long term stay hospital, as defined in 89 Ill. Adm. Code 149.50(c)(4), excluding:~~
- 1) ~~County-owned hospitals as described in Section 148.25(b)(1)(A).~~
  - 2) ~~Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - 3) ~~A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~
- b) ~~Long Term Acute Care Hospital Adjustment Payments~~
- 1) ~~For a hospital qualifying under subsection (a) of this Section, the Department shall pay an amount equal to the product of \$125 multiplied by Medicaid inpatient days provided during the long term acute care hospital base period.~~
  - 2) ~~A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (b).~~

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- e) ~~Payment to a Qualifying Hospital~~
- 1) ~~For the long term acute care hospital adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (e) being met shall be paid within 100 days after the conditions described in subsection (e) of this Section have been met.~~
  - 2) ~~If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~
- d) ~~Definitions~~
- 1) ~~"Long term acute care hospital adjustment period" means, beginning August 1, 2005, the 11 month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12 month period beginning July 1 of the year and ending June 30 of the following year.~~
  - 2) ~~"Long term acute care hospital base period" means the 12 month period beginning on July 1, 2002 and ending on June 30, 2003.~~
  - 3) ~~"Medicaid inpatient days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of that Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the long term care hospital base period that was adjudicated by the Department through June 30, 2004.~~
- e) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
- 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~

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- 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
- 3) ~~the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.420 Obstetrical Care Adjustment Payments (Repealed)**

- a) ~~Qualifying Criteria. Obstetrical Care Adjustment Payments shall be made to a qualifying Illinois hospital that provided obstetrical care in the obstetrical base period. A hospital not otherwise excluded under subsection (b) of this Section shall qualify for payment for the rate year 2006 determination.~~
- b) ~~The following classes of hospitals are ineligible for Obstetrical Care Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:~~
  - 1) ~~County-owned hospitals as described in Section 148.25(b)(1)(A).~~
  - 2) ~~Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - 3) ~~A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~
- e) ~~Obstetrical Care Adjustment Payments~~
  - 1) ~~A hospital qualifying under subsection (a) of this Section shall receive payments equal to the product of \$550 multiplied by the qualifying hospital's Medicaid obstetrical days provided during the obstetrical care base period.~~
  - 2) ~~A hospital qualifying under subsection (a) of this Section that qualified for disproportionate share payment adjustments as described in Section 148.120 as of October 1, 2004, with a Medicaid obstetrical percentage greater than ten percent and a Medicaid emergency care percentage greater than 40 percent, shall receive payments equal to the product of \$650~~

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~~multiplied by the qualifying hospital's Medicaid obstetrical days provided during the obstetrical care base period.~~

- ~~3) A hospital qualifying under subsection (a) of this Section located in the St. Louis metropolitan statistical area, with more than 500 Medicaid obstetrical days, shall receive payments equal to the product of \$1,800 multiplied by the qualifying hospital's Medicaid obstetrical days provided during the obstetrical care base period.~~
  - ~~4) A large urban hospital qualifying under subsection (a) of this Section that has a Medicaid obstetrical percentage greater than 25 percent and is in a county with an eligibility growth percentage rate greater than 60 percent between the years 1998 and 2003 shall receive payments equal to the product of \$600 multiplied by the qualifying hospital's Medicaid obstetrical days provided within the obstetrical care base period.~~
  - ~~5) A rural hospital as described in Section 148.25(g)(3) qualifying under subsection (a) designated as a Level II perinatal center as of January 1, 2005, with a MIUR greater than 34 percent in State fiscal year 2002 and a Medicaid obstetrical percentage greater than 15 percent, shall receive payment equal to the product of \$400 multiplied by the hospital's Medicaid obstetrical days provided within the obstetrical care base period multiplied by 6.~~
  - ~~6) A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (e).~~
- d) Payment to a Qualifying Hospital
- 1) For the obstetrical care adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (e) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (f) of this Section being met shall be paid within 100 days after the conditions described in subsection (f) have been met.

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- 2) ~~If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~
- e) **Definitions**
- 1) ~~"Emergency care percentage" means a fraction, the numerator of which is the total Category 3 ambulatory procedure listing services, excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2003 contained in the Department's data base adjudicated through June 30, 2004, and the denominator of which is the total ambulatory procedure listing services, excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2003 contained in the Department's data base adjudicated through June 30, 2004.~~
- 2) ~~"Growth percentage" means, for a given hospital, the percentage of change in the growth of Medicaid clients within the county where the hospital is located from 1998 to 2003.~~
- 3) ~~"Large urban area" means an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17<sup>th</sup> Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a population in excess of 1,000,000.~~
- 4) ~~"Medicaid obstetrical days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, with a Diagnosis Related Grouping (DRG) of 370 through 375, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the obstetrical base period the Department adjudicated through June 30, 2004.~~
- 5) ~~"Medicaid obstetrical percentage" means the percentage used in the October 1, 2004 Medicaid percentage adjustment determination as described in Section 148.122.~~

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- 6) ~~"Obstetrical care adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.~~
- 7) ~~"Obstetrical care base period" means the 12-month period beginning on July 1, 2002 and ending on June 30, 2003.~~
- f) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
- 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~
  - 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
  - 3) ~~the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.422 Outpatient Access Payments (Repealed)**

- a) ~~Qualifying Criteria. Outpatient Access Payments, as described in subsection (b) of this Section, shall be made to a qualifying Illinois hospital as defined in this subsection (a). A hospital shall qualify for payment if it was assessed as described in 89 Ill. Adm. Code 140.80 for the rate year 2006 determination, excluding the following hospitals:~~
- 1) ~~County-owned hospitals as described in Section 148.25(b)(1)(A).~~
  - 2) ~~Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - 3) ~~A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~
- b) ~~Outpatient Access Payments~~

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- 1) ~~Outpatient access payments shall be made to a hospital qualifying under subsection (a) of this Section. Payment will equal 2.38 multiplied by the hospital's outpatient ambulatory procedure listing payments for services provided in the outpatient access base period, multiplied by the change in the growth percentage of Medicaid clients within the hospital's county from State fiscal year 1998 to State fiscal year 2003.~~
  - 2) ~~A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (b).~~
- e) ~~Payment to a Qualifying Hospital~~
- 1) ~~For the outpatient access adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (e) of this Section being met shall be paid within 100 days after the conditions described in subsection (e) have been met.~~
  - 2) ~~If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~
- d) ~~Definitions~~
- 1) ~~"Growth percentage" means, for a given hospital, the percentage of change in the growth of Medicaid clients within the county where the hospital is located from 1998 to 2003.~~
  - 2) ~~"Outpatient access adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.~~
  - 3) ~~"Outpatient access base period" means the 12-month period beginning on July 1, 2002 and ending June 30, 2003.~~

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- 4) ~~"Outpatient ambulatory procedure listing payments" means, for a given hospital, the sum of payments for ambulatory procedure listing services as described in Section 148.140(b), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient access base period that were adjudicated by the Department through June 30, 2004.~~
- e) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
- 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~
  - 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
  - 3) ~~the assessment described in 89 Ill Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.424 Outpatient Utilization Payments (Repealed)**

- a) ~~Qualifying Criteria. Outpatient Utilization Payments, as described in subsection (b) of this Section, shall be made to an Illinois hospital, excluding:~~
- 1) ~~County-owned hospitals as described in Section 148.25(b)(1)(A).~~
  - 2) ~~Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - 3) ~~A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~
- b) ~~Outpatient Utilization Adjustment Payments~~
- 1) ~~A rural hospital, as described in Section 148.25(g)(3) and qualifying under subsection (a) of this Section shall receive an amount equal to 1.7~~

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~~multiplied by the hospital's outpatient ambulatory procedure listing payments for services provided during the outpatient utilization adjustment base period.~~

- 2) ~~An urban hospital, as described in Section 148.25(g)(4) and qualifying under subsection (a) of this Section shall receive an amount equal to 0.45 multiplied by the hospital's outpatient ambulatory procedure listing payments for services provided during the outpatient utilization adjustment base period.~~
- 3) ~~A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (b).~~

e) ~~Payment to a Qualifying Hospital~~

- 1) ~~For the outpatient utilization adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (e) of this Section being met shall be paid within 100 days after the conditions described in subsection (e) have been met.~~
- 2) ~~If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~

d) ~~Definitions~~

- 1) ~~"Outpatient ambulatory procedure listing payments" means, for a given hospital, the sum of payments for ambulatory procedure listing services as described in Section 148.140(b)(1), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient access base period that were adjudicated by the Department through June 30, 2004.~~

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- 2) ~~"Outpatient utilization adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.~~
- 3) ~~"Outpatient utilization base period" means the 12-month period beginning on July 1, 2002 and ending June 30, 2003.~~
- e) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
  - 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~
  - 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
  - 3) ~~the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.426 Outpatient Complexity of Care Adjustment Payments (Repealed)**

- a) ~~Qualifying Criteria. Outpatient Complexity of Care Adjustment Payments, as described in subsection (b) of this Section, shall be made to Illinois hospitals located in an urban area as described in Section 148.25(g)(4), excluding:~~
  - 1) ~~County-owned hospitals, as described in Section 148.25(b)(1)(A).~~
  - 2) ~~Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - 3) ~~A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~
- b) ~~Outpatient Complexity of Care Adjustment Payments~~
  - 1) ~~Each hospital qualifying under subsection (a) of this Section will receive a payment equal to the product of 2.55, multiplied by the hospital's~~

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~~emergency care percentage, multiplied by the hospital's ambulatory procedure listing payments.~~

- 2) ~~Each children's hospital qualifying under subsection (a) of this Section, with a Medicaid inpatient utilization rate greater than 90 percent used for the October 1, 2004 Medicaid percentage adjustment determination described in Section 148.122, shall have the adjustment, as calculated in subsection (b)(1), multiplied by 2.~~
  - 3) ~~Each cancer center hospital qualifying under subsection (a) of this Section shall have the adjustment, as calculated in (b)(1), multiplied by 3.~~
  - 4) ~~A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being performed under this subsection (b).~~
- e) ~~Payment to a Qualifying Hospital~~
- 1) ~~For the outpatient complexity of care adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (e) of this Section being met shall be paid within 100 days after the conditions described in subsection (e) have been met.~~
  - 2) ~~If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~
- d) ~~Definitions~~
- 1) ~~"Cancer center hospital" means an Illinois hospital that has received the approval of the American College of Surgeons Commission on Cancer as of June 16, 2005 and provides more than 15 percent of the hospital Medicaid days in State fiscal year 2003 for treating patients with cancer. To be counted as cancer days, the Department will identify cancer days with any claim that contains an ICD-9-CM diagnosis code of 140.0~~

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~~through 208.9 and 230.0 through 234.9 provided to recipients of medical assistance under Title XIX of the federal Social Security Act, as tabulated from the Department's paid claims data for admissions occurring in the State fiscal year 2003 base period that were adjudicated by the Department through June 30, 2004. To determine if 15 percent of the hospital Medicaid days were for treating cancer patients, the cancer days will be divided by the total Medicaid days provided to recipients of medical assistance under Title XIX of the federal Social Security Act, as tabulated from the Department's paid claims data for admissions occurring in the State fiscal year 2003 base period that were adjudicated by the Department through June 30, 2004.~~

- 2) ~~"Emergency care percentage" means a fraction, the numerator of which is the total Group 3 ambulatory procedure listing services as described in Section 148.140(b)(1)(C), excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2003 contained in the Department's data base adjudicated through June 30, 2004, and the denominator of which is the total ambulatory procedure listing services as described in Section 148.140(b)(1), excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2003 contained in the Department's data base adjudicated through June 30, 2004.~~
- 3) ~~"Outpatient ambulatory procedure listing payments" means, for a given hospital, the sum of payments for ambulatory procedure listing services as described in Section 148.140(b)(1), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient complexity of care base period that were adjudicated by the Department through June 30, 2004.~~
- 4) ~~"Outpatient complexity of care adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.~~
- 5) ~~"Outpatient complexity of care base period" means the 12-month period beginning on July 1, 2002 and ending June 30, 2003.~~

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- e) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
- 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~
  - 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
  - 3) ~~the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.428 Rehabilitation Hospital Adjustment Payments (Repealed)**

- a) ~~Qualifying Criteria: Rehabilitation Hospital Adjustment Payments, as described in subsection (c) of this Section, shall be made to a qualifying Illinois freestanding rehabilitation hospital that did not qualify for Medicaid Percentage Adjustment Payments as described in Section 148.122 for the 12-month period beginning on October 1, 2004, if not otherwise excluded under subsection (b) of this Section.~~
- b) ~~The following classes of hospitals are ineligible for Rehabilitation Hospital Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:~~
- 1) ~~County-owned hospitals as described in Section 148.25(b)(1)(A).~~
  - 2) ~~Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - 3) ~~A hospital owned or operated by a State agency, as described in 89 Ill. Adm. Code 148.25(b)(6).~~
- e) ~~Rehabilitation Hospital Adjustment Payments for hospitals qualifying under subsection (a) of this Section will receive an amount equal to three multiplied by the hospital's outpatient ambulatory procedure listing payments for Group 6A services provided during the rehabilitation hospital base period.~~
- d) ~~Payment to a Qualifying Hospital~~

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- 1) ~~For the rehabilitation hospital adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (c) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (f) of this Section being met shall be paid within 100 days after the conditions described in subsection (f) have been met.~~
  - 2) ~~If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~
- e) ~~Definitions~~
- 1) ~~"Outpatient ambulatory procedure listing payments for Group 6A services" means, for a given hospital, the sum of payments for ambulatory procedure listing services as described in Section 148.140(b)(1)(F), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the rehabilitation hospital base period that were adjudicated by the Department through June 30, 2004.~~
  - 2) ~~"Rehabilitation hospital adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.~~
  - 3) ~~"Rehabilitation hospital base period" means the 12-month period beginning on July 1, 2002 and ending on June 30, 2003.~~
- f) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
- 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~

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- 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
- 3) ~~the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.430 Perinatal Outpatient Adjustment Payments (Repealed)**

- a) ~~Qualifying Criteria. Perinatal Outpatient Adjustment Payments shall be made to qualifying Illinois general acute care hospitals that were designated as a perinatal center as of January 1, 2005. A hospital not otherwise excluded under subsection (b) of this Section for the perinatal outpatient adjustment period determination shall qualify for payment if the hospital:~~
  - 1) ~~Is located in a large urban area;~~
  - 2) ~~Has a Medicaid obstetrical percentage of at least ten percent used for the October 1, 2004 Medicaid percentage adjustment determination as described in Section 148.122;~~
  - 3) ~~Has a Medicaid intensive care unit percentage of at least three percent; and~~
  - 4) ~~Has a ratio of ambulatory procedure listing for total Group 3 services, described in Section 148.140(b)(1)(C), to total ambulatory procedure services, as described in Section 148.140(b)(1), of at least 50 percent.~~
- b) ~~The following classes of hospitals are ineligible for Perinatal Outpatient Adjustment Payments associated with the qualifying criteria listed in subsection (a) of this Section:~~
  - 1) ~~County owned hospitals as described in Section 148.25(b)(1)(A).~~
  - 2) ~~Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - 3) ~~A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~

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- e) ~~Perinatal Outpatient Adjustment Payments~~
- 1) ~~A hospital qualifying under subsection (a) of this Section shall receive payment equal to the product of \$550 multiplied by the hospital's ambulatory procedure listing for emergency Level I services described in Section 148.140(b)(1)(C)(i) provided in the perinatal outpatient base period.~~
  - 2) ~~For a hospital that, as of January 1, 2005, was designated a Level II+ or III perinatal center qualifying under subsection (a) of this Section, the payment calculated in subsection (c)(1) will be multiplied by four.~~
  - 3) ~~A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being preformed under this subsection (c).~~
- d) ~~Payment to a Qualifying Hospital~~
- 1) ~~For the perinatal outpatient adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (c) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March, and May. The sum of the amounts required prior to the conditions described in subsection (f) of this Section being met shall be paid within 100 days after the conditions described in subsection (f) have been met.~~
  - 2) ~~If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~
- e) ~~Definitions~~
- 1) ~~"Large urban area" means an area located within a metropolitan statistical area, as defined by the U.S. Office of Management and Budget, 725 17<sup>th</sup> Street N.W., Washington D.C. 20503, in OMB Bulletin 04-03, dated February 18, 2004, with a population in excess of 1,000,000, and with an urban hospital as described in Section 148.25(g)(4).~~

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- 2) ~~"Medicaid intensive care unit percentage" means a fraction, the numerator of which is the number of hospital inpatient days during which Medicaid recipients received intensive care services from the hospital, as determined from the hospital's fiscal year 2002 Medicaid cost report on file with the Department as of July 1, 2004, and the denominator of which is the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as contained in the hospital's cost report on file with the Department as of July 1, 2004, for the hospital's fiscal year ending in 2002.~~
- 3) ~~"Outpatient ambulatory procedure listing emergency Level I services" means, for a given hospital, the sum of services for ambulatory procedure listing services as described in Section 148.140(b)(1)(C)(i), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the perinatal outpatient base period that were adjudicated by the Department through June 30, 2004.~~
- 4) ~~"Perinatal outpatient adjustment period" means, beginning August 1, 2005, the 11 month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12 month period beginning July 1 of the year and ending June 30 of the following year.~~
- 5) ~~"Perinatal outpatient base period" means the 12 month period beginning on July 1, 2002 and ending on June 30, 2003.~~
- f) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
  - 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~
  - 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
  - 3) ~~the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

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(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.432 Supplemental Psychiatric Adjustment Payments (Repealed)**

- a) ~~Qualifying Criteria. Supplemental Psychiatric Adjustment Payments shall be made to a qualifying hospital as defined in this subsection (a). An Illinois hospital shall qualify for payment if it did not qualify for Medicaid Percentage Adjustment Payments as described in Section 148.122 for the 12-month period beginning October 1, 2004, but is eligible for psychiatric adjustment payments as described in Section 148.105 for fiscal year 2005, excluding:~~
- ~~1) County-owned hospitals as described in Section 148.25(b)(1)(A).~~
  - ~~2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - ~~3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~
- b) ~~Supplemental Psychiatric Adjustment Payments will be made to qualifying hospitals and will equal the product of the hospital's fiscal year 2005 Psychiatric Adjustment Payments, as described in Section 148.105, multiplied by 0.7.~~
- e) ~~Payment to a Qualifying Hospital~~
- ~~1) For the supplemental psychiatric adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) of this Section and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (e) being met shall be paid within 100 days after the conditions described in subsection (e) of this Section have been met.~~
  - ~~2) If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~

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- d) ~~"Supplemental base rate adjustment period" means, beginning August 1, 2005, the 11-month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12-month period beginning July 1 of the year and ending June 30 of the following year.~~
- e) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
- ~~1) the methodologies described in this Section received federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~
  - ~~2) the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
  - ~~3) the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.434 Outpatient Community Access Adjustment Payments (Repealed)**

- a) ~~Qualifying Criteria. Outpatient Community Access Adjustment Payments, as described in subsection (b) of this Section, shall be made to an Illinois general acute care hospital as described in Section 148.270(c)(1) that was designated as a perinatal center as of January 1, 2005, that had a Medicaid obstetrical percentage used for the October 1, 2004 Medicaid percentage adjustment determination described in Section 148.122 of at least 12.5 percent, that had a ratio of crossover days to total Medicaid days greater than or equal to 25 percent, utilizing information used for the Medicaid Percentage Adjustment Payment described in Section 148.122, and that qualified for Medicaid Percentage Adjustment Payments as described in Section 148.122 on October 1, 2004, excluding:~~
- ~~1) County-owned hospitals as described in Section 148.25(b)(1)(A).~~
  - ~~2) Hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B).~~
  - ~~3) A hospital owned or operated by a State agency, as described in Section 148.25(b)(6).~~

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- b) ~~Outpatient Community Access Adjustment Payments~~
- 1) ~~Hospitals qualifying under subsection (a) of this Section shall receive an amount equal to \$100 multiplied by the hospital's outpatient ambulatory procedure listing services in the outpatient community access base period.~~
  - 2) ~~A hospital that enrolled to provide Medicaid services during State fiscal year 2003 shall have its utilization and associated reimbursements annualized prior to the payment calculations being preformed under this subsection (b).~~
- c) ~~Payment to a Qualifying Hospital~~
- 1) ~~For the outpatient community access adjustment period for fiscal year 2006, fiscal year 2007 and fiscal year 2008 total payments will equal the methodologies described in subsection (b) and shall be paid to the hospital in four equal installments on or before the seventh State business day of September, December, March and May. The sum of the amounts required prior to the conditions described in subsection (e) being met shall be paid within 100 days after the conditions described in subsection (e) of this Section have been met.~~
  - 2) ~~If a hospital closes during the fiscal year, payments will be prorated based on the number of days the hospital was open during the fiscal year.~~
- d) ~~Definitions~~
- 1) ~~"Outpatient ambulatory procedure listing services" means, for a given hospital, the sum of services for ambulatory procedure listing services as described in Section 148.140(b)(1), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient community access base period that were adjudicated by the Department through June 30, 2004.~~
  - 2) ~~"Outpatient community access adjustment period" means, beginning August 1, 2005, the 11 month period beginning on August 1, 2005 and ending June 30, 2006, and beginning July 1, 2006, the 12 month period beginning July 1 of the year and ending June 30 of the following year.~~

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- 3) ~~"Outpatient community access base period" means the 12-month period beginning on July 1, 2002 and ending June 30, 2003.~~
- e) ~~Payment Limitations: Payments under this Section are not due and payable until:~~
- 1) ~~the methodologies described in this Section receive federal approval from the Centers for Medicare and Medicaid Services in an appropriate State Plan Amendment;~~
- 2) ~~the assessment imposed under 89 Ill. Adm. Code 140.80 is determined to be a permissible tax under Title XIX of the Social Security Act; and~~
- 3) ~~the assessment described in 89 Ill. Adm. Code 140.80 is in effect.~~

(Source: Repealed at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.440 High Volume Adjustment Payments**

- a) Qualifying Criteria. With the exception of a large public hospital, a High Volume Adjustment payment shall be made to each general acute care hospital that provided and was paid for more than 20,500 Medicaid inpatient days.
- b) Payment. Qualifying hospitals shall receive an annual payment that is the product of the hospital's Medicaid inpatient days and:
- 1) \$350, for a hospital with a case mix index greater than or equal to the 85<sup>th</sup> percentile for all qualifying hospitals.
- 2) \$100, for any other hospital.

(Source: Added at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.442 Inpatient Services Adjustment Payments**

- a) Qualifying Criteria. With the exception of a large public hospital, all Illinois hospitals qualify for the Inpatient Services Adjustment payment.

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- b) Payment. A hospital shall receive an annual payment that is the sum of the following amounts for which it qualifies:
- 1) A general acute care hospital shall receive an annual amount that is equal to 40% of its base inpatient payments.
  - 2) A freestanding specialty hospital shall receive an annual amount that is equal to 60% of its base inpatient payments.
  - 3) A children's hospital shall receive an annual amount that is equal to 20% of its base inpatient payments.
  - 4) A children's hospital shall receive an annual amount that is equal to 20% of its payments for inpatient psychiatric services provided during State fiscal year 2005.
  - 5) An Illinois hospital licensed by the Illinois Department of Public Health (IDPH) as a psychiatric or rehabilitation hospital shall receive an annual amount that is equal to the product of the following factors:
    - A) Medicaid inpatient days.
    - B) \$1,000.
    - C) The positive percentage of change in the hospital's MIUR between 2005 and 2007.
  - 6) A children's hospital shall receive an annual amount that is the product of the annual payment described in Section 148.298, multiplied by:
    - A) 2.50, for a hospital that is a freestanding children's hospital.
    - B) 1.00, for any other hospital.

(Source: Added at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.444 Capital Needs Payments**

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- a) Qualifying Criteria. With the exception of a large public hospital, a general acute care hospital with a 2007 MIUR of 10% or greater qualifies for the Capital Needs payment.
- b) Payment. Qualifying hospitals shall receive an annual payment that is the product of the hospital's Medicaid inpatient days and:
- 1) The difference between the hospital's capital cost per diem and 75<sup>th</sup> percentile for all hospitals, for hospitals with a 2007 MIUR of 0.3694 or greater with a capital cost per diem that is less than the 75<sup>th</sup> percentile for all hospitals.
  - 2) The difference between the hospital's capital cost per diem and 60<sup>th</sup> percentile for all hospital, for any other hospital

(Source: Added at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.446 Obstetrical Care Payments**

- a) Qualifying Criteria. With the exception of a large public hospital, a general acute care hospital qualifies for the Obstetrical Care payment if the hospital is one of the following:
- 1) A rural hospital, as defined in Section 148.25(g)(3), with a Medicaid obstetrical rate greater than 15%.
  - 2) Classified, on December 31, 2006, as a perinatal Level III hospital by IDPH and that had a case mix index equal to or greater than the 45<sup>th</sup> percentile of such perinatal Level III hospitals.
  - 3) Classified, on December 31, 2006, as a perinatal Level II or II+ hospital by IDPH and that had a case mix index equal to or greater than the 35<sup>th</sup> percentile of such perinatal Level II and II+ hospitals combined.
- b) Payment. Qualifying hospitals shall receive an annual payment that is the product of the hospital's Medicaid obstetrical days and:
- 1) \$1,500, for a hospital qualifying under subsection (a)(1) of this Section.

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- 2) \$1,350, for a hospital qualifying under subsection (a)(2) of this Section.
- 3) \$900, for a hospital qualifying under subsection (a)(3) of this Section.

(Source: Added at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.448 Trauma Care Payments**

- a) Qualifying Criteria. With the exception of a large public hospital, a hospital qualifies for this payment if the hospital is one of the following:
  - 1) A general acute care hospital that, as of July 1, 2007, was designated by IDPH as a trauma center.
  - 2) A children's hospital, located in a contiguous state, that has been designated a trauma hospital by that State providing more than 8,000 Illinois Medicaid days.
- b) Payment. A hospital shall receive an annual payment that is the sum of the following amounts for which it qualifies:
  - 1) The product of the hospital's Medicaid inpatient general acute care days and \$400, for a general acute care hospital designated as a Level II trauma center as identified in Section 148.295(a)(3) and (a)(4).
  - 2) The product of the amount of the State fiscal year 2005 Medicaid capital payments and the factor of 3.75, for a general acute care hospital designated as a trauma center as identified in Section 148.295(a).
  - 3) The product of the hospital's Medicaid general acute care inpatient days and \$235, for a hospital that qualifies under subsection (a)(2) of this Section.

(Source: Added at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.450 Supplemental Tertiary Care Payments**

- a) Qualifying Criteria. An Illinois hospital that qualified in State fiscal year 2007 for a payment described in Section 148.296.

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

## NOTICE OF PROPOSED AMENDMENTS

- b) Payment. A hospital shall receive an annual payment that is equal to the amount for which it qualified in State fiscal year 2007 in Section 148.296.

(Source: Added at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.452 Crossover Care Payments**

- a) Qualifying Criteria. With the exception of a large public hospital, a general acute care hospital that had a ratio of crossover days to total medical assistance inpatient days (utilizing information from 2005 Illinois medical assistance paid claims) greater than 50% and the hospital's case mix index is greater than the 65<sup>th</sup> percentile of all case mix indices.
- b) Payment. A qualifying hospital shall receive an annual payment that is the product of \$1,125 and the inpatient days provided to individuals eligible for Medicaid, as recorded in the Department's paid claims data.

(Source: Added at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.454 Magnet Hospital Payments**

- a) Qualifying Criteria. With the exception of a large public hospital, a general acute care hospital or a freestanding children's hospital qualifies for the Magnet Hospital payment if it meets both of the following criteria:
- 1) Was, as of February 1, 2008, designated as a "magnet hospital" by the American Nurses' Credentialing Center.
  - 2) A case mix index that is greater than the 75<sup>th</sup> percentile for all hospitals.
- b) Payment. A qualifying hospital shall receive an annual payment that is the product of the hospital's Medicaid inpatient days, eligibility growth factor, and:
- 1) \$450, for a hospital that has a case mix index greater than the 75<sup>th</sup> percentile of all hospitals and an eligibility growth factor that is greater than the mean eligibility growth factor for counties in which the hospital is located.

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- 2) \$225, for a hospital that has an eligibility growth factor that is less than or equal to the mean eligibility growth factor for counties in which the hospital is located.

(Source: Added at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.456 Ambulatory Procedure Listing Increase Payment**

- a) Qualifying Criteria. With the exception of a large public hospital, as defined in Section 148.458(a), the Ambulatory Procedure Listing Increase payment shall be made to each Illinois hospital.
- b) Payment. Qualifying hospitals shall receive an annual payment that is the sum of:
- 1) For a hospital that is licensed by the Department of Public Health as a psychiatric specialty hospital, the product of:
- A) The hospital's payments for type B psychiatric clinic services provided during State fiscal year 2005 that were reimbursed through methodologies described in Section 148.140(b)(1)(e); and
- B) 3.25.
- 2) For all other hospitals:
- A) The hospital's payments for services provided during State fiscal year 2005 that were reimbursed through methodologies described in Section 148.140(b)(1)(A) through (D); and
- B) 2.20.

(Source: Added at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 148.458 General Provisions**

Unless otherwise indicated, the following apply to Sections 148.440 through 148.456.

- a) Definitions

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"Base inpatient payments" means, for a given hospital, the sum of payments made using the rates defined in Section 148(b)(1) for services provided during State fiscal year 2005 and adjudicated by the Department through March 23, 2007.

"Capital cost per diem" means, for a given hospital, the quotient of:

the total capital costs determined using the most recent 2005 Medicare cost report as contained in the Healthcare Cost Report Information System file for the quarter ending on December 31, 2006, divided by

the total inpatient days from the same cost report to calculate a capital cost per day.

The resulting capital cost per day is inflated to the midpoint of State fiscal year 2009 utilizing the national hospital market price proxies hospital cost index. If a hospital's 2005 Medicare cost report is not contained in the Healthcare Cost Report Information System, the Department shall use the data reported on the hospital's 2005 Medicaid cost report.

"Case mix index" means, for a given hospital, the quotient resulting from dividing:

the sum of the all diagnosis related grouping relative weighting factors in effect on January 1, 2005, for all category of service 20 admissions for State fiscal year 2005, excluding Medicare crossover admissions and transplant admissions reimbursed under Section 148.82, by

the total number of category of service 20 admissions for State fiscal year 2005, excluding Medicare crossover admissions and transplant admissions reimbursed under Section 148.82.

"Children's hospital" means a hospital as described in 89 Ill. Adm. Code 149.50(c)(3).

"Eligibility growth factor" means the percentage by which the number of Medicaid recipients in the county increased from State fiscal year 1998 to State fiscal year 2005.

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"Freestanding children's hospital" means an Illinois children's hospital that is licensed by IDPH as a pediatric hospital.

"Freestanding specialty hospital" means an Illinois hospital that is neither a general acute care hospital nor a large public hospital nor a freestanding children's hospital.

"General acute care hospital" means an Illinois hospital that operates under a general license (i.e., is not licensed by IDPH as a psychiatric, pediatric, rehabilitation or tuberculosis specialty hospital) and is not a long term stay hospital, as described in 89 Ill. Adm. Code 149.50(c)(4).

"Large public hospital" means a county-owned hospital, as described in Section 148.25(b)(1)(A), a hospital organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B), or a hospital owned or operated by a State agency, as described in Section 148.40(a)(7).

"Medicaid inpatient days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), for admissions occurring during State fiscal year 2005, as adjudicated by the Department through March 23, 2007.

"Medicaid obstetrical days" means, for a given hospital, the sum of days of inpatient hospital service provided to Illinois recipients of medical assistance under Title XIX of the federal Social Security Act assigned a diagnosis related group code of 370 through 375, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), for admissions occurring during State fiscal year 2005, as adjudicated by the Department through March 23, 2007.

"Medicaid obstetrical rate" means, for a given hospital, a fraction, the numerator of which is the hospital's Medicaid obstetrical days and the denominator of which is the hospital's Medicaid inpatient days.

"Medicare crossover rate" means, for a given hospital, a fraction, the numerator of which is the number patient days provided to individuals eligible for both Medicare under Title XVIII and Medicaid under Title XIX of the federal Social

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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Security Act and the denominator of which is the number of patient days provided to individuals eligible for medical programs administered by the Department, both as recorded in the Department's paid claims data.

"MIUR" means Medicaid Inpatient Utilization Rate as defined in Section 148.120(k)(4).

- b) Payment. The annual amount of each payment for which a hospital qualifies shall be made in 12 equal installments on or before the seventh State business day of each month. If a hospital closes or ceases to do business, payments will be prorated based on the number of days the hospital was open during the State fiscal year in which the hospital closed or ceased to do business. In the case of the merger of two or more hospital providers that did conduct, operate or maintain separate hospitals during the hospital's fiscal year 2005, the payments to the merged hospital provider for the State fiscal year shall be computed based on the individual data of the hospitals that were subject of the merger for each hospital's fiscal year 2005.
- c) Rate Reviews
- 1) A hospital shall be notified in writing of the results of the payment determination pursuant to Sections 148.440 through 148.456.
  - 2) Hospitals shall have a right to appeal the calculation of, or their ineligibility for, payment if the hospital believes that the Department has made a technical error. The appeal must be submitted in writing to the Department and must be received or postmarked within 30 days after the date of the Department's notice to the hospital of its qualification for the payment amounts, or a letter of notification that the hospital does not qualify for payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

(Source: Added at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: North Point Marina
- 2) Code Citation: 17 Ill. Adm. Code 220
- 3) 

<u>Section Numbers</u> :	<u>Proposed Action</u> :
220.50	Amendment
220.70	Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 1 and 4 of the State Parks Act [20 ILCS 835/1 and 4] and by Sections 805-120, 805-300 and 805-525 of the Civil Administrative Code of Illinois [20 ILCS 805/805-120, 805-300 and 805-525] and by Section 6z-10 of the State Finance Act [30 ILCS 105/6z-10]
- 5) A Complete Description of the Subjects and Issues Involved: This Part is being amended to: add regulations regarding vessel towing in the marina, delineate permitted fishing areas, add regulations for ice fishing, clarify regulations for cooking on docks and add a regulation prohibiting the feeding of wildlife.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not affect units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice to:

Jack Price, Legal Counsel  
Department of Natural Resources  
One Natural Resources Way

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Springfield IL 62702-1271

217/782-1809

- 13) Initial Regulatory Flexibility Analysis:
  - A) Types of small businesses, small municipalities and not for profit corporations affected: None
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent regulatory agendas because: The Department did not anticipate these amendments would be necessary at the time the regulatory agendas were filed.

The full text of the Proposed Amendments begins on the next page:

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

TITLE 17: CONSERVATION  
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES  
SUBCHAPTER a: LANDSPART 220  
NORTH POINT MARINA

## Section

220.10	Application and Scope
220.20	Compliance
220.30	Marina Slip Acquisition
220.40	Slip Use
220.50	Vessel Condition and Movement
220.60	Fees and Charges
220.70	Other Regulations
220.80	Emergency Boarding of Vessels
220.90	Waiver of Claims

**AUTHORITY:** Implementing and authorized by Sections 1 and 4 of the State Parks Act [20 ILCS 835/1 and 4] and by Sections 805-120, 805-300 and 805-525 of the Civil Administrative Code of Illinois [20 ILCS 805/805-120, 805-300 and 805-525] and by Section 6z-10 of the State Finance Act [30 ILCS 105/6z-10].

**SOURCE:** Adopted at 13 Ill. Reg. 9269, effective June 6, 1989; amended at 15 Ill. Reg. 1495, effective January 22, 1991; amended at 15 Ill. Reg. 14418, effective October 1, 1991; amended at 16 Ill. Reg. 7335, effective April 24, 1992; amended at 17 Ill. Reg. 6760, effective April 27, 1993; recodified by changing the agency name from Department of Conservation to Department of Natural Resources at 20 Ill. Reg. 9389; amended at 29 Ill. Reg. 1342, effective January 10, 2005; amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 220.50 Vessel Condition and Movement**

- a) Inspections  
Any individual applying for a permit or having a permit issued thereby impliedly agrees that the Department may examine his or her vessel at any time without prior notice at reasonable hours for the purpose of verifying compliance with all applicable rules.
- b) Vessel Condition

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- 1) **Seaworthiness:** Any vessel moored in the Marina shall be seaworthy at all times and be able to get underway by its own power. In the event a vessel becomes unsafe or unseaworthy, the slip permit may be revoked by the Department. The M.A.O. shall give written notice to the slip holder of those items that render the vessel unsafe or unseaworthy. The slip holder shall undertake repairs or refurbishing within 10 days after receipt of notice or such permit will be revoked. Failure to comply with these provisions shall authorize the Department to have the vessel removed and to charge the removal and storage to the Permittee.
- 2) **Vessel Maintenance:** Limited maintenance, such as tune-ups, cleaning and line replacement of docked vessels in the recreational harbor is permitted during daylight hours only. Such maintenance activities shall not generate paint aerosols, dusts, other particles or material which will deposit upon docks, nearby vessels or other facilities; not produce odors, vapors/gases which will prove offensive or pose health, fire, or other safety hazards. Extensive repairs, such as hull repairs, engine overhauls and spray painting, shall be completed outside the slip area. The use of open flame devices (welding torches, blow torches, etc.) or electrical welders shall not be permitted without express permission (based upon safety) of the Department. Only boat repair, service or other type vendors that have been authorized by the Department shall be permitted to perform work on any vessel at the Marina. Emergency repairs may be made at a slip upon written approval of the M.A.O. (see Section 220.80). Any waste products (oil, paint, solvents, etc.) shall be disposed of only in designated areas.
- 3) **Wrecked or Sunken Vessels:** In the event of a wrecked or sunken vessel, the Permittee is responsible for marking the accident site, raising the craft and the disposition of the vessel.
- 4) **Unauthorized Discharges:** Permittee will be responsible for any costs associated with the cleanup and disposal of unauthorized discharges. Marina management, or its representatives, may board and inspect any vessel suspected of unauthorized discharge.
- 5) **Sail Boat Rigging:** All sail rigging shall be tied down while at the slip to insure against noise being produced by the rigging.

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- c) Vessel Movement
- 1) Movement of vessels within the Marina shall be for the purposes of entering or leaving a slip, pump out station or fuel dock. All vessels underway in the Marina shall be under power. Sailing, rowing, sculling or paddling within the Marina is prohibited.
  - 2) Fueling: Fueling of vessels can only be done at the designated fuel dock in the Marina.
  - 3) Vessel Towing: No vessel may be towed into the Recreational Basin without permission of the M.A.O.

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 220.70 Other Regulations**

- a) Quiet Hours: Quiet hours from 11:00 p.m. to 7:00 a.m. shall be observed in the Marina. During this period, no loud noise or instrument producing or reproducing sound shall be used in such a manner as to disturb the peace, quiet and comfort of the neighboring inhabitants. The sounding of horns as required by Marine Rules of the Road is not a violation of quiet hours.
- b) Sanitation and Refuse: All trash must be placed in the provided dumpsters located in each turnaround. No sanitary or any marine discharge is allowed in the basin. Pump out stations are provided in the main basin and at the fuel dock. All trash shall be placed in plastic garbage bags prior to disposing in the dumpsters. Fish cleaning shall be done at designated areas only. Fish cleaning is allowed aboard docked vessels provided that all refuse is placed in plastic bags and deposited in the designated containers, at the fish cleaning station. The use of red plastic bags is prohibited. Any disposal of fish waste into the harbor is strictly prohibited.
- c) Motor Vehicle Traffic and Parking:
  - 1) Visitors will park in the visitors lot only.

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- 2) Permittee Parking: Access to restricted parking, docks, and bathhouses will be provided to the Permittee by the M.A.O. Any misuse of these privileges may be cause for termination of the slip permit.
  - 3) Illegally Parked Vehicles: Any vehicle in violation of parking regulations may be ticketed and/or towed at the expense of the vehicle owner in accordance with the Illinois Vehicle Code [625 ILCS 5].
  - 4) Occupancy of any parked vehicle in the public areas between the hours of one a.m. and five a.m. shall be unlawful without written permission from the M.A.O. displayed in the left front windshield area.
- d) Bicycles and Motorcycles: No person shall roller skate, skateboard, or ride bicycles, manual or motorized scooters or motorcycles on the docks and gangways within the Marina or upon the boardwalk.
  - e) Security Gates: The security gates to the main piers are not to be blocked open at any time. Any tampering of the Marina security systems may be cause for termination of the slip permit. Termination shall be based upon such considerations as the nature of damages or threat to security. All persons within the secured area of the Marina shall identify themselves upon request by Marina personnel.
  - f) Swimming/diving: Swimming and diving are not permitted within the protected harbor areas of the Marina.
  - g) Fishing:
    - 1) Fishing is prohibited within the Harbor and from any of its structures or breakwaters, except at a designated fishing pier or from a vessel berthed in a slip using ~~that~~ pole and line ~~fishing only is permitted on vessels berthed at slips~~. No line shall extend into any fairway or maneuvering area.
    - 2) Ice fishing is allowed when conditions permit between sunrise and sunset from November 15 until March 15.
      - A) Ice fishing is permitted off H and I docks only.
      - B) Fishing shelters must bear the name and address of the owner and

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- must be removed by sunset.
- C) Ice holes may not exceed 12" diameter.
- D) Pole and line fishing only (three poles or tip-ups, with no more than two hooks each) is permitted.
- 3) No wood or charcoal fires are allowed. No open flame on dock structures is allowed.
- 4) Pets must be controlled and on a leash. Owners are responsible for cleaning up after their pets.
- 5) All trash must be discarded in approved containers.
- 6) No sitting on or using of dock box containers when ice fishing.
- h) Cooking: No cooking or barbecuing shall be permitted on any dock in the Marina. Cooking or barbecuing (gas/propane only) shall be permitted except in designated areas or on the slip holder's vessel. Use of charcoal grills or charcoal lighter shall be in designated landside areas only. Used charcoal and ash shall be deposited in approved designated containers only. ~~No charcoal grills or charcoal lighter shall be used on docks or vessels in the Marina.~~
- i) Lost and Found: All found items should be taken to the M.A.O.'s office.
- j) Commercial Activity: No commercial advertising or solicitation is permitted in the recreational basin. A slip holder may place a single 8½ x 11" For Sale sign within the vessel. The use of any boat as a demonstrator by a boat dealer shall be regulated by the vendor regulations which shall be published by the Department.
- k) Tampering with or boarding other vessels without permission is prohibited.
- l) Anchoring: Except in cases of emergency (see Section 220.80), no boat shall anchor in North Point Marina waters.
- m) Feeding of wildlife is prohibited.

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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## NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Squirrel Hunting
- 2) Code Citation: 17 Ill. Adm. Code 690
- 3) Section Number: 690.30                      Proposed Action:  
Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 1.2, 1.3, 1.4, 2.1, 2.2, 2.28 and 3.5 of the Wildlife Code [520 ILCS 5/1.2, 1.3, 1.4, 2.1, 2.2, 2.28 and 3.5]
- 5) A Complete Description of the Subjects and Issues Involved: This Part is being amended to update the list of open sites and site-specific regulations.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed amendments pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not affect units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice to:

Jack Price, Legal Counsel  
Department of Natural Resources  
One Natural Resources Way  
Springfield IL 62702-1271

217/782-1809

- 13) Initial Regulatory Flexibility Analysis:

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- A) Types of small businesses, small municipalities and not for profit corporations affected: None
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2008

The full text of the Proposed Amendment begins on the next page:

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENT

TITLE 17: CONSERVATION  
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES  
SUBCHAPTER b: FISH AND WILDLIFEPART 690  
SQUIRREL HUNTING

## Section

690.10	Hunting Seasons
690.20	Statewide Regulations
690.30	Regulations at Various Department-Owned or -Managed Sites

**AUTHORITY:** Implementing and authorized by Sections 1.2, 1.3, 1.4, 2.1, 2.2, 2.28 and 3.5 of the Wildlife Code [520 ILCS 5/1.2, 1.3, 1.4, 2.1, 2.2, 2.28 and 3.5].

**SOURCE:** Adopted at 5 Ill. Reg. 8017, effective July 24, 1981; codified at 5 Ill. Reg. 10642; emergency amendment at 5 Ill. Reg. 11382, effective October 14, 1981, for a maximum of 150 days; emergency expired March 12, 1982; amended at 6 Ill. Reg. 9642, effective July 21, 1982; amended at 7 Ill. Reg. 8809, effective July 15, 1983; emergency amendment at 7 Ill. Reg. 9690, effective August 1, 1983, for a maximum of 150 days; emergency expired December 29, 1983; amended at 8 Ill. Reg. 16789, effective August 30, 1984; amended at 9 Ill. Reg. 11614, effective July 16, 1985; amended at 10 Ill. Reg. 15601, effective September 16, 1986; amended at 11 Ill. Reg. 9549, effective May 5, 1987; amended at 12 Ill. Reg. 12246, effective July 15, 1988; amended at 13 Ill. Reg. 10606, effective June 15, 1989; amended at 14 Ill. Reg. 10816, effective June 20, 1990; amended at 15 Ill. Reg. 10012, effective June 24, 1991; amended at 16 Ill. Reg. 11087, effective June 30, 1992; amended at 17 Ill. Reg. 10842, effective July 1, 1993; amended at 18 Ill. Reg. 8624, effective May 31, 1994; amended at 19 Ill. Reg. 10664, effective July 1, 1995; amended at 20 Ill. Reg. 10882, effective August 5, 1996; amended at 21 Ill. Reg. 9095, effective June 26, 1997; amended at 22 Ill. Reg. 14844, effective August 3, 1998; amended at 23 Ill. Reg. 9074, effective July 28, 1999; amended at 24 Ill. Reg. 8947, effective June 19, 2000; amended at 25 Ill. Reg. 9903, effective July 17, 2001; amended at 26 Ill. Reg. 13845, effective September 5, 2002; amended at 27 Ill. Reg. 12640, effective July 21, 2003; amended at 28 Ill. Reg. 11893, effective July 27, 2004; amended at 29 Ill. Reg. 9786, effective June 27, 2005; amended at 30 Ill. Reg. 12229, effective June 28, 2006; amended at 31 Ill. Reg. 11700, effective July 27, 2007; amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 690.30 Regulations at Various Department-Owned or -Managed Sites**

- a) All the regulations in 17 Ill. Adm. Code 510, General Hunting and Trapping on

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Department-Owned or Managed Sites, apply in this Part, unless this Part is more restrictive. Violation of a site specific regulation is a petty offense (see 520 ILCS 5/2.28).

- b) Hunting with .22 caliber or smaller rimfire firearms or muzzleloading black powder rifles is allowed at those sites listed in the following subsections that are followed by a (1). Hunting with air rifles is allowed at those sites listed in the following subsections that are followed by a (3).
- c) Check-in, check-out and reporting of harvest is required at those sites listed in the following subsections that are followed by a (2).
- d) Statewide regulations apply at the following sites:

Anderson Lake Conservation Area (2)

Apple River Canyon State Park – Salem and Thompson Units (2)

Argyle Lake State Park (2)

Big Bend State Fish and Wildlife Area (2)

Big River State Forest (2)

Cache River State Natural Area (1) (2)

Campbell Pond Wildlife Management Area

Cape Bend State Fish and Wildlife Area (1) (2)

Carlyle Lake Lands and Waters – Corps of Engineers managed lands (1)

Carlyle Lake Wildlife Management Area (subimpoundment area closed 7 days prior to and during the southern zone waterfowl season) (1)

Chain O'Lakes State Park (opens Wednesday after permit pheasant season for 5 consecutive days, except closed on Christmas Day; 8:00 a.m. to 4:00 p.m.; daily quota filled on first come-first served basis; DNR issued back patch must be worn while hunting; only shot size of No. 3 steel, No. 4

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bismuth, No. 5 tungsten-iron, tungsten-matrix, tungsten-polymer or smaller may be used) (2)

Crawford County Conservation Area (1) (2)

Cypress Pond State Natural Area (1) (2)

Deer Pond State Natural Area (1) (2)

Devil's Island State Fish and Wildlife Area

Dog Island Wildlife Management Area (1) (2)

Eldon Hazlet State Park (north of Allen Branch (2); and west of Peppenhorst Branch only)

Falling Down Prairie (2)

Ferne Clyffe State Park – Cedar Draper Bluffs Hunting Area (1) (2)

Fort de Chartres Historic Site (muzzleloading firearms or bow and arrow only) (1) (2)

Fort Massac State Park (2)

Hanover Bluff State Natural Area (2)

Kaskaskia River State Fish and Wildlife Area (Doza Creek Waterfowl Management Area closed 7 days prior to and during duck season; the defined Baldwin Lake Waterfowl Rest Area is closed) (1) (2) (3)

Kinkaid Lake Fish and Wildlife Area (1)

Lowden-Miller State Forest (hunting allowed from September 1 through September 30 only; hunting allowed only on the southern one-half of the site) (1) (2)

Marseilles State Fish and Wildlife Area (Monday through Thursday only through October 31; during August, hunting allowed west of E. 2450 Road

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only; open daily November 1 through the end of the site archery deer season; closed during the site firearm and muzzleloading deer seasons; unauthorized personnel may not be on the site outside of the posted check station operating hours; hunters may only enter the site from designated parking lots) (2)

Marshall State Fish and Wildlife Area (1) (2)

Mermet Lake Conservation Area (non-toxic shot only in waterfowl areas; squirrel hunting closes after September 30, except in upland game area) (1) (2)

Mississippi River Fish and Waterfowl Management Area (Pools 25 and 26) (1)

Mississippi River Pools 16, 17, 18 (1)

Mississippi River Pools 21, 22, 24 (1)

Morrison Rockwood State Park (opens November 1 and closes the Thursday before the first statewide firearm deer season) (1) (2)

Nauvoo State Park (Max Rowe Unit only)

Oakford Conservation Area (1)

Peabody River King State Fish and Wildlife Area (east [subunit closes](#) and [north subunits close](#) November 1) (2)

Randolph County Conservation Area (2)

Ray Norbut State Fish and Wildlife Area (1) (2)

Red Hills State Park (2)

Rend Lake Project Lands and Waters (1)

Sahara Woods State Fish and Wildlife Area (1) (2)

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Saline County Fish and Wildlife Area (1) (2)

Sam Dale Lake Conservation Area (2)

Sam Parr State Park (2)

Sangamon County Conservation Area

Shawnee National Forest – Oakwood Bottoms (non-toxic shot only) (1)

Sielbeck Forest Natural Area (1) (2)

Skinner Farm State Habitat Area (2)

Spoon River State Forest (1) (2) [\(3\)](#)

Stephen A. Forbes State Park (2)

Tapley Woods State Natural Area (2)

Trail of Tears State Forest (1) (2)

Turkey Bluffs State Fish and Wildlife Area (1) (2) (3)

Walnut Point Fish and Wildlife Area (1) (2)

Washington County Conservation Area (2)

Weinberg-King State Park (1) (2)

Weinberg-King State Park – Cecil White Unit

Weinberg-King State Park – Scripps Unit (1) (2)

Weinberg-King State Park – Spunky Bottoms Unit (1) (2)

Wildcat Hollow State Forest (1)

Witkowsky State Wildlife Area (opens after second firearm deer season)

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(2)

- e) Season dates shall be the day following Labor Day through the end of the statewide season at the following sites:

Ferne Clyffe State Park – Ferne Clyffe Hunting Area (2)

Giant City State Park (rimfire cartridges allowed in Union County portion; no rimfire cartridges allowed in Jackson County portion only) (1) (2)

Hamilton County Conservation Area (2)

~~Pere Marquette State Park (2)~~

Pyramid State Park (2)

Siloam Springs State Park (2)

- f) Season dates shall be the day after Labor Day through September 30 at the following sites:

Johnson-Sauk Trail State Park (season reopens the day after the archery deer season closes and remains open until the end of the statewide season) (2)

Jubilee College State Park (2)

Kankakee River State Park (2)

Sangchris Lake State Park (2)

Silver Springs State Park (2)

Spring Lake Fish and Wildlife Area (2)

- g) Statewide regulations apply at the following sites, except that hunters must obtain a free permit from the Department and variations in season dates are in parentheses. Permits must be in possession while hunting. The permit must be returned and harvest reported by March 15 or the hunter will forfeit privileges at

## DEPARTMENT OF NATURAL RESOURCES

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that site for the following year:

Beaver Dam State Park (statewide opening through September 30)

Chauncey Marsh (permit may be obtained at Red Hills State Park Headquarters) (1)

Clinton Lake State Recreation Area – North Fork Management Area, North of the County Road at the North Fork Boat Ramp and handicapped upland game area (1)

Coffeen Lake State Fish and Wildlife Area (statewide opening through September 30)

[Copperhead Hollow State Wildlife Area \(1\)](#)

Fox Ridge State Park (1)

Harry "Babe" Woodyard State Natural Area

Hidden Springs State Forest (~~22-rimfire firearms and muzzleloading blackpowder rifles prohibited until October 1~~)(1)

Horseshoe Lake State Park – Gabaret, Mosenthein and Chouteau Island Units (Madison County)

Hurricane Creek Habitat Area (season closes October 31)

Jim Edgar Panther Creek State Fish and Wildlife Area (the Quality Unit and Controlled Unit close October 31) (1)

Kickapoo State Park (season opens day after Labor Day)

Lake Shelbyville – Eagle Creek State Park (closes opening day of site's pheasant season)

Lake Shelbyville – Kaskaskia and West Okaw Wildlife Management Areas (1)

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Matthiessen State Park (season opens on statewide opening day and closes the day before the archery deer season opens; permits available at the Starved Rock State Park office; hunting in designated areas only)

Meeker State Habitat Area (obtain permit at Sam Parr State Park headquarters) [\(1\)](#)

Middle Fork Fish and Wildlife Area (season opens day after Labor Day)

Momence Wetlands (season opens day after Labor Day; closes September 30; shotgun only, non-toxic shot only)

Moraine View State Park (closed during the controlled pheasant season)

Newton Lake Fish and Wildlife Area ([closed during site deer seasons](#) ~~closes September 30~~)

[Pere Marquette State Park \(season opens day after Labor Day\)](#)

Pyramid State Park – Captain Unit (1)

Pyramid State Park – Denmark Unit (1)

Pyramid State Park – East Conant Unit (1)

Pyramid State Park – Galum Unit (1)

Ramsey Lake State Park

Sand Ridge State Forest (closes October 31) (1)

Sanganois State Fish and Wildlife Area (1)

Siloam Springs State Park – Buckhorn Unit (1) (2)

Ten Mile Creek Fish and Wildlife Area (1)

- h) Season dates shall be statewide opening through September 30 at the following sites:

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Castle Rock State Park (2)

[French Bluff State Natural Area \(1\) \(2\)](#)

Iroquois County Wildlife Management Area (1) (2)

Mackinaw State Fish and Wildlife Area (2)

Mt. Vernon Game Propagation Center (2)

Sandy Ford State Natural Area (2)

Weldon Springs – Piatt County Unit (2)

Woodford County Fish and Wildlife Area (2)

- i) Season dates shall be statewide opening through October 31 at the following sites:

Green River State Wildlife Area (2)

Horseshoe Lake Conservation Area (season on the controlled goose hunting area shall close October 31, remainder of the public hunting area statewide season; non-toxic shot only) (1)

Union County Conservation Area (season on the controlled goose hunting area closes October 31; firing line unit – statewide closing; non-toxic shot only) (1)

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- 1) Heading of the Part: The Taking of Wild Turkeys – Fall Gun Season
- 2) Code Citation: 17 Ill. Adm. Code 715
- 3) 

<u>Section Numbers</u> :	<u>Proposed Action</u> :
715.20	Amendment
715.25	Amendment
715.30	Amendment
715.40	Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 1.3, 1.4, 1.20, 2.9, 2.10 and 2.11 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 1.20, 2.9, 2.10 and 2.11]
- 5) A Complete Description of the Subjects and Issues Involved: This Part is being amended to: clarify application procedures, add language pertaining to members of foreign limited liability companies, clarify language for affixing the turkey permit around the leg, update open sites and update site-specific regulations.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not affect units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on this proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice to:

Jack Price, Legal Counsel  
Department of Natural Resources  
One Natural Resources Way

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Springfield IL 62702-1271

217/782-1809

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Foreign limited liability company members
  - B) Reporting, bookkeeping or other procedures required for compliance: Providing proof of membership in company
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2008

The full text of the Proposed Amendments begins on the next page:

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

TITLE 17: CONSERVATION  
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES  
SUBCHAPTER b: FISH AND WILDLIFEPART 715  
THE TAKING OF WILD TURKEYS – FALL GUN SEASON

## Section

715.10	Hunting Season, Open Counties and Permit Quotas
715.20	Statewide Turkey Permit Requirements
715.21	Turkey Permit Requirements – Special Hunts
715.25	Turkey Permit Requirements – Landowner/Tenant Permits
715.30	Turkey Hunting Regulations
715.40	Regulations at Various Department-Owned or -Managed Sites

AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 1.20, 2.9, 2.10 and 2.11 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 1.20, 2.9, 2.10 and 2.11].

SOURCE: Adopted at 13 Ill. Reg. 14950, effective September 6, 1989; amended at 14 Ill. Reg. 12421, effective July 20, 1990; amended at 15 Ill. Reg. 11618, effective August 2, 1991; amended at 16 Ill. Reg. 11101, effective June 30, 1992; amended at 17 Ill. Reg. 10858, effective July 1, 1993; amended at 18 Ill. Reg. 10013, effective June 21, 1994; amended at 19 Ill. Reg. 11806, effective August 3, 1995; amended at 20 Ill. Reg. 10898, effective August 5, 1996; amended at 21 Ill. Reg. 9110, effective June 26, 1997; amended at 22 Ill. Reg. 14866, effective August 3, 1998; amended at 23 Ill. Reg. 9091, effective July 28, 1999; amended at 24 Ill. Reg. 8965, effective June 19, 2000; amended at 25 Ill. Reg. 11460, effective August 14, 2001; amended at 26 Ill. Reg. 13855, effective September 5, 2002; amended at 27 Ill. Reg. 12650, effective July 21, 2003; amended at 28 Ill. Reg. 11904, effective July 27, 2004; amended at 29 Ill. Reg. 15542, effective September 27, 2005; amended at 29 Ill. Reg. 18938, effective November 4, 2005; amended at 30 Ill. Reg. 14518, effective August 24, 2006; amended at 31 Ill. Reg. 11711, effective July 27, 2007; amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 715.20 Statewide Turkey Permit Requirements**

- a) To take, or attempt to take, a wild turkey, Illinois residents must first obtain a "Wild Turkey Hunting Permit" from the Department of Natural Resources for a fee of \$15. Lifetime licenses issued after August 15, 2006 shall not qualify a non-resident of Illinois for a resident turkey permit. Non-resident turkey hunters shall be charged the maximum fee allowed by Section 2.11 of the Wildlife Code [520

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ILCS 5/2.11] for each turkey hunting permit. All hunters, except those exempted by Section 3.1 of the Wildlife Code [520 ILCS 5/3.1], are required to obtain a hunting license before hunting wild turkey. Permits are issued for a specific county or area and are valid only in the county or area designated on the permit. Hunting without a valid turkey permit is a Class B misdemeanor (see 520 ILCS 5/2.9). Applications for wild turkey permits shall be completed ~~and submitted by visiting one of the Illinois Department of Natural Resources' DNR Direct License vendors,~~ by applying on-line at [www.dnr.state.il.us](http://www.dnr.state.il.us) or by calling DNR-Direct License sales at 1-888-6PERMIT (1-888-673-7648).

- b) Applicants must supply all information necessary to complete the application. Incomplete applications shall be rejected and fees returned. Each applicant must submit payment for his/her individual application at the time of application. Not more than 6 applications may be submitted for group hunters. Applicants submitting applications within three weeks prior to the season shall not be guaranteed receipt of permit by start of season.
- c) Applications shall be accepted from residents only from the date on which they became available through the first Monday in July. Permits are not transferable and refunds shall not be granted. Permits shall be allocated in a computerized drawing to be held in Springfield. Applications received after the first Monday in July shall not be included in the drawing.
- d) Permits not issued during the first computerized drawing shall be available in a second computerized lottery drawing. Applications for this drawing will be accepted through the seventh Monday after the initial lottery deadline. Applications received after this date will not be included in the drawing. All hunters not receiving a permit in the first computerized drawing and non-residents may apply at this time for the available permits. Illinois residents will be given preference for permits allocated in the second lottery drawing.
- e) Permits remaining after the two lotteries will be available in a random daily drawing that begins on the fourth Monday after the second lottery deadline. All applications received on or before this date will be processed in the first daily drawing. This drawing period is open to hunters applying for their first or second permits. Hunters may obtain a maximum of two permits for the fall gun season.
- f) A \$3 service fee shall be charged for replacement permits issued by the Department, except when permits are lost in the mail, no charge will be made.

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- g) It shall be unlawful to:
- 1) Submit applications before the second computerized lottery drawing for more than one permit for the same person. Violation is a Class B misdemeanor (see 520 ILCS 5/2.9);
  - 2) Apply for or receive more than two permits for the fall gun turkey season. Violation is a Class B misdemeanor (see 520 ILCS 5/2.9); or
  - 3) Provide false and/or deceptive information on a permit application form. In addition to criminal charges, individuals found guilty of violating this Section shall have their application rejected, permit revoked, and fees forfeited. Violation is a Class A misdemeanor (see 520 ILCS 5/2.38).

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 715.25 Turkey Permit Requirements – Landowner/Tenant Permits**

- a) The "immediate family" is defined as the spouse, children, and parents permanently residing on the same property as the landowner or tenant.
- b) A tenant for the purpose of this Part is one who rents 40 acres or more land for commercial agricultural purposes under an agreement with a landowner. Commercial agriculture shall be defined as utilization of land for the raising of hay, grain crops or livestock for profit. A hunting rights lease, or other non-agricultural lease, is not valid for a landowner or tenant permit.
- c) Resident landowners who own 40 acres or more of land, and resident tenants renting or leasing 40 acres or more of commercial agricultural land, and members of their immediate family may apply for one free turkey permit for their property only in counties open for turkey hunting. Non-resident Illinois landowners of 40 or more acres of land and members of their immediate family are eligible to receive a permit for their property only for a fee of \$37.50. All landowners/tenants who do not reside on the property must possess a valid hunting license.
- d) Applicants for Landowner/Tenant permits must apply using the official application form. Applications for Landowner/Tenant wild turkey permits must

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be submitted to:

Illinois Department of Natural Resources  
POH Fall Shotgun Wild Turkey Permit  
One Natural Resources Way  
P.O. Box 19227  
Springfield IL 62794-9227

- e) Landowners or tenants are not required to participate in the public drawing for permits and are not counted towards the total number of permits issued for a particular county.
- f) Recipients of Landowner/Tenant permits to hunt their owned or leased property may apply for one additional county-wide permit beginning the third Monday in September from any permits remaining. Fees for this additional permit are set in Section 715.20(a).
- g) Proof of ownership for all landowner or tenant applications must be provided by one of the following methods:
  - 1) Submittal of a copy of property deed;
  - 2) Submittal of a copy of contract for deed;
  - 3) Submittal of a copy of most recent real estate tax statement upon which landowner's name appears;
  - 4) Submittal of a copy of a Farm Service Agency 156EZ form; or
  - 5) Submittal of a copy of a trust agreement which must indicate that the trust owns at least 40 acres and the applicant is a current income beneficiary of the trust.
- h) If you are applying for a tenant permit, you are required to submit, in addition to the landowner certification and proof of ownership, a copy of one of the following:
  - 1) A lease (not a hunting rights lease) or rental agreement, file stamped as recorded by the county clerk, covering the current year; or

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- 2) The authorized form from the Farm Service Agency.
- i) If the property is owned or rented by more than one person: Only one landowner (and immediate family) or one tenant (and immediate family) will be issued a permit for every 40 acres of owned or rented land. For example, if 3 persons own 90 acres, only 2 of the landowners and their immediate family may receive turkey permits.
- j) Shareholder/Member/Partner Landowner Permits
  - 1) Bona fide equity shareholders of corporations, bona fide equity members of limited liability companies and bona fide equity partners of a general or limited partnership owning 40 or more acres of land in a county may apply for one permit to hunt the corporation, limited liability company or partnership lands only. Only one permit per 40 acres, for a maximum number of 15 permits per county, shall be issued based on ownership of lands by corporations and limited liability companies. Only one permit per 40 acres, for a maximum of 3 permits per county, shall be issued based on ownership of lands by partnerships. Lands leased to corporations, limited liability companies or partnerships shall not be considered as a basis for a permit for the shareholders/members/partners of the lessee. Lands held in trust by corporations, limited liability companies or partnerships shall not be considered as a basis for a permit by the shareholders/members/partners of the trustee. If application is made for a permit based upon lands owned by the corporation, limited liability company or partnership, a duly authorized officer of the corporation, limited liability company or partnership must sign a notarized statement authorizing the applicant to hunt on the corporate, company or partnership lands for which a permit is being requested. This statement must identify the applicant as a bona fide equity shareholder, member or partner as defined in subsections (j)(2), (3) and (4), identify authorization to hunt and identify that no more than 15 authorizations will be requested per county for the corporation, limited liability company or partnership lands. This document must be attached to the application upon submittal to the Permit Office. The shareholder/member/partner turkey permit shall be free to resident shareholders/members/partners and the cost to nonresident shareholders and members shall be \$37.50. Nonresident partners are not eligible to receive permits for partnership lands.

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- 2) Bona fide equity shareholder means an individual who:
- A) purchased, for market price, publicly sold stock shares in a corporation; purchased shares of a privately-held corporation for a value equal to the percentage of the appraised value of the corporate assets represented by the ownership in the corporation; or is a member of a closely-held family-owned corporation and has purchased or been gifted with shares of stock in the corporation accurately reflecting his or her percentage of ownership; and
  - B) intends to retain the ownership of the shares of stock for at least 5 years.
- 3) Bona fide equity member means an individual who:
- A) became a member upon the formation of the limited liability company, or has purchased a distributional interest in [an Illinois a](#) limited liability company for a value equal to the percentage of the appraised value of the limited liability company assets represented by the distributional interest in the limited liability company and subsequently became a member of the company pursuant to Article 30 of the Limited Liability Company Act; ~~and~~
  - B) intends to retain the membership for at least 5 years; ~~and-~~
  - C) [is a member of a foreign LLC who includes a file-stamped copy of his or her current annual filing with the Illinois Secretary of State as part of the application.](#)
- 4) Bona fide equity partner means an individual who:
- A) became a partner, either general or limited, upon the formation of a partnership or limited partnership, or has purchased, acquired, or been gifted a partnership interest accurately representing his or her percentage distributional interest in the profits, losses, and assets of a partnership or limited partnership;
  - B) intends to retain ownership of the partnership interest for at least 5

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years; and

C) is a resident of Illinois.

k) Providing false or deceptive information is a Class A misdemeanor (see 520 ILCS 5/2.38).

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 715.30 Turkey Hunting Regulations**

- a) Violation of this Section is a Class B misdemeanor (see 520 ILCS 5/2.9), except that hunting prior to ½ hour before sunrise or after ½ hour after sunset is a Class A misdemeanor with a minimum \$500 fine and a maximum \$5,000 fine in addition to other statutory penalties (see 520 ILCS 5/2.33(y)). It is unlawful:
- 1) to use live or electronic turkey decoys, recorded calls, dogs or bait. An area is considered as baited during the presence of and for 10 consecutive days following the removal of bait;
  - 2) to take, or attempt to take, more than one wild turkey per valid permit (either sex may be harvested);
  - 3) to use any weapon except a shotgun. #4 shot is the largest and #7½ is the smallest size shot that may be legally used;
  - 4) to hunt except from ½ hour before sunrise to sunset during each day of the season;
  - 5) for any person to hunt wild turkeys without having a signed Wild Turkey Hunting Permit in possession, except that a person without a weapon may accompany a turkey hunter as a caller or observer;
  - 6) to transport or leave a wild turkey without first affixing the adhesive-backed turkey permit securely around the leg. Immediately upon kill and before the turkey is moved, transported or field dressed, the hunter must cut out the designated notch on the leg tag to invalidate it, and the tag must be affixed to the turkey~~Leg tag must be affixed to the turkey immediately upon kill. No person shall leave a turkey that has been killed without~~

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~~properly attaching the turkey permit around the leg;~~

- 7) for any person to shoot a wild turkey while it is in a tree before 7:00 a.m.; and
  - 8) to possess while in the field, during turkey season, any turkey permit issued to another person. (Permits are non-transferrable.)
- b) Successful hunters must register their harvest by 10:00 p.m. on the same calendar day the turkey was taken by calling the toll-free telephone check-in system at 1-866-ILCHECK or by accessing the on-line check-in system at <http://dnr.state.il.us/vcheck>. Hunters must provide all information requested by the check-in system, and will be provided with a confirmation number to verify that they checked in their harvest. The confirmation number must be written by the hunter onto the leg tag. The leg tag must remain attached to the leg of the turkey until it is at the legal residence of the person who legally took or possessed the turkey and the turkey has been checked in. The turkey must remain whole (or field dressed) until it has been checked in.
- c) Failure to comply with the regulations in this Part is a Class B misdemeanor (see 520 ILCS 5/2.9).

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 715.40 Regulations at Various Department-Owned or -Managed Sites**

- a) Statewide regulations shall apply for the following sites:

[Copperhead Hollow State Wildlife Area](#)

[Horseshoe Lake State Park \(Madison County\) – Gabaret, Mosenthein and Chouteau Island Unit](#)

Kaskaskia River State Fish and Wildlife Area (except that area north of Hwy. 154, east of the Kaskaskia River and south of Risdon School Road and Beck's Landing access road)

Mississippi River Fish and Waterfowl Management Area (Pools 25 and 26)

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Mississippi River Pools 16, 17, 18

Mississippi River Pools 21, 22, 24

Nauvoo State Park (Max Rowe Unit only)

[Pere Marquette State Park \(south of Graham Hollow Road\)](#)

Rend Lake Project Lands (portion in Jefferson County only)

Weinberg-King State Park ~~—~~(Cecil White Unit)

- b) Statewide regulations shall apply except that all hunters must check in, check out, and report harvest at those sites listed below. Quotas, where listed, shall be on a first come-first served basis. Hunters shall not be allowed to sign in prior to 4 a.m. each day of the season.

Argyle Lake State Park

Big River State Forest

Cache River State Natural Area (Johnson County portion only)

Cape Bend State Fish and Wildlife Area

Cypress Pond State Natural Area

[Deer Pond State Natural Area](#)

Devil's Island State Fish and Wildlife Area

Dog Island Wildlife Management Area

Falling Down Prairie

Ferne Clyffe State Park

Fort de Chartres Historic Site (muzzleloading shotguns only)

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Giant City State Park

Hanover Bluff State Natural Area

Horseshoe Lake Conservation Area (public hunting area except for controlled goose hunting area)

Kinkaid Lake Fish and Wildlife Area

~~Pere Marquette State Park (only that portion of site south of Graham Hollow Road)~~

Ray Norbut State Fish and Wildlife Area

Sahara Woods State Fish and Wildlife Area

Saline County Conservation Area

Siloam Springs State Park

Siloam Springs State Park – Buckhorn Unit (resident hunters only)

Skinner Farm State Habitat Area

Spoon River State Forest

Tapley Woods State Natural Area

Trail of Tears State Forest

Turkey Bluffs State Fish and Wildlife Area

Union County Conservation Area – Firing Line Management Unit Only

Weinberg-King State Park

Weinberg-King State Park – Scripps Unit

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## Weinberg-King State Park – Spunky Bottoms Unit

- c) Statewide regulations shall apply except that all hunting is allowed by site-specific permit only. The Department of Natural Resources allocates permits for these areas through the lottery process set forth in Section 715.20. This permit is only valid for the specific site indicated on the permit.

Apple River Canyon State Park – Salem and Thompson Units

Crawford County Conservation Area

Jim Edgar Panther Creek State Fish and Wildlife Area

Meeker State Habitat Area

Newton Lake Fish and Wildlife Area

Sam Parr State Park

Sand Ridge State Forest

Witkowsky State Wildlife Area

- d) Special program for hunters with disabilities. Statewide regulations shall apply unless designated otherwise by site regulations. Only disabled persons participating in the site's firearm deer hunt are eligible to participate. This hunt will run concurrent with the site's firearm deer hunt (refer to 17 Ill. Adm. Code 650.67 for hunt dates). Permits will be \$15 each; site specific for Rock Cut; issued at the site during check in for firearm deer hunting. Any additional availability will be publicly announced.

Rock Cut State Park

- e) Violation of a site specific regulation is a Class B misdemeanor (see 520 ILCS 5/2.9).

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- 1) Heading of the Part: The Taking of Wild Turkeys – Fall Archery Season
- 2) Code Citation: 17 Ill. Adm. Code 720
- 3) 

<u>Section Numbers:</u>	<u>Proposed Action:</u>
720.25	Amendment
720.30	Amendment
720.40	Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 1.3, 1.4, 2.9, 2.10 and 2.11 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 2.9, 2.10 and 2.11]
- 5) A Complete Description of the Subjects and Issues Involved: This Part is being amended to: add language pertaining to foreign limited liability company members, clarify regulations for affixing the permit to the turkey's leg, and to update open sites and site-specific regulations.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not affect units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice to:

Jack Price, Legal Counsel  
Department of Natural Resources  
One Natural Resources Way  
Springfield IL 62702-1271

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENTS

217/782-1809

- 13) Initial Regulatory Flexibility Analysis:
  - A) Types of small businesses, small municipalities and not for profit corporations affected: Foreign limited liability company members
  - B) Reporting, bookkeeping or other procedures required for compliance: Provide proof of membership in company
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2008

The full text of the Proposed Amendments begins on the next page:

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF PROPOSED AMENDMENTS

TITLE 17: CONSERVATION  
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES  
SUBCHAPTER b: FISH AND WILDLIFEPART 720  
THE TAKING OF WILD TURKEYS – FALL ARCHERY SEASON

## Section

720.10	Hunting Seasons and Counties Open to Hunting
720.20	Statewide Turkey Permit Requirements
720.25	Turkey Permit Requirements – Landowner/Tenant Permits
720.30	Turkey Hunting Regulations
720.40	Regulations at Various Department-Owned or -Managed Sites
720.50	Releasing or Stocking of Turkeys (Repealed)

AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 2.9, 2.10 and 2.11 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 2.9, 2.10 and 2.11].

SOURCE: Adopted and codified at 8 Ill. Reg. 7825, effective May 22, 1984; emergency amendments at 8 Ill. Reg. 20086, effective October 12, 1985, for a maximum of 150 days; emergency expired March 2, 1985; amended at 9 Ill. Reg. 14311, effective September 5, 1985; amended at 11 Ill. Reg. 9556, effective May 5, 1987; amended at 12 Ill. Reg. 12254, effective July 15, 1988; amended at 13 Ill. Reg. 12831, effective July 21, 1989; amended at 14 Ill. Reg. 12413, effective July 20, 1990; amended at 15 Ill. Reg. 11611, effective August 2, 1991; amended at 16 Ill. Reg. 11093, effective June 30, 1992; amended at 16 Ill. Reg. 15442, effective September 28, 1992; amended at 17 Ill. Reg. 281, effective December 28, 1992; amended at 17 Ill. Reg. 10850, effective July 1, 1993; amended at 18 Ill. Reg. 10104, effective June 21, 1994; amended at 19 Ill. Reg. 11799, effective August 3, 1995; amended at 20 Ill. Reg. 10890, effective August 5, 1996; amended at 21 Ill. Reg. 9102, effective June 26, 1997; amended at 22 Ill. Reg. 14856, effective August 3, 1998; amended at 23 Ill. Reg. 9082, effective July 28, 1999; amended at 24 Ill. Reg. 8956, effective June 19, 2000; amended at 25 Ill. Reg. 11448, effective August 14, 2001; amended at 26 Ill. Reg. 13867, effective September 5, 2002; amended at 27 Ill. Reg. 12658, effective July 21, 2003; amended at 28 Ill. Reg. 13612, effective September 24, 2004; amended at 29 Ill. Reg. 18345, effective August 26, 2005; amended at 29 Ill. Reg. 18944, effective November 4, 2005; amended at 30 Ill. Reg. 12240, effective June 28, 2006; amended at 31 Ill. Reg. 11723, effective July 27, 2007; amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 720.25 Turkey Permit Requirements – Landowner/Tenant Permits**

## DEPARTMENT OF NATURAL RESOURCES

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- a) The "immediate family" is defined as the spouse, children, and parents permanently residing on the same property as the landowner or tenant.
- b) A tenant for the purpose of this Part is one who rents 40 acres or more land for commercial agricultural purposes under an agreement with a landowner. Commercial agriculture shall be defined as utilization of land for the raising of hay, grain crops or livestock for profit. A hunting rights lease, or other non-agricultural lease, is not valid for a landowner or tenant permit.
- c) Resident landowners who own 40 acres or more of land, and resident tenants renting or leasing 40 acres or more of commercial agricultural land, and members of their immediate family may apply for one free turkey permit for their property only in counties open for turkey hunting. Non-resident Illinois landowners of 40 or more acres of land and members of their immediate family are eligible to receive a permit for their property only for a fee of \$25. All landowners/tenants who do not reside on the property must possess a valid hunting license.
- d) Proof of ownership for all landowner or tenant applications must be provided by one of the following methods:
  - 1) Submittal of a copy of property deed;
  - 2) Submittal of a copy of contract for deed;
  - 3) Submittal of a copy of most recent real estate tax statement upon which landowner's name appears;
  - 4) Submittal of a copy of a Farm Service Agency 156EZ form; or
  - 5) Submittal of a copy of trust agreement which must indicate that the trust owns at least 40 acres and the applicant is a current income beneficiary of the trust.
- e) If applying for a tenant permit, applicants are required to submit, in addition to the landowner certification and proof of ownership, a copy of one of the following:
  - 1) A lease (not a hunting rights lease) or rental agreement, file stamped as recorded by the county clerk, covering the current year; or

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- 2) The authorized form from the Farm Service Agency.
- f) If the property is owned or rented by more than one person: Only one landowner (and immediate family) or one tenant (and immediate family) will be issued a permit for every 40 acres of owned or rented land. For example, if 3 persons own 90 acres, only 2 of the landowners and their immediate family may receive turkey permits.
  - g) Shareholder/Member/Partner Landowner Permits
    - 1) Bona fide equity shareholders of corporations, bona fide equity members of limited liability companies and bona fide equity partners of a general or limited partnership owning 40 or more acres of land in a county may apply for one permit to hunt the corporation, limited liability company or partnership lands only. Only one permit per 40 acres, for a maximum number of 15 permits per county, shall be issued based on ownership of lands by corporations and limited liability companies. Only one permit per 40 acres, for a maximum of 3 permits per county, shall be issued based on ownership of lands by partnerships. Lands leased to corporations, limited liability companies or partnerships shall not be considered as a basis for a permit for the shareholders/members/partners of the lessee. Lands held in trust by corporations, limited liability companies or partnerships shall not be considered as a basis for a permit by the shareholders/members/partners of the trustee. If application is made for a permit based upon lands owned by the corporation, limited liability company or partnership, a duly authorized officer of the corporation, limited liability company or partnership must sign a notarized statement authorizing the applicant to hunt on the corporate, company or partnership lands for which a permit is being requested. This statement must identify the applicant as a bona fide equity shareholder, member or partner as defined in subsections (g)(2), (3) and (4), identify authorization to hunt and identify that no more than 15 authorizations will be requested per county for the corporation, limited liability company or partnership lands. This document must be attached to the application upon submittal to the Permit Office. The shareholder/member/partner turkey permit shall be free to resident shareholders/members/partners and the cost to nonresident shareholders and members shall be \$25. Nonresident partners are not eligible to receive permits for partnership lands.

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- 2) Bona fide equity shareholder means an individual who:
- A) purchased, for market price, publicly sold stock shares in a corporation; purchased shares of a privately-held corporation for a value equal to the percentage of the appraised value of the corporate assets represented by the ownership in the corporation; or is a member of a closely-held family-owned corporation and has purchased or been gifted with shares of stock in the corporation accurately reflecting his or her percentage of ownership; and
  - B) intends to retain the ownership of the shares of stock for at least 5 years.
- 3) Bona fide equity member means an individual who:
- A) became a member upon the formation of the limited liability company, or has purchased a distributional interest in [an Illinois](#) limited liability company for a value equal to the percentage of the appraised value of the limited liability company assets represented by the distributional interest in the limited liability company and subsequently became a member of the company pursuant to Article 30 of the Limited Liability Company Act; ~~and~~
  - B) intends to retain the membership for at least 5 years; ~~and~~
  - C) [is a member of a foreign LLC who includes a file-stamped copy of his or her current annual filing with the Illinois Secretary of State as part of the application.](#)
- 4) Bona fide equity partner means an individual who:
- A) became a partner, either general or limited, upon the formation of a partnership or limited partnership, or has purchased, acquired, or been gifted a partnership interest accurately representing his or her percentage distributional interest in the profits, losses, and assets of a partnership or limited partnership;
  - B) intends to retain ownership of the partnership interest for at least 5

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years; and

C) is a resident of Illinois.

h) Providing false or deceptive information is a Class A misdemeanor (see 520 ILCS 5/2.38).

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 720.30 Turkey Hunting Regulations**

- a) It is unlawful:
- 1) to use live or electronic turkey decoys, recorded calls, dogs or bait. An area is considered as baited during the presence of and for 10 consecutive days following the removal of bait;
  - 2) to take, or attempt to take, more than 1 wild turkey per valid permit during the fall archery season (either sex may be harvested);
  - 3) to use any weapon except a long, recurved or compound bow with a minimum pull of 40 pounds at some point within a 28 inch draw. Minimum arrow length is 20 inches, and broadheads must be used. Broadheads may have fixed or expandable blades, but they must have a minimum  $\frac{7}{8}$  inch diameter when fully opened. Broadheads with fixed blades must be metal or flint-, chert-, or obsidian-napped; broadheads with expandable blades must be metal. All other bows and arrows, including electronic arrow tracking systems, are illegal. Any mechanical device capable of maintaining a drawn or partially drawn position on a bow without the hunter exerting full string tension is illegal, unless authorized for eligible disabled persons by 17 Ill. Adm. Code 760. Crossbows may be used as provided by 520 ILCS 5/2.33;
  - 4) for any person having taken the limit of wild turkeys to further participate with a weapon in any hunting party for the purpose of taking additional turkeys;
  - 5) for any person to hunt wild turkeys without having a signed Archery Wild Turkey Hunting Permit in possession, except that a person without a

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weapon may accompany a turkey hunter as a caller or observer;

- 6) to transport or ~~leave~~move a wild turkey without first affixing ~~the~~and ~~properly sealing the adhesive-backed~~ turkey permit securely around the leg. Immediately upon kill and before the turkey is moved, transported or field dressed, the hunter must invalidate the leg tag and the tag must be affixed to the turkey (for over-the-counter permits the leg tag is invalidated by detaching it from the permit; for property only hunting (POH) landowner permits, the leg tag is invalidated by cutting out the designated notch on the tag)Leg tag must be affixed to the turkey immediately upon kill. No person shall leave any turkey that has been killed without properly attaching the turkey permit around the leg; and
  - 7) to possess, while in the field during archery turkey season, any turkey permit issued to another person.
- b) Successful hunters must register their harvest by 10:00 p.m. on the same calendar day the turkey was taken by calling the toll-free telephone check-in system at 1-866-ILCHECK or by accessing the on-line check-in system at <http://dnr.state.il.us/vcheck>. Hunters must provide all information requested by the check-in system, and will be provided with a confirmation number to verify that they checked in their harvest. The confirmation number must be written by the hunter onto the leg tag. The leg tag must remain attached to the leg of the turkey until it is at the legal residence of the person who legally took or possessed the turkey and the turkey has been checked in. The turkey must remain whole (or field dressed) until it has been checked in.
  - c) Violation of this Section is a Class B misdemeanor (see 520 ILCS 5/2.9).

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 720.40 Regulations at Various Department-Owned or -Managed Sites**

Statewide regulations shall apply for the following sites, except those sites designated below by asterisk (\*) shall be open to archery turkey hunting without regard to firearm deer season. Those sites followed by (1) require hunters to check in and check out. Violation of a site specific regulation is a Class B misdemeanor (see 520 ILCS 5/2.9). Those sites followed by a (2) require hunters to obtain a permit from the site before hunting:

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- \* Anderson Lake Conservation Area (1)
- Apple River Canyon State Park – Salem and Thompson Units (1)
- Argyle Lake State Park (1)
- Beaver Dam State Park (2)
- Big Bend State Fish and Wildlife Area (1)
- Big River State Forest (1)
- Cache River State Natural Area (1)
- Campbell Pond Wildlife Management Area
- Cape Bend State Fish and Wildlife Area (1)
- Carlyle Lake Lands and Waters – Corps of Engineers Managed Lands
- Carlyle Lake Wildlife Management Area (subimpoundment area closed 7 days prior to and during the southern zone waterfowl season)
- Castle Rock State Park (1)
- Chain O'Lakes State Park (closed Wednesday through Sunday of pheasant season; opens Monday prior to pheasant season and closes Tuesday following close of pheasant season; reopens December 26 through the close of regular season) (1)
- Chauncey Marsh (permit available at Red Hills State Park) (2)
- Clinton Lake State Recreation Area (2)
- Coffeen Lake State Fish and Wildlife Area (2)
- [Copperhead Hollow State Fish and Wildlife Area \(2\)](#)
- Crawford County Conservation Area (1)

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Cypress Pond State Natural Area (1)

Deer Pond State Natural Area (1)

Devil's Island State Fish and Wildlife Area

Dixon Springs State Park (1)

Dog Island Wildlife Management Area (1)

Eagle Creek State Park (2)

Falling Down Prairie (1)

Ferne Clyffe State Park (1)

Fort de Chartres Historic Site

\* Fort Kaskaskia Historic Site (opens November 1) (1)

Fort Massac State Park (1)

Franklin Creek State Park (hunting in designated area only) (1)

Giant City State Park (1)

Green River State Wildlife Area (1)

Hamilton County Conservation Area (must possess valid site archery permit) (2)

Hanover Bluff State Natural Area (1)

Harry "Babe" Woodyard State Natural Area (2)

Horseshoe Lake Conservation Area (Alexander County) (controlled goose hunting area closed 7 days prior to Quota Zone goose season through the close of the Quota Zone goose season; remainder of the public hunting area open during the statewide season) (1)  
(2)

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- \* Horseshoe Lake State Park – Gabaret, Mosenthein and Chouteau Island Units (Madison County) (2)
  - Iroquois County State Wildlife Area
  - Jim Edgar Panther Creek State Fish and Wildlife Area (2)
  - Johnson-Sauk Trail State Park (closed Wednesday through Sunday during site's pheasant permit season) (1)
  - Jubilee College State Park (1)
  - Kaskaskia River State Fish and Wildlife Area (no hunting within 50 yards of the Baldwin Lake Waterfowl Rest Area's main north-south road; this defined waterfowl rest area is closed until the Columbus Day holiday) (1 – except south of Highway 154 and north of Highway 13)
  - Kickapoo State Park (2)
  - Kinkaid Lake Fish and Wildlife Area
  - Kishwaukee River State Fish and Wildlife Area (1)
  - Lowden-Miller State Forest (1)
  - Mackinaw River State Fish and Wildlife Area (1)
  - Marseilles State Fish and Wildlife Area (closed each Friday, Saturday, and Sunday in October; unauthorized personnel may not be on the site outside of the posted check station operating hours; hunters may only enter the site from designated parking lots) (1)
  - Marshall State Fish and Wildlife Area (Duck Ranch Unit closed 7 days prior to the duck season through the close of duck season) (1)
  - Mautino State Fish and Wildlife Area (2)
  - Meeker State Habitat Area (obtain permit at Sam Parr State Park) (2)
  - Mermet Lake State Fish and Wildlife Area (1)

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Middle Fork State Fish and Wildlife Area (2)

Mississippi Palisades State Park (November 1 through December 31) (2)

Mississippi River Fish and Waterfowl Management Area (Pools 25 and 26)

Mississippi River Pools 16, 17 and 18

Mississippi River Pools 21, 22 and 24

Moraine View State Park (closed Wednesday through Sunday during site's controlled pheasant season) (2)

Nauvoo State Park (Max Rowe Unit only)

Newton Lake Fish and Wildlife Area (must possess valid site archery permit) (2)

Oakford Conservation Area

Peabody River King State Fish and Wildlife Area (east ~~subunit~~ and ~~north subunits~~ closed November 1) (1)

Pere Marquette State Park ~~(2)~~(1)

Pyramid State Park

Pyramid State Park – East Conant Unit (2)

\* Ramsey Lake State Park (2)

\* Randolph County Conservation Area

Rauchfuss Hill State Recreation Area (1)

Ray Norbut State Fish and Wildlife Area (1)

\* Red Hills State Park (1)

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- \* Rend Lake Project Lands and Waters
  - Sahara Woods State Fish and Wildlife Area (1)
  - Saline County Conservation Area (1)
- \* Sam Dale Lake Conservation Area (2)
- \* Sam Parr State Park (1)
  - Sand Ridge State Forest (2)
  - Sandy Ford State Natural Area (1)
  - Sanganois State Fish and Wildlife Area (2)
- \* [Sangchris Lake State Park \(site will be closed to archery deer and turkey hunting during the second firearm deer season\)](#) (1) (2)
- \* Shabbona Lake State Park (1)
  - Shelbyville Lake – Corps of Engineers Managed Lands
  - Shelbyville Wildlife Management Area (2)
  - Sielbeck Forest Natural Area (1)
  - Siloam Springs State Park (1) (2)
- \* Siloam Springs State Park – Buckhorn Unit (resident hunters only) (1) (2)
  - Skinner Farm State Habitat Area (1)
- \* [South Shore State Park \(1\)](#)
  - Spoon River State Forest (1)
- \* Spring Lake State Fish and Wildlife Area (2)

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Starved Rock State Park/Matthiessen State Park (no turkey hunting in the nature preserves; open only in areas where archery deer hunting is allowed other than nature preserves; must have valid archery deer permit in possession to hunt turkeys; open concurrent with site archery deer season) (1)

\* Stephen A. Forbes State Park (2)

Tapley Woods State Natural Area (1)

Ten Mile Creek Fish and Wildlife Area (2)

Trail of Tears State Forest (1)

Turkey Bluffs State Fish and Wildlife Area

Union County Conservation Area (firing line unit – Statewide season, Public Hunting Area October 1 through October 31, reopens with the close of the Quota Zone goose season) (1)

\* Washington County Conservation Area (1)

Wayne Fitzgerald State Park (no hunting during controlled hunts as posted at the site) (1)

Weinberg-King State Park (1)

Weinberg-King State Park – Cecil White Unit

Weinberg-King State Park – Scripps Unit (resident hunters only) (1)

Weinberg-King State Park – Spunky Bottoms Unit (resident hunters only) (1)

Wildcat Hollow State Forest

Witkowsky State Wildlife Area (1)

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- 1) Heading of the Part: Dove Hunting
- 2) Code Citation: 17 Ill. Adm. Code 730
- 3) Section Number: 730.20                      Proposed Action:  
Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 1.3, 1.4, 2.9, 2.10 and 2.11 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 2.9, 2.10 and 2.11]
- 5) A Complete Description of the Subjects and Issues Involved: This Part is being amended to update site-specific regulations.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not affect units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice to:

Jack Price, Legal Counsel  
Department of Natural Resources  
One Natural Resources Way  
Springfield IL 62702-1271

217/782-1809

- 13) Initial Regulatory Flexibility Analysis:

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- A) Types of small businesses, small municipalities and not for profit corporations affected: None
  - B) Reporting, bookkeeping or other procedures required for compliance: None
  - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2008

The full text of the Proposed Amendment begins on the next page:

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TITLE 17: CONSERVATION  
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES  
SUBCHAPTER b: FISH AND WILDLIFEPART 730  
DOVE HUNTING

## Section

730.10	Statewide Regulations
730.20	Regulations at Various Department-Owned or -Managed Sites
730.30	Youth and Youth/Adult Dove Hunts at Various Department-Owned or -Managed Sites (Repealed)
730.40	Youth Dove Hunting

AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 2.9, 2.10 and 2.11 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 2.9, 2.10 and 2.11].

SOURCE: Adopted at 5 Ill. Reg. 8792, effective August 25, 1981; codified at 5 Ill. Reg. 10644; amended at 6 Ill. Reg. 9631, effective July 21, 1982; emergency amendment at 6 Ill. Reg. 10040, effective August 2, 1982, for a maximum of 150 days; emergency expired December 30, 1982; amended at 7 Ill. Reg. 10767, effective August 24, 1983; emergency amendment at 7 Ill. Reg. 10999, effective August 24, 1983, for a maximum of 150 days; amended at 8 Ill. Reg. 13680, effective July 25, 1984; amended at 9 Ill. Reg. 11601, effective July 16, 1985; emergency amendment at 9 Ill. Reg. 14025, effective September 4, 1985, for a maximum of 150 days; amended at 10 Ill. Reg. 15590, effective September 16, 1986; amended at 11 Ill. Reg. 9526, effective May 5, 1987; amended at 11 Ill. Reg. 11346, effective June 10, 1987; amended at 12 Ill. Reg. 12186, effective July 15, 1988; amended at 13 Ill. Reg. 10513, effective June 15, 1989; amended at 14 Ill. Reg. 11193, effective June 29, 1990; amended at 15 Ill. Reg. 9951, effective June 24, 1991; amended at 16 Ill. Reg. 11041, effective June 30, 1992; amended at 17 Ill. Reg. 10761, effective July 1, 1993; amended at 18 Ill. Reg. 10009, effective June 21, 1994; amended at 19 Ill. Reg. 10588, effective July 1, 1995; amended at 20 Ill. Reg. 10861, effective August 5, 1996; amended at 21 Ill. Reg. 11700, effective August 12, 1997; amended at 22 Ill. Reg. 14792, effective August 3, 1998; amended at 23 Ill. Reg. 9043, effective July 28, 1999; amended at 24 Ill. Reg. 8911, effective June 19, 2000; amended at 25 Ill. Reg. 11373, effective August 14, 2001; amended at 26 Ill. Reg. 13590, effective September 3, 2002; amended at 27 Ill. Reg. 12666, effective July 21, 2003; amended at 28 Ill. Reg. 12865, effective September 1, 2004; amended at 29 Ill. Reg. 9797, effective June 24, 2005; amended at 30 Ill. Reg. 12251, effective June 28, 2006; amended at 31 Ill. Reg. 11738, effective July 27, 2007; amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

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**Section 730.20 Regulations at Various Department-Owned or -Managed Sites**

- a) All the regulations in 17 Ill. Adm. Code 510 – General Hunting and Trapping apply in this Section, unless this Section is more restrictive.
- b) General Regulations
  - 1) Hunters shall possess only bismuth or lead shot size #7½, 8, 9 or size #6 steel or smaller for taking of doves, except as noted under subsection (b)(2), and except these restrictions do not apply during the November portion of dove season.
  - 2) Only non-toxic shot (as defined by the U.S. Fish and Wildlife Service in 50 CFR 20), #6 steel shot or #7½ bismuth shot or smaller may be possessed on the following areas:

Anderson Lake Conservation Area

Banner Marsh State Fish and Wildlife Area

Big Bend State Fish and Wildlife Area (#)

Cache River State Natural Area

Cape Bend State Fish and Wildlife Area

Carlyle Lake Wildlife Management Area (subimpoundments only)

Chain O'Lakes State Park

Clinton Lake State Recreation Area (dove management fields only)

Des Plaines Conservation Area

Double T State Fish and Wildlife Area

Eldon Hazlet State Park (#)

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Green River State Wildlife Area

Hennepin Canal Parkway State Park

Horseshoe Lake Conservation Area (Alexander County)

Horseshoe Lake State Park (Madison County) (#)

Horseshoe Lake State Park (Madison County) Gabaret,  
Mosenthein, Chouteau Island Unit (#)

Johnson-Sauk Trail State Park

Jubilee College State Park

Kankakee River State Park (#)

Kaskaskia River State Fish and Wildlife Area (designated areas)

Lake Shelbyville – Kaskaskia and West Okaw Wildlife Management  
Areas (waterfowl management units and designated non-toxic shot units  
only)

Mackinaw River State Fish and Wildlife Area

Mautino State Fish and Wildlife Area

Mazonia State Fish and Wildlife Area (#)

Mississippi River State Fish and Wildlife Area (Pools 25 and 26)

Moraine View State Park

Mt. Vernon Game Propagation Center (#)

Peabody River King State Fish and Wildlife Area

Pyramid State Park – Captain Unit

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Pyramid State Park – Denmark Unit

Pyramid State Park – East Conant Unit

Pyramid State Park – Galum Unit

Rend Lake State Fish and Wildlife Area and Corps of Engineers managed areas of Rend Lake

Sam Parr State Fish and Wildlife Area (#)

Sand Prairie Pheasant Habitat Area

Sanganois State Fish and Wildlife Area

Sangchris Lake State Park

Shabbona Lake State Park

Silver Springs State Fish and Wildlife Area

Snakeden Hollow State Fish and Wildlife Area/Victoria Pheasant Habitat Area

Spoon River State Forest

Ten Mile Creek State Fish and Wildlife Area (areas posted as rest area on the Eads and Belle Rive Units)

Union County Conservation Area

- 3) On areas where hunters are required to hunt from marked or staked sites, hunters must hunt within 10 feet of the marked site.
- 4) No hunting is allowed within 100 yards of a designated dove management field except for hunters who are part of the hunter quota for that field.
- 5) At sites indicated by (#), hunters are required to check in and/or sign out as provided in 17 Ill. Adm. Code 510.

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- 6) At sites where additional regulations apply, they are noted in parentheses after the site name.
  - 7) Hunting hours and hunting dates at all sites that are open during the upland game season shall coincide with hunting hours and hunting dates listed for the respective sites listed in 17 Ill. Adm. Code 530.
- c) Statewide season regulations as provided for in this rule shall apply at the following sites:
- Argyle Lake State Park (season opens day after Labor Day) (#)
  - Cache River State Natural Area (#)
  - Campbell Pond Wildlife Management Area (#)
  - Cape Bend State Fish and Wildlife Area (#)
  - Carlyle Lake Lands and Waters – Corps of Engineers managed lands (#)
  - Chauncey Marsh (permit required; may be obtained at Red Hills State Park headquarters; permits must be returned by 15 February)
  - Corps of Engineers managed areas of Rend Lake
  - Cypress Pond State Natural Area (#)
  - Deer Pond State Natural Area
  - Devil's Island State Fish and Wildlife Area
  - Dog Island Wildlife Management Area (#)
  - Ferne Clyffe State Park (#)
  - Ft. de Chartres State Historic Site (muzzleloading shotgun only) (#)
  - Ft. Massac State Park (#)

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Freeman Mine (permit required)

Marshall State Fish and Wildlife Area (#)

Mazonia State Fish and Wildlife Area (season closes September 30) (#)

Meeker State Habitat Area (permit required; may be obtained at Sam Parr State Fish and Wildlife Area headquarters; must be returned by February 15)

Mermet Lake State Fish and Wildlife Area (#)

Mississippi River Pools 16, 17 and 18

Mississippi River Pools 21, 22, 24

Mississippi River State Fish and Waterfowl Management Area (Pools 25 and 26)

Oakford Conservation Area

Red Hills State Park (#)

Sahara Woods State Fish and Wildlife Area (#)

Sand Ridge State Forest (permit required; must be returned by February 15)

Sangamon County Conservation Area

Sielbeck Forest Natural Area (#)

Spoon River State Forest (#)

Tapley Woods State Natural Area (#)

Trail of Tears State Forest (#)

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Weinberg-King State Park – Spunky Bottoms Unit (#)

Wildcat Hollow State Forest

- d) Statewide regulations as provided in this Part shall apply at the following sites except that hunting hours are 12 noon to 5 p.m. daily September 1-5; season closes September 30. A drawing will be held at 11 a.m. if more hunters show up than can be accommodated.

Banner Marsh State Fish and Wildlife Area (sunrise to noon daily September 1-5, drawing one hour before sunrise; black powder firearms only on September 2) (#)

Double T State Fish and Wildlife Area (#)

Hennepin Canal State Park (#)

Iroquois County Wildlife Management Area (#)

Jubilee College State Park (hunting allowed only on opening day, Saturdays, Sundays, Wednesdays and holidays) (#)

Mautino State Fish and Wildlife Area (#)

Morrison Rockwood State Park (#)

Sam Dale Lake Conservation Area (#)

Sanganois State Fish and Wildlife Area

Snakeden Hollow State Fish and Wildlife Area/Victoria Pheasant Habitat Area

- e) Statewide regulations as provided for in this Part shall apply at the following sites, except that hunting hours are 12 noon to 5 p.m. daily September 1-5. A drawing will be held at 11 a.m. if more hunters show up than can be accommodated.

Anderson Lake Conservation Area (#)

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Big Bend State Fish and Wildlife Area

Big River State Forest (#)

Carlyle Lake Wildlife Management Area (#)

Chain O'Lakes State Park (closes September 5) (#)

Clinton Lake State Recreation Area (dove management fields only) (#)

Eldon Hazlet State Park (closes October 14) (#)

Fox Ridge State Park (dove management fields only)

Harry "Babe" Woodyard State Natural Area (permit required) (#)

Hidden Springs State Forest (dove management fields only)

Horseshoe Lake State Fish and Wildlife Area (Alexander County) (season closes at the end of the first statewide split season) (#)

Kaskaskia River State Fish and Wildlife Area (Doza Creek Waterfowl Management Area closes October 14; the defined Baldwin Lake Waterfowl Rest Area is closed) (#)

Kinkaid State Fish and Wildlife Area (#)

Lake Shelbyville – Kaskaskia and West Okaw Wildlife Management Areas (dove management fields only)

Marseilles State Fish and Wildlife Area (after Labor Day, site is closed on Fridays, Saturdays, and Sundays through October; hunters must leave their guns at the stake site when retrieving downed birds; unauthorized personnel may not be on the site outside of the posted check station operating hours; hunters may only enter the site from designated parking lots) (#)

Middle Fork State Fish and Wildlife Area (dove management fields only) (#)

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Moraine View State Park (dove management fields only; season closes October 14) (#)

Newton Lake Fish and Wildlife Area (dove management units) (#)

Peabody River King State Fish and Wildlife Area (east subunit closes October 14) (#)

Pyramid State Park (no dove hunting is allowed September 1-5 within 200 yards of a designated dove management field, except for hunters who are part of the hunter quota for that field; all hunters must register as a group not to exceed 4 names per card; a hunter's name may only appear on one lottery card; the lottery card shall be in the possession of the hunter or group while hunting) (#)

Pyramid State Park – Captain Unit (permit required; permit must be returned by February 15; successful lottery participants must report their daily harvest during September 1-5 in harvest boxes on each management unit; unsuccessful lottery participants and other hunters not participating in the lottery drawing may only hunt in designated areas during September 1-5 (i.e., all land west of the Western Haul Road and all land east of the Eastern Haul Road to the shore of Super Lake to South Haul Road); all hunters must register as a group not to exceed 4 names per card; a hunter's name may only appear on one lottery card; the lottery card shall be in the possession of the hunter or group while hunting)

Pyramid State Park – Denmark Unit (permit required; permit must be returned by February 15; successful lottery participants must report their daily harvest during September 1-5 in harvest boxes on each management unit; unsuccessful lottery participants and other hunters not participating in the lottery drawing may only hunt in designated areas during September 1-5 (i.e., all land south of Quonset Hut Road to Tangen Cemetery Road to Brushy Creek Road); all hunters must register as a group not to exceed 4 names per card; a hunter's name may only appear on one lottery card; the lottery card shall be in the possession of the hunter or group while hunting)

Pyramid State Park – East Conant Unit (permit required; permit must be

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returned by February 15; successful lottery participants must report their daily harvest during September 1-5 in harvest boxes on each management unit; no dove hunting is allowed September 1-5 within 200 yards of a designated dove management field except for hunters who are part of the hunter quota for that field; all hunters must register as a group not to exceed 4 names per card; a hunter's name may only appear on one lottery card; the lottery card shall be in the possession of the hunter or group while hunting)

Pyramid State Park – Galum Unit (permit required; permit must be returned by February 15; successful lottery participants must report their daily harvest during September 1-5 in harvest boxes on each management unit; no dove hunting is allowed September 1-5 within 200 yards of a designated dove management field except for hunters who are part of the hunter quota for that field; all hunters must register as a group not to exceed 4 names per card; a hunter's name may only appear on one lottery card; the lottery card shall be in the possession of the hunter or group while hunting)

Randolph County State Conservation Area (#)

Ray Norbut State Fish and Wildlife Area (#)

Siloam Springs State Park (#)

Turkey Bluffs State Fish and Wildlife Area (#)

Union County State Fish and Wildlife Area (season closes at the end of the first statewide split season) (#)

Washington County Conservation Area (closes October 14) (#)

Weinberg-King State Park (#)

- f) Statewide regulations as provided for in this Part shall apply at the following sites, except that hunting hours are 12 noon to 5 p.m. daily September 1-30. A drawing will be held at 11 a.m. if more hunters show up than can be accommodated.

Crawford County State Fish and Wildlife Area (#)

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Hamilton County State Fish and Wildlife Area (#)

Lake Le Aqua Na State Park (#)

Saline County State Fish and Wildlife Area (#)

Sam Parr State Fish and Wildlife Area (#)

Shabbona Lake State Park (#)

Skinner Farm State Habitat Area (#)

Stephen A. Forbes State Park (season opens day after Labor Day) (#)

- g) Statewide regulations as provided for in this Part shall apply at the following sites, except that hunting hours are 12 noon to 5 p.m. daily. Hunting is allowed on opening day, Wednesday, and Saturday only. A drawing will be held at 11 a.m. if more hunters show up than can be accommodated.

Giant City State Park (#)

Saline County State Fish and Wildlife Area (#)

- h) Statewide regulations apply except that hunting hours are 12 noon to 5 p.m. from September 1-5; hunters must obtain a free permit from the Department; permits must be in possession while hunting on the site. Permit must be returned and harvest reported by February 15 or hunter will forfeit hunting privileges for that site for the following season.

Clinton Lake State Recreation Area (except dove management fields)

Fox Ridge State Park (except dove management units; shooting hours after September 5 are 12 noon to sunset)

Hidden Springs State Forest (except dove management fields)

Kickapoo State Park

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Lake Shelbyville – Eagle Creek State Park (season opens day after Labor Day; closes October 14; shooting hours are 12 noon to sunset)

Lake Shelbyville – Kaskaskia and West Okaw Wildlife Management Areas (except dove management fields; shooting hours after September 5 are 12 noon to sunset)

Middle Fork State Fish and Wildlife Area (except dove management units)

Moraine View State Park (except dove management fields; season closes October 14)

Newton Lake Fish and Wildlife Area (except dove management units)

- i) Statewide regulations as provided for in this Part shall apply at the following sites, except that hunting hours are sunrise to 11:30 a.m. daily September 1-5; season closes September 30. A drawing will be held one hour before sunrise if more hunters show up than can be accommodated.

Johnson-Sauk Trail State Recreation Area (#)

Mt. Vernon Game Propagation Center (#)

Rend Lake State Fish and Wildlife Area (#)

Ten Mile Creek State Fish and Wildlife Area (season closes on statewide closing date; permit required; must be returned by February 15)

- j) Permit Areas

- 1) Permit Season Regulations

A) Permit season dates shall be September 1-5 and hunting hours are 12 noon to 5 p.m. at the sites listed at the end of this subsection.

- B) Permit Applications

Applicants must contact the Department to obtain a permit reservation. Starting dates and methods for making reservations will be publicly announced. Applicants making reservations will

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be sent confirmation. Up to 6 reservations, but only one per applicant, may be made. Multiple reservations for the same person will not be accepted; further, persons attempting to make multiple reservations will forfeit the privilege to obtain a reservation for that season.

- C) Each person may apply for only one area and receive one permit per season. An applicant may reapply only if his previous application was unsuccessful.
  - D) Hunting at these areas is by special permit only for the first five days of the season; thereafter, no permits are required for hunting these sites, except at Jim Edgar Panther Creek State Fish and Wildlife Area as indicated in subsection (i)(3). All permits will be issued from Springfield and not from the site, except at Panther Creek State Fish and Wildlife Area as indicated in subsection (i)(3).
  - E) Check in time for registration shall be between 9 a.m. and 11 a.m. each day. Openings after 11 a.m. will be filled by drawing for standbys if more hunters register than there are vacancies.
  - F) All hunters must wear a DNR issued backpatch.
- 2) Non-Permit Season Regulations
- A) Non-permit season shall be September 6-30 except as indicated in parentheses.
  - B) Non-permit hunting hours shall be 12 noon to sunset except as indicated in parentheses.
  - C) No permits are required except as indicated in parentheses.
  - D) Check in and check out is required except as indicated in parentheses.
  - E) Hunter quotas will be filled on a first come-first served basis.

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## 3) Sites

Coffeen Lake State Fish and Wildlife Area (non-permit hunting hours are 12 noon to 5:00 p.m.)

Des Plaines Conservation Area (non-permit hunting hours are 12 noon to 5 p.m.)

Edward R. Madigan State Park

Green River State Wildlife Area/Sand Prairie Habitat Area (non-permit hunting hours are sunrise to sunset)

Horseshoe Lake State Park (Madison County) (non-permit hunting hours are 12 noon to 5 p.m.)

Horseshoe Lake State Park (Madison County) Gabaret, Mosenthein, Chouteau Island Unit (non-permit hunting hours are 12 noon to 5:00 p.m. [September 6 through October 14](#))

Jim Edgar Panther Creek State Fish and Wildlife Area (for days 6 through 10 of the season, hunting hours are noon to 6:00 p.m. and hunters must check in and out at the site office; permit required as indicated in subsection (i) for days 11 through the end of the statewide dove season; hunting hours for days 11 through the end of the statewide dove season are sunrise to sunset; on the Controlled Unit only those hunters engaged in the controlled pheasant hunting program may take doves during the November portion of the dove season; on the Quail Management Unit only those hunters with Quail Management Unit Permits may take doves during the November portion of the dove season)

Kankakee River State Park

Mackinaw River State Fish and Wildlife Area (non-permit hunting hours sunrise to sunset; each permit authorizes the holder to bring one hunting partner)

Matthiessen State Park (non-permit hunting hours are sunrise to sunset)

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Ramsey Lake State Park (non-permit hunting hours are 12 noon to 5 p.m.)

Sangchris Lake State Park (closed after Sunday of the third weekend in September)

Silver Springs State Park (closed during National Hunting and Fishing Day Weekend)

k) Violation of a site specific regulation is a petty offense (see 520 ILCS 5/2.20).

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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- 1) Heading of the Part: Illinois Elevator Safety Rules
- 2) Code Citation: 41 Ill. Adm. Code 1000
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
1000.10	Amendment
1000.20	Amendment
1000.30	Amendment
1000.50	Amendment
1000.60	Amendment
1000.80	Amendment
1000.100	Amendment
1000.120	Amendment
1000.130	Amendment
1000.140	Amendment
1000.170	Amendment
1000.180	Amendment
- 4) Statutory Authority: Authorized by and implementing Section 35 of the Elevator Safety and Regulation Act [225 ILCS 312/35]
- 5) Effective Date of Adopted Amendments: May 27, 2008
- 6) Does the rulemaking include an automatic repeal date? No
- 7) Does this rulemaking contain incorporation by reference? Yes
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the principal office of the State Fire Marshal, 1035 Stevenson Drive, Springfield, IL 62703, and is available for public inspection.
- 9) Notices of Proposed Amendments published in the Illinois Register: November 30, 2007; 31 Ill. Reg. 15902
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposed and final versions: In addition to non-substantive and grammatical changes, the following substantive changes were made to the final version:

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- a) Section 1000.30, added to definition of "Material Alteration":

"For purposes of this part, and the Act, this definition will take precedence over similar definitions used in safety codes incorporated by reference in Section 1000.60."

- b) In Section 1000.30 added the underlined text:

"Private Residence" means a separate dwelling or a separate apartment or condominium unit in a multiple-family dwelling that is occupied by members of a single-family unit and excludes a unit used on a time-share basis by more than one family over a period of time.

- c) In Section 1000.30, added to the definition of "Repair":

"For purposes of this part, and the Act, this definition will take precedence over similar definitions used in safety codes incorporated by reference in Section 1000.60."

- d) In Section 1000.50, added the underlined text:

The Elevator Safety Review Board consists of 14 members, 11 of whom are appointed by the Governor and 3 of whom are appointed by the Administrator under Section 25 of the Act. A quorum shall be determined as a majority of the Board members actually appointed by the Governor or the Administrator. Unfilled positions shall not be counted when determining a quorum.

- e) In Section 1000.80(a)(1)(B), replaced "July 21, 2006" with "April 24, 2007".

- f) In Section 1000.80(h)(3) added:

"To be licensed as an elevator inspector, the applicant must have attained QEI certification (see Section 1000.60 (a) (1) (E))"

- g) In Section 1000.120(e), added:

"(e) Replacement registration identification plates shall require a fee of \$10 for each additional plate."

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- h) In Section 1000.140(d)(3), added:
- "3) The Board may grant exceptions and allow Category 1 Pressure Tests (see ASME A17.1) of elevators to be witnessed by a licensed inspector employed by a licensed contractor, provided that a separate licensed mechanic performs the tests, in the event that there are insufficient independent licensed inspectors available."
- i) In Section 1000.170(b), added:
- "b) It shall be a violation of these rules for any licensed contractor, mechanic or inspector to:
1. fail to conduct an inspection of any conveyance which determines the condition of all portions of the conveyance required to be inspected by the standards adopted in Section 1000.60
  2. to willfully conceal a deficiency known to the mechanic or inspector
  3. conduct a fraudulent, negligent or incomplete inspection of a conveyance or to allow an employee to conduct a fraudulent, negligent, or incomplete inspection of a conveyance."
- j) In Section 1000.180(d) struck "July 1, 2007" and replaced with "November 1, 2008"
- k) In Section 1000.180(f), added underlined text:
- "conveyances must submit an Elevator Safety Program Agreement with the Board. This agreement includes, but is not limited to, the information required in Section 1000.40" and struck "notify the Board of their intent by July 1, 2007."
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No

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- 15) Summary and Purpose of Amendments: The amendments are intended to carry out the requirements of the Elevator Safety Act and provide enforcement for the provisions of the Act.
- 16) Information and questions regarding this adopted rulemaking shall be directed to:

Robert Capuani, Director  
Elevator Safety Division  
Office of the State Fire Marshal  
100 W. Randolph, Suite 4-600  
Chicago, IL. 60601

312/814-8734  
Facsimile: 217/558-1320

The full text of the Adopted Amendments begins on the next page:

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TITLE 41: FIRE PROTECTION  
CHAPTER II: ELEVATOR SAFETY REVIEW BOARDPART 1000  
ILLINOIS ELEVATOR SAFETY RULES

Section	
1000.10	Purpose of this Part
1000.20	Applicability
1000.30	Definitions
1000.40	Local Regulation
1000.50	Elevator Safety Review Board
1000.60	Adoption of Nationally Recognized Safety Codes
1000.70	Variance and Reconsideration
1000.80	Licensure and Registration Requirements
1000.90	Application for License or Registration
1000.100	License and Registration Fees
1000.110	Renewal of License
1000.120	Registration of Conveyances
1000.130	Permits
1000.140	Conveyance Inspection
1000.150	Certificate of Operation
1000.160	Administrative Hearing
1000.170	Administrative <a href="#">Procedures</a> <del>Penalties</del>
1000.180	Implementation Schedule

AUTHORITY: Implementing and authorized by Section 35 of the Elevator Safety and Regulation Act [225 ILCS 312/35].

SOURCE: Adopted by emergency rule at 30 Ill. Reg. 13186, effective July 21, 2006, for a maximum of 150 days; emergency expired December 17, 2006; adopted at 31 Ill. Reg. 7043, effective April 24, 2007; amended at 32 Ill. Reg. 8377, effective May 27, 2008.

**Section 1000.10 Purpose of this Part**

The purpose of this Part is to assure that conveyances are correctly and safely installed and operated within the State by regulating the ~~design~~, installation, construction, operation, inspection, testing, maintenance, alteration, and repair of elevators, dumbwaiters, escalators,

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moving sidewalks, platform lifts, stairway chairlifts, and automated people movers, and by licensing personnel and businesses that work on these conveyances.

(Source: Amended at 32 Ill. Reg. 8377, effective May 27, 2008)

**Section 1000.20 Applicability**

- a) *This Part applies to the ~~design~~, construction, operation, inspection, testing, maintenance, alteration and repair of the following equipment, its associated parts, and its hoistways (except as exempted in subsection (c) of this Section):*
- 1) *Hoisting and lowering mechanisms equipped with a car or platform, which move between 2 or more landings and include, but is not limited to, elevators, platform lifts and stairway chairlifts;*
  - 2) *Power driven stairways and walkways for carrying persons between landings. This equipment includes, but is not limited to, escalators and moving walkways;*
  - 3) *Hoisting and lowering mechanisms equipped with a car, which serve 2 or more landings and are restricted to the carrying of material by their limited size or limited access to the car and include, but are not limited to, dumbwaiters or material lifts and dumbwaiters with automatic transfer devices;*
  - 4) *Automatic guided transit vehicles on guide ways with an exclusive right-of-way. This equipment includes, but is not limited to, automated people movers. [225 ILCS 312/10(a) and (b)]*
- b) *This Part does not apply to a municipality with a population over 500,000 [225 ILCS 312/10(d)].*
- c) *This Part does not apply to the following equipment: material hoists within the scope of ANSI 10.5; ~~belt~~ manlifts within the scope of ASME A90.1; mobile scaffolds, towers, and platforms within the scope of ANSI A92, ~~except those covered by ANSI A10.4~~; powered platforms and equipment for exterior and interior maintenance within the scope of ANSI 120.1 ~~maintenance~~; conveyors and related equipment within the scope of ASME B20.1; cranes, derricks, hoists, hooks, jacks, and slings within the scope of ASME B30; industrial trucks within*

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*the scope of ASME B56; portable equipment, except for portable escalators that are covered by ANSI 17.1; tiering or piling machines used to move materials to and from storage located and operating entirely within one story; equipment for feeding or positioning materials at machine tools, printing presses, etc.; skip or furnace hoists; wharf ramps; railroad car lifts or dumpers; line jacks, false cars, shafters, moving platforms, and similar equipment used for installing an elevator by a contractor licensed in this State; ~~railway and transit systems~~; conveyances located in a private residence not accessible to the public; ~~special purpose personnel elevators~~.* [225 ILCS 312/10(c)]

(Source: Amended at 32 Ill. Reg. 8377, effective May 27, 2008)

**Section 1000.30 Definitions**

For the purposes of this Part, the definitions of terms in Section 15 of the Act and in this Section shall apply.

"Acceptance Inspection" means an inspection performed at the completion of the initial installation or alteration of equipment in accordance with applicable standards.

"Act" means the Elevator Safety and Regulation Act [225 ILCS 312].

"Board" means the Elevator Safety Review Board created by Section 25 of the Act [225 ILCS 312/15].

"Certificate of Operation" means a certificate issued by the OSFM that indicates that the conveyance has passed the required safety inspection and tests and fees have been paid. [225 ILCS 312/15]

"Code" or "State Code" means the standards and recommendations incorporated by reference in Section 1000.60.

"Contractor License Designee" means an individual designated by a licensed elevator contractor or licensed limited elevator contractor who is the holder of the elevator contractor license or limited elevator contractor license and has the responsibility to ensure that work performed by the contractor is done so in conformance with the Act. Such person shall have ownership interest, corporate officer status or managerial control over the licensed workforce of the contractor.

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"Elevator Contractor" means any person, firm, or corporation who possesses an elevator contractor license in accordance with the provisions of Sections 40 and 55 of the Act and who is engaged in the business of erecting, constructing, installing, altering, servicing, repairing, or maintaining and is entitled to perform electrical work on elevators or related conveyances covered by the Act within any building or structure, except exempt private residences. [225 ILCS 312/15]

"Elevator Helper" means an individual registered with OSFM who works as an elevator helper. Elevator helpers must work under the general direction~~direct supervision~~ of a licensed elevator mechanic or licensed limited elevator mechanic. Licensure is not required for an elevator helper. [225 ILCS 312/15]

"Elevator Industry Apprentice" means an individual who is enrolled in an apprenticeship program approved by the Bureau of Apprenticeship and Training of the U.S. Department of Labor and who is registered by OSFM and works to perform work within the elevator industry under the general direction~~direct supervision~~ of a licensed elevator mechanic or licensed limited elevator mechanic. Licensure is not required for an elevator industry apprentice. [225 ILCS 312/15]

"Elevator Inspector" means any inspector, as that term is defined in ASME QEI,~~person~~ who possesses an elevator inspector license in accordance with the provisions of the Act. [225 ILCS 312/15]

"Elevator Mechanic" means any person who possesses an elevator mechanic license in accordance with the provisions of Section 45 of the Act and who is engaged in erecting, constructing, installing, altering, servicing, repairing, or maintaining elevators or related conveyances covered by the Act. [225 ILCS 312/15]

"Emergency Elevator Mechanic License" means a license issued by OSFM, under Section 45(d) of the Act and Section 1000.80(d) of this Part and based upon the certification of a licensed elevator contractor or licensed limited elevator contractor, *whenever an emergency exists in the State due to disaster or work stoppage and the number of persons in the State holding mechanic licenses is insufficient to cope with the emergency.* [225 ILCS 312/45(d)]

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"Hearing Officer" means the presiding officer or officers at the initial hearing before the Board and each continuation of that hearing. A hearing officer must be an attorney-at-law licensed to practice in Illinois.

"Inspection Company License" means qualified as a license issued by the Elevator Safety Review Board to any company that is qualified as an ASME QEI inspection company that has proven the company's qualifications and ability and has been authorized by the Elevator Safety Review Board to possess this type of license under the provisions of Section 1000.80(h).

"Limited Elevator Contractor License" means a license issued by OSFM, under Section 1000.80(g), that limits the licensee's business to platform lifts and stairway chairlifts. (See definition of Elevator Contractor's License at 225 ILCS 312/15.)

"Limited Elevator Mechanic License" means a license issued by OSFM, under Section 1000.80(a), that *authorizes the licensee to carry on a business of erecting, constructing, installing, altering, servicing, repairing or maintaining platform lifts and stairway chairlifts within any building or structure.* [225 ILCS 312/15]

"Material Alteration" means any change to equipment, including its parts, components, and/or subsystems, other than maintenance, repair, or replacement. For the purpose of this Part and the Act, this definition will take precedence over similar definitions used in safety codes incorporated by reference in Section 1000.60.

"OSFM" means the Office of the State Fire Marshal, which is designated by the Act to be the administrator of the Illinois Elevator Safety and Regulation Program.

"Owner" means any person or authorized agent of that person who owns a device or equipment subject to regulation under the Act, or, in the event the device or equipment is leased, the lessee.

*"Private Residence" means a separate dwelling or a separate apartment or condominium unit in a multiple-family dwelling that is occupied by members of a single-family unit and excludes a unit used on a time-share basis by more than one family over a period of time.* [225 ILCS 312/15]

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"Repair" means reconditioning or renewal of parts, components, and/or subsystems necessary to keep equipment in compliance with applicable code requirements. Repair includes only such work as is necessary to maintain present equipment in a safe and serviceable condition and to adjust or replace defective, broken, or worn parts with parts made of equivalent material, strength, and design, and where the replacing part performs the same function as the replaced part. Section 15 of the Act exempts repairs from the Act's permit requirements. [For the purpose of this Part and the Act, this definition will take precedence over similar definitions used in safety codes incorporated by reference in Section 1000.60.](#)

*"Temporary Certificate of Operation" means a certificate issued by the OSFM that permits the temporary use of a non-compliant conveyance by the general public for a limited time of 30 days while minor repairs are being completed, or ~~use of elevators temporarily used~~ for construction or demolition to provide transportation for construction personnel, tools, and materials only. [225 ILCS 312/15]*

*"Temporary Elevator Mechanic License" means a license issued by OSFM, under Section 45(e) of the Act and Section 1000.80(c) of this Part, upon the request and certification of a licensed elevator contractor or licensed limited elevator contractor, when there are no licensed personnel available to perform elevator work [225 ILCS 312/45(e)].*

(Source: Amended at 32 Ill. Reg. 8377, effective May 27, 2008)

**Section 1000.50 Elevator Safety Review Board**

- a) Appointment  
The Elevator Safety Review Board consists of ~~1413~~ members, ~~1140~~ of whom are appointed by the Governor and 3 of whom are appointed by the State Fire Marshal under Section 25 of the Act.
- b) Quorum  
[A quorum shall be determined as a majority of the Board members actually appointed by the Governor or the OSFM. Unfilled positions shall not be counted when determining a quorum.](#)
- c) Powers and Duties

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Section 35 of the Act authorizes the Board to adopt rules for administration and enforcement of the Act. The rules shall establish standards and criteria consistent with the Act for licensing of elevator mechanics, limited elevator mechanics, inspectors and contractors. The Board may grant variances from the applicable standards (see Section 1000.70), establish fees and recommend changes to the Act.

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Contact

The Board's office is located at the Office of the Illinois State Fire Marshal, 1035 Stevenson Drive, Springfield, Illinois 62703-4259.

(Source: Amended at 32 Ill. Reg. 8377, effective May 27, 2008)

**Section 1000.60 Adoption of Nationally Recognized Safety Codes**

- a) All conveyances shall be designed, constructed, installed, operated, inspected, tested, maintained, altered, and repaired in accordance with the following standards and recommended practices:
  - 1) American Society of Mechanical Engineers (ASME)  
Three Park Avenue  
New York NY 10016-5990
    - A) Safety Code for Elevators and Escalators (ASME A17.1-[2007/CSA B44-07](#))~~2005~~, [and Performance-Based Safety Code for Elevators and Escalators \(ASME A17.1-2007/CSA B44.7-07\)](#)~~A17.1(a)-2005, A17.1(s)-2005~~);
    - B) Guide for Inspection of Elevators, Escalators, and Moving Walks (ASME A17.2-2004);
    - C) Safety Code for Existing Elevators and Escalators (ASME A17.3-2005) (upgrades required by application of the Safety Code for Existing Elevators and Escalators must be completed no later than January 1, 2009, except that upgrades to the hydraulic cylinder system and the firefighter control system must be completed by January 1, 2011);

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- D) Safety Standard for Platform Lifts and Stairway Chairlifts (ASME A18.1-2005);
- E) Standard for the Qualification of Elevator Inspectors (ASME QEI-1-2004).

- 2) American National Standards Institute (ANSI)  
25 West 43<sup>rd</sup> Street, 4<sup>th</sup> Floor  
New York NY 10036

Safety Requirements for Personnel Hoists and Employee Elevators (ANSI A10.4-2004).

- 3) American Society of Civil Engineers (ASCE)  
1801 Alexander Bell Drive  
Reston VA 20191-4400

Automated People Mover Standards (ASCE 21-2000).

- b) All the materials incorporated by reference in this Section are incorporated as of the date specified and include no later editions or amendments.

- c) [The Board shall adopt the latest editions of the standards referenced in this subsection within 6 months after the effective date of the standards. \[225 ILCS 312/35\(a\)\]](#)

(Source: Amended at 32 Ill. Reg. 8377, effective May 27, 2008)

**Section 1000.80 Licensure and Registration Requirements**

- a) Qualifications for Elevator Mechanic or Limited Elevator Mechanic License
  - 1) Elevator Mechanic License  
Section 20(a) of the Act states that *no person shall erect, construct, wire, alter, replace, maintain, remove, or dismantle any conveyance contained within buildings or structures in the jurisdiction of this State unless he or she possesses an elevator mechanic license.*

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- A) *No license shall be granted to any person who has not paid the application fee required by Section 1000.100(a).*
- B) **Grandfathering**  
*A person applying for an elevator mechanic or limited elevator mechanic license by December 31, 2007 and submitting to the OSFM acceptable proof that he or she has worked as an elevator constructor or maintenance or repair person for equipment the licensee is authorized to install shall be issued an elevator mechanic license. Acceptable proof shall consist of documentation that he or she worked without direct and immediate supervision for an elevator contractor who has worked on elevators in this State for a period of not less than 3 years immediately prior to [April 24, 2007](#)~~July 21, 2006~~.*
- C) *No license shall be granted to any person who has not proven his or her qualifications and abilities. Applicants for an elevator mechanic license must demonstrate one of the following qualifications:*
- i) *an acceptable combination of documented experience and education credits consisting of:*
- *not less than 3 years work experience in the elevator industry, in construction, maintenance, ~~or~~ [and](#) service ~~and-or~~ repair, as verified by current and previous employers licensed to do business in this State [or in another state if the Board deems that out-of-state experience equivalent](#); and*
  - *satisfactory completion of a written examination administered by the Elevator Safety Review Board or its designated provider on this Part and the State codes incorporated in Section 1000.60; or*
- ii) *a certificate of successful completion of the mechanic examination of a nationally recognized training program for the elevator industry, such as the National Elevator Industry Educational Program or its equivalent ~~based on~~*

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~~the codes applicable to the type of license for which the individual is applying;~~ or

- iii) *a certificate of completion of an elevator mechanic apprenticeship program, with standards substantially equal to those of the Act, registered with the Bureau of Apprenticeship and Training, U.S. Department of Labor; or*
  - iv) *a valid license from a state having standards substantially equal to those of this State. [225 ILCS 312/45]*
- 2) Qualifications for a Limited Elevator Mechanic License
- A) No license shall be granted to any person or firm that has not paid the application fee required by Section 1000.100(g).
  - B) Qualifications for a limited elevator mechanic license shall be the same of for an elevator mechanic license with the exception that work experience shall consist of work performed on ASME A18.1 conveyances (platform lifts and stairway chairlifts). Examinations will cover ASME A18.1 standards, the Act, and this Part.
- b) Elevator Industry Apprentice or Helper Registration
- 1) A person who is not licensed as an elevator mechanic or limited elevator mechanic may ~~not~~ work as an elevator industry apprentice or helper ~~unless~~ he or she is registered as such by OSFM and works under the ~~general supervision~~ *direct supervision* of a licensed elevator mechanic or licensed limited elevator mechanic. ~~[225 ILCS 312/20(c)] In this instance, the term direct supervision requires that a licensed elevator mechanic or limited mechanic be on site to provide periodic review of the work of the apprentice or helper.~~
  - 2) No person shall be registered as an elevator industry apprentice or helper who has not paid the registration fee required by Section 1000.100(j).
  - 3) All elevator mechanic apprentices shall be registered with an apprenticeship or training program approved by the Bureau of Apprenticeship and Training, U.S. Department of Labor.

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- 4) Elevator industry apprentices and helpers shall register by submitting, on a form provided by the OSFM, the following information:
    - A) Name, address and telephone number of the applicant.
    - B) Whether the applicant is registering as an apprentice or as a helper.
    - C) If an apprentice, the name and contact information for the apprenticeship or training program with which the apprentice is registered.
  - 5) Upon determination that the applicant for registration meets all the requirements of the Act and this Part, OSFM will provide the applicant with an elevator industry apprentice or helper registration card.
- c) Qualifications for a Temporary Elevator Mechanic License
- 1) No license shall be granted to any person who has not paid the application fee required by Section 1000.100(e).
  - 2) *A licensed elevator contractor or licensed limited elevator contractor shall notify OSFM when there are no licensed personnel available to perform elevator work and may request that the OSFM issue temporary elevator mechanic licenses to persons certified by the contractor to have an acceptable combination of documented experience and education to perform elevator work without direct and immediate supervision.*
  - 3) A person for whom a contractor requests a temporary elevator mechanic license shall show proof of competency by documenting 3 years of work experience in the elevator industry, without direct supervision, in Illinois or any other state having standards substantially equal to those of this State.
  - 4) *A temporary elevator mechanic license shall recite that it is valid for a period of 30 days from the date of issuance and while the elevator mechanic is employed by the licensed elevator contractor or licensed limited elevator contractor that certified the individual as qualified. It shall apply to such particular elevators or geographical areas as OSFM*

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~~designates and~~ shall be renewable as long as the shortage of license holders continues. [225 ILCS 312/45(e)]

- d) Qualifications for Emergency Elevator Mechanic License
- 1) No application fee is required for an individual applying for an emergency elevator mechanic license or for the renewal of that license.
  - 2) *Whenever an emergency exists in the State due to disaster, act of God, or work stoppage and the number of persons in the State holding elevator mechanic licenses is insufficient to cope with the emergency, any person certified by a licensed elevator contractor or licensed limited elevator contractor to have an acceptable combination of documented experience and education to perform elevator work without direct and immediate supervision shall seek an emergency elevator mechanic license from the OSFM within 5 business days after commencing work requiring a license.*
  - 3) *The applicant shall furnish proof of competency by submitting to the OSFM documentation of 3 years of work experience in the elevator industry, without direct supervision, in Illinois or any other state having standards substantially equal to those of this State.*
  - 4) *An emergency mechanic license is valid for 30 days from the date issued and for such particular elevators or geographical areas as the OSFM may designate. The emergency license entitles the licensee to the rights and privileges of an elevator mechanic license issued under subsection (a).*
  - 5) *OSFM shall renew an emergency elevator mechanic license during the existence of an emergency. [225 ILCS 312/45(d)]*
- e) Qualifications for Elevator Inspector License
- 1) *No person shall inspect any conveyance within buildings or structures, including, but not limited to, private residences, unless he or she has an inspector license [225 ILCS 312/20(b)].*
  - 2) *No elevator inspector license shall be granted to any person who has not paid the application fee required by Section 1000.100(b).*

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- 3) *No inspector's license shall be granted to any person, unless he or she proves to the satisfaction of the OSFM that he or she meets the current ASME QEI-1, Standards for the Qualifications of Elevator Inspectors. [225 ILCS 312/50]*
  - 4) To be licensed as an elevator inspector, the applicant must have attained QEI certification (see Section 1000.60(a)(1)(E)). An elevator inspector shall notify the OSFM within 24 hours after suspension, termination or expiration of his/her QEI certification. No inspector shall perform any inspection covered by the Act without a current QEI certification and valid elevator inspector license.
  - 5) All elevator inspector license applicants are required to submit proof of insurance as required by Section 100 of the Act and must provide notice at least 10 days in advance to the OSFM of any substantial alteration or cancellation of a policy. No work covered by the Act is to be performed without insurance required by Section 100 of the Act.
- f) **Qualifications for Elevator Contractor License**  
Section 40(a) of the Act requires that any person *wishing to engage in the business of installing, altering, repairing, servicing, replacing, or maintaining elevators, dumbwaiters, escalators, or moving walks within this State* must be licensed.
- 1) *No license shall be granted to any person or firm unless the application fee required by Section 1000.100(c) is paid.*
  - 2) *No license shall be granted to any person or firm who has not proven the required qualifications and abilities. An applicant must be individually licensed as an elevator mechanic under the Act, perform the work set forth in subsection (a) of Section 20 of the Act, and have proof of compliance with the insurance requirements set forth in Section 100 of the Act or, in the case of a firm, employ a person who is individually licensed as an elevator mechanic under the Act, perform the work set forth in subsection (a) of Section 20 of the Act, and have proof of compliance with the insurance requirements set forth in Section 100 of the Act.~~demonstrate one of the following qualifications:~~*

## ELEVATOR SAFETY REVIEW BOARD

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A) ~~five years work experience in the elevator industry in construction, maintenance, and service or repair, as verified by documentation as required by the Board;~~

B) ~~satisfactory completion of a written examination administered by the Elevator Safety Review Board directly or through its designated provider on this Part and the State codes incorporated in Section 1000.60; or~~

C) ~~proof that the individual or firm holds a valid license from a state having standards substantially equal to those of this State.~~ [225 ILCS 312/55]

3) All elevator contractor license applicants are required to submit proof of insurance as required by Section 100 of the Act and must provide notice at least 10 days in advance to the OSFM of any substantial alteration or cancellation of a policy. No work covered by the Act is to be performed without insurance required by Section 100 of the Act.

4) *If the State of Illinois, a unit of local government, or an institution of higher education maintains in its employ licensed or limited licensed elevator mechanics who maintain only conveyances owned or leased by that entity, the employing entity is not required to be licensed as a contractor under this Section and none of the provisions of the Act concerning licensed contractors shall apply to these entities.* [225 ILCS 40(a)]

g) Qualifications for a Limited Contractor License

1) No license shall be granted to any person or firm unless the application fee required by Section 1000.100(d) is paid.

2) Qualifications for a limited contractor license shall be the same as for an elevator contractor license with the exception that work experience shall consist of work performed on ASME A18.1 conveyances (platform lifts and stairway chairlifts). Examinations will cover ASME A18.1 standards, the Act, and this Part.

h) *Qualifications for Elevator Inspection Company License*

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- 1) No company, limited liability company, corporation, not for profit corporation, partnership, limited partnership, sole proprietorship, or any other business organization authorized by law shall inspect or cause an employee to inspect any conveyance within buildings or structures, including, but not limited to, private residences, unless the company has an inspection company license.
- 2) No elevator inspection company license shall be granted to any person who has not paid the application fee required by Section 1000.100(c). [225 ILCS 312/50]
- 3) No inspection company license shall be granted to any company unless the company proves to the satisfaction of the OSFM that one or more officers of the company meet the current ASME QEI-1, Standards for the Qualification of Elevator Inspectors. To be licensed as an elevator inspector, the applicant must have attained QEI certification (see Section 1000.60(a)(1)(E)).
- 4) An elevator inspection company shall notify the OSFM within 24 hours after suspension, termination or expiration of the officer's QEI certification. No inspection company shall perform any inspection covered by the Act without an officer possessing a current QEI certification and the company possessing a valid elevator inspector license.
- 5) All elevator inspection company license applicants are required to submit proof of insurance as required by Section 100 of the Act and must provide notice at least 10 days in advance to the OSFM of any substantial alteration or cancellation of a policy. No work covered by the Act is to be performed without insurance required by Section 100 of the Act.

ih) Miscellaneous Requirements

- 1) No licensee shall work on non-registered or non-permitted conveyances covered by the Act, except for those conveyances exempted from registration by the Act or Section 1000.120(e)(3) of this Part and except as stated in Section 1000.120(b).

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- 2) All license holders are required to report violations of the Act, this Part and the standards listed in Section 1000.60 to the OSFM.
- 3) Each licensee shall have his/her valid license, and each elevator industry apprentice or helper shall have his/her valid registration card, in his/her possession when working on conveyances covered by the Act.

(Source: Amended at 32 Ill. Reg. 8377, effective May 27, 2008)

**Section 1000.100 License and Registration Fees**

License fees shall be as follows:

a)	Elevator Mechanic License (initial and renewal)	\$200
b)	Elevator Inspector License (initial and renewal)	\$400
<u>c)</u>	<u>Elevator Inspection Company License (initial and renewal)</u>	<u>\$400</u>
<u>de)</u>	<u>Elevator Contractor License (initial and renewal)</u>	<u>\$1,000</u>
<u>ed)</u>	<u>Limited Elevator Contractor License (initial and renewal)</u>	<u>\$500</u>
<u>fe)</u>	<u>Temporary Elevator Mechanic License (initial and renewal)</u>	<u>\$50</u>
<u>gf)</u>	<u>Emergency Elevator Mechanic License (initial and renewal)</u>	<u>\$0</u>
<u>hg)</u>	<u>Limited Elevator Mechanic License (initial and renewal)</u>	<u>\$100</u>
<u>ih)</u>	<u>License Restoration</u>	<u>Renewal Fee+\$50</u>
<u>ji)</u>	<u>Replacement License</u>	<u>\$25</u>
<u>kj)</u>	<u>Elevator Industry Apprentice or Helper Registration</u>	<u>\$50</u>

(Source: Amended at 32 Ill. Reg. 8377, effective May 27, 2008)

**Section 1000.120 Registration of Conveyances**

- a) Registration of Newly Installed Conveyances  
The licensed elevator contractor or limited elevator contractor installing a new conveyance shall register the conveyance with the OSFM as required by Section 95 of the Act and pay a registration fee of \$30.

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- b) Registration of Existing Conveyances  
Before July 1, ~~2008~~2007, owners of existing conveyances shall register the conveyance with the OSFM as required by Section 80 of the Act and pay a registration fee of \$30. Inspectors, contractors and mechanics are permitted to service an unregistered existing conveyance one time after July 1, 2007 and provide the owner with notice that the conveyance is required to be registered. The conveyance may not be serviced thereafter until it is properly registered with the OSFM.
- c) The registration shall be on a form provided by the OSFM and shall include, but is not limited to, the type, rated load and speed, manufacturer, location, purpose, and date of installation.
- d) The OSFM shall issue for each conveyance a registration identification plate with the registration number inscribed that shall be used to identify the conveyance thereafter. The registration plate shall be permanently affixed/attached to one of the following:
- 1) Machine, pump unit or drive unit;
  - 2) Car operating station.
- e) Replacement registration identification plates shall require a fee of \$10 for each additional plate.
- f) Penalties
- 1) Conveyance Owners  
Violation of the Act by a conveyance owner shall subject the owner to prosecution for a Class C misdemeanor.~~The OSFM may assess a penalty in accordance with Section 110(b) of the Act not to exceed \$1,500 per violation, per day to an owner of a building other than his/her own private residence who fails to register a conveyance with the OSFM.~~
  - 2) Contractors  
The OSFM may assess a penalty not to exceed \$500 for each day a contractor fails to register a new conveyance as required by Section 95(a) of the Act.

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- 3) Private Residence Owners  
No fee will be charged for registration of existing private residence conveyances and no penalties will be incurred by the owner of a private residence.

(Source: Amended at 32 Ill. Reg. 8377, effective May 27, 2008)

**Section 1000.130 Permits**

- a) A licensed elevator contractor or limited licensed elevator contractor shall obtain a permit from the OSFM, municipality, or county that regulates such activities prior to erecting, constructing, installing, or materially altering any conveyances covered by the Act. Permits will be required under this Section only for projects that commence after the effective date of this Part.
- b) If the permit is issued by a local government, the governmental entity issuing the permit shall send a copy to the OSFM. The governmental entity shall be required to maintain the permit on file for a period of not less than one year from the date of issuance.
- c) Each application for a permit from the OSFM shall be on a form provided by the OSFM and shall be accompanied by the permit fee established in subsection (g) and *accurately scaled and fully dimensioned plans and shall show the location of the machinery room and the equipment to be installed, relocated, or altered, and all structural supporting members thereof, including foundations. The specifications shall include all materials to be employed and all loads to be supported or conveyed. These plans and specifications shall be sufficiently complete to illustrate all details of construction and design.* [225 ILCS 312/90(c)] All permit applications shall be signed by the Contractor License Designee.
- d) At the conclusion of the permitted activity, the licensed elevator contractor or limited elevator contractor shall arrange for a licensed elevator inspector to perform an acceptance inspection.
- e) The licensed elevator contractor or limited elevator contractor shall notify the OSFM no less than 7 days prior to the acceptance inspection being performed.

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- f) The licensed elevator contractor or limited elevator contractor shall specify whether the permit is for a conveyance used for mobility-impaired or nonmobility-impaired purposes.
- g) *A permit to alter a conveyance may be issued to an entity exempted from licensure under subsection (a) of Section 40 of the Act. [225 ILCS 90(a)]*
- hg) OSFM permit fees shall be as follows:
- |    |                     |       |
|----|---------------------|-------|
| 1) | New installation    | \$200 |
| 2) | Material alteration | \$100 |

(Source: Amended at 32 Ill. Reg. 8377, effective May 27, 2008)

**Section 1000.140 Conveyance Inspection**

- a) Acceptance Inspections  
All new conveyance installations shall be inspected and, based on that inspection, shall, prior to initial use, receive a Certificate of Operation from the OSFM. *All new conveyance installations shall be performed by a licensed elevator contractor who shall, subsequent to inspection, certify compliance with the applicable Sections of the Act and this Part. [225 ILCS 312/95(a)]*
- b) Periodic Inspections and Tests
- 1) *It shall be the responsibility of the owner of all new and existing conveyances located in any building or structure to have the conveyance inspected ~~annually~~at intervals stated in the standards incorporated by ~~Section 1000.60~~. [225 ILCS 312/120(a)]* It shall be the responsibility of the owner to insure that the inspections and tests are performed at the prescribed intervals.
  - 2) All inspections and tests shall be conducted in accordance with the State code listed in Section 1000.60 that applies to the conveyance being inspected.
  - 3) *Subsequent to inspection, the licensed elevator inspector must supply the property owner and the OSFM with a written inspection report describing any and all violations.*

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4) *Property owners shall have 30 days from the date of the published inspection report to be in full compliance by correcting any violations.* [225 ILCS 312/120(a)] Existing conveyances shall comply with the time limits provided in Section 1000.60(a)(1)(C). The licensed inspector will review the actions taken by the property owner and, if the corrections are adequate, will issue a follow-up inspection report indicating adequate remediation of the violations.

5) *The OSFM may extend the compliance dates for good cause, provided that the violations are minor and pose no threat to public safety.* [225 ILCS 312/120(a)]

65) *All tests shall be performed by a licensed elevator mechanic or licensed limited elevator mechanic who is licensed to perform work on that particular type of conveyance.* [225 ILCS 312/120(c)]

c) Random Inspections

As authorized by Section 105(a) of the Act, the OSFM may conduct random on-site inspections and tests on existing installations.

d) Conflict of Interest

1) No individual licensed as both an elevator mechanic (regular or limited) and elevator inspector may inspect his/her own work, the work of his/her company, or the work of a company affiliated with his/her company.

2) The Board may grant exceptions for governmental, academic, and other institutions that maintain their own personnel licensed as elevator inspectors and as elevator mechanics to allow those personnel to inspect conveyances owned or leased by the institutions as long as they are not inspecting their own work.

3) The Board may grant exceptions and allow Category 1 Pressure Tests (see ASME A17.1) of elevators to be witnessed by a licensed inspector employed by a licensed contractor, provided that a separate licensed mechanic performs the tests, in the event that there are insufficient independent licensed inspectors available.

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(Source: Amended at 32 Ill. Reg. 8377, effective May 27, 2008)

**Section 1000.170 Administrative ~~Procedures~~Penalties**

- a) The OSFM may assess ~~an administrative~~ penalty against any person, other than a conveyance owner, who violates the Act or this Part or any of the standards listed in Section 1000.60.
- b) It shall be a violation of this Part for any licensed contractor, mechanic or inspector to:
- 1) fail to conduct an inspection of any conveyance that determines the condition of all portions of the conveyance required to be inspected by the standards adopted in Section 1000.60;
  - 2) to willfully conceal a deficiency known to the mechanic or inspector;
  - 3) conduct a fraudulent, negligent or incomplete inspection of a conveyance or to allow an employee to conduct a fraudulent, negligent or incomplete inspection of a conveyance.
- ~~c)~~ Issuance of Administrative Citation
- 1) The OSFM may issue an administrative citation in writing and shall specifically describe the nature of the violation and its location and shall include a reference to the particular Section of the Act or this Part or the specific standard alleged to have been violated. The citation shall also state the amount of the fine levied in accordance with subsection (d) and the process for appeal.
  - 2) The person alleged to have committed the violation shall have 30 days from the date of service of the notice to notify the Board in writing of any intent to appeal the citation and fine. If no notice of appeal is filed, the citation and penalty shall be deemed a final order of the OSFM.
  - 3) Administrative citations and penalties issued under this Section shall not limit the authority of the OSFM to issue orders, revoke permits, stop work on construction and/or order the electrical power to be disconnected, or take any other appropriate enforcement action.

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| de) Appeal of a Citation

- 1) A person who appeals a citation issued by the OSFM shall be entitled to a hearing before the Board or the Board's designee within 90 days after filing the notice of appeal. The 90 day time frame may be extended, with OSFM approval, if the appellant requests in writing additional time to prepare for the hearing.
- 2) The hearing notice to the appellant shall include the following information:
  - A) A statement of the time, place, and nature of the hearing;
  - B) A statement of the legal authority and jurisdiction under which the hearing is to be held;
  - C) A reference to the Sections of the Act and this Part involved and/or the specific State code involved;
  - D) A short and plain statement of the matters at issue.
- 3) The Board may appoint a hearing officer to hear evidence on any appeal, prepare findings, and recommend a decision.
- 4) The appellant may appear at the hearing with counsel, present evidence, and cross-examine witnesses.
- 5) An opportunity shall be given all parties to respond and present evidence and arguments on all issues involved.
- 6) At the close of the evidence, the Board shall issue a written decision with findings of fact and conclusions of law determining whether a violation has occurred and the amount of any penalty to be assessed.
- 7) Nothing in this Section shall prohibit the informal disposition of a citation by stipulation, agreed settlement, consent order, or default. Informal disposition may proceed with clear and simple documentation without complete adherence to this Section.

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ed) Administrative Penalty/Fine

1) Any owner or lessee who violates any of the provisions of the Act is guilty of a Class C misdemeanor. Violation of the Act by any licensee shall be subject to the penalties under Section 65 of the Act or this Part or Any of the Standards Listed in Section 1000.60.

A) In assessing the penalty for violations, the OSFM shall consider the seriousness of the violation, whether the violation was corrected after notification of its existence, and whether the person has been fined for the same or similar violations in the past.

B) When a penalty is assessed, the fine shall be as follows:

i) The fine shall not exceed \$1,500 for each violation that poses a serious threat to life safety.

ii) The fine shall not exceed \$500 for each violation that does not pose a serious threat to life safety.

iii) Each day that a violation continues constitutes a separate violation, up to the limitations specified in subsection (d)(3).

iv) All fines must be paid within 30 days after receipt or the fine doubles, up to the limitations specified in subsection (d)(3). After 60 days, the OSFM may remove the conveyance from service until all fines are paid.

2) Licensure or Registration Violation

A) The fine shall not exceed \$2,000 for each instance for any person or business that performs elevator work without being properly licensed or registered as required by this Part.

B) The fine shall not exceed \$2,000 for each instance for any contractor that allows an individual to perform work on a

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conveyance covered by the Act who does not possess a valid license required by this Part.

- C) The OSFM may suspend or revoke any license ~~or registration~~ when the licensee ~~or registrant~~ fails to pay assessed penalties or willfully or repeatedly violates the Act or this Part.

3) ~~The fine shall not exceed \$1,500 per violation, per day for any owner that fails to comply with the Act.~~

4) ~~The fine shall not exceed \$1,500 for each instance of a licensee failing to notify the OSFM of violations of the Act.~~

(Source: Amended at 32 Ill. Reg. 8377, effective May 27, 2008)

**Section 1000.180 Implementation Schedule**

- a) Grandfathering. The OSFM may issue an elevator mechanic or limited elevator mechanic license, in accordance with Section 45(c)(2) of the Act (grandfathering), to a person applying by December 31, 2007.
- b) Implementation of Elevator Mechanic and Limited Elevator Mechanic Licenses. By July 1, ~~2008~~2007, any holder of a temporary elevator mechanic or temporary limited elevator mechanic license issued under Section 1000.80(c) of the emergency rules creating this Part shall acquire a permanent license under Section 1000.80(a) if he or she plans to continue to perform as an elevator mechanic or limited elevator mechanic.
- c) Initial Implementation of Elevator Inspector License. Each company that employs an elevator inspector must submit to OSFM a letter identifying the name of each inspector in its employment by ~~July~~June 1, ~~2008~~2007. Any of those identified inspectors must apply for Illinois inspector licensure by ~~July 1~~June 15, ~~2008~~2007 unless they have already been issued an inspector license under the Act. After July 1, ~~2008~~2007, any individual who has not been issued an elevator inspector license by OSFM is prohibited from inspecting conveyances in this State.
- d) Initial Implementation of Conveyance Registration – Existing. All conveyances that were in operation when these proposed rules were adopted shall be registered

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by ~~November 1, 2008~~July 1, 2007. Inspectors, contractors and mechanics are permitted to service an unregistered existing conveyance one time after ~~November 1, 2008~~July 1, 2007 and provide the owner with notice that the conveyance is required to be registered. The conveyance may not be serviced thereafter until it is properly registered with the OSFM.

- e) Initial Implementation of Conveyance Registration – New. All new conveyances shall be required to have a certificate of operation after ~~March 1, 2008~~July 1, 2007.
- f) Local Programs. ~~Municipalities~~Those municipalities and counties that intend to regulate conveyances must submit an Elevator Safety Program Agreement with the Board. This agreement includes, but is not limited to, the information required in Section 1000.40~~notify the Board of their intent by July 1, 2007~~.

(Source: Amended at 32 Ill. Reg. 8377, effective May 27, 2008)

## DEPARTMENT OF NATURAL RESOURCES

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- 1) Heading of the Part: Camping on Department of Natural Resources Properties
- 2) Code Citation: 17 Ill. Adm. Code 130
- 3) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
130.20	Amendment
130.70	Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 1 and 4(1) and (5) of the State Parks Act [20 ILCS 835/1 and 4(1) and (5)], and by Sections 805-305 and 805-515 of the Civil Administrative Code of Illinois [20 ILCS 805/805-305 and 805-515]
- 5) Effective Date of Amendments: May 21, 2008
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rulemaking, including any material incorporated by reference, is on file in the Department of Natural Resources' principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: February 22, 2008; 32 Ill. Reg. 2653
- 10) Has JCAR issued a Statement of Objection to these amendments? No
- 11) Differences between proposal and final version: In Sections 130.70(a)(1)(A), (B) and (C), following "July 4" added "unless July 4 falls on a Friday, Saturday, Sunday or Monday, then such increase shall be effective for the four night period beginning Friday of the July 4 weekend".
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No agreements were necessary.
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This Part was amended to: add language to

## DEPARTMENT OF NATURAL RESOURCES

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clarify that campground amenities are for the sole purpose of registered camping parties except that dump stations may be used by non-campers for a \$5 fee; increase the utility fees at campsites from \$5 to \$10 (this fee increase is necessary because electric, water and sewage rates have increased markedly statewide due to increases in gas, diesel and oil); increase camping fees at Class AA, Class A and Class A Premium Sites by \$10 per night during the Memorial Day, Labor Day and 4<sup>th</sup> of July Holidays; and clarify language pertaining to camping exemptions for campground hosts.

- 16) Information and questions regarding these adopted amendments shall be directed to:

Jack Price, Legal Counsel  
Department of Natural Resources  
One Natural Resources Way  
Springfield IL 62702-1271

217/782-1809

The full text of the Adopted Amendments begins on the next page:

## DEPARTMENT OF NATURAL RESOURCES

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TITLE 17: CONSERVATION  
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES  
SUBCHAPTER a: LANDSPART 130  
CAMPING ON DEPARTMENT OF NATURAL RESOURCES PROPERTIES

Section	
130.10	Location
130.20	Purpose of Campground
130.30	Classification of Camps by Equipment Used – Definitions
130.40	Definitions
130.50	Registrations
130.60	Permits, Extensions and Time Limits
130.70	Fees and Charges
130.80	Refunds
130.90	Check-in and Check-out Times
130.100	Unoccupied Camps
130.110	Vehicles per Camp (Refer to 17 Ill. Adm. Code 130.30)
130.120	Youth Group (Boy Scouts, Girl Scouts, Explorers, church groups, or others)
130.130	Organization Group Camps (charter organizations, ROTC, private clubs or others)
130.135	Campground Host Program
130.140	Use of Campground
130.150	Violation of Rule

**AUTHORITY:** Implementing and authorized by Sections 1 and 4(1) and (5) of the State Parks Act [20 ILCS 835/1 and 4(1) and (5)], and by Sections 805-305 and 805-515 of the Civil Administrative Code of Illinois [20 ILCS 805/805-305 and 805-515].

**SOURCE:** Adopted at 4 Ill. Reg. 7, p. 110, effective February 4, 1980; emergency amendment at 5 Ill. Reg. 5707, effective June 1, 1981 for a maximum of 150 days; codified at 5 Ill. Reg. 10623; amended at 5 Ill. Reg. 14568, effective December 9, 1981; amended at 6 Ill. Reg. 3840, effective March 31, 1982; amended at 6 Ill. Reg. 9626, effective July 21, 1982; amended at 6 Ill. Reg. 14835, effective November 24, 1982; amended at 7 Ill. Reg. 5870, effective April 22, 1983; amended at 8 Ill. Reg. 5647, effective April 16, 1984; amended at 9 Ill. Reg. 6173, effective April 23, 1985; amended at 9 Ill. Reg. 11594, effective July 16, 1985; amended at 10 Ill. Reg. 9777, effective May 21, 1986; amended at 10 Ill. Reg. 13244, effective July 28, 1986; amended at 11 Ill. Reg. 9506, effective May 15, 1987; amended at 14 Ill. Reg. 12402, effective July 20, 1990; emergency amendment at 16 Ill. Reg. 7925, effective May 11, 1992, for a maximum of

## DEPARTMENT OF NATURAL RESOURCES

## NOTICE OF ADOPTED AMENDMENTS

150 days; emergency expired October 8, 1992; amended at 16 Ill. Reg. 15982, effective October 2, 1992; amended at 18 Ill. Reg. 1126, effective January 18, 1994; amended at 19 Ill. Reg. 6462, effective April 28, 1995; amended at 20 Ill. Reg. 6683, effective May 6, 1996; amended at 21 Ill. Reg. 9034, effective June 26, 1997; amended at 22 Ill. Reg. 3076, effective January 23, 1998; amended at 22 Ill. Reg. 11781, effective June 24, 1998; amended at 23 Ill. Reg. 8376, effective July 7, 1999; amended at 24 Ill. Reg. 1634, effective January 13, 2000; amended at 24 Ill. Reg. 13699, effective August 23, 2000; amended at 27 Ill. Reg. 12630, effective July 21, 2003; amended at 28 Ill. Reg. 6118, effective April 15, 2004; amended at 29 Ill. Reg. 20445, effective December 2, 2005; amended at 32 Ill. Reg. 181, effective December 19, 2007; amended at 32 Ill. Reg. 8406, effective May 21, 2008.

**Section 130.20 Purpose of Campground**

- a) Campgrounds on lands managed by the Department of Natural Resources are established for the convenience and enjoyment of outdoor recreation by the visiting public. Illinois Department of Natural Resources' campgrounds are not places for permanent or semi-permanent residences, bases for operations or a business, or facilities for non-camper residences. All campground amenities are for the sole purpose of registered camping parties (i.e., showers, dump stations, dumpsters, etc.).
- b) All campground amenities are for the sole purpose of registered camping parties (i.e., showers, dump stations, dumpsters, etc.), except dump stations may be used by non-campers for dumping of wastewater from recreational vehicles and camping trailers, provided the required dumping fee listed in Section 130.70 is paid.

(Source: Amended at 32 Ill. Reg. 8406, effective May 21, 2008)

**Section 130.70 Fees and Charges**

- a) The full amount of the camping fee and, if applicable, the utility fee shall be collected at the time the permit is issued. If checks are taken, they shall be made payable to the Illinois Department of Natural Resources and the site identified. Camping fees vary according to the type of campground and are as follows:
  - 1) Spring-Summer Camping (rates apply May 1 through September 30, except at the World Shooting Complex during sanctioned shooting events when camping is reserved for event participants via a licensing agreement

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between the event sponsor and the Department)

- A) Class AA Sites: Camping fee of \$15 per night per site, ~~\$105~~ utility fee. Sites having availability to showers, electricity, water hookups, sewer hookups, and vehicular access. The camping fee shall be \$25 per night for the Memorial Day and Labor Day holiday weekends (Friday, Saturday, Sunday and Monday) and on the nights of July 2, July 3 and July 4, unless July 4 falls on a Friday, Saturday, Sunday or Monday, then such increase shall be effective for the four night period beginning Friday of the July 4 weekend.
- B) Class A Sites: Camping fee of \$10 per night per site, ~~\$105~~ utility fee. Sites having availability to showers, electricity and vehicular access. The camping fee shall be \$20 per night for the Memorial Day and Labor Day holiday weekends (Friday, Saturday, Sunday and Monday) and on the nights of July 2, July 3 and July 4, unless July 4 falls on a Friday, Saturday, Sunday or Monday, then such increase shall be effective for the four night period beginning Friday of the July 4 weekend.
- C) Class A Premium Sites: Camping fee of \$15 per night per site, ~~\$105~~ utility fee. Sites having availability to showers, electricity and vehicular access. The camping fee shall be \$25 per night on the Memorial Day and Labor Day holiday weekends (Friday, Saturday, Sunday and Monday) and on the nights of July 2, July 3 and July 4, unless July 4 falls on a Friday, Saturday, Sunday or Monday, then such increase shall be effective for the four night period beginning Friday of the July 4 weekend.
- D) Class B-E Sites: Camping fee of \$8 per night per site, ~~\$105~~ utility fee. Sites having availability to electricity and vehicular access.
- E) Class B-E Premium Sites: Camping fee of \$10 per night per site, ~~\$105~~ utility fee. Sites having availability to electricity and vehicular access.
- F) Class B-S Sites: Camping fee of \$10 per night per site. Sites having availability to showers and vehicular access.

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- G) Class B-S Premium Sites: Camping fee of \$12 per night per site. Sites having availability to showers and vehicular access.
- H) Class C Sites: Camping fee of \$8 per night per site. Sites having vehicular access or tent camp/primitive sites (walk-in or backpack) having availability to showers.
- I) Class D Sites: Camping fee of \$6 per night per site. Tent camping or primitive sites with no vehicular access.
- J) Youth Group Camping: \$2 per person, minimum daily camping fee of \$20.
- K) Adult Group Camping: \$4 per person, minimum daily camping fee of \$40.
- L) Each member of an organized group utilizing facilities furnished at Dixon Springs State Park, Horseshoe Lake State Fish and Wildlife Area (Alexander County) and Pere Marquette State Park shall pay a fee of \$4 per night. At Dixon Springs and Horseshoe Lake State Fish and Wildlife Area (Alexander County), a deposit of \$40 will be required before confirmation of a reservation. The deposits will be credited to the total camping fee. At Pere Marquette, a deposit of \$100 will be required before confirmation of a reservation. The deposits will be credited to the total camping fee. At Pere Marquette, deposit balances will not be refunded until inspection is made of the facilities after the group departs. If damages warrant, Pere Marquette will have authority to retain this deposit. Fees for day use of the group camps at Dixon Springs, Horseshoe Lake State Fish and Wildlife Area (Alexander County) and Pere Marquette shall be \$50 per day.
- M) Rent-A-Camp Tents  
Tents will be made available at designated State parks and recreational areas throughout the Department's statewide system. Rent-A-Camp Tent areas will provide, at additional fees of \$8 and \$12 per night, one large tent (approximately 10' x 13') or one extra large tent (approximately 14' x 14'), respectively (erected), with

## DEPARTMENT OF NATURAL RESOURCES

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wood floor, one charcoal grill, one picnic table, one trash barrel, and either 4 sleeping cots per large tent or 8 sleeping cots per extra large tent. The total overnight fee for a Rent-A-Camp Tent will be based on the basic fees of \$8 or \$12 per night in addition to the class of camping rate on which the Rent-A-Camp site is located.

- N) Rent-A-Camp Cabin areas will provide, at a basic cabin rental fee of \$25 per night, one 2-bedroom cabin with 2 bunk beds, one full-sized bed, ceiling fans, electric heaters, table with chairs, one charcoal grill, one picnic table, and one trash barrel. The total overnight fee for a Rent-A-Camp Cabin will be based on the basic fee plus Class specific utility and camping fees, as follows:
- i) Rent-A-Camp Cabins at Class A Sites:  
\$25 cabin rental plus ~~\$105~~ utility fee and \$10 camping fee per night, per site at all sites having availability to showers and vehicular access.
  - ii) Rent-A-Camp Cabins at Class A Premium Sites:  
\$25 cabin rental plus ~~\$105~~ utility fee and \$15 camping fee per night, per site at all sites having availability to showers and vehicular access.
  - iii) Individual Rent-A-Cabins at Dixon Springs State Park:  
rented individually – not by organized groups pursuant to subsection (a)(1)(L); \$30 cabin rental fee per unit.
- O) A \$5 per campsite non-refundable fee must be remitted at those facilities offering reservation services. This fee applies to reservations for group campsites as well as individual site reservations and individual Rent-A-Camp Cabin and individual Rent-A-Camp Tent reservations. In addition to the \$5 non-refundable fee, the first night's camping and utility fee is required at the time reservations are made.
- P) Dumping of wastewater from recreational vehicles and camping trailers by persons who are not registered campers will cost \$5 per vehicle.

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- 2) Fall-Winter Camping (rates apply October 1 through April 30, except at the World Shooting Complex during sanctioned shooting events when camping is reserved for event participants via a licensing agreement between the event sponsor and the Department)
  - A) As long as buildings, water and electrical service are available, regardless of the date, the regular camping fee will apply.
  - B) When cold weather requires closing down buildings and shutting off water in any Class A or B campgrounds, the fee shall be reduced commensurate with the services and facilities available for use.
  - C) The fee for primitive campsites shall be \$6 per site. When a change in facilities is made and a campsite is reclassified, the fee for a site will change automatically.
- b) Exceptions: Employees, Concessionaires, and Special Legislation
  - 1) ~~Persons~~ Persons ~~Except for temporary employees of the Department of Natural Resources~~ who qualify and are placed in the campground host program at approved camping sites, ~~employees of the Department of Natural Resources or any other State agency, regardless of their official status,~~ will not be required to pay the established camping fee.
  - 2) The concessionaire, manager, or a responsible employee designated by the concessionaire will not be charged the regular camping fee. Rent will be paid at the rate established by the Department or pursuant to the concession lease.
  - 3) An Illinois resident age 62 or older, or a person who has a Class 2 disability as defined in Section 4A of the Illinois Identification Card Act [15 ILCS 335/4A] or a disabled veteran, or a former prisoner of war as defined in Section 5 of the Department of Veterans Affairs Act [20 ILCS 2805/5], is entitled to the following camping fee provisions, upon qualifying, which will allow the spouse or minor (under 18) children, or minor grandchildren to be included in the camping party. All other members must be registered and pay the regular camping fee for the facilities provided.

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- A) Illinois residents age 62 or older will be charged one-half the established camping fee on any Monday, Tuesday, Wednesday, or Thursday, at Class AA, A Premium, A, B-E Premium, B-E, B-S Premium, and B-S sites but must pay the entire established camping fee on all sites on any Friday, Saturday or Sunday, and, if at a site with utilities, must pay the entire utility fee for each day of camping. Verification of age may be made by any document required by law to establish proof of age and date of birth and issued by a federal or state governmental agency. No fee on Class C and D sites Monday through Thursday.
- B) Illinois residents who have a Class 2 disability and present a current Illinois Disabled Person Identification Card issued by the Secretary of State will be charged one-half the established camping fee for Class AA, A Premium, A, B-E Premium, B-E, B-S Premium and B-S sites on any Monday, Tuesday, Wednesday or Thursday, but must pay the entire established camping fee for any Friday, Saturday or Sunday, and, if at a site with utilities, must pay the entire utility fee for each day of camping. No fee on Class C and D sites. Parents or legal guardians, aged 18 or over, of minors who have a current Class 2 Illinois Disabled Person Identification Card may register the campsite at the reduced rate specified in this subsection (b)(3)(B) for disabled persons, provided the disabled minor is present and camping at the same site as the parent or legal guardian.
- C) An Illinois resident who is a disabled veteran or former prisoner of war may camp without being charged a camping fee, but if at a site with utilities, must pay the entire utility fee for each day of camping. An individual wishing to qualify for free camping under the provisions stated above must be able to submit the appropriate document issued by the Illinois Department of Veterans' Affairs (see 20 ILCS 2805/5).
- c) World Shooting and Recreational Complex (WSRC)  
The Department may establish the fees for use of all or parts of the campground at the WSRC through the negotiation of contracts for events to be held at the WSRC. The Department shall consider the numbers of camping spaces reserved

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and the services provided at each campsite when establishing fees by contract.  
All other fees set forth in this Section shall apply to public camping at the WSRC.

(Source: Amended at 32 Ill. Reg. 8406, effective May 21, 2008)

## ILLINOIS PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES

## NOTICE OF ADOPTED REPEALER

- a) Heading of the Part: Grants
- b) Code Citation: 59 Ill. Adm. Code 400
- c) 

<u>Section Numbers:</u>	<u>Adopted Action:</u>
400.10	Repealed
400.20	Repealed
400.30	Repealed
400.40	Repealed
400.50	Repealed
400.60	Repealed
400.70	Repealed
400.80	Repealed
400.90	Repealed
400.100	Repealed
400.110	Repealed
400.120	Repealed
- d) Statutory Authority: Implementing and authorized by the Illinois Council on Developmental Disabilities Law [20 ILCS 4010]
- e) Effective Date of Repealer: May 22, 2008
- f) Does this rulemaking contain an automatic repeal date? No
- g) Does this repealer contain incorporations by reference? No
- h) A copy of the repealed part is on file in the Council's Springfield office and is available for public inspection.
- i) Notice of Proposal Published in the Illinois Register: February 22, 2008; 32 Ill. Reg. 2604
- j) Has JCAR issued a Statement of Objection to these repealers? No
- k) Differences between proposal and final version: None
- l) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No changes were made.

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ILLINOIS PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES

NOTICE OF ADOPTED REPEALER

- m) Will this repealer replace any emergency rulemaking currently in effect? No
- n) Are there any amendments pending on this Part? No
- o) Summary and Purpose of Repealer: New rules are being adopted at this Part and are published in this volume and issue of the Illinois Register.
- p) Information and questions regarding this adopted repealer shall be directed to:

Kerry Flynn  
Illinois Council on Developmental Disabilities  
830 South Spring St.  
Springfield, Illinois 62704

217/782-9696

## ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES

## NOTICE OF ADOPTED RULES

- 1) Heading of the Part: State Plan, Awards, and Administrative Requirements
- 2) Code Citation: 59 Ill. Adm. Code 400
- 3) 

<u>Section Numbers</u> :	<u>Adopted Action</u> :
400.10	New
400.20	New
400.30	New
400.40	New
400.50	New
400.60	New
400.65	New
400.70	New
400.80	New
400.90	New
400.100	New
400.110	New
400.120	New
- 4) Statutory Authority: Implementing and authorized by the Illinois Council on Developmental Disabilities Law [20 ILCS 4010]
- 5) Effective Date of Rules: May 22, 2008
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rules, including any material incorporated by reference, is on file in the Council's Springfield office and is available for public inspection.
- 9) Notice of Proposed Published in the Illinois Register: February 22, 2008; 32 Ill. Reg. 2618
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: None

## ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES

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- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No changes were made.
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rules: The adopted rules explain the Council's State plan activities, awards, and other administrative requirements. The Council has repealed existing rules on these matters which are published in this volume and issue of the Illinois Register.
- 16) Information and questions regarding these Adopted Rules shall be directed to:

Kerry Flynn  
Illinois Council on Developmental Disabilities  
830 South Spring St.  
Springfield, Illinois 62704

217/782-9696

The full text of the Adopted Rules begins on the next page:

## ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES

## NOTICE OF ADOPTED RULES

## TITLE 59: MENTAL HEALTH

## CHAPTER IV: ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES

## PART 400

## STATE PLAN, AWARDS AND ADMINISTRATIVE REQUIREMENTS

Section	
400.10	Purpose
400.20	Definitions
400.30	State Plan Implementation
400.40	Purpose of Grants
400.50	Form of Application
400.60	Review and Selection Process
400.65	Appeals
400.70	Awards, Grant Agreements, Conditions and Disbursement of Grant Funds
400.80	Administrative and Reporting Requirements
400.90	Project Revisions and Extensions
400.100	Investment Completion
400.110	Suspension and Termination
400.120	General Provisions – Allowable Expenses

AUTHORITY: Implementing and authorized by the Illinois Council on Developmental Disabilities Law [20 ILCS 4010].

SOURCE: Adopted at 17 Ill. Reg. 11151, effective July 2, 1993; old Part repealed at 32 Ill. Reg. 8416, effective May 22, 2008, and new Part adopted at 32 Ill. Reg. 8418, effective May 22, 2008.

**Section 400.10 Purpose**

The Illinois Council on Developmental Disabilities (Council) receives funds under the Basic State Grant Program through the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 6000). Pursuant to that Act, the Council develops a State Plan that sets forth the advocacy, capacity building and systemic change activities related to the priorities in the Act that will be implemented by the Council. Priorities generally include, but are not limited to, education, housing, employment, transportation, child care, recreation, health, early intervention and other community supports that affect the quality of life of individuals with developmental disabilities. This Part explains the State Plan activities, grants and other administrative requirements.

ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES

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**Section 400.20 Definitions**

As used in this Part:

"Act" means the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 6000) that is the federal enabling and funding statute for the Council.

"Council" means the Illinois Council on Developmental Disabilities.

"Developmental Disability" means a severe, chronic disability of an individual that:

is attributable to a mental or physical impairment or combination of mental and physical impairments;

is manifested before the person attains age 22;

is likely to continue indefinitely;

results in substantial functional limitations in 3 or more of the following areas of major life activity:

self care;

receptive and expressive language;

learning;

mobility;

self direction;

capacity for independent living; or

economic self sufficiency; and

## ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES

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reflects the person's need for a combination and sequence of special, interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. Infants and young children birth to age 9, inclusive, who have a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the areas of major life activity if the individual without services and supports has a high probability of meeting those criteria later in life.

"Director" means the Director of the Illinois Council on Developmental Disabilities.

"Executive Committee" means the Executive Committee of the Council, which is comprised of 7 Council members, 3 of whom are elected annually by the membership at-large and 3 of whom are appointed by the chairperson of the Council. The chairperson of the Council is a member of the Executive Committee.

"Grant" means an investment made by the Council to implement the State Plan performance targets or goals through a variety of activities whose primary purpose is to advance the mission of the Council and the purposes of the Act.

Grants may be awarded through a competitive process as explained in this Part;

Grants may be awarded on a non-competitive basis when the project requires the specialized knowledge, capacity, and experience of a potential grantee, and the emerging nature of the project precludes the Council from going through a timely development, review and selection process due to the emerging nature of the project; and

Grants as awarded by the Council are not subject to the provisions or requirements of the Illinois Procurement Code (see 30 ILCS 500/1-10).

"Grant Agreement" means a prescribed form containing the provisions governing the grant award between the Council and the grantee. The grant agreement must contain signatures of the involved parties certifying agreement to the contract.

## ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES

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"Grantee" means the agency, individual or organization that is the recipient of Council grant funds to address performance targets or goals in the State Plan.

"Performance Targets" means, for purposes of the Council's State Plan, the advocacy, systems change or capacity building activities the Council is committed to achieving at the conclusion of the time period for the State Plan.

"Priorities" means the areas of importance in the Act, including, but not limited to, quality assurance, education, early intervention, child care, health, employment, housing, transportation, recreation and other community supports that affect the quality of life of individuals with developmental disabilities.

"Project Period" means the length of time the project is funded by the Council.

"Proposal" means the application a prospective grantee submits to the Council for funding consideration.

"Proposer" means an applicant for Council grant fund opportunities.

"State Plan" means the plan required by the Act that is developed by the Council and approved by the United States Department of Health and Human Services (HHS), Administration on Developmental Disabilities.

**Section 400.30 State Plan Implementation**

The Council, through its members, staff, consultants, contractors, subcontractors and grantees, conducts or supports programs, projects and activities that carry out its overall responsibilities under the Act. The State Plan is developed by the Council and approved by the Council's federal funding authority, HHS-Administration on Developmental Disabilities. The Council implements the State Plan by conducting initiatives that support advocacy, capacity building and systemic change activities, including, but not limited to:

- a) Outreach activities to identify individuals with developmental disabilities and their families to assist them to obtain community services, individualized supports or other forms of assistance.
- b) Training for people with developmental disabilities, their families, personnel and volunteers on obtaining or providing community services, individualized supports or other forms of assistance.

## ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES

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- c) Technical assistance to assist the private and public sectors in achieving and contributing to a consumer and family directed system of community services.
- d) Supporting and educating communities, businesses and organizations to respond positively to individuals with developmental disabilities and their families.
- e) Coordinating with other councils, committees and programs addressing similar issues to benefit people with developmental disabilities.
- f) Barrier elimination and system design and redesign to promote access and use of community services by people with developmental disabilities.
- g) Coalition development and citizen participation activities that educate the public about the capabilities, preferences and needs of people with developmental disabilities to enhance the policy agenda of the Council.
- h) Supporting and conducting studies, gathering information and developing model policies and other information, and making recommendations directly to federal and State policymakers, including members of Congress, the Illinois General Assembly and the Governor.
- i) Demonstrating new approaches to services and supports generally on a time limited basis to show new approaches to serving individuals with developmental disabilities as part of an overall strategy for systemic change.
- j) Other activities that may support the overall mission of the Council, as identified in the Act.

**Section 400.40 Purpose of Grants**

To implement the activities described in Section 400.30, the Council may award grants to qualifying agencies, individuals and organizations. All funding decisions are made by the Council or by the Executive Committee, as provided in this Part and the Council's bylaws. In general, the Council uses an outcome-based framework in developing the State Plan and funding opportunities and in the development, review, selection, implementation and monitoring of grants. The purpose of grants, how to apply for grants, information considered in the review and selection process, procedures used to make the awards, post-award monitoring, and other requirements are explained in this Part.

## ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES

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**Section 400.50 Form of Application**

- a) When funds are available to the Council, the Council shall seek to award the funds consistent with the purposes of the Act, the State Plan, and this Part.
- b) The Council provides notice to the public of the availability of these funding opportunities (i.e., with the exception of non-competitive grants) through, but not limited to, the Council's mailing list, website and other State and local agency websites.
- c) The Council will prescribe the form and substance, establish the response date, and impose any funding limitations for proposals.
- d) All communications relating to the availability of grant funds, the application form, or the process defined in Section 400.60 shall be sent to the Investment Coordinator, Illinois Council on Developmental Disabilities, 830 South Spring Street, Springfield, Illinois 62704.

**Section 400.60 Review and Selection Process**

- a) Council staff shall initially review all proposals to identify any history of compliance issues with previous or current grant agreement terms, previous performance in programmatic or fiscal areas, and other indicators relevant to evaluating the applicant's ability to successfully complete the project.
- b) Proposals are reviewed, by teams comprised of Council members and staff and may include other experts in the field of developmental disabilities (e.g., experts who possess knowledge about the subject matter at hand that would be helpful for the team to reach a decision) who make recommendations for awards to the Council or the Executive Committee, as described in Section 400.40.
- c) Awards shall be made in accordance with the following criteria, which are equally weighted:
  - 1) The performance targets or goals are clear and demonstrate that the project will assist the Council in meeting its State Plan performance target;

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- 2) The proposal's implementation plan is clear and will lead to the achievement of the project's performance targets;
  - 3) The proposal sufficiently demonstrates that the applicant has the commitment, capacity and expertise sufficient to achieve the project's performance targets; and
  - 4) The cost or budget to achieve the project's performance targets appears reasonable in view of the proposed goals of the project.
- d) The Council reserves the following rights regarding the funding of grants.
- 1) Negotiate and adjust funding levels during the review process;
  - 2) Not fund any applications it receives (e.g., proposals do not adequately address all criteria in subsection (c), or the Council needs to further clarify and refine its performance target or goals in the funding opportunity); or
  - 3) Not fund any applications it receives because circumstances have changed (e.g., the purpose of the funding opportunity no longer addresses federal or State policy or a situation has evolved that makes an award inconsistent with the purposes of the Act, State law, or regulations).
- e) All proposers will be advised in writing of the Council's award decisions as soon as practicable, but not later than two weeks from the date of the Council's action on the team's recommendations.
- f) Any agencies, individuals or organization who failed to receive a grant award may appeal that decision.

**Section 400.65 Appeals**

Any agency, individual or organization who failed to receive a grant award may appeal that decision only on the grounds of fraud or conflict of interest. In cases of an agency, individual or organization who received notice of suspension or termination that was based on failure to comply with the terms and conditions of a grant, an agency, individual or organization may appeal that decision. Appeals cannot be made in cases where the Council has had a partial or total loss of federal funding or the General Assembly fails to appropriate or otherwise make available funds to the Council.

## ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES

## NOTICE OF ADOPTED RULES

- a) A written request for appeal that includes a clear, concise documentation of fraud or conflict of interest must be received by the chairperson of the Council within 30 calendar days after the denial or written notice;
- b) Within 90 days after receipt of the appeal, the Executive Committee shall convene a meeting and review the documentation submitted by the agency, individual, or organization. Any Executive Committee member who was involved during the development, review or selection process will recuse him or herself from participation in reviewing the appeal. Any Executive Committee member who is affiliated with the individual, agency, or organization requesting the appeal will recuse him or herself. The Executive Committee will decide:
  - 1) No fraud or conflict of interest occurred;
  - 2) Fraud or conflict of interest is evident and the original action should be overturned; or
  - 3) There is evidence that the action to suspend or terminate should be overturned.
- c) The decision of the Executive Committee is final. The Executive Committee will advise the agency, individual, or organization of their decision in writing within 10 calendar days after their decision. The Executive Committee will notify the full Council of the appeal and will report on their final decision.

**Section 400.70 Awards, Grant Agreements, Conditions and Disbursement of Grant Funds**

- a) When a grant has been awarded, the grantee and the Council shall execute an agreement. The agreement shall be executed between the grantee and the Council's Director, or the Director's designee, on behalf of the Council.
- b) Disbursement of grant funds. Notwithstanding selection for a grant award pursuant to this Part, disbursement of grant funds is contingent upon the submission of a fully executed grant agreement.
- c) The grant agreement will be drafted by the Council and shall contain appropriate substantive provisions, including, but not limited to, the following:

## ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES

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- 1) A recitation of legal authority pursuant to which the agreement is made;
  - 2) An identification of the project scope and schedule, including a specified time period for the grantee's performance and the work or services to be performed or conducted by the grantee;
  - 3) An identification of the grant amount;
  - 4) A promise by the grantee not to assign or transfer any of the rights, duties or obligations of the grantee without the prior written consent of the Council;
  - 5) A promise by the grantee not to amend the agreement without the written consent of the Council; and
  - 6) A covenant that the grantee shall expend the grant amount and any accrued interest only for the purposes of the project as stated in the agreement and approved by the Council.
- d) A grantee may not start a project until the grant agreement has been fully executed by the grantee and the Council's Director or the Director's designee. No funds will be approved for payment for costs incurred before the full execution of the grant agreement. The fully executed grant agreement will be filed by the Council with the Office of the Illinois Comptroller within 30 days after the last signature.
  - e) Grantees shall comply with any conditions and requirements specified in the Act, this Part, the Council's award letter and the grant agreement.
  - f) Grantees shall submit regular fiscal and programmatic reports that document the grantee's performance under the grant agreement. The Council will provide grantees with guidelines and forms regarding the preparation of fiscal and programmatic reports for all awards.
  - g) Grantees shall make available to Council staff or their authorized agents all financial records and other reporting documentation relating to the grant award.

**Section 400.80 Administrative and Reporting Requirements**

## ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES

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- a) Grant monitoring – The Council monitors the progress of grant-funded projects and expenditures through a variety of mechanisms, including, but not limited to, communications with grantees; periodic site visits by Council staff; payment requests; written reports; and final expenditure reports submitted by grantees. Grantees must permit any agent authorized by the Council, upon presentation of credentials, in accordance with constitutional limitations on administrative searches, to have full access to and the right to examine any documents, papers and records of the grantee relating to the Council's grant.
- b) Audits – All grantees that receive Council grant funds shall comply with the Council's requirements concerning audits as outlined in this subsection. The Council will provide grantees with guidelines regarding audit requirements for all awards. In general:
  - 1) All grantees are asked to submit a copy of routinely performed audits.
  - 2) The Council may arrange and pay for limited scope audits or financial reviews of grantees expending \$100,000 or less in Council funds.
  - 3) Any governmental or non-profit agency required to undergo a Single Audit pursuant to the Single Audit Act Amendments of 1996 may include the Council's portion of the audit in the proposed budget. For-profit grantees expending \$500,000 in funds solely from the Council are required to procure an audit of the project.
- c) Recordkeeping – The grantee shall maintain program and fiscal records related to each grant award for a period of 5 years following the end of the grant agreement. These records shall include a fiscal accounting for all funds in accordance with any generally accepted governmental accounting principles. However, if any claim, litigation, audit or other action has begun before the expiration date of the 5-year period, the records shall be retained until the completion of the action and resolution of all issues that arise from it.

**Section 400.90 Project Revisions and Extensions**

Budget revisions within the overall award amount, project revisions, and extensions of projects beyond the original time frame can be negotiated and must be approved by Council staff in advance of implementation of any revisions. Revisions to the grantee's performance targets must have Council approval before implementation.

## ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES

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**Section 400.100 Investment Completion**

- a) Grantees must submit to the Council a final report that includes a description of the grantee's performance of the project and a detailed list of expenditures, including match funds, if applicable, in relation to the approved budget. Variances in budget lines must be explained in the report.
- b) Grantees shall submit copies of any audits they have had completed during the time period that Council funds were expended. Failure to submit audits may impact future Council consideration of proposals from the grantee.

**Section 400.110 Suspension and Termination**

- a) Suspension – If a grantee fails to comply with the terms and conditions of the grant award and agreement, the Council shall, after written notice to the grantee, suspend the grant and withhold further payments and prohibit the grantee from incurring additional obligations of grant funds, pending resolution of the issues or termination. The Council may require submission of a written plan of action to address the issues in dispute. Grantee payments will resume upon resolution of the issues in dispute.
- b) Termination – The grant may be terminated for the following reasons:
  - 1) If partial or total loss of federal funding occurs, or the Illinois General Assembly fails to appropriate or otherwise make available funds to the Council, the Council may make proportional or total cuts to all grants. In that event, the Council will give written notice to grantees setting forth the effective date of full or partial termination, or, if a change in funding is required, setting forth the change in funding and changes in the approved budget.
  - 2) If the Council determines that the grantee has failed to comply with the terms and conditions of the grant award and grant agreement, the Council may terminate the grant in whole, or in part, at any time upon written notice to the grantee. Circumstances that could result in termination of a grant include, but are not limited to: failure to submit required reports; failure to maintain required records; misuse of equipment purchased with grant funds; falsification or misrepresentation of information to the

## ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES

## NOTICE OF ADOPTED RULES

Council; and failure to resolve issues in dispute during suspension. Written notice of termination of the grant shall contain the reasons for termination and the effective date.

- 3) Recapture of grant funds. All grants awarded under this Part shall be governed by the Illinois Grant Funds Recovery Act [30 ILCS 705]. Funds awarded for projects must be used exclusively for the purposes stated in the approved proposal and expended in accordance with the approved budget and grant agreement. If the grantee fails to comply with the terms of the grant agreement, the Council reserves the right to require appropriate proportional repayment of funds up to the entire amount of the grant.

**Section 400.120 General Provisions – Allowable Expenses**

Expenses must meet the following criteria in order for payment from Council funds to be allowed:

- a) Be necessary and reasonable to carry out the performance targets, goals and intent of the approved grant;
- b) Be authorized under the approved budget and not prohibited by this Part or federal, State or local laws or regulations;
- c) Conform to any specifications set forth in the approved project or this Part and grant monitoring procedures;
- d) Not be used to supplant non-federal funds for already existing services; and
- e) Not exceed the total approved budget amount for Council funds.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Grade A Pasteurized Milk and Milk Products
- 2) Code Citation: 77 Ill. Adm. Code 775
- 3) 

<u>Section Numbers</u> :	<u>Adopted Action</u> :
775.10	Amendment
775.20	Amendment
775.30	Amendment
775.120	Amendment
775.130	Amendment
- 4) Statutory Authority: Authorized by and implementing the Grade A Pasteurized Milk and Milk Products Act [410 ILCS 635]
- 5) Effective Date of Rulemaking: May 21, 2008
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file and available for public inspection at the Illinois Department of Public Health, 525 W. Jefferson Street, Springfield, Illinois 62761-0001.
- 9) Notices of Proposed Published in the Illinois Register: 31 Ill. Reg. 7384; May 25, 2007
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No changes were necessary.
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Amendments: This rulemaking will update references to several documents that are incorporated by reference in the Grade A Pasteurized Milk

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and Milk Products rules. Documents that are being updated include the Grade A Pasteurized Milk Ordinance (PMO), the Methods of Making Sanitation Ratings of Milk Shippers (MMSR), the Procedures Governing the Cooperative State-Public Health Service/Food and Drug Administration (FDA) Program of the National Conference on Interstate Milk Shipments, Evaluation of Milk Laboratories, and the incorporated sections of the Code of Federal Regulations, all published by the FDA, and the Standard Methods for the Examination of Dairy Products as well as one reference to State of Illinois rules and statutes, the Veterinary Medicine and Surgery Act.

The National Conference on Interstate Milk Shipments (NCIMS) is one of the U.S. Food and Drug Administration (FDA) Cooperative Programs. In the United States, milk and milk products are regulated under state laws and regulatory programs that are conducted by the 50 states and the US Trust Territories. Because of the lack of uniformity that existed between state programs, this NCIMS system was developed over 50 years ago so that milk and milk products could be distributed nationally based on the assurance provided by the uniform application of the rules in the one document that all parties have agreed upon. The state and territory Voting Delegates at the NCIMS agree to operate their respective Grade A Milk Programs in a uniform manner by adopting uniform rules that are approved by FDA and distributed to the states in the latest edition of the Pasteurized Milk Ordinance. The Pasteurized Milk Ordinance provides rules based on scientifically based decisions that are reviewed by the FDA to assure public health oversight. It is necessary for Illinois to adopt the national model document in order to maintain uniformity. It is in the best interest of public health and also the Illinois milk industry to have uniform rules.

Key changes to the 2005 revision of the PMO include allowing for the determination of time/temperature control for the safety of milk and milk products. Also, many inspection and rating forms were updated. In addition, the cooling requirements for some cultured products have been changed. The revision also eliminates repetitive and outdated language. A major change in Appendix N allows for the exemption of quarterly sample collection provided the sites involved participate in the biennial on-site evaluation and annual split sample comparisons. This does not weaken Illinois requirements or authority, rather it will eliminate one very time consuming type of sample evaluation which results in the milk sanitarian collecting a sample and traveling to the nearest approved laboratory for retesting in favor of a more credible on-site evaluation of the industry analyst by the FDA certified Laboratory Evaluation Officer supported by annual split sampling.

A key change in the MMSR combines the PMO with the Grade A Dry Milk Ordinance into one document. A key change in the Procedures document has spelled out the

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certification procedure for State Rating Officers (SROs) who will conduct HACCP (Hazard Analysis and Critical Control Point) listing audits.

Key changes to the Evaluation of Milk Laboratories include updating some 2400 series forms as well as allowing for drug residue test kits to be evaluated and approved for raw milk analysis up to 45 degrees.

Modifications in the 17<sup>th</sup> edition of the Standard Methods for the Examination of Dairy Products update the document to keep pace with the rapidly changing technology used by dairy laboratories, including the Department.

- 16) Information and questions regarding these adopted amendments shall be directed to:

Susan Meister  
Division of Legal Services  
Illinois Department of Public Health  
535 West Jefferson, Fifth Floor  
Springfield, Illinois 62761

217/782-2043  
e-mail: DPH.RULES@illinois.gov

The full text of the Adopted Amendments begins on the next page:

## DEPARTMENT OF PUBLIC HEALTH

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TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER m: FOOD, DRUGS AND COSMETICSPART 775  
GRADE A PASTEURIZED MILK AND MILK PRODUCTS

## Section

775.1	Minimum Regulations (Renumbered)
775.10	Definitions
775.20	Incorporated <a href="#">and Referenced</a> Materials
775.30	Minimum Requirements
775.40	Local Government Implementation
775.50	Permits
775.60	Suspension of Permits
775.70	Inspections and Investigations
775.80	Approval of Construction Plans
775.90	Administrative Hearings
775.100	Milk Hauler-Samplers Examination
775.110	Milk Tank Trucks
775.120	Cleaning and Sanitizing Procedures
775.130	Action Levels for Added Water in Milk
775.140	Pesticide, Herbicide and Mycotoxin Residue Control Program
775.150	Drug Residue Control Program

AUTHORITY: Authorized by and implementing the Grade A Pasteurized Milk and Milk Products Act [410 ILCS 635].

SOURCE: Adopted and codified at 8 Ill. Reg. 4190, effective March 16, 1984; amended at 11 Ill. Reg. 1464, effective February 1, 1987; amended at 12 Ill. Reg. 17925, effective December 1, 1988; amended at 17 Ill. Reg. 14015, effective August 15, 1993; amended at 19 Ill. Reg. 12271, effective August 10, 1995; amended at 22 Ill. Reg. 20633, effective November 10, 1998; amended at 25 Ill. Reg. 11904, effective September 1, 2001; amended at 25 Ill. Reg. 12629, effective September 25, 2001; amended at 27 Ill. Reg. 15979, effective October 1, 2003; amended at 32 Ill. Reg. 8432, effective May 21, 2008.

**Section 775.10 Definitions**

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In addition to the definitions contained in Section 1 of the Grade A Pasteurized Milk Ordinance ~~and Grade A Condensed and Dry Milk Products and Dry Whey Supplement~~, the following definitions shall apply:

"Act" means the Grade A Pasteurized Milk and Milk Products Act [410 ILCS 635].

"Bulk milk pickup tank" means the tank, and those *appurtenances necessary for its use, used by a milk hauler-sampler to transport bulk raw milk for pasteurization from a dairy farm to a milk plant, receiving station, or transfer station.* (Section 3(b)(16) of the Act)

"Clarification" means an operational procedure that removes sediment from milk.

"*Cleaning and sanitizing facility*" means any place, premise or establishment where milk tank trucks are cleaned and sanitized. (Section 3(b)(15) of the Act)

"Cultured dairy products" means milk and milk products that have been soured after pasteurization using harmless lactic-acid producing bacteria, food grade phosphoric acid, lactic acid, citric acid or hydrochloric acid, with or without rennet and/or other safe, suitable milk-clotting enzymes.

"*Dairy farm*" means any place or premise where one or more cows, goats or sheep are kept, and from which a part or all of the milk or milk products are provided, sold or offered for sale to a milk plant, transfer station, or receiving station. (Section 3(b)(1) of the Act)

"*Department*" means the Illinois Department of Public Health. (Section 3(b)(7) of the Act)

"*Director*" means the Director of the Illinois Department of Public Health. (Section 3(b)(8) of the Act)

"Downstream ~~Down-stream~~" means after the automatic milk flow safety device.

"*Embargo or hold for investigation*" means a detention or seizure designed to deny the use of milk or milk products which may be unwholesome or to prohibit the use of equipment which may result in contaminated or unwholesome milk or dairy products. (Section 3(b)(9) of the Act)

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*"Enforcing agency" means the Illinois Department of Public Health or a unit of local government electing to administer and enforce the Act as provided for in the Act. (Section 3(b)(12) of the Act)*

"Field representative" means a person qualified and trained in the sanitary methods of production and handling of milk as set forth in this Part, and generally employed by a processing or manufacturing plant for the purpose of doing quality control work.

*"Grade A" means that milk and milk products are produced and processed in accordance with the latest United States Public Health Service – Food and Drug Administration Grade A Pasturized Milk Ordinance as may be amended. The term Grade A is applicable to "dairy farm", "milk hauler-sampler", "milk plant", "milk product", "receiving station", "transfer station", "bulk milk pickup tank", and "certified pasteurizer sealer" whenever used in the Act. (Section 3(a) of the Act)*

"High temperature short time flow-diversion device" or "H.T.S.T." means an automatic milk-flow safety device that controls the flow of milk in relation to the temperature of the milk or heating medium and/or pressure, vacuum, or other auxiliary equipment.

*"Imminent hazard to the public health" means any hazard to the public health when the evidence is sufficient to show that a product or practice, posing or contributing to a significant threat of danger to health, creates or may create a public health situation that should be corrected immediately to prevent injury and that should not be permitted to continue while a hearing or other formal proceeding is being held. (Section 3(b)(10) of the Act)*

*"Milk" means the milk of cows, goats or sheep and includes skim milk and cream. (Section 3(b)(2) of the Act)*

"Milkfat and Nonfat Solid Content Standards" means the standards set forth in 21 CFR 131.110 ([20052004](#)). (See Section 775.20.)

*"Milk hauler-sampler" means a person who is qualified and trained for the grading and sampling of raw milk in accordance with federal and State quality standards and procedures (Section 3(b)(14) of the Act) and transports bulk raw*

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*milk for pasteurization from a dairy farm to a receiving station, transfer station, or milk plant.* (Section 3(b)(16)(A) of the Act)

*"Milk product" means any product including cream, light cream, light whipping cream, heavy cream, heavy whipping cream, whipped cream, whipped light cream, sour cream, acidified sour cream, cultured sour cream, half-and-half, sour half-and-half, acidified sour half-and-half, cultured half-and-half, reconstituted or recombined milk and milk products, concentrated milk, concentrated milk products, nonfat (skim) milk, reduced fat or lowfat milk, frozen milk concentrate, eggnog, buttermilk, cultured milk, cultured reduced fat or lowfat milk or nonfat (skim) milk, cottage cheese (including dry curd, reduced fat, lowfat, and nonfat), yogurt, lowfat yogurt, nonfat yogurt, acidified milk, acidified reduced fat or lowfat milk, or nonfat (skim) milk, low-sodium milk, low-sodium reduced fat lowfat milk, low-sodium nonfat (skim) milk, lactose-reduced milk, lactose-reduced reduced fat or lowfat milk, lactose-reduced nonfat (skim) milk, aseptically processed and packaged milk and milk products, and milk, reduced fat, lowfat milk or nonfat (skim) milk with added safe and suitable microbial organisms and any other milk product made by the addition or subtraction of milkfat or addition of safe and suitable optional ingredients for protein, vitamin or mineral fortification of milk products defined in this Section.* (Section 3(b)(4) of the Act)

"Milk tank truck" is the term used to describe both a bulk or milk pickup tanker and a milk transport tank.

"Milk transport tank" means a vehicle, including the truck and tank used to transport bulk shipments of milk from a transfer station, receiving station or milk plant to another transfer station, receiving station or milk plant.

"PMO" means the Grade A Pasteurized Milk Ordinance incorporated by reference. (See Section 775.20.)

*"Permit" means a document awarded to a person for compliance with the provisions of and under conditions set forth in the Act and this Part.* (Section 3(b)(13) of the Act)

*"Person" means any individual, group of individuals, association, trust, partnership, corporation, person doing business under an assumed name, the State of Illinois, or any political subdivision or Department thereof, or any other entity.* (Section 3(b)(11) of the Act)

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"Quality assurance program" means the Milk and Dairy Beef Quality Assurance Program, Boeckman, Steve and Carlson, Keith R., Agri-Education Inc., Stratford, Iowa 50249 or equivalent program as determined by the Department.

*"Receiving station" means any place, premise, or establishment where raw milk is received, collected, handled, stored or cooled and prepared for further transporting. (Section 3(b)(5) of the Act)*

"Separation" means an operational procedure that removes butterfat from milk.

*"Transfer station" means any place, premise, or establishment where milk or milk products are transferred directly from one milk tank to another. (Section 3(b)(6) of the Act)*

"Violative drug residue" means a drug residue at or above the tolerance and/or safe levels as set forth in 21 CFR 556 (~~20052004~~) and Appendix N of the PMO.

(Source: Amended at 32 Ill. Reg. 8432, effective May 21, 2008)

**Section 775.20 Incorporated and Referenced Materials**

a) The following regulations, guidelines, standards, rules, and statutes are incorporated or referenced in this Part:

1) Federal government publications:

A) The Grade A Pasteurized Milk Ordinance (PMO), and Appendices A through RP (except Sections 16 and 17) Recommendations of the United States Public Health Service/Food and Drug Administration, ~~20052004~~ Revision (Publication 229). In addition, the jurisdiction name, left blank in Sections 1, 2, 3, 5, and 11 of the PMO, for the purposes of this Part, shall mean the State of Illinois; and the regulatory agency referred to in Section 1 shall mean the Illinois Department of Public Health. (See Section 775.30(a).)

~~B) The Grade A Condensed and Dry Milk Ordinance, 1995 Revision, Part II and Appendices A through N (Grade A Condensed and Dry Milk Products and Condensed and Dry Whey – Supplement I to~~

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~~the Grade A Pasteurized Milk Ordinance, 1995  
Recommendations). (See Section 775.30(b).)~~

- ~~B)C)~~ Evaluation of Milk Laboratories (~~2005~~1995 Revision), U.S. Department of Health and Human Services, Public Health Service/Food and Drug Administration.
- ~~C)D)~~ Methods of Making Sanitation Ratings of Milk Supplies (~~2005~~2004 Revision), U.S. Department of Health and Human Services, Public Health Service/Food and Drug Administration.
- ~~D)E)~~ Procedures Governing the Cooperative State-Public Health Service/Food and Drug Administration Program for Certification of Interstate Milk Shippers (~~2005~~2004 Revision), U.S. Department of Health and Human Services, Public Health Service/Food and Drug Administration.

## 2) Private and professional standards:

- A) The Standard Methods for the Examination of Dairy Products (~~17<sup>th</sup>~~16<sup>th</sup> Edition, ~~2004~~1992, American Public Health Association, 1015 – 18<sup>th</sup> Street, N.W., Washington, D.C. 20036). (See Section 775.70(b).)
- B) Official Methods of Analysis of the Association of Official Analytical Chemists (16<sup>th</sup> Edition, 1996, Association of Official Analytical Chemists, P.O. Box 540, Ben Franklin Station, Washington, D.C. 20044). (See Section 775.70(b).)

## 3) Federal regulations:

- A) 21 CFR 131.110, Milk (~~2005~~2004). (See Section 775.10, the definition of "milkfat and nonfat solid content standards".)
- B) 21 CFR 556, Tolerances for Residues or New Animal Drugs in Food (~~2005~~2004). (See Section 775.10, the definition of "violative drug residue".)
- C) 40 CFR 180, Tolerances and Exemptions from Tolerances for

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[Pesticide Chemicals in Food \(20052001\)](#). (See Section 775.140(a)(1).)

- 4) State of Illinois rules and statutes:
  - A) Illinois Plumbing Code – 77 Ill. Adm. Code 890, Illinois Department of Public Health. (See Section 775.30(c)(4).)
  - B) Rules of Practice and Procedure in Administrative Hearings – 77 Ill. Adm. Code 100, Illinois Department of Public Health. (See Section 775.90.)
  - C) The Veterinary Medicine and Surgery Practice Act of [20041994](#) [225 ILCS 115].
- b) All incorporations by reference [of federal guidelines and regulations and the standards of professional organizations](#) refer to the materials on the date specified and do not include any [amendments or editions](#)~~additions or deletions~~ subsequent to the date specified.
- c) All citations to federal regulations in this Part concern the specified regulation in the [20052001](#) Code of Federal Regulations, unless another date is specified.
- d) Copies of all incorporated materials are available for inspection and copying by the public at the Department's Central Office, Division of Food, Drugs, and Dairies, 525 West Jefferson Street, Springfield, Illinois 62761.

(Source: Amended at 32 Ill. Reg. 8432, effective May 21, 2008)

**Section 775.30 Minimum Requirements**

- a) The production, transportation, processing, handling, sampling, examination, grading, labeling and sale of all milk and milk products; the inspection of dairy herds, dairy farms and milk plants, receiving and transferring stations, and cleaning and sanitizing facilities; the suspension of permits to milk producers and haulers, shall be regulated in accordance with the provisions of the Grade A Pasteurized Milk Ordinance (PMO) and Appendices A through [RP](#) (with the exception of Sections 16 and 17) of the PMO. (See Section 775.20.)

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- b) The production, manufacture, packaging, labeling and sale of all Grade A condensed milk, Grade A dry milk products, Grade A condensed whey and Grade A dry whey, for use in the commercial preparation of Grade A pasteurized milk products; the inspection of condensing plants and/or drying plants; and the suspension of permits to condensing plants and/or drying plants, shall be regulated in accordance with the provisions of [the Grade A Pasteurized Milk Ordinance \(PMO\) and Appendices A through R \(with the exception of Sections 16 and 17 of the PMO\). ~~Part II and Appendixes A through N of the Grade A Condensed and Dry Milk Ordinance, 1995 Revision \(Grade A Condensed and Dry Milk Products and Condensed and Dry Whey Supplement I to the Grade A Pasteurized Milk Ordinance\).~~](#) (See Section 775.20.)
- c) In addition to ~~the provisions contained in~~ Section 775.30(a) and (b), the following provisions shall apply:
- 1) In addition to ~~the provisions of~~ Section 7, item 15p of the PMO:
    - A) All raw milk piping and equipment must be completely separated from pasteurized milk and milk product piping and equipment during processing. No raw milk piping or fittings shall be interchanged with pasteurized milk piping and fittings unless they have been washed and sanitized before use.
    - B) Heat-treated and pasteurized milk or milk products that are not produced at the packaging plant, but, that are to be used within a plant for processing pasteurized milk or milk products, shall be repasteurized.
    - C) No separation or clarification may occur ~~downstream~~[down stream](#) from any high temperature short time (H.T.S.T.) flow-diversion device.
    - D) Blending of pasteurized milk or milk products may ~~only~~[only](#) occur ~~downstream~~[down stream](#) from the high temperature short time (H.T.S.T.) flow-diversion device [only](#) when approved by the Department in accordance with the following specific requirements:
      - i) All pasteurized milk product lines, raw product lines and

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- cleaning lines within the milk plant shall be labeled ~~so in~~ ~~such a manner~~ that the lines can be differentiated by visual inspection. The specific configuration of the lines must be verified by a Department on-site inspection prior to the issuance or renewal of a permit. In addition, any segments of lines that are or can be removed for cleaning must be individually labeled.
- ii) All products subject to blending ~~downstream~~ ~~down stream~~ of the high temperature short time flow diversion device shall be required to undergo daily testing for standard plate count, coliform, phosphatase and salmonella. These analyses shall be conducted by a state-certified laboratory, and the results shall be maintained for one year.
- iii) Cultured dairy products are exempt from this requirement.
- 2) In addition to ~~complying with the provisions of~~ Section 6 of the PMO, ~~it shall be the responsibility of~~ each approved milk plant ~~shall to~~ retain from each processing day at least one time and date stamped sample from each continuous processing of a specific pasteurized fluid milk product as defined in the Grade A Pasteurized Milk Ordinance (see Section 1 of the PMO). These samples shall be of the pasteurized milk product itself and not of each type of container in which the milk product is packaged. In addition, the samples shall be retained until two days after the guaranteed sale date in accordance with the refrigeration requirements of the PMO (see Section 7 of the PMO).
- 3) In addition to the provisions of Section 7, items 8r and 7p<sub>2</sub> of the PMO, the Illinois Plumbing Code (77 Ill. Adm. Code 890) shall apply.

(Source: Amended at 32 Ill. Reg. 8432, effective May 21, 2008)

**Section 775.120 Cleaning and Sanitizing Procedures**

Milk tank trucks used to haul Grade A milk and milk products must be cleaned and sanitized in accordance with ~~Part H~~, Section 7, items 10r and 11r<sub>2</sub> or item 12p and Appendix F<sub>2</sub> of the PMO. A cleaning and sanitizing tag shall be attached to all milk tank trucks used to haul Grade A Milk and Milk Products. In addition, the tag must reflect the name of ~~the~~ substance hauled in the milk

## DEPARTMENT OF PUBLIC HEALTH

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tank truck prior to being cleaned and sanitized.

(Source: Amended at 32 Ill. Reg. 8432, effective May 21, 2008)

**Section 775.130 Action Levels for Added Water in Milk**

The presence of added water in raw or pasteurized milk constitutes adulteration. The violative level for added water in either raw or pasteurized milk is equal to or higher than 3% when converted from a milk cryoscope reading on the Hortvet or Centigrade scale when tested in accordance with the ~~17<sup>th</sup>~~16<sup>th</sup> edition of the Standard Methods for the Examination of Dairy Products. After two occurrences of adulterated milk within a six-month period, the plant or producer ~~shall~~will be required to show cause and reason for the addition of water. After a third occurrence, the Department will institute administrative proceedings to revoke the plant or producer's permit.

(Source: Amended at 32 Ill. Reg. 8432, effective May 21, 2008)

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENT

- 1) Heading of the Part: State (of Illinois) Employees' Deferred Compensation Plan
- 2) Code Citation: 80 Ill. Adm. Code 2700
- 3) Register Citation to Notice of Proposed Amendments: 32 Ill. Reg. 6840; April 25, 2008
- 4) Date, Time and Location of Public Hearing:  
  
1:00 PM  
Thursday, June 12, 2008  
Stratton Office Building  
401 Spring Street  
Room 349c  
Springfield, Illinois
- 5) Other Pertinent Information: On April 25, 2008, the Department of Central Management Services (CMS) proposed amendments to the Administrative Rules governing the State (of Illinois) Employees' Deferred Compensation Plan (80 Ill. Adm. Code 2700). The proposed rule changes represent a better delineation of responsibilities among the recordkeeper, the Illinois State Board of Investment and CMS.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF RECOMMENDATION  
TO PROPOSED RULEMAKING

DEPARTMENT OF REVENUE

Heading of the Part: Lottery (General)

Code Citation: 11 Ill. Adm. Code 1770

Section Numbers: 1700.240 1770.APPENDIX B

Date Originally Published in the Illinois Register: 1/25/08; 32 Ill. Reg. 1071

At its meeting on May 20, 2008, the Joint Committee on Administrative Rules considered the above cited rulemaking and recommended that, in the future, the Department of Revenue refrain from implementing policy not in rule. The Illinois Lottery has been operating a self-exclusion program since October 2007 without statutorily required rules.

The agency should respond to this Recommendation in writing within 90 days after receipt of this Statement. Failure to respond will constitute refusal to accede to the Committee's Recommendation. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLYSTATEMENT OF OBJECTION AND RECOMMENDATION  
TO ADOPTED RULEMAKING

## ILLINOIS VIOLENCE PREVENTION AUTHORITY

Heading of the Part: Public Information, Rulemaking and Organization

Code Citation: 2 Ill. Adm. Code 1770

<u>Section Numbers:</u>	1770.100	1770.140	1770.230	1770.270
	1170.110	1770.200	1770.240	1770.280
	1770.120	1770.210	1770.250	1770.300
	1770.130	1770.220	1770.260	1770.310

Date Originally Published in the Illinois Register: 5/9/08  
32 Ill. Reg. 7417

At its meeting on 5/20/08, the Joint Committee on Administrative Rules objected to the Illinois Violence Prevention Authority's adopted rules titled Public Information, Rulemaking and Organization (2 Ill. Adm. Code 1770; 32 Ill. Reg. 7417) because they will apparently lead to the Authority (VPA) following policy not in rule. Section 1770.300 states that VPA's rulemaking authority is limited to a description of the organization, procedures for handling public information requests, and a description of its procedures for adopting and amending these required organizational rules. JCAR does not agree. The IAPA grants rulemaking authority and responsibilities to all State agencies as defined in that Act, which includes statutorily created Authorities. Under the Violence Prevention Act of 1995, VPA allocates funds and makes grants from available appropriations and other private, State or federal funds to community and statewide organizations. If it fails to adopt rules governing application procedures, award criteria, etc., VPA would be disregarding the IAPA requirement that policy affecting an entity outside the agency be adopted and implemented through rules. Further, if VPA is exercising any discretion in disbursing these funds, such as denying any applicant or varying the amount of grants, Section 5-20 of the IAPA requires agency rules to establish standards by which the agency exercises its discretionary powers. Finally, the rule states that the requestor will be notified concerning the cost of copying records, which again suggests the agency intends to enforce policy not in rule. Fees being charged by an agency should be stated in rule.

Further, JCAR recommended that the Authority propose rules for publication in the Illinois Register within the next three months that set out standards and procedures for awarding Authority grants.

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JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION AND RECOMMENDATION  
TO ADOPTED RULEMAKING

ILLINOIS VIOLENCE PREVENTION AUTHORITY

Failure of the agency to respond within 90 days after receipt of the Statement of Objection shall constitute a refusal to amend or repeal the adopted rule. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLYSTATEMENT OF OBJECTION TO AND  
SUSPENSION OF PEREMPTORY RULE

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

Heading of the Part: Medical Payment

Code Citation: 89 Ill. Adm. Code 140

Section Numbers: 140.414  
140.422  
140.427  
140.443

Date Originally Published in the Illinois Register: 4/18/08  
32 Ill. Reg. 6743

At its meeting on May 20, 2008, the Joint Committee on Administrative Rules objected to the Department of Healthcare and Family Services' use of preemptory rulemaking to adopt rules titled Medical Payment (89 Ill. Adm. Code 140; 32 Ill. Reg. 6743) and suspended the rule because this use of preemptory rulemaking violates Section 5-50 of the Illinois Administrative Procedure Act (IAPA). Section 5-50 of the IAPA allows preemptory rulemaking to be used when rulemaking is required as a result of federal law that precludes the exercise of agency discretion as to the content of the rule and that precludes use of general rulemaking procedures under Section 5-40 of the IAPA. Both the underlying federal statute and the guidance document issued by CMMS in August 2007 allow for state discretion in regulating the use of tamper-resistant prescription pads. Additionally, since the agency has known since 9/29/07 that it had until 3/31/08 to implement this program, it had the opportunity to do so through the regular rulemaking process. The preemptory rules' inclusion of provisions not related to the federal action doubly violates preemptory rulemaking authority. This unauthorized use of preemptory rulemaking presents a threat to the public interest.

The suspended preemptory rules may not be enforced by the Department of Healthcare and Family Services for any reason, nor may the Department file with the Secretary of State any rule having substantially the same purpose and effect as these suspended rules for at least 180 days following receipt of this certification and statement by the Secretary of State.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLYSTATEMENT OF OBJECTION TO AND  
SUSPENSION OF PEREMPTORY RULE

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

Heading of the Part: Medical Assistance Programs

Code Citation: 89 Ill. Adm. Code 120

Section Number: 129.328

Date Originally Published in the Illinois Register: 5/2/08  
32 Ill. Reg. 7212

At its meeting on May 20, 2008, the Joint Committee on Administrative Rules objected to the Department of Healthcare and Family Services' use of preemptory rulemaking to adopt rules titled Medical Assistance Programs (89 Ill. Adm. Code 120; 32 Ill. Reg. 7212) and suspended the rule because that use of preemptory rulemaking violates Section 5-50 of the Illinois Administrative Procedure Act (IAPA). Section 5-50 of the IAPA allows preemptory rulemaking to be used only when rulemaking is required as a result of federal law, federal rules and regulations, an order of a court or a collective bargaining agreement that precludes the exercise of agency discretion as to the content of the rule and that precludes adoption of rules through regular rulemaking. The analysis portion of the court's Memorandum Opinion and Order entered in *Caro vs Blagojevich* on 4/15/08, which HFS cites as the reason for this preemptory rulemaking, notes that not all TANF requirements are met by the expanded FamilyCare Program emergency rules, specifically the requirement that adults in the household be employed or engaged in a job search. However, the judge's specific order on 4/15/08 preliminarily enjoins HFS from "enforcing the Emergency Rules or expending any public funds related to the FamilyCare Program created by the Emergency Rule". The court order does not direct HFS to amend its rules in any way, including insertion of employment and job search requirements, nor does the court set any deadline for action that precludes the use of regular rulemaking procedures. Therefore, the standards under Section 5-50 of the IAPA for use of preemptory rulemaking are not met, and JCAR finds this violation of the IAPA presents a threat to the public interest.

The suspended preemptory rules may not be enforced by the Department of Healthcare and Family Services for any reason, nor may the Department file with the Secretary of State any rule having substantially the same purpose and effect as these suspended rules for at least 180 days following receipt of this certification and statement by the Secretary of State.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

## NOTICE OF FAILURE TO REMEDY

## DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

- 1) Heading of Part: Medical Payment
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Number: 140.6                      Action: Objection
- 4) Notice of Proposal published in Illinois Register: 31 Ill. Reg. 13570  
10/5/07
- 5) Date JCAR issued Statement of Objection and Prohibition: 1/9/08
- 6) Summary of Action taken by the Agency: Initially, HFS declared that it made 2 assumptions in concluding there would be no fiscal impact: preventative care would yield comparable savings on acute care; and patients who wanted check-ups currently were being seen and billed as complaint driven office visits, since those seeking check-ups usually have health problems justifying a complaint driven office visit. They priced the preventive visits the same as other office visits in order not to create an incentive to choose one over the other, with the goal being to get good billing data on preventive care.  
  
Agency Response: While HFS continues to cling to these assumptions, it now projects an \$850,000 cost in the 1<sup>st</sup> year that may double in subsequent years. HFS maintains that, in the long run, savings resulting from decreased use of acute care services will offset preventive care expenditures. The costs can be absorbed in the nearly \$1 billion physician line item in the budget without altering the payment cycle. HFS now says the medical assistance shortfall it earlier acknowledged is not a shortfall, but the normal carryover of fiscal year liability (lapse).
- 7) JCAR Action: At its 1/9/08 JCAR objected to and prohibited filing of the rule because, given the Department's own estimate that the State will experience a shortfall of at least \$861 million in its ability to pay this fiscal year's claims under the medical assistance program, it is not in the public interest to further increase the State's financial obligations under medical assistance by, at this time, expanding the program to offer preventive care to adults. At its 5/20/08 meeting, JCAR voted to publish a Failure to Remedy because the Department's response does not remedy the cause of JCAR's Objection.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

NOTICE OF FAILURE TO REMEDY

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

- 1) Heading of Part: Hospital Services
- 2) Code Citation: 89 Ill. Adm. Code 148
- 3) Section Number: 148.130                      Action: Objection
- 4) Notice of Proposal published in Illinois Register: 32 Ill. Reg. 518  
1/11/08
- 5) Date JCAR issued Statement of Objection: 2/13/08
- 6) Summary of Action taken by the Agency: In response to a JCAR Objection based on HFS' failure to give proper notice of this emergency rule as required by 42 CFR 447.205, HFS acknowledged that its newspaper publication listed the economic impact for the rest of FY08, rather than the required annualized impact, but claimed it provided public notice correctly when it annualized the savings on the emergency and proposed Notice Pages, published in the 1/11/08 *Illinois Register*.
- 7) JCAR Action: JCAR does not agree that publication of the annualized cost on the Notice Pages met all the federal requirements. 42 CFR 447.205 requires that notice of the agency activity be given prior to implementation of the policy. The Notice Pages were not published until 1/11/08; the emergency rule took effect 1/1/08. At its 5/20/08 meeting, JCAR voted to publish a Notice of Failure to Remedy in the next available issue of the *Illinois Register*.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

NOTICE OF FAILURE TO REMEDY

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

- 1) Heading of Part: Hospital Reimbursement Changes
- 2) Code Citation: 89 Ill. Adm. Code 152
- 3) Section Numbers:                    Action:  
152.150                                    Objection  
152.200                                    Objection
- 4) Notice of Proposal published in Illinois Register: 32 Ill. Reg. 529  
1/11/08
- 5) Date JCAR issued Statement of Objection: 2/13/08
- 6) Summary of Action taken by the Agency: In response to a JCAR Objection based on HFS' failure to give proper notice of this emergency rule as required by 42 CFR 447.205, HFS acknowledged that its newspaper publication listed the economic impact for the rest of FY08, rather than the required annualized impact, but claimed it provided public notice correctly when it annualized the savings on the emergency and proposed Notice Pages, published in the 1/11/08 *Illinois Register*.
- 7) JCAR Action: JCAR does not agree that publication of the annualized cost on the Notice Pages met all the federal requirements. 42 CFR 447.205 requires that notice of the agency activity be given prior to implementation of the policy. The Notice Pages were not published until 1/11/08; the emergency rule took effect 1/1/08. At its 5/20/08 meeting, JCAR voted to publish a Notice of Failure to Remedy in the next available issue of the *Illinois Register*.

## ENVIRONMENTAL PROTECTION AGENCY

## NOTICE OF PUBLIC INFORMATION

## LISTING OF DERIVED WATER QUALITY CRITERIA

Pursuant to 35 Ill. Adm. Code 302.595 and 302.669, the following water quality criteria have been derived as listed. This listing updates revisions to existing criteria for the period January 1, 2008 through March 31, 2008.

A cumulative listing of criteria as of July 31, 1993 was published in 17 Ill. Reg. 18904, October 29, 1993. Listings of waterbodies for which water quality criteria were used during subsequent three month periods were published in 18 Ill. Reg. 318, January 7, 1994; 18 Ill. Reg. 4457, March 18, 1994; 18 Ill. Reg. 8734, June 10, 1994; 18 Ill. Reg. 14166, September 9, 1994; 18 Ill. Reg. 17770, December 9, 1994; 19 Ill. Reg. 3563, March 17, 1995; 19 Ill. Reg. 7270, May 26, 1995; 19 Ill. Reg. 12527, September 1, 1995; 20 Ill. Reg. 649, January 5, 1996; 20 Ill. Reg. 4829, March 22, 1996; 20 Ill. Reg. 7549, May 30, 1996; 20 Ill. Reg. 12278, September 6, 1996; 20 Ill. Reg. 15619, December 6, 1996; 21 Ill. Reg. 3761, March 21, 1997; 21 Ill. Reg. 7554, June 13, 1997; 21 Ill. Reg. 12695, September 12, 1997; 21 Ill. Reg. 16193, December 12, 1997; 22 Ill. Reg. 5131, March 13, 1998; 22 Ill. Reg. 10689, June 12, 1998; 22 Ill. Reg. 16376, September 11, 1998; 22 Ill. Reg. 22423, December 28, 1998; 23 Ill. Reg. 3102, March 12, 1999; 23 Ill. Reg. 6979, June 11, 1999; 23 Ill. Reg. 11774, September 24, 1999; 23 Ill. Reg. 14772, December 27, 1999; 24 Ill. Reg. 4251, March 17, 2000; 24 Ill. Reg. 8146, June 9, 2000; 24 Ill. Reg. 14428, September 29, 2000; 25 Ill. Reg. 270, January 5, 2001; 25 Ill. Reg. 4049, March 16, 2001; 25 Ill. Reg. 7367, June 8, 2001; 25 Ill. Reg. 12186, September 21, 2001; 25 Ill. Reg. 16175, December 14, 2001; 26 Ill. Reg. 4974, March 29, 2002; 26 Ill. Reg. 13370, September 6, 2002; 27 Ill. Reg. 1736, January 31, 2003; 27 Ill. Reg. 7350, April 18, 2003; 27 Ill. Reg. 17128, November 7, 2003; 28 Ill. Reg. 5038, March 19, 2004; 28 Ill. Reg. 8363, June 11, 2004; 28 Ill. Reg. 12943, September 17, 2004; 29 Ill. Reg. 1449, January 21, 2005; 29 Ill. Reg. 7239, May 20, 2005; 29 Ill. Reg. 12672, August 12, 2005; 29 Ill. Reg. 18963, November 18, 2005; 30 Ill. Reg. 5458, March 17, 2006, 30 Ill. Reg. 9195, May 12, 2006 and 30 Ill. Reg. 14377, September 1, 2006; 31 Ill. Reg. 4941, March 23, 2007; 31 Ill. Reg. 7477, May 25, 2007; 31 Ill. Reg. 13233, September 14, 2007; 31 Ill. Reg. 15875, November 26, 2007 and 32 Ill. Reg. 4271, March 21, 2008.

Water quality criteria for General Use and Lake Michigan Basin Waters are listed below. General Use human health criteria are derived for protection of primary contact waters, criteria derived for waters not supportive of primary contact recreation are specified, where applicable. Lake Michigan Basin criteria apply within waters of the Lake Michigan Basin as designated in 35 Ill. Adm. Code 303.443. Newly derived criteria or criteria used in NPDES permitting this quarter are highlighted in bold print.

## ENVIRONMENTAL PROTECTION AGENCY

## NOTICE OF PUBLIC INFORMATION

## LISTING OF DERIVED WATER QUALITY CRITERIA

**General Use Criteria**

Chemical: Acenaphthene	CAS #83-32-9
Acute criterion: 120 ug/l	Chronic criterion: 62 ug/l
Date criteria derived: November 14, 1991; revised February 1999	
Applicable waterbodies: Not used during this period.	
Chemical: Acenaphthylene	CAS # 208-96-8
Acute criterion: 190 ug/L	Chronic criterion: 15 ug/L
Date criteria derived: March 1, 1998	
Applicable waterbodies: Not used during this period.	
Chemical: Acetochlor	CAS #34256-82-1
Acute criterion: 150 ug/l	Chronic criterion: 12 ug/l
Date criteria derived: September 26, 2007	
Applicable waterbodies: Not used during this period.	
Chemical: Acetone	CAS #67-64-1
Acute criterion: 1,500 mg/l	Chronic criterion: 120 mg/l
Date criteria derived: May 25, 1993	
Applicable waterbodies: Not used during this period.	
Chemical: Acetonitrile	CAS #75-05-8
Acute criterion: 380 mg/l	Chronic criterion: 30 mg/l
Human health criterion (HTC): non-primary contact, 20 mg/L	
Date criteria derived: December 7, 1993; revised January 23, 2007	
Applicable waterbodies: Not used during this period.	
<b>Chemical: Acrolein</b>	<b>CAS #107-02-8</b>
<b>Acute criterion: 2.7 µg/l</b>	<b>Chronic criterion: 0.22 µg/l</b>
<b>Date criteria calculated: February 1999; reviewed January 2008</b>	
<b>Applicable waterbodies: Unnamed tributary of Illinois River.</b>	
Chemical: Acrylonitrile	CAS #107-13-4
Acute criterion: 910 ug/l	Chronic criterion: 73 ug/l
Human health criterion (HNC): 0.21 ug/l	
Date criteria derived: November 13, 1991	
Applicable waterbodies: Not used during this period.	
<b>Chemical: Anthracene</b>	<b>CAS #120-12-7</b>
<b>Acute criterion: 0.66 ug/L</b>	<b>Chronic Criterion: 0.53 ug/L</b>
<b>Human health criterion (HTC): 35 mg/l</b>	
<b>Date criteria derived: August 18, 1993, revised May 30, 2007</b>	

## ENVIRONMENTAL PROTECTION AGENCY

## NOTICE OF PUBLIC INFORMATION

## LISTING OF DERIVED WATER QUALITY CRITERIA

<b>Applicable waterbodies: Unnamed tributary of Illinois River.</b>	
Chemical: Atrazine	CAS #1912-24-9
Acute criterion: 82 ug/l	Chronic criterion: 9.0 ug/L
Date criteria derived: May 2, 2005	
Applicable waterbodies: Not used during this period.	
Chemical: Benzo(a)anthracene	CAS #56-55-3
Human health criterion (HNC): 0.16 ug/l	
Date criteria derived: August 10, 1993; revised February 1999	
Applicable waterbodies: Not used during this period.	
Chemical: Benzo(a)pyrene	CAS #50-32-8
Human health criterion (HNC): 0.016 ug/l	
Date criteria derived: August 10, 1993; revised February 1999	
Applicable waterbodies: Not used during this period.	
Chemical: Benzo(b)fluoranthene	CAS # 205-99-2
Human health criterion (HNC): 0.16 ug/l	
Date criteria derived: August 10, 1993; revised February 1999	
Applicable waterbodies: Not used during this period.	
Chemical: Benzo(k)fluoranthene	CAS #207-08-9
Human health criterion (HNC): 1.6 ug/l	
Date criteria derived: August 10, 1993; revised February 1999	
Applicable waterbodies: Not used during this period.	
Chemical: Carbon tetrachloride	CAS #56-23-5
Acute criterion: 3,500 ug/l	Chronic criterion: 280 ug/l
Human health criterion (HNC): 1.4 ug/l	
Date criteria derived: June 18, 1993	
Applicable waterbodies: Not used during this period.	
Chemical: Chlorobenzene	CAS #108-90-7
Acute criterion: 990 ug/l	Chronic criterion: 79 ug/l
Date criteria derived: December 11, 1991	
Applicable waterbodies: Not used during this period.	
Chemical: Chloroethane	CAS #75-00-3
Acute criterion: 13 mg/l	Chronic criterion: 1 mg/l
Date criteria derived: December 11, 1991	
Applicable waterbodies: Not used during this period.	
Chemical: Chloromethane	CAS #74-87-3
Acute criterion: 16 mg/l	Chronic criterion: 1.3 mg/l

## ENVIRONMENTAL PROTECTION AGENCY

## NOTICE OF PUBLIC INFORMATION

## LISTING OF DERIVED WATER QUALITY CRITERIA

Date criteria derived: December 11, 1991 Applicable waterbodies: Not used during this period.	
Chemical: Chloroform	CAS #67-66-3
Acute criterion: 1,900 ug/l	Chronic criterion: 150 ug/l
Human health criterion (HNC): 130 ug/l Date criteria derived: October 26, 1992 Applicable waterbodies: Not used during this period.	
Chemical: Chrysene	CAS #218-01-9
Human health criterion (HNC): 16 ug/l Date criteria derived: August 10, 1993; revised February 1999 Applicable waterbodies: Not used during this period.	
Chemical: Dibenz(a,h)anthracene	CAS #53-70-3
Human health criterion (HNC): 0.016 ug/l Date criteria derived : February, 1999, reviewed June 2007 Applicable waterbodies: Not used during this period.	
Chemical: 1,2-dichlorobenzene	CAS #95-50-1
Acute criterion: 210 ug/l	Chronic criterion: 17 ug/l
Date criteria derived: December 1, 1993 Applicable waterbodies: Not used during this period.	
Chemical: 1,3-dichlorobenzene	CAS #541-73-1
Acute criterion: 500 ug/l	Chronic criterion: 200 ug/l
Date criteria derived: July 31, 1991 Applicable waterbodies: Not used during this period.	
Chemical: 1,1-dichloroethane	CAS #75-34-3
Acute criterion: 20 mg/l	Chronic criterion: 2 mg/l
Date criteria derived: July 31, 1991 Applicable waterbodies: Not used during this period.	
Chemical: 1,2-dichloroethane	CAS #107-06-2
Acute criterion: 25 mg/l	Chronic criterion: 4.5 mg/l
Human health criterion (HNC): 23 ug/l Date criteria derived: March 19, 1992 Applicable waterbodies: Not used during this period.	
Chemical: 1,1-dichloroethylene	CAS #75-35-4
Acute criterion: 3,000 ug/l	Chronic criterion: 240 ug/l
Human health criterion (HNC): 0.95 ug/l Date criteria derived: March 20, 1992	

## ENVIRONMENTAL PROTECTION AGENCY

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## LISTING OF DERIVED WATER QUALITY CRITERIA

Applicable waterbodies: Not used during this period.	
Chemical: 2,4-dichlorophenol	CAS #120-83-2
Acute criterion: 630 ug/l	Chronic criterion: 83 ug/l
Date criteria derived: November 14, 1991	
Applicable waterbodies: Not used during this period.	
Chemical: 1,2-dichloropropane	CAS #78-87-5
Acute criterion: 4,800 ug/l	Chronic criterion: 380 ug/l
Date criteria derived: December 7, 1993	
Applicable waterbodies: Not used during this period.	
Chemical: 1,3-dichloropropylene	CAS #542-75-6
Acute criterion: 99 ug/l	Chronic criterion: 7.9 ug/l
Date criteria derived: November 13, 1991	
Applicable waterbodies: Not used during this period.	
Chemical: 2,4-dimethyl phenol	CAS #105-67-9
Acute criterion: 740 ug/l	Chronic criterion: 220 ug/l
Date criteria derived: October 26, 1992	
Applicable waterbodies: Not used during this period.	
Chemical: 4,6-dinitro-o-cresol = 2-methyl-4,6-dinitrophenol	CAS #534-52-1
Acute criterion: 29 ug/l	Chronic criterion: 2.3 ug/l
Date criteria derived: November 14, 1991	
Applicable waterbodies: Not used during this period.	
Chemical: 2,4-dinitrophenol	CAS #51-28-5
Acute criterion: 85 ug/l	Chronic criterion: 4.1 ug/l
Date criteria derived: December 1, 1993	
Applicable waterbodies: Not used during this period.	
Chemical: 2,6-dinitrotoluene	CAS #606-20-2
Acute criterion: 1,900 ug/l	Chronic criterion: 150 ug/l
Date criteria derived: February 14, 1992	
Applicable waterbodies: Not used during this period.	
Chemical: Diquat	CAS #85-00-7
Acute criterion: 990 ug/l	Chronic criterion: 80 ug/l
Date criteria derived: January 30, 1996	
Applicable waterbodies: Not used during this period.	
Chemical: Ethyl mercaptan (ethanethiol)	CAS #75-08-1
Acute criterion: 17 ug/l	Chronic criterion: 2 ug/l
Date criteria derived: April 8, 2002	

## ENVIRONMENTAL PROTECTION AGENCY

## NOTICE OF PUBLIC INFORMATION

## LISTING OF DERIVED WATER QUALITY CRITERIA

Applicable waterbodies: Not used during this period.	
<b>Chemical: Fluoranthene</b>	<b>CAS #206-44-0</b>
<b>Acute criterion: 4.3 ug/L</b>	<b>Chronic Criterion: 1.8 ug/L</b>
<b>Human health criterion (HTC): 120 ug/l</b>	
<b>Date criteria derived: August 10, 1993; revised June 6, 2007 (Acute/Chronic)</b>	
<b>Applicable waterbodies: Unnamed tributary of Illinois River.</b>	
Chemical: Fluorene	CAS #86-73-7
Acute criterion: 59 ug/L	Chronic Criterion: 16 ug/L
Date criteria derived: June 6, 2007	
Applicable waterbodies: Not used during this period.	
Chemical: Formaldehyde	CAS #50-00-0
Acute criterion: 4.9 mg/l	Chronic criterion: 0.39 mg/l
Date criteria derived: January 19, 1993	
Applicable waterbodies: Not used during this period.	
Chemical: Hexachlorobenzene	CAS #118-74-1
Human health criterion (HNC): 0.00025 ug/l	
Date criteria derived: November 15, 1991	
Applicable waterbodies: Not used during this period.	
Chemical: Hexachlorobutadiene	CAS #87-68-3
Acute criterion: 35 ug/l	Chronic criterion: 2.8 ug/l
Date criteria derived: March 23, 1992	
Applicable waterbodies: Not used during this period.	
Chemical: Hexachloroethane	CAS #67-72-1
Acute criterion: 380 ug/l	Chronic criterion: 31 ug/l
Human health criterion (HNC): 2.9 ug/l	
Date criteria derived: November 15, 1991	
Applicable waterbodies: Not used during this period.	
Chemical: n-Hexane	CAS #110-54-3
Acute criterion: 250 ug/l	Chronic criterion: 20 ug/l
Date criteria derived: April 8, 2002	
Applicable waterbodies: Not used during this period.	
Chemical: Indeno(1,2,3-cd)pyrene	CAS #193-39-5
Human health criterion (HNC): 0.16 ug/l	
Date criteria calculated: February, 1992, reviewed June 2007	
Applicable waterbodies: Not used during this period.	
Chemical: Isobutyl alcohol = 2-methyl-1-propanol CAS #78-83-1	

## ENVIRONMENTAL PROTECTION AGENCY

## NOTICE OF PUBLIC INFORMATION

## LISTING OF DERIVED WATER QUALITY CRITERIA

Acute criterion: 430 mg/l Date criteria derived: December 1, 1993 Applicable waterbodies: Not used during this period.	Chronic criterion: 35 mg/l
Chemical: Methylene chloride Acute criterion: 17 mg/l Human health criterion (HNC): 340 ug/l Date criteria derived: January 21, 1992 Applicable waterbodies: Not used during this period.	CAS #75-09-2 Chronic criterion: 1.4 mg/l
Chemical: Methyl ethyl ketone Acute criterion: 320 mg/l Date criteria derived: July 1, 1992 Applicable waterbodies: Not used during this period.	CAS #78-93-3 Chronic criterion: 26 mg/l
Chemical: 4-methyl-2-pentanone Acute criterion: 46 mg/l Date criteria derived: January 13, 1992 Applicable waterbodies: Not used during this period.	CAS #108-10-1 Chronic criterion: 1.4 mg/l
Chemical: 2-methyl phenol Acute criterion: 4.7 mg/l Date criteria derived: November 8, 1993 Applicable waterbodies: Not used during this period.	CAS #95-48-7 Chronic criterion: 0.37 mg/l
Chemical: 4-methyl phenol Acute criterion: 670 ug/l Date criteria derived: January 13, 1992 Applicable waterbodies: Not used during this period.	CAS #106-44-5 Chronic criterion: 120 ug/l
Chemical: Methyl tert-butyl ether (MTBE) Acute criterion: 67 mg/l Date criteria derived: September 18, 1997 Applicable waterbodies: Not used during this period.	CAS #134-04-4 Chronic criterion: 5.4 mg/l
Chemical: Metolachlor Acute criterion: 380 ug/l Date criteria derived: February 25, 1992; revised October 1, 2007 Applicable waterbodies: Not used during this period.	CAS #51218-45-2 Chronic criterion: 30.4 ug/l
Chemical: Naphthalene Acute criterion: 510 ug/l Date criteria derived: November 7, 1991; revised February 1999 Applicable waterbodies: Not used during this period.	CAS #91-20-3 Chronic criterion: 68 ug/l

## ENVIRONMENTAL PROTECTION AGENCY

## NOTICE OF PUBLIC INFORMATION

## LISTING OF DERIVED WATER QUALITY CRITERIA

Chemical: 4-nitroaniline Acute criterion: 1.5 mg/l Date criteria derived: May 5, 1996 Applicable waterbodies: Not used during this period.	CAS #100-01-6 Chronic criterion: 0.12 mg/l
Chemical: Nitrobenzene Acute criterion: 15 mg/l Human health criterion (HTC): 0.52 mg/l Date criteria derived: February 14, 1992; revised February 1999 Applicable waterbodies: Not used during this period.	CAS #98-95-3 Chronic criterion: 8.0 mg/l
<b>Chemical: Pentachlorophenol</b> <b>Acute criterion: 20 ug/l</b> <b>Chronic criterion: 13 ug/l</b> <b>Date criteria derived: national criterion at pH of 7.8, September 1986</b> <b>Applicable waterbodies: Unnamed tributary of Illinois River.</b>	
<b>Chemical: Phenanthrene</b> <b>Acute criterion: 46 ug/l</b> <b>Date criteria derived: October 26, 1992</b> <b>Applicable waterbodies: Unnamed tributary of Illinois River.</b>	<b>CAS #85-01-8</b> <b>Chronic criterion: 3.7 ug/l</b>
Chemical: Propylene Acute criterion: 4.0 mg/l Date criteria derived: April 8, 2002 Applicable waterbodies: Not used during this period.	CAS #115-07-1 Chronic criterion 0.40 mg/l
Chemical: Pyrene Human health criterion (HTC): 3.5 mg/l Date criteria derived: December 22, 1992 Applicable waterbodies: Not used during this period.	CAS #120-00-0
Chemical: Tetrachloroethylene Acute criterion: 1,200 ug/l Date criteria derived: March 23, 1992 Applicable waterbodies: Not used during this period.	CAS #127-18-4 Chronic criterion: 150 ug/l
Chemical: Tetrahydrofuran Acute criterion: 220 mg/l Date criteria derived: March 16, 1992 Applicable waterbodies: Not used during this period.	CAS #109-99-9 Chronic criterion: 17 mg/l
Chemical: 1,2,4-trichlorobenzene Acute criterion: 370 ug/l Date criteria derived: December 14, 1993; revised February 1999	CAS #120-82-1 Chronic criterion: 72 ug/l

## ENVIRONMENTAL PROTECTION AGENCY

## NOTICE OF PUBLIC INFORMATION

## LISTING OF DERIVED WATER QUALITY CRITERIA

Applicable waterbodies: Not used during this period.	
Chemical: Thallium	CAS #7440-28-0
Human health criterion (HTC): 4.1 ug/l	
Date criteria derived: October 22, 2007	
Applicable waterbodies: Not used during this period.	
Chemical: 1,1,1-trichloroethane	CAS #71-55-6
Acute criterion: 4,900 ug/l	Chronic criterion: 390 ug/l
Date criteria derived: October 26, 1992	
Applicable waterbodies: Not used during this period.	
Chemical: 1,1,2-trichloroethane	CAS #79-00-5
Acute criterion: 19 mg/l	Chronic criterion: 4.4 mg/l
Human health criterion (HNC): 12 ug/l	
Date criteria derived: December 13, 1993; revised February 1999	
Applicable waterbodies: Not used during this period.	
Chemical: Trichloroethylene	CAS #79-01-6
Acute criterion: 12,000 ug/l	Chronic criterion: 940 ug/l
Human health criterion (HNC): 25 ug/l	
Date criteria derived: October 23, 1992	
Applicable waterbodies: Not used during this period.	
Chemical: Vinyl chloride	CAS #75-01-4
Acute criterion: 40 mg/l	Chronic criterion: 4 mg/l
Human health criterion (HNC): non-primary contact, 164 ug/l	
Date criteria derived: October 23, 1992; revised January 23, 2007	
Applicable waterbodies: Not used during this period.	

**Lake Michigan Basin Criteria**

Chemical: Bis(2-ethylhexyl)phthalate	CAS #117-81-7
<u>Aquatic Life Criteria:</u>	
Acute criterion: 76 ug/l	Chronic criterion: 17 ug/l
<u>Human Health Non-threshold Criteria:</u>	
Drinking water: 2.8 ug/l	Non-drinking water: 3.2 ug/l
Date criteria derived: June 20, 2006	
Applicable waterbodies: Not used during this period.	
Chemical: Methylene Chloride	CAS #75-09-2

## ENVIRONMENTAL PROTECTION AGENCY

## NOTICE OF PUBLIC INFORMATION

## LISTING OF DERIVED WATER QUALITY CRITERIA

<u>Aquatic Life Criteria:</u>	
Acute criterion: 10,803 ug/l	Chronic criterion: 1,200 ug/l
<u>Human Health Non-threshold Criteria:</u>	
Drinking water: 47 ug/l	Non-drinking water: 2,600 ug/l
Date criteria derived: June 20, 2006	
Applicable waterbodies: Not used during this period.	
Chemical: Vinyl Chloride	
CAS #75-01-4	
<u>Aquatic Life Criteria:</u>	
Acute criterion: 8,380 ug/l	Chronic criterion: 931 ug/l
<u>Human Health Non-threshold Criteria:</u>	
Drinking water: 0.25 ug/l	Non-drinking water: 14.4 ug/l
Date criteria derived: June 20, 2006	
Applicable waterbodies: Not used during this period.	

For additional information concerning these criteria or the derivation process used in generating them, please contact:

Brian Koch  
Illinois Environmental Protection Agency  
Division of Water Pollution Control  
1021 North Grand Avenue East  
Post Office Box 19276  
Springfield, Illinois 62794-9276  
217-558-2012

## JOINT COMMITTEE ON ADMINISTRATIVE RULES

## NOTICE OF PUBLICATION ERROR

## DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

- 1) Heading of the Part: Pay Plan
- 2) Code Citation: 80 Ill. Adm. Code 310
- 3) Register citation of adopted rulemaking and other pertinent action: 32 Ill. Reg. 7154; May 2, 2008
- 4) Explanation: In this Department of Central Management Services peremptory rulemaking, the monthly salary under step 2 for the Corrections Leisure Activity Specialist IV in Appendix A, Table V was incorrectly published as \$859 in the *Illinois Register*. The correct salary is \$4859, which was correctly depicted on the pages of rule text filed with the Secretary of State for adoption. JCAR regrets any inconvenience this Register error may have caused.

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of May 20, 2008 through May 27, 2008 and have been scheduled for review by the Committee at its June 17, 2008 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start Of First Notice</u>	<u>JCAR Meeting</u>
7/3/08	<u>Department of Revenue</u> , Income Tax (86 Ill. Adm. Code 100)	4/4/08 32 Ill. Reg. 4574	6/17/08
7/3/08	<u>Department of Human Services</u> , Aid to the Aged, Blind or Disabled (89 Ill. Adm. Code 113)	2/22/08 32 Ill. Reg. 2642	6/17/08
7/3/08	<u>Department of Human Services</u> , Temporary Assistance for Needy Families (89 Ill. Adm. Code 112)	3/14/08 32 Ill. Reg. 3568	6/17/08
7/3/08	<u>Department of Healthcare and Family Services</u> , Hospital Services (89 Ill. Adm. Code 148)	3/14/08 32 Ill. Reg. 3552	6/17/08
7/3/08	<u>Department of Healthcare and Family Services</u> , Long Term Care Reimbursement Changes (89 Ill. Adm. Code 153)	3/14/08 32 Ill. Reg. 3566	6/17/08
7/3/08	<u>Department of Central Management Services</u> , Pay Plan (80 Ill. Adm. Code 310)	4/4/08 32 Ill. Reg. 4417	6/17/08
7/5/08	<u>Secretary of State</u> , Business Corporation Act (14 Ill. Adm. Code 150)	3/7/08 32 Ill. Reg. 3168	6/17/08

JOINT COMMITTEE ON ADMINISTRATIVE RULES  
ILLINOIS GENERAL ASSEMBLY

## SECOND NOTICES RECEIVED

7/5/08	<u>Secretary of State</u> , Limited Liability Company Act (14 Ill. Adm. Code 178)	3/7/08 32 Ill. Reg. 3715	6/17/08
7/5/08	<u>Secretary of State</u> , Uniform Commercial Code (14 Ill. Adm. Code 180)	3/7/08 32 Ill. Reg. 3186	6/17/08
7/5/08	<u>Department of Natural Resources</u> , Youth Hunting Seasons (17 Ill. Adm. Code 685)	4/4/08 32 Ill. Reg. 4495	6/17/08
7/5/08	<u>Department of Natural Resources</u> , Crow, Woodcock, Snipe, Rail and Teal Hunting (17 Ill. Adm. Code 740)	4/4/08 32 Ill. Reg. 4505	6/17/08

## PROCLAMATIONS

**2008-188 (Revised)  
Missing Children's Day**

- WHEREAS, there are 2,102 pending missing children under the age of 18 in the State of Illinois, which represents only a small percentage of the children that are estimated to be missing nationwide as reported through a national study conducted by the United States Department of Justice; and
- WHEREAS, there are four different categories that classify missing children. The largest number of missing children are runaways, followed by those that have been abducted by family members, those that are lost, injured, or otherwise missing, and the smallest category, but the one in which the child is at the greatest risk of injury or death, are those that have been abducted by non-family members; and
- WHEREAS, locating and safely returning missing children to their homes is a statewide, national, and international objective; and
- WHEREAS, on August 29, 1985 in Chicago, Illinois, Governors from the states of Illinois, Indiana, Iowa, Kentucky, Missouri and Wisconsin signed the "Interstate Agreement on Missing and Exploited Children," and since then, the states of Ohio, Kansas, Michigan, Minnesota, North Dakota, South Dakota and Nebraska have also joined in the initiative. This agreement was the beginning of the development of an interstate network established to improve the process of identifying and recovering missing children in our communities; and
- WHEREAS, in 2002, the Illinois State Police implemented the America's Missing: Broadcast Emergency Response (AMBER) Alert Notification Plan. AMBER Alert was developed as a quick and efficient way to notify the public and any city, town, village, county, or state law enforcement agency in Illinois, of specific information regarding the abduction of a child whose life may be in danger. To date, AMBER Alert has been instrumental in recovering 26 missing children; and
- WHEREAS, inappropriate use of the Internet can expose our children to significant dangers, 53 Illinois State Police officers, certified to conduct NetSmartz workshops, have taught over 20,000 students, teachers, and parents how to stay safer on the Internet; and
- WHEREAS, teaching your children to run away from danger, never letting your children go places alone, knowing where and with whom your children are at all times, talking openly with your children about safety and having a list of family members who can be contacted in case of an emergency, are among the list of

## PROCLAMATIONS

preventative tips that will help keep your children safe from kidnapping and abductions:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim May 25, 2008 as **MISSING CHILDREN'S DAY** in Illinois, and encourage all citizens to observe this day by turning on porch lights and vehicle headlights to "LIGHT THE WAY HOME" for our missing children throughout the country.

Issued by the Governor May 9, 2008

Filed by the Secretary of State May 27, 2008

**2008-210****Great Outdoors Month**

WHEREAS, June of each year is designated as Great Outdoors Month to highlight the numerous benefits of active fun outdoors and the magnificent shared resources of our parks, forests, refuges, and other public lands and waters; and

WHEREAS, Great Outdoors Month is an opportunity to celebrate the rich blessings of our nation's natural beauty, and to renew our commitment to protecting our environment so that we can leave our children and grandchildren a healthy and flourishing land; and

WHEREAS, this month is also an opportunity to pay tribute to those whose hard work and dedication keep our country's open spaces beautiful and accessible to our citizens; and

WHEREAS, June also opens the active summer vacation and recreation season. Through recreational activities such as fishing, skiing, biking, and nature watching, we can teach our young people about the wonders of our state's landscapes; and

WHEREAS, experiencing Illinois' natural splendor contributes to happier and healthier lives for our citizens and a deeper appreciation for the great outdoors; and

WHEREAS, countless citizens volunteer their time and talents to protect America's natural resources. By working together, we can help preserve our local parks, lakes, rivers, and working lands; and

WHEREAS, it is fitting that during this month we should also acknowledge the dedicated efforts of all those who work to promote stewardship and conservation of our state's natural wonders:

## PROCLAMATIONS

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim June 2008 as **GREAT OUTDOORS MONTH** in Illinois, and encourage all citizens to observe this month with appropriate programs and activities and to take time to experience and enjoy the great outdoors.

Issued by the Governor May 16, 2008

Filed by the Secretary of State May 27, 2008

**2008-211****Make-A-Wish Day**

WHEREAS, the Make-A-Wish Foundation of Illinois is dedicated to granting wishes to children between the ages of 2½ and 18 with life threatening medical conditions in order to enrich their lives with hope, strength and joy; and

WHEREAS, over 840 children in Illinois are diagnosed with a life-threatening medical condition each year, causing them to endure lengthy medical treatments and uncertainty about their future; and

WHEREAS, parents and medical professionals confirm that wishes are strong medicine for children battling life-threatening medical conditions, providing a joyous experience that takes wish kids and their families on a magical journey away from doctor visits and medical tests; and

WHEREAS, wishes granted by the Make-A-Wish Foundation uplift the spirits of families facing the uncertainties of a child with a life-threatening medical condition; and

WHEREAS, the Make-A-Wish Foundation of Illinois, along with the 66 other Make-A-Wish chapters across the country, granted more than 13,000 wishes last year; and

WHEREAS, wishes are a life-changing, joyful journey for people involved on all levels including family members, volunteers and entire communities; and

WHEREAS, June 3, 2008 marks the beginning of the Make-A-Wish Foundation's national campaign, Destination Joy, which raises the resources necessary to make every wish happen:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim June 3, 2008 as **MAKE-A-WISH DAY** in Illinois.

## PROCLAMATIONS

Issued by the Governor May 16, 2008  
Filed by the Secretary of State May 27, 2008

**2008-212**  
**Quebec National Day**

WHEREAS, the links between Illinois and Quebec are numerous and stretch back centuries to the French-speaking missionaries and voyageurs who left Quebec City and Montreal to explore le pays des Illinois and eventually to settle here; and

WHEREAS, in 1969, Quebec established its delegation in the city of Chicago, due to the business and cultural preeminence of the city; and

WHEREAS, Quebec is active, along with Illinois, in both the Council of Great Lakes Governors and the Great Lakes Commission as an associate member; and

WHEREAS, today, trade between Illinois and Quebec exceeds \$2 billion U.S. dollars; and

WHEREAS, the staff of the Quebec Delegation in Chicago has established commercial links between Illinois and Quebec companies, and has brought Quebec performing artists, intellectuals, and writers to the theatres and universities of this state; and

WHEREAS, the Quebec Delegation in Chicago seeks to broaden the economic, cultural, educational and tourism links between Quebec and the Midwest; and

WHEREAS, there will be a celebration on June 24, 2008 to celebrate Quebec's National Holiday, La Saint-Jean, this is the feast day of St. John the Baptist; and

WHEREAS, this year's celebration is of particular importance, as Quebec is in the middle of the year-long commemoration of the 400<sup>th</sup> anniversary of the founding of Quebec City by Samuel Champlain in 1608:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim June 24, 2008 as **QUEBEC NATIONAL DAY** in Illinois, and encourage all citizens to join in this vibrant and spirited commemoration.

Issued by the Governor May 19, 2008  
Filed by the Secretary of State May 27, 2008

**2008-213**  
**SAG Day**

## PROCLAMATIONS

- WHEREAS, founded on June 30, 1933, the Screen Actors Guild (SAG) has a rich history in the American labor movement, fighting for protections for actors and improving the lives of actors and their families through collective bargaining, contract enforcement and the hard fought gains of fair wages, residual payments, and health and retirement benefits; and
- WHEREAS, with 20 branches across the United States, including Chicago, the third-largest branch, SAG has grown into a 127,000-member union representing actors in motion pictures, television programs, commercials, non-broadcast industrials, video games, music videos, Internet work and all other new media formats; and
- WHEREAS, SAG not only benefits actors, but also improves the motion picture industry by providing a professional, skilled talent pool; and
- WHEREAS, the Guild's legislative efforts have led to film incentives throughout the country, fought movie and new media piracy, as well as enhanced child labor laws, healthcare reform and basic worker rights issues at the municipal, state and federal levels; and
- WHEREAS, the Chicago Branch of SAG was instrumental in the passage of the Illinois Film Tax Credit Act, which made Illinois the first major production center to pass incentive legislation to combat runaway production and to create many high-paying unionized jobs and bring the economic benefits of motion picture and television production to Illinois; and
- WHEREAS, SAG aggressively advocates diverse hiring practices and has a long-standing practice of fighting discrimination and increasing employment opportunities for performers with disabilities, women, seniors and performers of color; and
- WHEREAS, the Chicago Branch of SAG has supported increased production in Illinois and the Midwest by providing local professional union talent; and
- WHEREAS, the Guild is recognized as a vital creative force throughout the global entertainment industry and its influence on local, state, and national economies – and its impact on our national artistic and pop cultures – is significant; and
- WHEREAS, in 2008 the Screen Actors Guild is celebrating 75 years of pioneering for actors' rights:

## PROCLAMATIONS

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim June 21, 2008 as **SAG DAY** in Illinois, in recognition of the 75<sup>th</sup> anniversary of the Screen Actors Guild.

Issued by the Governor May 19, 2008

Filed by the Secretary of State May 27, 2008

**2008-214****Illinois Maternal and Child Health Coalition Day**

WHEREAS, the Illinois Maternal and Child Health Coalition is a nonprofit comprised of over 230 organizations and individuals from throughout the state dedicated to creating a healthier society for women, children and their families; and

WHEREAS, the Illinois Maternal and Child Health Coalition was founded in 1988 and celebrates a 20-year history of conducting public awareness campaigns, recommending policy changes and advocating for increased program support to improve the health of Illinois' most vulnerable populations; and

WHEREAS, those efforts have brought about significant improvements in health indicators for women and children in Illinois, such as, lower infant mortality rates, fewer uninsured children and parents, more children properly immunized, fewer infants contracting HIV from their infected mothers, more children accessing health services in school health centers and more women receiving early prenatal care; and

WHEREAS, the Illinois Maternal and Child Health Coalition Board of Directors has played an important role in improving maternal and child health in Illinois: Virginia Martinez, Kay Loomis, Mary Driscoll, Lisa Dye, Shirley Fleming, Johanna Ballard, Margaret Davis, Elyse Forkosh, H. Garry Gardner, Arden Handler, Rebecca Holbrook, Loretta Lattyak, Ellen Mason, Dennis L. Vickers, and Marguerite Young;

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim June 10, 2008 as **ILLINOIS MATERNAL AND CHILD HEALTH COALITION DAY** and congratulate the Coalition for its successful efforts to improve the health of women, children, infants and families in Illinois.

Issued by the Governor May 19, 2008

Filed by the Secretary of State May 27, 2008

## PROCLAMATIONS

**2008-215****Inflammatory Breast Cancer Awareness Month**

WHEREAS, except for non-melanoma skin cancers, breast cancer is the most common cancer among women, and is the second leading cause of cancer death in women, exceeded only by lung cancer; and

WHEREAS, Inflammatory Breast Cancer (IBC) is a particularly aggressive form of breast cancer and has a faster doubling time than other forms of breast cancer; and

WHEREAS, symptoms of IBC are similar to those of mastitis, a benign breast infection, and may include redness, swelling, warmth, and aching, and because IBC usually grows in nests or sheets rather than a solid tumor, it can spread throughout the breast without a detectable lump; and

WHEREAS, laboratory-based research on IBC has been limited because little, if any pre-treatment tumor tissue is available for research; and

WHEREAS, we recognize the courage and strength of women battling IBC, and the families and friends who love and support them; and

WHEREAS, our great state is grateful for the hard work and commitment of our dedicated researchers and medical professionals; and

WHEREAS, with continued effort, we can raise awareness of this disease and work to find a cure:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim October 2008 as **INFLAMMATORY BREAST CANCER AWARENESS MONTH** in Illinois.

Issued by the Governor May 19, 2008

Filed by the Secretary of State May 27, 2008

**2008-216****Pioneer Center for Human Services Day**

WHEREAS, in 2008, Pioneer Center for Human Services in McHenry, Illinois will celebrate its 50<sup>th</sup> anniversary; and

## PROCLAMATIONS

WHEREAS, founded in 1958 by Verona Huff to serve the needs of the developmentally disabled, Pioneer Center for Human Services has grown into an agency that now provides services to over 1,600 individuals annually in McHenry County; and

WHEREAS, in addition to services for the developmentally disabled, over the years Pioneer has expanded its scope to include services for persons with mental illness and traumatic brain injury, as well as early intervention therapies for children from birth to age five; and

WHEREAS, Pioneer also serves victims of sexual assault through the VOICE program and homeless men, women and children through the PADS (Public Action to Deliver Shelter) program; and

WHEREAS, over the years, Pioneer Center for Human Services has made significant contributions to the community and touched countless lives, including the developmentally disabled, and those who are medically underserved, mentally vulnerable, and homeless; and

WHEREAS, the commemoration of Pioneer's 50<sup>th</sup> anniversary provides an opportunity to recognize everyone who has supported their amazing work throughout the years:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim September 15, 2008 as **PIONEER CENTER FOR HUMAN SERVICES DAY** in Illinois in recognition of Pioneer's 50 years of commitment and dedication to providing quality programs and services, and I wish them continued success.

Issued by the Governor May 19, 2008

Filed by the Secretary of State May 27, 2008

**2008-217****Peabody Energy 125<sup>th</sup> Anniversary Celebration Day**

WHEREAS, Peabody Energy, the world's largest private-sector coal company, strives to provide energy security, economic growth, and environmental solutions for citizens of the State of Illinois and the world; and

WHEREAS, Peabody fuels approximately 10 percent of all U.S. electricity generation and 2 percent of worldwide electricity; and

WHEREAS, Peabody has been a worldwide leader in safety and is the most recognized company among its peers for sustainability and corporate responsibility; and

## PROCLAMATIONS

WHEREAS, Peabody creates thousands of skilled jobs and billions of dollars in annual economic benefits in communities it serves through good environmental stewardship, community involvement, and corporate contributions; and

WHEREAS, Francis Peabody founded Peabody Energy in Chicago, opened the company's first mines in Williamson County, and partnered with Commonwealth Edison founder Samuel Insull to create the Illinois electricity grid and bring power to millions of Midwesterners; and

WHEREAS, Francis Peabody's Mayslake Peabody Estate in Oak Brook attracts thousands of visitors to the State and is listed on the National Register of Historic Places; and

WHEREAS, Peabody is a global leader in advancing new, environmentally responsible uses for clean coal and is helping drive the next generation of clean coal projects such as the Prairie State Energy Campus in Southern Illinois; and

WHEREAS, Peabody is a recognized leader of the S&P 500 and has been repeatedly named among Fortune Magazine's "Most Admired Companies"; and

WHEREAS, this year marks Peabody Energy's 125th anniversary, and a time of extraordinary opportunity for Peabody, coal, and the global energy industry:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim May 29, 2008 as **PEABODY ENERGY 125<sup>TH</sup> ANNIVERSARY CELEBRATION DAY** in Illinois.

Issued by the Governor May 19, 2008

Filed by the Secretary of State May 27, 2008

**2008-218**  
**Memorial Day**

WHEREAS, throughout the history of this great country, millions of brave men and women have answered their call to duty and served in the United States Armed Forces in times of war and peace. Sadly, many of those soldiers have paid the ultimate sacrifice; and

WHEREAS, it is a great tragedy when a member of the Armed Forces is killed in the line of duty; and

## PROCLAMATIONS

WHEREAS, as the last Monday in May each year, the commemoration of Memorial Day gives Americans the opportunity to remember the soldiers that have lost their lives in the name of freedom and democracy; and

WHEREAS, through every American conflict, Illinoisans have served in the Armed Forces with great honor and distinction. Those who have died will be forever remembered as true American Heroes, and Illinois is proud to recognize each and every one of those individuals on this Memorial Day 2008:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby recognize May 26, 2008 as **MEMORIAL DAY** in Illinois, and order all State facilities to fly their flags at half-staff from sunrise to noon, and encourage all citizens to honor our fallen heroes and to reflect on the great sacrifices they have made to protect our freedom and spread democracy across the globe.

Issued by the Governor May 19, 2008

Filed by the Secretary of State May 27, 2008

**2008-219****Oncology Month**

WHEREAS, following heart disease, cancer is the second leading cause of death in the United States; and

WHEREAS, Illinois has the 14<sup>th</sup> highest overall cancer incidence rate among the 50 states and the District of Columbia; and

WHEREAS, 3 out of 4 people in their lifetime will have a family member diagnosed with cancer, 1 in 3 women and 1 in 2 men will be diagnosed with cancer in their lifetime, and approximately 1.4 million new cancer cases will be diagnosed this year; and

WHEREAS, the American Society of Clinical Oncology (ASCO) is a non-profit organization founded in 1964, with overarching goals of improving cancer care and prevention and ensuring that all patients with cancer receive care of the highest quality; and

WHEREAS, nearly 25,000 oncology practitioners belong to ASCO, representing all oncology disciplines (medical, radiation, and surgical oncology) and subspecialties. Members include physicians and health-care professionals participating in approved oncology training programs, oncology nurses, and other practitioners with a predominant interest in oncology; and

## PROCLAMATIONS

WHEREAS, as the world's leading professional organization representing physicians who treat people with cancer, ASCO is committed to advancing the education of oncologists and other oncology professionals, advocating for policies that provide access to high-quality cancer care, and supporting the clinical trials system and the need for increased clinical and translational research:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim June 2008 as **ONCOLOGY MONTH** in Illinois.

Issued by the Governor May 19, 2008

Filed by the Secretary of State May 27, 2008

**2008-220****National CPR and AED Awareness Week**

WHEREAS, heart disease affects men, women, and children of every age and race in the United States, and it continues to be the leading cause of death in the United States; and

WHEREAS, approximately 325,000 coronary heart disease deaths annually occur out of hospital or in the emergency room. Roughly 95 percent of sudden cardiac arrest victims die before arriving at the hospital. Sudden cardiac arrest results from an abnormal heart rhythm in most adults. In 27.4 percent of cases of cardiac arrest, the victim is located in a place other than a hospital and receives cardiopulmonary resuscitation (CPR) from a bystander; and

WHEREAS, prompt delivery of CPR more than doubles the victim's chance of survival by helping to maintain vital blood flow to the heart and brain, increasing the amount of time that an electric shock from a defibrillator can be effective; and

WHEREAS, moreover, an automated external defibrillator (AED), even when used by a bystander, is safe, easy to operate, and highly effective in restoring a normal heart rhythm, significantly increasing the chance of survival for many victims if used immediately after the onset of sudden cardiac arrest; and

WHEREAS, death or severe brain injury is likely to occur unless resuscitation measures are started no later than ten minutes after the onset of sudden cardiac arrest. The interval between the 911 telephone call and the arrival of Emergency Medical Services personnel is usually longer than five minutes and high survival rates are therefore dependent upon on a public trained in CPR and AED use; and

## PROCLAMATIONS

WHEREAS, the American Red Cross, the American Heart Association, and the National Safety Council are preparing a public awareness and training campaign on CPR and AED use to be held during the first week of June:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim June 1-7, 2008 as **NATIONAL CPR AND AED AWARENESS WEEK** in Illinois in recognition of the good work of the American Red Cross, the American Heart Association and the National Safety Council and to encourage all Americans to become properly trained in CPR and AED usage.

Issued by the Governor May 20, 2008

Filed by the Secretary of State May 27, 2008

**2008-221****Bishop Arthur M. Brazier Day**

WHEREAS, Bishop Arthur M. Brazier has been the pastor of the Apostolic Church of God since 1960. He received his Bible training at Moody Bible Institute and conducted classes at North Park College and Theological Seminary for two years on the subject of the church's role in community organizations; and

WHEREAS, Bishop Brazier has lectured at the University of Chicago Law School, Northwestern University Law School, Harvard University, Antioch College, New York School of Social Work, and many other prestigious institutions; and

WHEREAS, in addition to his pastoral duties, Bishop Brazier has also been a lifelong advocate for the improvement of the quality of life for minorities, and was the founding president of The Woodlawn Organization, one of the most successful community organizations in the country; and

WHEREAS, Bishop Brazier also founded The Woodlawn Preservation and Investment Corporation and The Fund for Community Redevelopment and Revitalization. He was the Vice President of The Center for Community Change, a Washington D.C. based organization, where he was in charge of the Major Projects Unit, responsible for giving intensive technical assistance to the Community Development Corporation on large scale housing and commercial projects in various parts of the United States; and

WHEREAS, Bishop Brazier has authored several articles published in various periodicals, and has published three books; and

## PROCLAMATIONS

WHEREAS, for more than 30 years, Bishop Brazier has served as Diocesan of the 6th Episcopal District of the Pentecostal Assemblies of the World, which includes oversight of more than 80 churches in the state of Illinois; and

WHEREAS, Bishop Brazier, civil rights leader, community activist and revered pastor, will preach his last sermon on June 1, leaving the congregation he has led for 48 years:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim June 1, 2008 as **BISHOP ARTHUR M. BRAZIER DAY** in Illinois, in recognition of Bishop Brazier's lifetime of community service.

Issued by the Governor May 20, 2008

Filed by the Secretary of State May 27, 2008

**2008-222****Be A Hero For Babies Day**

WHEREAS, in 2007 Farmers Insurance agents and employees exceeded their goal of raising two million dollars in one day during "Be a Hero for Babies Day", which was a historic event for the March of Dimes and a milestone in Farmers Insurance's long history of community involvement; and

WHEREAS, in 2007 Farmers Insurance raised 2.7 million dollars in one day, the largest single day fundraising effort in March of Dimes history; and

WHEREAS, Farmers Insurance is the largest national insurance company sponsor of the March of Dimes in the United States; and

WHEREAS, in supporting the mission of healthy babies and healthy mothers, Farmers Insurance and the March of Dimes have worked together for nearly twenty years; and

WHEREAS, Farmers Insurance and the March of Dimes will hold "Be a Hero for Babies Day" on June 3 this year, with the intent of raising 5 million dollars through the network of Farmers Insurance agencies and district offices throughout the State of Illinois and the United States to get babies back where they belong – healthy and strong:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim June 3, 2008 as **BE A HERO FOR BABIES DAY** in Illinois, in recognition of the exceptional

## PROCLAMATIONS

contributions made by Farmers Insurance and the March of Dimes in supporting the health of families and children in our state.

Issued by the Governor May 20, 2008

Filed by the Secretary of State May 27, 2008

**2008-223****Sinai Community Institute Day**

WHEREAS, in 2008, Sinai Community Institute (SCI) is celebrating its 15<sup>th</sup> anniversary; and

WHEREAS, SCI was created by Sinai Health System to provide community-based programs that would improve the quality of life for residents of the West Side of Chicago; and

WHEREAS, SCI operates the second largest Women, Infant and Children (WIC) program for community-based organizations in Chicago; and

WHEREAS, SCI has been a pioneer in providing parenting education throughout Chicago; and

WHEREAS, SCI has created innovative programs in adolescent pregnancy prevention, case management, and violence prevention; and

WHEREAS, SCI has been instrumental in fostering the development of coalition in maternal and child health; and

WHEREAS, SCI helped to create education and employment opportunities, including the incubation of the North Lawndale Employment Network; and

WHEREAS, SCI partners with numerous community agencies and schools to provide services; and

WHEREAS, SCI's over 22,000 clients range from infants in its WIC program to senior citizens helped by its elder abuse hotline; and

WHEREAS, SCI's programs have been nationally recognized as models for community health and social service:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim June 28, 2008 as **SINAI COMMUNITY INSTITUTE DAY** in Illinois, in recognition of SCI's 15<sup>th</sup> anniversary.

PROCLAMATIONS

Issued by the Governor May 22, 2008  
Filed by the Secretary of State May 27, 2008

# ILLINOIS ADMINISTRATIVE CODE

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