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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.].

ILLINOIS REGISTER PUBLICATION SCHEDULE FOR 2009

<u>Issue #</u>	<u>Rules Due Date</u>	<u>Date of Issue</u>
1	December 22, 2008	January 2, 2009
2	December 29, 2008	January 9, 2009
3	January 5, 2009	January 16, 2009
4	January 12, 2009	January 23, 2009
5	January 20, 2009	January 30, 2009
6	January 26, 2009	February 6, 2009
7	February 2, 2009	February 13, 2009
8	February 9, 2009	February 20, 2009
9	February 17, 2009	February 27, 2009
10	February 23, 2009	March 6, 2009
11	March 2, 2009	March 13, 2009
12	March 9, 2009	March 20, 2009
13	March 16, 2009	March 27, 2009
14	March 23, 2009	April 3, 2009
15	March 30, 2009	April 10, 2009
16	April 6, 2009	April 17, 2009
17	April 13, 2009	April 24, 2009
18	April 20, 2009	May 1, 2009
19	April 27, 2009	May 8, 2009
20	May 4, 2009	May 15, 2009
21	May 11, 2009	May 22, 2009
22	May 18, 2009	May 29, 2009

<u>Issue #</u>	<u>Rules Due Date</u>	<u>Date of Issue</u>
23	May 26, 2009	June 5, 2009
24	June 1, 2009	June 12, 2009
25	June 8, 2009	June 19, 2009
26	June 15, 2009	June 26, 2009
27	June 22, 2009	July 6, 2009
28	June 29, 2009	July 10, 2009
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41	September 28, 2009	October 9, 2009
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46	November 2, 2009	November 13, 2009
47	November 9, 2009	November 20, 2009
48	November 16, 2009	November 30, 2009
49	November 23, 2009	December 4, 2009
50	November 30, 2009	December 11, 2009
51	December 7, 2009	December 18, 2009
52	December 14, 2009	December 28, 2009

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Licensing Standards for Group Homes
- 2) Code Citation: 89 Ill. Adm. Code 403
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
403.8	Amend
403.9	Amend
403.10	Amend
403.17	Amend
403.21	Amend
403.26	Amend
- 4) Statutory Authority: The Child Care Act of 1969 [225 ILCS 10/5.2]
- 5) A Complete Description of the Subjects and Issues Involved: For consistency with current practice, existing laws and best practice standards, the Department is proposing amendments to Part 403 as follows:
 - require that group homes have procedures for ensuring the safety of a child's funds;
 - clarify child protection language;
 - require that group homes comply with the Smoke Free Illinois Act [410 ILCS 82];
 - require that all persons who transport children hold a valid driver's license and have insurance;
 - clarify educational requirements for group home supervisors;
 - clarify language for supervising children;
 - require that group homes comply with the Smoke Detector Act [425 ILCS 60];
 - require that group homes comply the Carbon Monoxide Alarm Detector Act [430 ILCS 135/1]; and
 - require that group homes caring for children under the age of ten or developmentally disabled children maintain a water temperature of 115° Fahrenheit or less for its showers and bathtubs.
- 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

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- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate as defined in Section 3(b) of the State Mandates Act [30 ILCS 805/3].
- 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. Comments should be submitted to:

Jeff E. Osowski
Office of Child and Family Policy
Department of Children and Family Services
406 East Monroe, Station # 65
Springfield, Illinois 62701-1498

Telephone: 217/524-1983
TTY: 217/524-3715
E-mail: cfpolicy@idcfs.state.il.us

The Department will consider fully all written comments on this proposed rulemaking submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such.

- 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 need for this rulemaking was not anticipated.

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

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NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SUBCHAPTER e: REQUIREMENTS FOR LICENSURE

PART 403

LICENSING STANDARDS FOR GROUP HOMES

Section

403.1	Purpose
403.2	Definitions
403.3	Effective Date of Standards (Repealed)
403.4	Application for License
403.5	Application for Renewal of License
403.6	Provisions Pertaining to the License
403.7	Provisions Pertaining to Permits
403.8	Child Care Services
403.9	Discipline of Children
403.10	Health and Safety
403.11	Education
403.12	Religion
403.13	Recreation and Leisure Time
403.14	Food and Nutrition
403.15	Background Checks
403.16	Professional Services
403.17	Agency Supervision of the Group Home
403.18	Child Care Staff
403.19	Professional Staff
403.20	Support Staff
403.21	Staff Coverage
403.22	Health Requirements for Staff and Volunteers
403.23	Live-in Staff (Repealed)
403.24	Night Duty Staff (Repealed)
403.25	Staff Training
403.26	Physical Facilities
403.27	Required Written Consents
403.28	Records and Reports
403.29	Severability of This Part

AUTHORITY: Implementing and authorized by the Child Care Act of 1969 [225 ILCS 10], the

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Children's Product Safety Act [430 ILCS 125], the Carbon Monoxide Alarm Detector Act [430 ILCS 135/10], and the Smoke Free Illinois Act [410 ILCS 82].

SOURCE: Adopted and codified at 5 Ill. Reg. 13147, effective November 30, 1981; amended at 7 Ill. Reg. 3454, effective April 4, 1983; amended at 11 Ill. Reg. 1489, effective January 15, 1987; amended at 11 Ill. Reg. 17523, effective October 15, 1987; amended at 21 Ill. Reg. 4587, effective April 1, 1997; amended at 24 Ill. Reg. 17062, effective November 1, 2000; amended at 33 Ill. Reg. _____, effective _____.

Section 403.8 Child Care Services

- a) Each child shall be provided with clothing which fits properly, which is appropriate for the season and which is comparable to that worn by other children of similar age in the community.
- b) Each child shall be given training and direction in good health and nutrition practices appropriate for the child's age level.
- c) Each child shall be provided with essential individual toilet articles and linens.
- d) Each child shall be given the opportunity to develop social relationships, and pursue hobbies and personal interests through participation in neighborhood, school and other community and group activities. Except where the needs of the child and group indicate otherwise, children shall have the opportunity to exchange visits with friends in the community.
- e) The group home shall exercise care in giving permission to the child to visit with friends or other persons in the community. Any visits extended beyond 3 days must be cleared with the supervising agency before the end of the third day.
- f) Personal allowance money shall be available to children based upon the child's age and ability to manage the money. Adolescents may be allowed to earn additional spending money.
- g) The group home shall assist the child in the proper handling of money and personal property.
 - 1) The group home or supervising agency holding a child's funds shall have procedures to ensure the safety of those funds. Amounts of \$300 and over

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shall be deposited in an insured account. The group home or supervising agency shall provide annual reports on the status of each child's insured account to the child's caseworker.

- 2) Personal financial transactions or transfer of a child's personal property among others in the group home shall be prohibited. This prohibition does not apply to the common practice in families of transferring outgrown clothes or equipment.
- 3) The group home shall assure that the child's personal belongings acquired by or given to the child during placement (such as clothing, books and school items, medications, Medicaid Card, toys, gifts, private collections, lifebook materials and photographs, child's private savings, allowances and other personal items) follow the child's placement and are returned to the child when the child changes placement or leaves DCFS care.

- h) Every child shall have the opportunity to learn to assume some responsibility for himself and for group home duties in accordance with his age, health and ability. No child shall be permitted to do tasks which are hazardous, dangerous or potentially harmful to the child.
- i) Work assignments shall not interfere with regular school programs, study periods, recreation or sleep.
- j) The supervising child welfare agency shall immediately be notified of any situation that affects the provision of care to the child.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 403.9 Discipline of Children

The use of discipline in the group home shall be in accordance with the standards set forth in the Department's rulemaking, 89 Ill. Adm. Code 384, Discipline and Behavior Management in Child Care Facilities. The group home shall provide an environment of safety and well being for children in care. Staff shall not abuse or neglect children and shall provide a safe environment at all times. No child shall be subjected to corporal punishment, verbal abuse, threats or derogatory remarks about the child or the child's family.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

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Section 403.10 Health and Safety

- a) Each child shall be examined by a physician within 30 days before placement in a group home unless the placement is an emergency. In an emergency placement the physical examination shall be scheduled within 5 days after placement and completed within 15 days after placement. In all cases each child shall be screened for communicable diseases within 72 hours.
- b) Each child shall be examined annually or more frequently if findings and medical opinion indicate need. Diagnosed medical problems shall be treated promptly.
- c) Each child shall be given a dental examination at least annually. Diagnosed dental defects shall be treated promptly.
- d) Immunizations and tests, unless exempt on religious grounds, shall be administered as required by the Illinois Department of Public Health regulations or as recommended by a physician.
- e) In case of sickness or accident, immediate medical care shall be secured for the child in accordance with the supervising child welfare agency's directions.
- f) Any child who is ill or suspected of having a contagious disease should be separated from other children until a medical determination has been received that the disease is not contagious or is no longer contagious.
- g) The group home shall keep the supervising child welfare agency informed of any of the child's health problems including the problems of alcoholism and drug abuse.
- h) The group home shall conduct and record fire and evacuation training at least once every ~~3~~ three months and consult with local fire authorities regarding fire safety practices.
- i) Household pets shall be inoculated as required by state and local regulations.
- j) No firearms or ammunition shall be allowed in the group home.
- k) The group home may not use or have on the premises, on or after July 1, 2000,

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any unsafe children's product as described in the Children's Product Safety Act and 89 Ill. Adm. Code 386 (Children's Product Safety).

- l) No person shall smoke tobacco in a group home, in an open or enclosed motor vehicle while transporting a child, or within 15 feet of entrances, exits, windows that open, and ventilation intakes that serve the group home. (See 410 ILCS 82/15.)

- m) The group home shall ensure that all persons providing transportation services comply with the driver licensing, Rules of the Road, financial responsibility, vehicle equipment and vehicle inspection provisions of the Illinois Vehicle Code [625 ILCS 5]. Persons with special driving permits are not considered to have a valid driver's license.
 - 1) The group home shall require that all prospective drivers submit a written response to the following questions, which shall be put in the driver's personnel file. No person answering "yes" to any of these questions shall be permitted to transport children.
 - A) Has your driver's license been revoked or suspended within the past 3 years for driving under the influence, manslaughter or reckless homicide?
 - B) Have you been convicted of driving under the influence, manslaughter or reckless homicide in the past 3 years?
 - C) Have you caused an accident that resulted in the death of any person within the past 5 years? (See 225 ILCS 10/5.1(a).)
 - 2) A child care facility driver application and a copy of the current medical form shall be submitted to the Department for any individual who transports children regularly on behalf of a group home.
 - 3) Age-appropriate safety restraints that are federally approved and labeled as approved shall be used at all times when transporting children in vehicles having a gross weight of less than 10,000 pounds, except that individual safety restraints shall not be required when children ride as passengers in taxicabs or common carriers or public utilities. No more than one child may be in each seat belt.

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- 4) The group home shall adopt emergency procedures to be followed in the event of an accident, serious illness, or severe weather. Copies of these procedures and other pertinent information shall be provided to all persons driving on behalf of the group home and shall remain in the possession of the driver while en route.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 403.17 Agency Supervision of the Group Home

- a) The supervising child welfare agency shall designate qualified supervisors to provide ongoing program administration, personnel administration and monitoring of the group home's operation. Supervision shall include on-site visitation and on-site conferences with personnel employed at the home at least twice a month. Visits at the home shall include contact with children to determine the child's view of the program.
- b) Child care supervisors shall:
- 1) be at least 25 years of age;
 - 2) have 60 semester hours~~two years~~ of college credits;
 - 3) have two years of full-time experience in a residential child care program;
 - 4) demonstrate skill in working with and managing children of the type served in the program; and
 - 5) demonstrate ability to work cooperatively with administration staff and persons external to the program.
- c) The supervising child welfare agency shall be responsible for providing and maintaining qualified staff as specified in this part.
- d) The supervising child welfare agency shall assure that all persons connected in any way with the group home are of reputable character.

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(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 403.21 Staff Coverage

- a) A group home shall employ at least 2 full-time child care staff who shall meet the requirements for child care staff enumerated in Section 403.18. The ratio of child care staff to children may include other staff if they meet the qualifications of child care staff as prescribed in Section 403.18. The group home or supervising agency shall ensure that groupings and supervision of children provides for individual attention and consideration of each child. Child care staff shall provide supervision to children at all times. Children shall be under the direct supervision of staff of the same sex while in their sleeping or bathroom areas. Other staff shall perform child care staff duties only when their other assignments and time allow. The following staffing patterns shall be followed:
- 1) At least one child care staff shall be on duty when one or more children are present. At least 2 child care staff shall be on duty when:
 - A) Six or more children under age 16 are present, except that one child care staff person may care for 6 or more children when all of the children present are 16 years of age or older; are not diagnosed moderately to severely developmentally or physically disabled; can provide for their own personal needs; do not assault; and are not security risks.
 - B) More than 4 children are present in the home who are under the age of 6 or are diagnosed as developmentally or physically disabled to an extent requiring close supervision or assistance with their own personal care needs or mobility.
 - C) When the group home or supervising agency has determined that the number of staff on duty is not sufficient to carry out the individual service plans and meet the individual needs of the children in care, additional staff shall be on duty and actively working with the children in care.
 - 1) ~~At least one child care staff person shall be on duty at the group home when 1 to 6 children are present. At least two child care staff shall be on duty at the group home when 6 or more children under age 16 are present.~~

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~~At least one child care staff person shall be on duty when all of the children present are 16 years of age or older, are diagnosed not moderately to severely retarded, not moderately to severely handicapped, can provide for their own personal needs and are not assaultive or security risks. When the supervising agency determines that one child care staff person is not sufficient to carry out the service plan of each child in care in conformance with the goals and objectives of the client service plan, additional child care staff or other staff who meet the qualifications of child care staff as prescribed in Section 403.18 shall be on duty. Other staff shall perform child care staff duties only when their other assignments and time allow.~~

- 2) ~~At least two child care staff shall be on duty at the group home when more than four children are present in the home who are under the age of 6 years or are diagnosed by a licensed/registered physician, psychiatrist or psychologist as mentally retarded, developmentally or physically disabled to an extent requiring close supervision or assistance with their own personal care needs or mobility. When two child care staff are not sufficient to carry out the service plan of each child in care in conformance with the goals and objectives of the client service plan, additional child care staff or other staff who meet the qualifications of child care staff as prescribed in Section 403.18, shall be on duty. Other staff shall perform child care staff duties only when their other assignments and time allow.~~
- 23) When an emergency arises such as injury of a child that would necessitate taking the child to the hospital, or an emergency in child care staff's personal life, or any other emergency, the child welfare agency under whose auspices the group home operates is responsible for assuring appropriate staff coverage. If staff on call are used they shall meet the requirements of child care staff and shall be able to be in the group home within 20 minutes. Children shall never be left in the care of other children.
- 34) In instances where the group home operates under a "shift" staffing pattern, at least one member of the night duty staff shall be awake and alert to assure protection and supervision of the children in care.
- 45) In instances where the group home operates under a live-in staffing

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pattern, the live-in staff shall be provided with their own living quarters so located as to assure that they are readily available and within hearing distance from the children.

- A) The awake night staff requirement may be waived in writing by the Director of the Department or his designee.
 - B) A request for a waiver of the awake night staff requirement shall be in writing and it shall be the responsibility of the facility to demonstrate that the well-being of the children can be protected in accordance with the above requirement in Section 403.21(a)(5).
- b) During the absence of regular child care personnel for time off, vacations, sick leave or any other absence (such as attendance at conferences or meetings etc.), substitute child care personnel must be provided. These substitutes shall meet the requirements of child care staff as specified in section 403.18.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 403.26 Physical Facilities

- a) Buildings, or parts of buildings, acquired or converted for use as a group home shall be safe, clean, well-ventilated, properly lighted and heated.
- b) The water supply of the group home shall comply with the requirements of the local and State health departments. If the group home accepts children under age 10 or developmentally disabled, the maximum hot water temperature from all showers and bathtubs shall be no more than 115° Fahrenheit. If well water is used, a copy of the inspection report and compliance with local or Statestate health department regulations shall be on file.
- c) Fire prevention and health standards complying with Statestate laws and municipal codes shall be maintained.
 - 1) The group home shall be equipped with a minimum of one approved smoke detector in operating condition on every floor level, including basements and occupied attics, in accordance with the Smoke Detector Act [425 ILCS 60/3].

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2) A group home with any fuel burning equipment or an attached garage shall be equipped with a minimum of one approved carbon monoxide detector within 15 feet of every sleeping room in accordance with Section 10 of the Carbon Monoxide Alarm Detector Act [430 ILCS 135/10].

3) The carbon monoxide alarm may be combined with smoke detecting devices provided that the combined unit complies with the respective provisions of the administrative code, reference standards, and the State Fire Marshal rules relating to both smoke detecting devices and carbon monoxide alarms and provided that the combined unit emits an alarm in a manner that clearly differentiates the hazard. [430 ILCS 135/10]

- d) Prescription and non-prescription drugs, dangerous household supplies and dangerous tools shall be kept in safe, locked places. Firearms and ammunition shall not be kept in a group home.
- e) There shall be provisions for separating a child who is ill or suspected of having a contagious disease from other children pending medical determination.
- f) The group home shall have an operating telephone on the premises.
- g) Each child shall be provided with a separate bed. Each bed shall have a mattress and comfortable bedding. Waterproof mattress covers shall be provided for any child who is enuretic.
- h) Linens shall be changed at least weekly and more frequently for all enuretic children and all children not toilet trained.
- i) Children over six years of age shall not share a bedroom with children of the opposite sex.
- j) Sleeping rooms shall be furnished according to the ages and special needs of the children. There shall be a minimum of 40 square feet of floor space per child, excluding the closet and wardrobe area.
- k) Basements or attics shall not be used for sleeping unless provided for in the license document. To be used for sleeping, basements and attics shall have two exits with one exit opening directly to the outside and with means to safely reach the ground.

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- l) The room shall be exposed to an outside window or shall have auxiliary means of ventilation.
- m) There shall be a complete bathroom unit including lavatory, toilet, tub or shower for every 5five children.
- n) The kitchen and dining facilities shall be clean and equipped for preparation, service and proper preservation of food.
- o) Space and equipment shall be provided for indoor and outdoor recreation. Recreational resources in nearby communities may be used to fulfill this requirement.
- p) Places shall be provided for quiet pursuits and privacy.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Licensing Standards for Day Care Centers
- 2) Code Citation: 89 Ill. Adm. Code 407
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
407.45	Amend
407.70	Amend
407.130	Amend
407.150	Amend
407.210	Amend
407.250	Amend
407.290	Amend
407.310	Amend
407.320	Amend
407.340	Amend
407.350	Amend
407.370	Amend
407.380	Amend
407.APPENDIX B	Amend
- 4) Statutory Authority: The Child Care Act of 1969 [225 ILCS 10/5.2], the Children's Product Safety Act [430 ILCS 125], the Lead Poisoning Prevention Act [410 ILCS 45/7.1] and the Missing Children Records Act [325 ILCS 50/5]
- 5) A Complete Description of the Subjects and Issues Involved: The Department is proposing amendments to Part 407 to:
 - Require that future day care directors hold a bachelor's degree as recommended by COA and the National Health and Safety Performance Standards;
 - Ensure that centers participating in the Illinois Child Care Assistance Program (CCAP) annually distribute a lead paint poisoning awareness pamphlet to parents or guardians;
 - Ensure that day care centers make parents aware of the requirement in Section 5 of The Missing Children Records Act [325 ILCS 50/5] that they must submit a certified copy of their child's birth certificate or equivalent documentation before their child is enrolled;
 - Ensure that day care centers provide annual vision and hearing screenings consistent with Illinois Department of Public Health requirements and 410 ILCS 205;

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- Clarify current policy for counting urinals in meeting the toilet/child ratio;
- Change language regarding SIDS to comport with prevailing standards; and
- Ensure that day care centers make parents aware of the center's pesticide policy before their children are enrolled.

Other minor changes were made to correct minor typographical errors or clarify language to agree with the intent of the rule.

- 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 proposed rulemaking contain incorporations by reference? No
- 10) Are there any proposed amendments to this Part pending? No
- 11) Statement of Statewide Policy Objectives: These rules do not create or expand a State mandate as defined in Section 3(b) of the State Mandates Act [30 ILCS 805/3(b)].
- 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. Comments should be submitted to:

Jeff E. Osowski
Office of Child and Family Policy
Department of Children and Family Services
406 East Monroe, Station # 65
Springfield, Illinois 62701-1498

Telephone: 217524-1983
TTY: 217/524-3715
E-mail: cfpolicy@idcfs.state.il.us

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The Department will consider fully all written comments on this proposed rulemaking submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such.

- 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 agendas because: the revisions were not anticipated at the time the Regulatory Agenda was completed.

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

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TITLE 89: SOCIAL SERVICES

CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SUBCHAPTER e: REQUIREMENTS FOR LICENSURE

PART 407

LICENSING STANDARDS FOR DAY CARE CENTERS

Section

407.1	Purpose (Repealed)
407.2	Definitions (Repealed)
407.3	Effective Date of Standards (Repealed)
407.4	Application for License (Repealed)
407.5	Application for Renewal of License (Repealed)
407.6	Provisions Pertaining to the License (Repealed)
407.7	Provisions Pertaining to Permits (Repealed)
407.8	Organization and Administration (Repealed)
407.9	Finances (Repealed)
407.10	General Requirements for Personnel (Repealed)
407.11	Child Care Director (Repealed)
407.12	Child Care Workers and Group Workers (Repealed)
407.13	Child Care Assistants (Repealed)
407.14	Use of Students (Repealed)
407.15	Service Staff (Repealed)
407.16	Substitutes and Volunteers (Repealed)
407.17	Background Inquiry (Repealed)
407.18	Admission and Discharge Procedures (Repealed)
407.19	Discipline (Repealed)
407.20	Personal Care and Hygiene (Repealed)
407.21	Program (Repealed)
407.22	Equipment and Materials (Repealed)
407.23	Grouping and Staffing (Repealed)
407.24	Nutrition (Repealed)
407.25	Night Care (Repealed)
407.26	Children with Special Needs (Repealed)
407.27	Infants and Toddlers (Repealed)
407.28	School-Age Children (Repealed)
407.29	Health Requirements for Children (Repealed)
407.30	Transportation (Repealed)
407.31	Plant and Equipment (Repealed)

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- 407.32 Records and Reports (Repealed)
- 407.33 Confidentiality of Records and Information (Repealed)
- 407.34 Records Retention (Repealed)
- 407.35 Severability of This Part (Renumbered)

SUBPART A: INTRODUCTION, DEFINITIONS, AND APPLICABILITY

Section

- 407.40 Purpose and Applicability
- 407.45 Definitions

SUBPART B: PERMITS AND LICENSES

- 407.50 Application for License
- 407.55 Application for Renewal of License
- 407.60 Provisions Pertaining to the License
- 407.65 Provisions Pertaining to Permits

SUBPART C: ADMINISTRATION

- 407.70 Organization and Administration
- 407.80 Confidentiality of Records and Information

SUBPART D: STAFFING

- 407.90 Staffing Structure
- 407.100 General Requirements for Personnel
- 407.110 Background Checks for Personnel
- 407.120 Personnel Records
- 407.130 Qualifications for Child Care Director
- 407.140 Qualifications for Early Childhood Teachers and School-age Workers
- 407.150 Qualifications for Early Childhood Assistants and School-age Worker Assistants
- 407.160 Students and Youth Aides
- 407.170 Substitutes
- 407.180 Volunteers
- 407.190 Grouping and Staffing

SUBPART E: PROGRAM REQUIREMENTS

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- 407.200 Program Requirements for All Ages
- 407.210 Special Requirements for Infants and Toddlers
- 407.220 Special Requirements for School-Age Children
- 407.230 Intergenerational Programs
- 407.240 Evening, Night, Weekend and Holiday Care

SUBPART F: STRUCTURE AND SAFETY

- 407.250 Enrollment and Discharge Procedures
- 407.260 Daily Arrival and Departure of Children
- 407.270 Guidance and Discipline
- 407.280 Transportation
- 407.290 Swimming and Wading
- 407.300 Animals

SUBPART G: HEALTH AND HYGIENE

- 407.310 Health Requirements for Children
- 407.320 Hand Washing
- 407.330 Nutrition and Meal Service
- 407.340 Diapering and Toileting Procedures
- 407.350 Napping and Sleeping
- 407.360 Medications

SUBPART H: FACILITY AND EQUIPMENT

- 407.370 Physical Plant/Indoor Space
- 407.380 Equipment and Materials
- 407.390 Outdoor Play Area

SUBPART I: SEVERABILITY OF THIS PART

- 407.400 Severability of This Part

- 407.APPENDIX A Equipment for Infants and Toddlers
- 407.APPENDIX B Equipment for Preschool Children
- 407.APPENDIX C Equipment for School-Age Children
- 407.APPENDIX D Infant Daily Food Requirements
- 407.APPENDIX E Meal Patterns and Serving Sizes for Child Care Programs

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- 407.APPENDIX F Resource Reference List
407.APPENDIX G Early Childhood Teacher Credentialing Programs
407.APPENDIX H Playground Surfacing and Critical Height

AUTHORITY: Implementing and authorized by the Child Care Act of 1969 [225 ILCS 10], the Children's Product Safety Act [430 ILCS 125], Section 7.1 of the Lead Poisoning Prevention Act [410 ILCS 45/7.1] and Section 5 of the Missing Children Records Act [325 ILCS 50/5].

SOURCE: Adopted and codified at 7 Ill. Reg. 9215, effective August 15, 1983; amended at 8 Ill. Reg. 8713, effective June 15, 1984; amended at 8 Ill. Reg. 24937, effective January 1, 1985; amended at 16 Ill. Reg. 7597, effective April 30, 1992; emergency amendment at 20 Ill. Reg. 11366, effective August 1, 1996, for a maximum of 150 days; emergency expired December 28, 1996; amended at 21 Ill. Reg. 923, effective January 15, 1997; amended at 22 Ill. Reg. 1728, effective January 1, 1998; amended at 24 Ill. Reg. 17036, effective November 1, 2000; amended at 28 Ill. Reg. 3011, effective February 15, 2004; amended at 29 Ill. Reg. 4502, effective March 15, 2005; amended at 33 Ill. Reg. _____, effective _____.

SUBPART A: INTRODUCTION, DEFINITIONS, AND APPLICABILITY

Section 407.45 Definitions

"Accredited college or university" means a college or university that has been accredited by a regional or national institutional accrediting association recognized by the U.S. Department of Education or a non-governmental recognition counterpart.

"Age-appropriate safety restraint" for a child under ~~4~~four years of age means a child restraint system (infant carrier, infant/toddler seat, or convertible safety seat) that meets the standards of the United States Department of Transportation designed to restrain, seat or position children. For a child ~~4~~four years of age or older, an age-appropriate safety restraint means a child restraint system or seat belt (lap belt or lap-shoulder belt combination).

"Attendance" means the total number of children present at any one time.

"Authorized representative of the Department" means a licensing representative or any person acting on behalf of the Director of the Department.

"Background check" means:

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- a criminal history check via fingerprints of persons age ~~17~~18 and over that are submitted to the Illinois State Police and the Federal Bureau of Investigation (FBI) for comparison to their criminal history records, as appropriate; and
- a check of the Statewide Automated Child Welfare Information System (SACWIS) and other states' child protection systems, as appropriate, to determine whether an individual has been alleged or indicated as a perpetrator of child abuse or neglect; and
- a check of the Illinois Sex Offender Registry.

"CANTS" means the Child Abuse and Neglect Tracking System operated and maintained by the Department. This system is being replaced by the Statewide Automated Child Welfare Information System (SACWIS).

"Child" means any person under 18 years of age. (Section 2.01 of the Child Care Act of 1969 [225 ILCS 10/2.01])

"Child care facility" means any person, group of persons, agency, association or organization, whether established for gain or otherwise, who or which receives or arranges for care or placement of one or more children, unrelated to the operator of the facility, apart from the parents, with or without the transfer of the right of custody in any facility as defined in the Child Care Act of 1969, established and maintained for the care of children. (Section 2.05 of the Child Care Act of 1969 [225 ILCS 10/2.05])

"Child care staff" means all staff members providing direct care to children.

"Consultant" means a person providing technical assistance or advice regarding any aspect of the program operation.

"Corporal punishment" means hitting, spanking, swatting, beating, shaking, pinching, excessive exercise, exposure to extreme temperatures, and other measures that produce physical pain.

"Cot" means a comfortable, safe and child-sized alternative bed made of resilient, sanitizable fabric, that is on legs or otherwise above the floor and can be stored to

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allow for air flow.

"Day care center" means any child care facility which regularly provides day care for less than 24 hours per day for more than 8 children in a family home or more than 3 children in a facility other than a family home, including senior citizen buildings. The term does not include:

- *programs operated by public or private elementary school systems or secondary level school units or institutions of higher learning that serve children who shall have attained the age of 3 years; or*
- *private entities on the grounds of public or private elementary or secondary schools that serve children who have attained the age of 3 years, except that this exception applies only to the facility and not to the private entities' personnel operating the program;*
- *programs or that portion of the program which serves children who shall have attained the age of 3 years and which are recognized by the State Board of Education;*
- *educational program or programs serving children who shall have attained the age of 3 years and which are operated by a school which is registered with the State Board of Education and which is recognized or accredited by a recognized national or multi-state educational organization or association which regularly recognizes or accredits schools;*
- *programs which exclusively serve or that portion of the program which serves handicapped children who shall have attained the age of 3 years but are less than 21 years of age and which are registered and approved as meeting standards of the State Board of Education and applicable fire marshal standards;*
- *facilities operated in connection with a shopping center or service, religious services or other similar facility where transient children are cared for temporarily while parents or custodians of the children are occupied on the premises and readily available;*
- *any type of day care center that is conducted on federal government*

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premises;

- *special activities programs, including athletics, crafts instruction and similar activities conducted on an organized and periodic basis by civic, charitable and governmental organizations;*
- *part day child care facilities, as defined in Section 2.10 of the [Child Care Act of 1969](#); or*
- *programs or that portion of the program which:*
 - *serves children who shall have attained the age of 3 years,*
 - *is operated by churches or religious institutions as described in [Section](#) 501(c)(3) of the federal Internal Revenue Code,*
 - *receives no governmental aid,*
 - *is operated as a component of religious, nonprofit elementary school,*
 - *operates primarily to provide religious education, and*
 - *meets appropriate State or local health and fire safety standards.*

For purposes of this Section, "children who shall have attained the age of 3 years" shall mean children who are 3 years of age, but less than 4 years of age, at the time of enrollment in the program. (Section 2.09 of the Child Care Act of 1969 [225 ILCS 10/2.09])

"Department" means the Illinois Department of Children and Family Services. (Section 2.02 of the Child Care Act of 1969 [225 ILCS 10/2.02])

"Disinfect" means to eliminate virtually all germs from inanimate surfaces through the use of chemicals or physical agents (e.g., heat). In the child care environment, a solution of ¼ cup household liquid chlorine bleach added to one gallon of tap water and prepared fresh daily is an effective disinfectant for environmental surfaces and other objects.

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"Early childhood" means the years from birth through age ~~six~~.

"Early childhood assistant" means a staff member who works under the direct supervision of an early childhood teacher and does not assume responsibility for a group of children.

"Early childhood teacher" means a staff member responsible for a group of infants, toddlers or preschool children.

"Employee", as used in this Part, means any staff person employed by a child care facility and includes any substitute or assistant. This definition includes administrative, professional and support staff who have access to children in their present or prospective employment.

"Enrollment" means the total number of children served by the facility on either a part-time or full-time basis.

"Governing body", as used in this Part, means the board of directors of a corporation. Otherwise, the term means the owners or other persons, agency, association or organization legally responsible for the operation of the day care center that serves as the policy-making authority and that exercises general direction over the affairs of the facility.

"Group" means a specific number of children who remain together at least 60 percent of the time they are at the facility.

"Guardian" means the guardian of the person of a minor. (Section 2.03 of the Child Care Act of 1969 [225 ILCS 10/2.03])

"Guidance/discipline" means the ongoing process of helping children to develop inner controls so that they can manage their own behavior in socially approved ways.

"Infant" means a child from ~~six~~ weeks through 14 months of age.

"Initial background check" means fingerprints have been obtained, as verified by a receipt from the fingerprint vendor, and the individual has cleared a check of the Statewide Automated Child Welfare Information System (SACWIS) and the Illinois Sex Offender Registry.

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"Intergenerational activities" means activities that involve children and adults in shared activities that occur at least monthly on a regular basis.

"Kindergarten child" means a child currently enrolled in kindergarten who is eligible to attend first grade during the next school year.

"LEADS" means the Law Enforcement Agency Data System.

"License" means a document issued by the Department of Children and Family Services that authorizes child care facilities to operate in accordance with applicable standards and the provisions of the Child Care Act of 1969.

"License study", as used in this Part, means the review of an application for license, on-site visits, interviews, and the collection and review of supporting documents to determine compliance with the Child Care Act of 1969 and the standards prescribed by this Part.

"Licensed capacity" means the maximum number of children permitted in the facility at any one time.

"Licensee" means an individual, agency, or organization who holds a license or permit issued by the Department of Children and Family Services.

"Licensing representative", for the purposes of this Part, means Department staff authorized under the Child Care Act of 1969 to examine facilities for licensure.

"Parental involvement" means parental assistance with a child care program such as participation in field trips, parties, attendance on special days for special events, or parental support and cooperation in the classroom.

"Parents" or "Parent", as used in this Part, means persons assuming legal responsibility for the care and protection of the child on a 24-hour basis; includes guardian or legal custodian.

"Partially exempt program" means a child care program for children who have attained the age of ~~three~~ years and is operated by a private entity on grounds of a public or private elementary or secondary school where children have been attending school during the day. In a partially exempt program, the physical

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facility is exempt from Department regulations; however, the Department regulates the personnel and operating programs.

"Permit", as used in this Part, means a one-time only document issued by the Department of Children and Family Services for a ~~six~~-month period to allow the individuals, agency, or organization to operate a day care center and to become eligible for a full license.

"Physician" means a person licensed to practice medicine in the State of Illinois or a contiguous state.

"Preschooler" means a child from ~~three~~ through ~~five~~ years of age. Children enrolled in kindergarten may be considered either preschool or school-age. Children ~~two~~ years of age may be considered preschoolers or toddlers, depending on their level of development.

"Program" means all activities provided for the children during their hours of attendance in the facility.

"Related services" refers to, but is not limited to, supportive services (psychological, medical, social, or health) for children in a facility.

"Replace or supplement staff" means a paid or unpaid individual who performs essential staff duties as evidenced by being counted in the staff-child ratio or being allowed to be alone with children outside the visual or auditory supervision of child care staff. It also includes professional contractual staff, such as physicians, nurses, therapists, etc., if the professional provides services within the facility and is allowed access to children outside the visual or auditory supervision of staff.

"Resource personnel" means physicians, nurses, psychologists, social workers, speech therapists, physical and occupational therapists, educators and other technical and professional persons whose expertise is utilized in providing specialized services to children.

"Resources" may include related services mentioned above and community agencies such as, but not limited to, libraries, university laboratories and their professional staffs, audiovisual materials, museums, and parks.

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"Risk management plan" means a document that outlines the process for identifying and analyzing loss exposures, examining alternative risk control methods, and making and carrying out decisions that will minimize the adverse effects of accidental losses.

"School-age" means a child up to 18 years of age who is enrolled in first grade or higher. Children ~~attending~~~~enrolled in~~ kindergarten may be considered either preschool or school-age.

"School-age assistant" means a staff member who works under the direct supervision of a school-age worker.

"School-age director" means a person designated by the governing body to assume full administrative responsibility for the ongoing operation of one or more sites (not to exceed ~~six~~) and who meets the qualifications for a child care director as outlined in Section 407.130.

"School-age site coordinator" means a person responsible for implementing curriculum and ensuring that licensing standards are met at the site of a school-age program serving a maximum of 50 children and that is overseen by a school-age director responsible for multiple sites.

"School-age worker" means a staff member who has lead responsibility for a group of school-age children.

"Site" means the physical location in which a day care center operates. A site may consist of more than one building if all of the buildings within the site are connected by property under the exclusive control of the day care center that is used as a playground, for parking, or for other day care related purposes.

"Support staff" means any staff member providing indirect care and services to children in a day care center, such as a driver, cook, janitor, or clerical staff.

"Swimming pool", for purposes of this Part, means any natural or artificial basin of water intended for public swimming or recreational bathing ~~that~~~~which~~ exceeds 2'6" in depth as specified in the Illinois Swimming Pool and Bathing Beach Act and Code. The term includes bathing beaches and pools at private clubs, health clubs, or private residences when used for children enrolled in a child care facility.

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"Toddler" means a child from 15 months to ~~two~~ years of age. The term may include a child up to 30 months of age depending upon physical or social development.

"Universal precautions" means an approach to infection control. According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.

"Wading pool", for purposes of this Part, means any natural or artificial basin of water less than 2'6" in depth ~~that which~~ is intended for recreational bathing, water play or similar activity as specified in the Illinois Swimming Pool and Bathing Beach Act and Code. The term includes recessed areas less than ~~2'6" two feet six inches~~ in depth in swimming pools and includes wading pools at private clubs, health clubs and private residences when used for children enrolled in a child care facility.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

SUBPART C: ADMINISTRATION

Section 407.70 Organization and Administration

- a) The members of the governing body of the day care center shall be legally responsible to the Department for maintaining the standards set forth in this Part. The members of the governing body shall be of reputable and responsible character. The governing body may delegate responsibility for day-to-day compliance with the standards to the day care center director.
- b) The governing body shall file with the Department written policies outlining any delegation of responsibility for compliance with this Part and lines of communication among the governing body, facility staff and parents. This statement shall be signed by the governing body and the day care center director with updates as changes occur.
- c) The governing body, or others designated in writing to represent the center, shall notify the Department immediately of major changes affecting any area of operation regulated by 89 Ill. Adm. Code 407, such as governance, location,

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physical plant, finances, staff, equipment, or a fire or natural disaster that affects the ability of the day care center to continue to operate.

- d) The Department shall be notified in writing within ~~7~~seven days after any notice of legal action against the center that may negatively affect its operation and/or ability to maintain licensing standards.
- e) As a part of new staff orientation, the child care director and all staff shall review the following documents and the date of their review shall be recorded in the personnel files:
 - 1) the Child Care Act of 1969 [225 ILCS 10];
 - 2) the Abused and Neglected Child Reporting Act [325 ILCS 5]; and
 - 3) the portions of 89 Ill. Adm. Code 407; (~~Licensing Standards for Day Care Centers~~); that affect their functions and responsibilities.
- f) A complete and current set of licensing standards shall be available at all times in an area that is accessible to all employees.
- g) The governing body shall insure that an adequate process is in place for recruiting, hiring, and maintaining staff as required by this Part.
- h) A day care center shall have written personnel policies available to the staff at all times. These policies shall include, but are not limited to, job descriptions, compensation and benefits, pay dates, Social Security, worker's compensation, unemployment insurance, holidays, sick leave, vacations, probationary periods, grievance procedures, promotions, staff development, discipline, termination of employment and performance evaluation.
- i) Each child's record shall contain a statement signed by the child's parents or guardian indicating that he/she has received a summary of licensing standards and other materials designated by the Department for ~~such~~ distribution.
- j) Suspected child abuse or neglect shall be reported immediately to the Child Abuse/Neglect Hotline as required by the Abused and Neglected Child Reporting Act. The telephone number for the reporting hotline is 1-800-252-2873.

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- k) The center shall develop a written risk management plan that identifies potential operational risks, specifies ways to reduce or eliminate the risks and establishes procedures to be followed in an emergency or crisis. [All staff shall be trained in the implementation of the plan.](#) This risk management plan shall specifically address at least the following:
- 1) training, including universal precautions, provided to staff to identify and minimize risks, particularly as it relates to the care and supervision of children;
 - 2) the design and maintenance of the building and any vehicles used in day care;
 - 3) maintenance and storage of food service and maintenance equipment, chemicals, and supplies, [including an integrated pest management plan in accordance with Section 407.390](#);
 - 4) selection, maintenance, and supervision of education materials, toys, pets, and playground equipment;
 - 5) food service sanitation;
 - 6) cleanliness of the building and grounds; ~~and~~
 - [7\) means of receiving information to alert the center of severe weather conditions or other emergency situations that may affect the safety of the children; and](#)
 - [87\)](#) emergency and disaster preparedness plans, including fire [drills and](#) evacuation plans.
- l) The day care center shall carry public liability insurance in the single limit minimum amount of \$300,000 per occurrence.
- m) Any accident or injury requiring professional medical care, death or other emergency involving a child shall be entered into the child's record and orally reported immediately to the child's parent or guardian and to the appropriate local licensing office of the Department. If the center is unable to contact the parent or guardian and the Department immediately, it shall document this fact in the

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child's record. Oral reports to the Department shall be confirmed in writing within ~~2~~two business days after the occurrence.

- n) The day care center shall maintain records essential for the operation of the facility. Records pertaining to children in care and to staff shall be maintained at the day care center.
- 1) Financial records shall be maintained in Illinois and produced immediately upon request for licensing review.
 - A) The day care center shall maintain financial records including projected and current operating budget.
 - B) The day care center shall maintain financial solvency to assure adequate care of children and compliance with the standards prescribed in this Part. A center is considered insolvent if the sum of its debts is greater than all of its property, at a fair valuation, exclusive of property transferred, concealed or removed with intent to hinder, delay or defraud its creditors and property that may be exempted from property of the estate. (This definition is adapted from the U.S. Bankruptcy Code of 1978; (~~11 USC~~U.S.C. 101).)
 - 2) Required general and financial records shall be maintained for ~~5~~five years. Required personnel records shall be maintained for ~~5~~five years after the date of the employee's termination of employment. Children's records shall be maintained for ~~5~~five years after the child has been discharged from care or services.
 - 3) Accurate daily attendance records, by group, shall be maintained for one year. If a child attends on a part-time or irregular basis, this shall be recorded in the attendance records.
 - 4) The provisions of this Section notwithstanding, records required by this Part shall be maintained until all audits have been completed and no litigation is pending or reasonably anticipated.
- o) Authorized representatives of the Department shall be admitted to the center during the hours of operation for the purpose of determining compliance with the Child Care Act of 1969 and standards set forth in this Part.

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(Source: Amended at 33 Ill. Reg. _____, effective _____)

SUBPART D: STAFFING

Section 407.130 Qualifications for Child Care Director

- a) Day care centers licensed for more than 50 children shall employ a full-time child care director to be on site in a non-teaching capacity. The director may be on site in a teaching capacity at the following times:
- 1) During the first hour and last hour of a program that operates ~~10~~ or more hours per day; or
 - 2) When attendance falls below 50 children.
- b) Day care centers licensed for 50 or fewer children, or half-day programs with children attending no more than ~~3~~ consecutive hours per day regardless of capacity, may employ a child care director who also serves as a member of the child care staff.
- 1) When the director serves in both capacities, he or she must meet the qualifications of both the director position and the teaching position.
 - 2) When the director attends to non-teaching responsibilities, his or her group must be supervised by a person qualified to be in charge of the group.
- c) The child care director shall be at least 21 years of age.
- d) Except as noted elsewhere in this Section, the~~The~~ child care director shall have a bachelor's degree or greater from an accredited college or university~~high school diploma or equivalency certificate (GED).~~
- e) In addition to meeting the requirements of Section 407.100, the child care director of a facility serving the same number of groups of pre-school and school-age children or more groups of pre-school children than groups of school-age children shall have achieved the following, which may be earned before, during, or after earning the required bachelor's degree:

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- 1) ~~Twenty-one~~~~Sixty semester hours (or 90 quarter hours) of credit from an accredited college or university with 18~~ semester or ~~31.527~~ quarter hours in courses related directly to child care and/or child development from birth to age ~~six~~; or
 - 2) Two years (3120 clock hours) of child development experience in a nursery school, kindergarten, or licensed day care center, ~~and 1030 semester hours (or 45 quarter hours) of college credits with ten~~ semester or 15 quarter hours in courses related directly to child care and/or child development, ~~and proof of enrollment in an accredited college or university until two years of college credit have been achieved. A total of 18 semester hours (or 27 quarter hours) in courses related directly to child care and/or child development is required to be obtained within the total two years of college credits;~~ or
 - 3) Completion of a credentialing program approved in accordance with Appendix G of this Part, completion of 12 semester ~~(or 18 quarter hours)~~ in courses related to child care and/or child development from birth to age ~~six~~ at an accredited college or university, and ~~two~~ years (3120 clock hours) child development experience in a nursery school, kindergarten or licensed day care center.
- f) In addition to meeting the requirements of Section 407.100, the child care director of a facility serving more groups of school-age children than groups of pre-school children shall have achieved the following, which may be earned before, during, or after earning the required bachelor's degree:
- 1) ~~Twenty-Sixty semester hours (or 90 quarter hours) of credit from an accredited college or university with 18~~ semester or ~~31.527~~ quarter hours in courses related to child care and/or child development, elementary education, physical education, recreation, camping or other related fields, including courses related to school-age children; or
 - 2) Two years (3120 clock hours) of child development experience in a recreational program, kindergarten, or licensed day care center serving school-age children, or license exempt school-age child care program operated by a public or private school, ~~30 semester hours (or 45 quarter hours) of college credits with and~~ 10 semester hours ~~(or 15 quarter hours)~~ in courses related directly to child care and/or child development,

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elementary education, physical education, recreation, camping or other related fields, ~~and proof of enrollment in an accredited college or university until two years of college credit have been achieved. A total of 18 semester hours (or 27 quarter hours) in courses related directly to child care and/or child development, elementary education, physical education, recreation, camping or other related fields, including courses related to school-age children, is required to be obtained within the total two years of college credits.~~

- g) Completion of a training program accredited by the American Montessori Society or Association Montessori International may be substituted for the courses directly related to child care and/or child development required by this Section. ~~Persons holding a Montessori pre-primary credential may serve as director to children through age six. Persons holding a Montessori primary or elementary credential may serve as director to children six years of age or older.~~
- h) ~~Persons who were deemed qualified to serve as a child care director prior to January 1, 1985, continue to be deemed qualified for their position.~~
- h)+ When a program serves only school-age children and meets the criteria of Section 407.90(c), qualifications for the school-age director responsible for multiple sites and the site coordinators shall be as follows:
- 1) The school-age director and each site coordinator shall be at least 21 years of age.
 - 2) The school-age director shall meet both of the following requirements for education and experience:
 - A) ~~A bachelor's degree~~~~Sixty semester hours (or 90 quarter hours) of credit~~ from an accredited college or university, ~~with~~
 - B) ~~Twenty-one~~~~18~~ semester hours ~~(or 31.527 quarter hours)~~ in courses related to school-age child care, child development, elementary education, physical education, recreation, camping or other related fields; and
 - C)B) At least 1560 clock hours of child development experience in a recreational program or a licensed day care center serving school-

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age children.

- 3) The school-age site coordinators must meet one of the following qualifications:
 - A) ~~Sixty~~Thirty semester hours (~~or 9045~~ quarter hours) of credit from an accredited college or university with 12 semester hours (~~or 18~~ quarter hours) related to school-age child care, child development, elementary education, physical education, recreation, camping or other related fields and 750 clock hours of experience in a recreational program or a licensed day care center serving school-age children or in a license exempt school-age child care program operated by a public or private school; or
 - B) 1560 clock hours of experience in a recreational program or licensed day care center serving school-age children or license exempt school-age child care program operated by a public or private school and either ~~six~~ semester hours (~~or 9nine~~ quarter) hours of credit from an accredited college or university related to school-age child care, child development, elementary education, physical education, recreation, camping or other related fields.
- ~~1)†~~ A staff member who meets the qualifications for a day care center director shall be designated to assume decision-making responsibility whenever the child care director is off site. A record of employees who meet the qualifications for director and who have been designated to assume decision-making responsibility in the director's absence shall be kept at the site. All day care staff shall be informed of the designated director at each occurrence. The person designated as alternate director may be in the classroom and counted in the staff/child ratio under the following circumstances:
 - 1) When the center meets the criteria of Section 407.130(b)~~above~~; or
 - 2) During the first hour and last hour of a program that operates 10ten or more hours per day; or
 - 3) When attendance falls below 50 children.

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- ~~jk)~~ The child care director must successfully complete a basic training course of six or more clock hours on providing care to children with disabilities that has been approved by the Department. The day care center shall have on file a certificate attesting to the training of the child care director.
- 1) Persons employed as a child care director ~~on February 15, 2004 shall complete this training within 36 months from February 15, 2004. Child care directors employed on or after February 15, 2004~~ shall complete this training within 36 months from date appointed as child care director.
 - 2) A child care director who has completed training prior to ~~employment~~February 15, 2004 may have that training approved as meeting the provisions of this subsection (~~jk~~). A certificate of training completion and a description of the course content must be submitted to the Department for approval.
 - 3) A child care director ~~who~~that obtains approved training and moves from one day care facility to another shall not be required to take another training course as long as the child care director can provide documentation in the form of a certificate that the training was completed.
 - 4) A training program approved by the Department in providing care for children with disabilities must include the following components:
 - A) Introduction to Inclusive Child Care;
 - B) Understanding Child Development in Relation to Disabilities;
 - C) Building Relationships With Families;
 - D) Preparing for and Including Young Children in the Child Care Setting;
 - E) Community Services for Young Children With Disabilities (including Early Intervention Services).
- k) Every person newly employed as a child care director on or after January 1, 2013 must hold a bachelor's degree or greater from an accredited college or university. Every person newly employed as a child care director from January 1, 2010 to

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December 31, 2012, who does not hold a bachelor's degree or greater from an accredited college or university, must provide proof of enrollment in a program leading to a bachelor's degree or greater from an accredited college or university. An individual employed as a child care director on or before December 31, 2009 is not required to hold a bachelor's degree or greater from an accredited college or university, as long as he or she continues to be employed as a child care director in a licensed day care center.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 407.150 Qualifications for Early Childhood Assistants and School-age Worker Assistants

- a) Early childhood assistants shall meet the requirements of Section 407.100, with the exception of subsection (b).
- b) Early childhood and school-age assistants shall have a high school diploma or equivalency certificate (GED).
- c) Early childhood assistants shall work under the direct supervision of an early childhood teacher or school-age worker and shall not assume full responsibility for a group of children, except as allowed by Section 407.190(e)(2).
- d) School-age assistants shall work under the direct supervision of a school-age worker and shall not assume full responsibility for a group of children, except as allowed by Section ~~407.90(e)(2)~~~~407.190(e)(2)~~.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

SUBPART E: PROGRAM REQUIREMENTS

Section 407.210 Special Requirements for Infants and Toddlers

- a) A center receiving children within the infant and toddler age range shall comply with standards for all day care centers, except when inconsistent with the special requirements prescribed by this Section.
- b) A center serving infants and/or toddlers shall have a licensed physician, registered nurse, licensed practical nurse or licensed physician's assistant with training in

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infant care to instruct child care staff in the proper health care of infants and toddlers. The person shall visit the facility to observe the child care techniques of the staff and provide in-service training. Visits shall be at least weekly during the permit period and monthly thereafter.

- c) A center for infants and toddlers shall have sufficient indoor and outdoor space and appropriate furniture and equipment to provide for support functions necessary to the program.
- 1) Separate space for infants and toddlers shall be available away from older children except in facilities enrolling ~~10~~ten or fewer children or in programs combining infants, toddlers, and ~~2~~two-year-olds.
 - 2) The amount of space required for infants and toddlers shall be based on the sleeping and play area arrangements, as required by Section 407.370(d).
 - 3) A sink or lavatory for the infant/toddler program shall be in the same room for the use of staff for hand washing and for use by the children. ~~Programs that are licensed for infants and toddlers on January 1, 1998 shall come into compliance with this requirement by January 1, 2000.~~
 - 4) A toilet for the infant/toddler program shall be easily accessible.
 - 5) No extension cords shall be used in areas where children are permitted. All electrical cords not in use with supervision of an adult shall be unplugged and the outlets covered.
 - 6) The means for warming bottles and food shall be accessible only to adults. Microwave ovens shall not be used for the purpose of warming bottles.
 - 7) A refrigerator shall be available and easily accessible to the children's room.
- d) Indoor and outdoor play materials and equipment suitable for staff to use with infants and toddlers to stimulate learning, growth, health, and overall development shall be provided in accordance with the equipment requirements in Appendix A of this Part.

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- 1) Equipment and play materials shall be durable and free from characteristics that may be hazardous or injurious to infants and toddlers. [Hazardous or injurious characteristics include sharp or rough edges, toxic paint, and objects small enough to be swallowed.](#)
- 2) Toys and indoor equipment shall be cleaned and disinfected daily.
- e) Child care shall be given in a manner that meets the children's health and safety needs, as well as their nurturing requirements.
- f) Food for infants shall be handled and served according to the provisions of Section 407.330 and this Section, as applicable.
 - 1) Daily food requirements for children under one year of age shall be offered to the child as detailed in Appendix D, unless otherwise indicated in writing by a physician, in consultation with the parents.
 - 2) Food for infants not consuming table food may be provided by either the day care center or the parent, according to the center's written policy.
 - 3) Flexible feeding schedule of infants shall be established to coordinate with parents' schedules at home and to allow for nursing infants.
 - 4) Infants not consuming table food shall be fed in consultation with the parents. Feeding times and amounts consumed shall be documented in writing and available for review by the parents.
 - 5) If provided by the day care center, formula shall be diluted according to the manufacturer's instructions using water from a source approved by the local health department.
 - 6) Formula shall be milk-based, unless otherwise indicated in writing by the child's physician.
 - 7) If the child's formula is provided by the parent, it shall be labeled, dated and refrigerated upon arrival at the center.
 - 8) Bottles of breast milk and opened containers of unmixed concentrate shall be dated. When there is more than one bottle-fed infant, all bottles shall be

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labeled with the child's name.

- 9) All filled bottles of milk or formula shall be refrigerated until immediately before feeding. Contents remaining in a bottle after a feeding shall be discarded after ~~two~~ hours.
- 10) Formula prepared from powder or concentrate or an open container of ready-to-feed formula shall be labeled and dated. Prepared formula not used within 24 hours shall be discarded.
- 11) Breast milk may be stored up to 48 hours in the refrigerator or up to ~~two~~ weeks in the freezer before discarding.
- 12) Breast milk shall be used only for the intended child.
- 13) Frozen breast milk shall be thawed under running water or in the refrigerator. Bottles of formula or breast milk shall be warmed by placing them in a pan of hot (not boiling) water for ~~five~~ minutes or in a bottle warmer according to the manufacturer's directions, followed by shaking the bottle well and testing the milk temperature before feeding.
- 14) Bottles shall never be warmed or defrosted in a microwave oven.
- 15) Only sanitized bottles and nipples shall be used. Bottles and nipples reused by the day care center shall be sanitized by washing in a dishwasher, by boiling for ~~five~~ minutes or more just prior to refilling or by other method if approved by the Illinois Department of Public Health or local health department. Nipples are to be rinsed prior to washing.
- 16) No food other than formula, milk, breast milk, or water shall be placed in a bottle for infant feeding unless otherwise indicated by the child's physician, in consultation with the parents.
- 17) When children are exclusively bottle-fed or breast-fed, supplemental water shall be offered.
- 18) Juice may be fed from a cup when the infant is old enough to drink from a cup (approximately ~~six~~ months). Juices shall be 100 percent fruit juice.

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- 19) Children under ~~2~~two years of age shall not be fed berries, candies, raisins, corn kernels, raw carrots, whole grapes, hot dogs, nuts, seeds, popcorn, raw peas or peanut butter, as these foods may cause choking.
 - 20) Cooked carrots, corn, peas and bananas may be served to infants only if mashed, grated or pureed.
 - 21) Whole milk shall be served to children under ~~2~~two years of age unless low-fat milk is requested by the child's physician.
 - 22) The use of honey for sweetening infant foods is not allowed.
 - 23) Staff members shall wash their hands and the child's hands according to Section 407.320 before feeding each child.
 - 24) Infants shall either be held or be fed sitting up for bottle feeding. Infants unable to sit shall always be held for bottle feeding. When infants are able to hold their own non-glass bottles, they may feed themselves. The bottle shall be removed once the child has fallen asleep. Bottle propping and carrying of bottles by young children throughout the day/night shall not be permitted.
 - 25) Foods stored or prepared in jars shall be served from a separate dish and spoon for each child. Any leftovers from the serving dish shall be discarded. Leftovers in the jar shall be labeled with the infant's name, dated, refrigerated and served within 24 hours or discarded.
 - 26) In accordance with the American Academy of Pediatrics recommendations, solid foods shall be introduced generally between ~~4~~four and ~~6~~six months of age. The time of introduction shall be indicated by each child's nutritional and developmental needs after consultation with the parents.
 - 27) Infants, according to their developmental ability, shall be allowed and encouraged to feed themselves. Staff shall provide supportive help for as long as each child needs such help.
- g) Routines, such as naps and feeding, shall take into consideration parents' information and wishes about the routines followed in the home.

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- h) Infants and toddlers shall be provided a daily program designed to meet the developmental needs of children of this age.
- 1) The same staff member shall feed, diaper and play with the child every day to establish interaction and establish continuity in the child's relationship with as few adults as possible.
 - 2) Children shall be free to creep, crawl, toddle and walk as they are physically able. Walkers are not permitted unless prescribed by a physician.
 - 3) Toddlers shall be encouraged to explore and manipulate art materials and shall not be expected to produce a finished art product.
 - 4) Except as allowed in Section 407.200(d)(3), children shall be taken outdoors for a portion of every day unless the weather conditions pose a danger such as lightening or extremely high or low temperatures.
 - 5) A variety of toys shall be accessible on low open shelves for the children to use, and these shall be rotated with stored toys.
 - 6) For awake infants who cannot move about the room, the staff shall hold, rock and/or carry the child at least every 30 minutes and change the place and position of the child and the selection of toys available.
 - 7) ~~To avoid sudden infant death syndrome, children who cannot turn over alone shall be placed on their sides or backs unless contraindicated by a physician.~~ 8) Information about feeding and elimination and other important information shall be recorded in writing and made available to parents when the child is picked up at the end of the day.
- i) A written plan shall be provided prior to reassignment for children who are moved to a new group. The development of this plan shall involve the child's parents and the child care staff in both the sending and receiving rooms.
- j) The daily program for infants and toddlers shall provide experiences ~~that~~which promote the individual child's growth and well-being in the development of gross and fine motor skills, sensory learning, language, cognition, and positive self-

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concept.

- k) Self-care such as washing, dressing, toileting, brushing, and combing shall be encouraged as each child shows evidence of ability to do so.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

SUBPART F: STRUCTURE AND SAFETY

Section 407.250 Enrollment and Discharge Procedures

- a) The day care center shall enroll only those children eligible under the center's written enrollment policies. The center shall not use eligibility criteria [thatwhich](#) screen out children with disabilities, and shall make reasonable modifications in policies, practices and procedures to accommodate children with disabilities.
- b) Prior to enrollment, the parents or guardian shall be provided information about the program and given an opportunity to observe during the hours of operation.
- c) The day care center shall provide publicly available written statements [thatwhich](#) include the following and [thatwhich](#) are given to parents at the time their child is enrolled in the facility:
- 1) Names, business address and telephone number of those persons legally responsible for the program and of those persons having immediate responsibility for the daily conduct of the program;
 - 2) Statement of services, purposes and goals;
 - 3) Description of the daily program;
 - 4) Fees and plan for payment;
 - 5) Policies regarding delinquent fees;
 - 6) Types of insurance coverage for children;
 - 7) Admission, enrollment, and discharge policies and procedures:

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- A) Hours of operation;
 - B) Information regarding part-time enrollment, if applicable;
 - C) Holiday and vacation schedules;
- 8) Arrangements for arrival and departure of children (time, location, transportation);
- 9) Provision for emergency medical care, treatment of illness and accidents, which includes:
- A) A plan to obtain prompt services of physician and hospitalization, if needed or a plan from the parent to access the services of a certified practitioner for a child exempt from medical care on religious grounds; and
 - B) A plan for immediately notifying the parent or guardian of any illness, accident or injury to the child;
- 10) Formal religious observance or instruction, if any;
- 11) Visits, trips, or excursions off the premises and the transportation used for these visits, trips, or excursions;
- 12) Procedures concerning personal belongings brought to the center;
- 13) Policy regarding release of personal information on the child or family;
- 14) Guidance and discipline policy; and
- 15) Planned means of communication between the center and the [parents/parent\(s\)](#).
- d) The facility shall distribute a summary of the licensing standards, provided by the Department, to the parents or guardian of each child at the time that the child is accepted for care in the facility. [Facilities participating in the Illinois Child Care Assistance Program \(CCAP\) shall annually distribute a lead paint poisoning awareness pamphlet, provided by the Illinois Department of Public Health, to](#)

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[each parent or guardian of enrolled children](#). In addition, consumer information materials provided by the Department including, but not limited to, information on reporting and prevention of child abuse and neglect and preventing and reporting communicable disease shall be distributed to the parents or guardian or each child cared for when designated for such distribution by the Department.

- e) The day care center may ask parents to share professional evaluations during the enrollment process when necessary to determine how best to meet the needs of the child.
- f) Parents shall be informed of and agree to any variations in regular procedures undertaken to meet the specific needs of their child.
- g) The day care center shall give parents adequate information about the program so parents can make an informed decision regarding the enrollment of their child. At the time of enrollment, the parents shall receive a copy of all written policy statements required by Section 407.250(c).
- h) Staff shall be informed of the child's enrollment before a child's first day of attendance and given the information necessary to make the child's initial adjustment as comfortable as possible.
- i) The day care center shall maintain a record on all children enrolled in the center to help staff plan effectively to meet each child's individual needs.
 - 1) A written enrollment application shall be on file for each child with the signatures of the enrolling parents. The application shall contain the following information:
 - A) Child's full name, date of birth and gender.
 - B) Date of enrollment and discharge.
 - C) Scheduled days and hours of care.
 - D) Name, home address and telephone number of parents.
 - E) Work hours of parents and name, address and telephone number of place of employment.

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- F) Name, address and telephone number of the child's physician or certified Christian Science practitioner, if applicable.
 - G) Name, address and telephone number of all persons authorized to pick up the child, which includes both:
 - i) A primary list of persons authorized to pick up the child regularly; and
 - ii) A contingency list of persons authorized to pick up the child occasionally, including conditions for releasing the child to such persons.
 - H) Name, address and telephone number (day and evening) of persons to be contacted in an emergency if the parents cannot be reached.
 - I) Information regarding the child's individual development, habits, medical needs and other factors critical to the child's well-being and ability to participate in the program.
- 2) Written agreements and consents for the following shall be on file for each child:
- A) Visits, trips or excursions off the premises, including transportation arrangements, when appropriate.
 - B) Health care and treatment, including emergency first-aid.
 - C) Child's involvement in research, if applicable.
 - D) Formal religious instruction or observances, if applicable.
 - E) Use of photographs, film or video of children.
 - F) School attendance away from the center, if applicable, including the time the child shall be released and the means of transportation the child shall use.

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- G) Participation in athletic activities such as swimming or gymnastics, if applicable.
 - H) Use of facility transportation, if applicable.
- 3) Reports of health examinations, unless waived in accordance with Section 407.310(a)(7).
- 4) The day care center shall:
- A) Provide a written notice to the parent or guardian of any child to be enrolled for the first time that within 30 days of enrollment the parent or guardian must provide a certified copy of the child's birth certificate or other reliable proof of identity and age of the child. The center shall make a duplicate and return the original certified copy to the parent or guardian no later than the end of the next business day after receipt. If a certified copy of the birth certificate is not available, the parent or guardian must submit a passport, visa or other governmental documentation as proof of the child's identity and age and an affidavit or notarized letter explaining the inability to produce a certified copy of the birth certificate. The center's notice to parent or guardian shall also indicate that the center is required by law to notify the Illinois State Police or local law enforcement agency if the parent or guardian fails to submit proof of the child's identity within the 30 day time frame;
 - B) Notify the Illinois State Police or local law enforcement agency of the parent's failure to submit a certified copy of the child's birth certificate or other reliable proof of identity. The center shall also notify the parent or guardian in writing that the Illinois State Police or local law enforcement has been notified as required by law, advising the parent or guardian that he or she has 10 additional days to comply by submitting the required documentation;
 - C) Report to the Illinois State Police or local law enforcement agency any affidavit received which appears inaccurate or suspicious in form or content;

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D) *Flag the record of a child enrolled at the day care who is reported by the Illinois State Police as a missing person, and shall immediately report to the Illinois State Police any request concerning flagged records or knowledge as to the whereabouts of any missing child. [325 ILCS 50/5]*

- j) Any child who, after attempts have been made to meet the child's individual needs, demonstrates inability to benefit from the type of care offered by the facility, or whose presence is detrimental to the group, shall be discharged from the facility.
- k) In all instances, when a facility decides that it is in the best interest of the child to terminate enrollment, the child's and parents' needs shall be considered by planning with the parents to meet the child's needs when he or she leaves the facility, including referrals to other agencies or facilities.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 407.290 Swimming and Wading

- a) Swimming and wading pools shall be appropriately maintained and supervised.
- b) All swimming pools and wading pools, whether at the day care center or elsewhere, shall comply with the Illinois Department of Public Health rules 77 Ill. Adm. Code 820; (Illinois Swimming Pool and Bathing Beach Code).
- c) All in-ground pools located in areas accessible to the children shall be fenced. The fence shall be at least 5five feet in height and secured with a locked gate. Day care centers that are licensed currently have until January 1, 1999 to comply with this requirement.
- d) All above-ground pools shall have non-collapsible, non-climbable~~nonclimbable~~ sidewalls that are at least 4four feet high or shall be enclosed with a fence in accordance with subsection (c) of this Section. When the pool is not in use, steps shall be removed from the pool or otherwise protected to insure they cannot be accessed.
- e) When children are swimming, supervision shall include at all times at least one person currently certified as a lifeguard or water safety instructor by the American

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Red Cross or an equivalent water safety program. If swimming is being done at a pool open to other persons and a lifeguard or lifeguards are provided by the pool or beach operator, an additional lifeguard is not necessary.

- f) All adults counted in the staff/child ratio for swimming shall receive basic water safety instruction from a person certified as a lifeguard or water safety instructor per subsection (e) of this Section.
- g) The following staff/child ratio shall be maintained when children are swimming, whether at the center or at other public or private swimming pools, lakes or recreational swimming facilities. A minimum of ~~2~~^{two} adults must be present at all times.

AGE OF CHILDREN	NUMBER OF CHILDREN PER EACH STAFF
Infants/toddlers (under 2 years)	1
Two-year-olds	2
Three-year-olds	5
Four-year-olds	8
Five-year-olds	8
School-age children from 6 ^{six} to 8 ^{eight} years of age	10
School-age children 9 ^{nine} years of age and older	15

- h) In addition to the lifeguard and staff required in subsection (g) of this Section, one adult shall be present to serve as bathroom monitor and provide other general out-of-water supervision.
- i) Whenever swimming is included in the program of the child care center, the program shall be offered on an optional basis with alternative activities available for children who do not participate in swimming.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

SUBPART G: HEALTH AND HYGIENE

Section 407.310 Health Requirements for Children

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- a) A medical report on forms prescribed by the Department shall be on file for each child.
- 1) The initial medical report shall be dated less than ~~6~~ months prior to enrollment of infants, toddlers and preschool children. For school-age children, a copy of the most recent regularly scheduled school physical may be submitted (even if more than ~~6~~ months old) or the day care center may require a more recent medical report by its own enrollment policy. If a health problem is suspected, the day care center may require additional documentation of the child's health status.
 - 2) If a child transfers from one day care center to another, the medical report may be used at the new center if it is less than one year old. In such a case, the center the child is leaving shall maintain a copy of the child's medical form and return the original to the parent.
 - 3) The medical examination shall be valid for ~~2~~ years, except that subsequent examinations for school-age children shall be in accordance with the requirements of the Illinois School Code [105 ILCS 5/27-8.1] and the Child Health Examination Code (77 Ill. Adm. Code 665), provided that copies of the examination are on file at the day care center.
 - 4) The medical report shall indicate that the child has received the immunizations required by the Illinois Department of Public Health in its rules (77 Ill. Adm. Code 695, Immunization Code). These include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophilus influenzae B, hepatitis B, and varicella (chickenpox) or provide proof of immunity according to requirements in 77 Ill. Adm. Code 690.50 of the Department of Public Health rules (<http://www.idph.state.il.us>).
 - 5) If the child is in a high-risk group, as determined by the examining physician, a tuberculin skin test by the Mantoux method and the results of that test shall be included in the initial examination for all children who have attained one year of age, or at the age of one year for children who are enrolled before their first birthday. The tuberculin skin test by the Mantoux method shall be repeated when children in the high- risk group begin elementary and secondary school.

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- 6) The initial examination shall show that children from the ages of one to ~~six~~ years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code (77 Ill. Adm. Code 845)) or that a lead risk assessment has been completed (for children residing in an area defined as low risk by the Illinois Department of Public Health).
- 7) In accordance with the Child Care Act of 1969, ~~as amended~~, a parent may request that immunizations, physical examinations and/or medical treatment be waived on religious grounds. A request for ~~such~~ waiver shall be in writing, signed by the parent or parents, and kept in the child's record.
- 8) Exceptions made for children who should not be subject to immunizations or tuberculin tests for medical reasons shall be indicated by the physician on the child's medical form.
- 9) Day care centers shall maintain an accurate list of all children enrolled in the center who are not immunized, as required by Illinois Department of Public Health rules (77 Ill. Adm. Code 695.40, List of Non-Immunized Child Care Facility Attendees or Students). The number of non-immunized children on the list shall be available to parents who request it.
- 10) Medical records shall be dated and signed by the examining physician, advance practice nurse (APN) who has a written collaborative agreement with a collaborating physician authorizing the APN to perform health examinations, or physician assistants who have been delegated the performance of health examinations by their supervising physician, and include the name, address and telephone number of the physician responsible for the child's health care.
 - b) A child suspected of having or diagnosed as having a reportable infectious, contagious, or communicable disease for which isolation is required by the Illinois Department of Public Health's General Procedures for the Control of Communicable Diseases (77 Ill. Adm. Code 690) shall be excluded from the center.
 - c) Children shall be screened upon arrival daily for any obvious signs of illness. If

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symptoms of illness are present, the child care staff shall determine whether they are able to care for the child safely, based on the apparent degree of illness, other children present and facilities available to care for the ill child.

- 1) Children with diarrhea and those with a rash combined with fever (oral temperature of 101° F or higher or under the arm temperature of 100° F or higher) shall not be admitted to the day care center while those symptoms persist, and shall be removed as soon as possible should these symptoms develop while the child is in care.
- 2) Children need not be excluded for a minor illness unless any of the following exists, in which case exclusion from the day care center is required:
 - A) Illness ~~that~~^{which} prevents the child from participating comfortably in program activities;
 - B) Illness ~~that~~^{which} calls for greater care than the staff can provide without compromising the health and safety of other children;
 - C) Fever with behavior change or symptoms of illness;
 - D) Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of possible severe illness;
 - E) Diarrhea;
 - F) Vomiting ~~two~~ or more times in the previous 24 hours, unless the vomiting is determined to be due to a noncommunicable condition and the child is not in danger of dehydration;
 - G) Mouth sores associated with the child's inability to control his or her saliva, until the child's physician or the local health department states that the child is noninfectious;
 - H) Rash with fever or behavior change, unless a physician has determined the illness to be noncommunicable;
 - I) Purulent conjunctivitis, until 24 hours after treatment has been

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initiated;

- J) Impetigo, until 24 hours after treatment has been initiated;
- K) Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours;
- L) Head lice, until the morning after the first treatment;
- M) Scabies, until the morning after the first treatment;
- N) Chicken pox (varicella), until at least ~~6~~six days after onset of rash;
- O) Whooping cough (pertussis), until ~~5~~five days of antibiotic treatment have been completed;
- P) Mumps, until ~~9~~nine days after onset of parotid gland swelling;
- Q) Measles, until ~~4~~four days after disappearance of the rash; or
- R) Symptoms ~~that~~which may be indicative of one of the serious, communicable diseases identified in the Illinois Department of Public Health Control of Communicable Diseases Code (77 Ill. Adm. Code 690).

d) The center shall ensure that hearing and vision screening services are provided annually in accordance with Illinois Department of Public Health's Hearing and Vision Screening Codes (77 Ill. Adm. Code 675 and 685) and the Illinois Child Vision and Hearing Test Act [410 ILCS 205].

e) Space shall be provided for a child who becomes ill at the center. ~~The~~Such space shall be ventilated and heated, within sight and hearing of an adult and equipped with a cot and materials that can be easily cleaned and sanitized.

f) The center shall report any known or suspected case or carrier of communicable disease to local health authorities and comply with the Illinois Department of Public Health's Control of Communicable Diseases Code (77 Ill. Adm. Code 690). The center shall maintain a file of reported illnesses that may indicate

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possible infectious disease.

- g) If a child needs emergency care because of an accident or illness that occurs while the child is in care, the day care center shall attempt to contact the child's parents at the phone numbers provided for that purpose. If unable to locate the parents, the day care center's attempts to do so shall be documented in the child's file.
- h) Major and minor accidents or illnesses ~~that which~~ happen to a child at the day care center shall be recorded in the file, and parents shall be notified.
- i) Reports of all incidents and injuries involving children shall be prepared by the person responsible for the child at the time of the occurrence and shall include:
 - 1) The time and place of the incident or injury and details about how it occurred;
 - 2) When medical care is necessary, a statement signed by the physician attending the child, describing the nature and the extent of injury.
- j) Employees shall wear disposable latex gloves when treating a wound. Employees shall wash their hands, as prescribed by Section 407.320, after removing the disposable gloves.
- k) When a child's medical needs require special care or accommodation, ~~thesuch~~ care shall be administered as required by a physician, subject to receipt of appropriate releases from the parent or parents. Medical consultation shall be available to the staff as needed for the health and medical needs of the children served.
- l) The facility shall make potable drinking water freely available to all children by providing drinking fountains and/or disposable cups for individual use. Water shall be offered to infants and toddlers at frequent intervals.
- m) A child's wet or soiled clothing shall be changed immediately. Universal precautions shall be followed when handling soiled clothing.
- n) Children shall have a shower, tub or sponge bath when necessary to ensure bodily cleanliness. Parents shall be notified when a child has received a shower or bath. Children under the age of five shall not be left alone when bathing.

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- o) When used by children at the child care center, toilet articles such as combs, brushes, toothbrushes, towels and washcloths shall be individually provided by the parent or the center. They shall be plainly marked with the child's name and stored individually in a sanitary manner in areas ~~that~~^{which} promote drying. Single-use and disposable articles are permitted. Toothbrushes, if used, shall be replaced when they have lost their tone.
- p) If toothpaste is used, care shall be taken to avoid cross-contamination when dispensing.
 - 1) Each child shall be given a separate tube of toothpaste labeled with his or her name; or
 - 2) If a single tube is used, the toothpaste shall be dispensed by placing a small amount on the rim of each child's rinsing cup or on a piece of waxed paper.
- q) All new linens shall be laundered prior to use.
- r) Staff and children shall wash hands as required by Section 407.320.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 407.320 Hand Washing

- a) Children's hands shall be washed routinely and frequently with soap and water. Hand sanitizers or diaper wipes are not acceptable substitutes for soap and running water. Hand washing shall occur at least at the following times:
 - 1) Upon arrival at the center;
 - 2) Before and after each meal or snack;
 - 3) After using the toilet or having diapers changed;
 - 4) After handling pets or animals;
 - 5) After wiping or blowing his or her nose;

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- 6) After touching items soiled with body fluids or wastes (e.g., blood, drool, urine, stool or vomit);
 - 7) Before and after cooking or other food experience;
 - 8) After outdoor play time; and
 - 9) Before and after using the water table.
- b) Staff hands shall be washed routinely and frequently with soap and water at least at the following times:
- 1) Upon arrival at the center;
 - 2) After using the bathroom or helping a child use the bathroom;
 - 3) After changing a diaper;
 - 4) After wiping or blowing their nose, or helping a child to wipe or blow his or her nose;
 - 5) After handling items soiled with body fluids or wastes (e.g., blood, drool, urine, stool or vomit);
 - 6) After handling pets or other animals;
 - 7) After handling or caring for a sick child;
 - 8) Before and after eating or drinking;
 - 9) Before preparing, handling or serving food; ~~and~~
 - 10) Before dispensing any medication;
 - 11) Before and after administering first aid; and
 - 12) When changing rooms or caring for a different group of children.

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- c) The following technique for thorough hand-washing shall be used:
- 1) Wet hands under warm running water.
 - 2) Lather both hands well and scrub vigorously for at least 15 seconds.
 - 3) Rinse hands thoroughly under warm running water.
 - 4) Dry both hands with a new single-use towel or automatic dryer.
 - 5) For hand-held faucets, turn off the water using a disposable towel instead of bare hands to avoid recontamination of clean hands.
- d) Automatic hand dryers shall be regularly inspected to insure that they are in proper working order so that children are not burned or receive electric shocks. Automatic dryers shall not be used for infants and toddlers. Other children under ~~6~~ six years of age shall be closely supervised when using these dryers.
- e) When children are too young to wash hands by themselves, staff shall wash their hands using the above technique. As children are developmentally ready, staff shall teach children the proper hand-washing technique and assist and supervise the procedure as needed.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 407.340 Diapering and Toileting Procedures

- a) Each area serving children wearing diapers or disposable pull-ups shall have a designated diapering area ~~that~~which includes at least the following:
- 1) An accessible hand-washing sink within the same room without barriers such as doors, unless the before and school program is exempt per Section 2.09(a)(ii) of the Child Care Act.
 - 2) A changing surface that has an impervious, non-absorbent surface.
 - 3) Covered receptacles conveniently located close to the changing surfaces for the disposal of soiled diapers. These receptacles shall be washable, plastic lined and tightly covered. There shall be separate containers for

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disposable diapers, cloth diapers (if used) and soiled clothes and linens.

- 4) A supply of disposable latex gloves.
- 5) Clearly posted procedures for diaper changing, consistent with the following:
 - A) Have the following supplies ready before bringing the child to the diapering area:
 - i) Disposable wipes or fresh, wet paper towels;
 - ii) Diapers;
 - iii) Skin preparations prescribed by the child's doctor or requested by the child's parent; and
 - iv) Disinfecting solution and paper towels for cleaning up.
 - B) Lay the child on the changing surface, taking care to minimize contact with the child if his/her outer clothes are soiled.
 - C) Put on protective gloves.
 - D) Remove diaper and any soiled clothes.
 - E) Clean the child's bottom from front to back with a fresh disposable wipe or a damp paper towel. Aerosol or roll-on products shall not be used.
 - F) Dispose of disposable diapers, paper towels and diaper wipes in covered receptacle. Put soiled clothes and cloth diapers into a plastic bag to be sent home with the parent.
 - G) Remove disposable gloves. Wash hands or wipe hands with a premoistened towelette and use another towelette to clean the child's hands.
 - H) Place clean diaper on the child. Make sure child's clothing is clean

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and dry. If not, change child's clothing.

- I) Wash the child's hands in accordance with the requirements of Section 407.320.
 - J) Return the child to a supervised area.
 - K) Clean visible soil from the changing table with paper towels or disposable wipes.
 - L) Clean and disinfect the diapering area.
 - M) Wash adult hands, using procedures outlined in Section 407.320.
- b) The diapering area shall be separate from any food preparation areas, and shall never be used for the temporary placement or serving of food.
 - c) Changing surfaces shall be cleaned and sanitized between each diaper change.
 - d) Diaper receptacles shall be cleaned and sanitized daily.
 - e) Diapers shall be able to contain urine and stool and minimize fecal contamination of the child, caregivers, environmental surfaces and objects of the child care center.
 - f) If cloth diapers are used, soiled cloth diapers and/or soiled training pants shall never be rinsed. The fecal content may be placed in the toilet, but the diaper shall not be rinsed.
 - g) Toilet-training equipment shall be provided for children being toilet-trained.
 - 1) Child-sized toilets or safe and cleanable step aids and modified toilet seats shall be available.
 - 2) If used, the contents of potty chairs shall be dumped in the toilet, and the potty chair shall be cleaned and sanitized between each use.
 - 3) Toilet-training equipment shall not be counted as toilets in the toilet/child ratio.

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- h) Lavatories (hand-washing sinks) and toilet facilities shall be provided in the ratios specified below. Although potty chairs are allowed when children are being toilet-trained, potty chairs are not counted when determining compliance with these ratios. Partially exempt programs are exempt from this standard. [For restrooms used exclusively by school-age children, urinals may constitute 25 percent of the required toilets in day care centers with restrooms shared by both genders and 50 percent of the required toilets in boys' restrooms in day care centers with gender-specific restrooms.](#)

Capacity of Child Care Center (excluding infants)	Number of Toilets		Number of Lavatories	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
1 to 10	<u>1</u>	1	<u>1</u>	1
11 to 25	<u>2</u>	2	<u>2</u>	2
26 to 50	<u>3</u>	3	<u>3</u>	3
51 to 75	<u>4</u>	4	<u>4</u>	4
76 to 100	<u>5</u>	5	<u>5</u>	5
101 to 125	<u>6</u>	6	<u>6</u>	6
126 to 150	<u>7</u>	7	<u>7</u>	7
151 to 175	<u>8</u>	8	<u>8</u>	8
Per every 25 more children		1 more		1 more

- i) Toilets and lavatories shall be readily accessible to the children. If toilets are not located near the children's activity areas, an adult shall accompany children ~~4~~four years of age or younger.
- j) If toilets and lavatories are not child-sized, non-absorbent safe steps shall be provided.
- k) Hot and cold running water shall be provided.
- 1) Hot water supplied to plumbing fixtures used by children shall be tempered or thermostatically controlled to less than 115° F.
 - 2) In areas serving infants and toddlers, water shall be mixed through one mixing valve.
- l) Mild liquid soap and single-use towels or automatic dryers shall be provided.

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Towels may be disposable. Automatic dryers shall not be used for infants and toddlers.

- m) Toilet and hand-washing areas for school-age children shall be enclosed to provide for privacy.
- n) Toilets and lavatories shall be readily accessible for staff use.
- o) Children and staff shall wash hands thoroughly according to Section 407.320 after using the toilet or assisting in toileting, and after each diaper change.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 407.350 Napping and Sleeping

- a) When a child's time in attendance at the day care center requires sleep or nap provisions, the center shall provide a separate crib, bed or cot and individual sheets and bedding.
 - 1) Children under ~~6~~six years of age who are not enrolled in kindergarten or elementary school who remain ~~5~~five or more hours shall have the opportunity to rest or nap.
 - 2) Infants and toddlers shall be allowed to rest or sleep according to each child's individual pattern, as determined in consultation with parents.
 - 3) Children ~~3~~three years of age and older (until they are enrolled in kindergarten) generally shall not nap for more than ~~2~~two hours or rest without sleeping for more than 60 minutes. Children in this age group who do not sleep may be permitted to get up and shall be helped to have a quiet time with equipment or activities ~~that~~which will not disturb the napping children. When children are allowed to get up, the staff to child ratio shall comply with Section 407.190(a).
 - 4) Kindergarten and school-age children shall not be required to sleep or nap. However, floor pillows, sofa, carpet, bean bag chairs, padded chairs or cots shall be provided for lounging or resting.
- b) The crib, bed or cot provided for each child shall be appropriate to the child's

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level of development.

- 1) Infants shall sleep in cribs:
 - A) Safe, sturdy, well-constructed free-standing cribs or portable cribs used for sleeping shall be equipped with a good, firm, tight-fitting mattress.
 - B) Mattresses shall be at least ~~two~~ inches thick and made of washable materials.
 - C) There shall be no more than ½ inch of space between the mattress and the bed frame when the mattress is pushed flush to one corner of the crib.
 - D) When using cribs with slats, cribs slats shall be spaced no more than 2¾ inches apart.
 - 2) Toddlers may use either stacking cots or full-size cribs.
 - 3) A cot or bed shall be provided for each toddler and preschool child in attendance for ~~five~~ or more consecutive hours. A crib shall be provided for each licensed infant slot, regardless of the amount of time the child is present.
- c) Each cot, bed or crib shall be labeled with the name of the child.
 - d) Cribs, beds and cots shall be maintained in clean and sanitary conditions.
 - 1) Cribs, beds and cots shall be wiped clean as often as necessary. Cribs shall be cleaned twice per week and then sanitized with a germicidal solution. Cots shall be cleaned once per week with a germicidal solution.
 - 2) All cribs, beds or cots shall be thoroughly cleaned and then sanitized with a germicidal solution when a child is no longer enrolled, prior to use by another child.
 - 3) At no time shall ~~two~~ children be allowed to share the same crib, bed or cot unless it is thoroughly cleaned and then sanitized with a germicidal

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solution before each child's use.

- e) Freshly laundered sheets and blankets shall be provided and changed at least twice per week for infants and toddlers and at least once per week for preschool children, or more frequently if wet or soiled.
- f) Bed linens shall be tightly fitting and washable.
- g) Waterproof mattress covers or under sheets for cribs, beds or cots shall be provided for all children who are enuretic.
- h) Conveniently located, washable, plastic-lined, covered receptacles shall be provided for soiled bed linens.
- i) To minimize the risk of avoid sudden infant death syndrome, children ~~who cannot turn over alone~~ shall be placed on their ~~sides or~~ backs when put down to sleep according to the guidelines that follow unless contraindicated by a physician. ~~Placing children on their abdomens for any reason shall be avoided, unless specifically instructed by the child's physician to do so.~~
 - 1) When the infant cannot rest or sleep on his or her back due to a disability or illness, the caregiver shall have written instructions, signed by a physician, detailing an alternative safe sleep position or special sleeping arrangements for the infant. The caregiver shall put the infant to sleep in accordance with a physician's written instructions;
 - 2) Infants that can easily turn over from the back to stomach position shall be placed down to sleep on their backs, but allowed to adopt their preferred position while sleeping;
 - 3) No infant shall be put to sleep on a sofa, soft mattress, car seat or swing; and
 - 4) When awake, an infant shall be placed on his or her stomach part of the time and observed at all times.
- j) No positioning device that restricts movement within the child's bed shall be used without written instructions from the child's physician. Soft bedding, bumpers, pillows, quilts, comforters, sheepskins, stuffed toys and other soft products shall

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be removed from the crib when children are napping or sleeping. If using a blanket, put the child with his or her feet at the foot of the crib. Tuck a thin blanket around the crib mattress, reaching only as far as the child's chest.

- k) Staffing during nap times shall be in accordance with Section 407.190(e). When non-sleeping children are allowed to get up, staffing shall be in accordance with Section 407.190(a).
- l) When children are sleeping or napping, the room shall have reduced light but shall not be dark.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

SUBPART H: FACILITY AND EQUIPMENT

Section 407.370 Physical Plant/Indoor Space

Partially exempt programs are exempt from these standards.

- a) Buildings used for day care center programs shall be in good shape and operable and must comply with all applicable fire safety standards.
 - 1) The building housing a center shall be approved prior to occupancy and license renewal by the Illinois Department of Public Health and the Office of the State Fire Marshal or local agencies authorized by those State agencies to conduct inspections on their behalf. Otherwise, inspection and approval shall be in accordance with the regulations of the proper health and fire authorities.
 - 2) Day care centers that provide day care only for school-age children in a building currently being used as a pre-primary, primary, or secondary school do not need to obtain the fire clearance in subsection (a)(1) if the day care center provides written documentation that a fire safety clearance has been received from the responsible party of the Illinois State Board of Education and/or the Regional School Superintendent and that all exit doors for the school remain unlocked. An acceptable fire safety clearance from the Illinois State Board of Education must be in writing and must indicate that the school complies with the applicable fire safety regulations adopted by the Illinois State Board of Education (23 Ill. Adm. Code 180).

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- b) The building or portion of the building to which children from the center have access shall be used only for a program of child care during the hours that the center is in operation. The space used for child care may be shared by other groups or persons outside of the hours of operation.
- c) Infants and toddlers shall be housed and cared for at ground level unless otherwise approved through the exception process below. Travel distance between any point in a room used for infants and toddlers and an exit discharging directly outside shall not exceed 150 feet. Only a fire inspector from the Office of the State Fire Marshal or the Chicago Fire Department's Fire Prevention Bureau may grant an exception to the requirement that infants and toddlers be housed and cared for at ground level.
- d) There shall be sufficient indoor space to conduct the program.
- 1) There shall be a minimum of 35 square feet of activity area per child in centers for children ~~two~~ years of age and older. This space is exclusive of exit passages and fire escapes, which must be clear. This space is also exclusive of administrative space, storage areas, bathrooms, kitchen, space required for equipment that is not used for direct activities with children, and gymnasiums or other areas used exclusively for large muscle activity or active sports.
- 2) The amount of space required for infants and toddlers shall be determined according to the use of the space for sleep and play purposes.
- A) Regardless of whether infants play and sleep in the same room or in ~~two~~ separate rooms, there shall be a minimum of 25 square feet of play space per child plus a minimum of 30 square feet of sleeping space per child, with at least ~~two~~ feet between each crib and the next crib.
- B) When toddlers play and sleep in the same room using cots ~~that~~ which can be stacked, there shall be 35 square feet of space per child. When children are in their cots, there must be a minimum of ~~two~~ feet between the cots.
- C) When toddlers play and sleep in the same room using cribs, there

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shall be a minimum of 55 square feet per child. When children are in their cribs, there must be a minimum of ~~2~~two feet between the cribs.

- D) When toddlers play and sleep in separate rooms, there shall be minimum of 35 square feet of play space per child and a minimum of 30 square feet of sleeping space per child, with at least ~~2~~two feet between each cot or crib.
- 3) Storage space shall be provided for cots, bedding, and other equipment.
- 4) One room, no matter how large, shall accommodate only one group, except that room dividers or program equipment at least 3'6" in height may be used to define and separate the space for each group of children up to age~~5~~five. Gymnasiums and similar sized areas may accommodate ~~2~~two groups, without dividers, when used for large muscle activity and active sports.
- 5) All rooms or spaces accommodating more than one group shall be provided with an acoustical ceiling or its equivalent in carpeting or wall covering. If carpeting is used to control noise, it shall not be required in water play, painting, and similar areas.
- e) The building and indoor space shall be maintained in good repair and shall provide a safe, comfortable environment for the children.
- 1) Adjustable window shades, drapes, or blinds shall be provided in all rooms where children rest or nap or in rooms that receive direct sunlight while children are present.
- 2) The floors and floor coverings shall be washable and free from drafts, splinters, and dampness.
- 3) Toxic or lead paints or finishes shall not be used on walls, window sills, beds, toys or any other equipment, materials or furnishings ~~that~~which may be used by children or within their reach. Peeling or damaged paint or plaster shall be repaired promptly to protect children from possible hazards.

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- 4) Any thermal hazards (radiators, hot water pipes, steam pipes, heaters) in the space occupied by children shall be out of the reach of children or be separated from the space by partitions, screens, or other means.
- 5) Sharp scissors, plastic bags, knives, cigarettes, matches, lighters, flammable liquids, drugs, sharp instruments, power tools, cleaning supplies and any other such items ~~that~~which might be harmful to children shall be kept in areas inaccessible to children. Hazardous items for infants and toddlers also include coins, balloons, safety pins, marbles, Styrofoam[®] and similar products, and sponge, rubber or soft plastic toys.
- 6) All cleaning compounds, pesticides, fertilizers and other potentially hazardous or explosive compounds or agents shall be stored in original containers with legible labels in a locked area ~~that~~which is inaccessible to children.
- 7) A draft-free temperature of 65° F to 75° F shall be maintained during the winter months or heating season. For infants and toddlers, a temperature of 68° F to 82° F shall be maintained during the summer or air-conditioning months. When the temperature in the center exceeds 78° F, measures shall be taken to cool the children. Temperatures shall be measured at least ~~3~~three feet above the floor.
- 8) If electric fans are used to control temperature, measures shall be taken to assure the safety of the children in the group:
 - A) Stationary fans shall be mounted on the walls (at least ~~5~~five feet above the floor) or on the ceiling.
 - B) When portable fans on stands are used, they shall be anchored to prevent tipping.
 - C) All portable fans shall have blade guard openings of less than ½ inch and shall be inaccessible to children.
- 9) Exits shall be kept unlocked and clear of equipment and debris at all times.
- 10) Electrical outlets within the reach of children shall be covered.

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- 11) The program shall be modified, as needed, when there are adverse conditions caused by weather, heating or cooling difficulties or other problems. When ~~thesuch~~ conditions exceed a 24-hour period, the Department shall be notified regarding program modifications.
- f) Drills for possible emergency situations including fire and tornado shall be conducted.
 - 1) A floor plan shall be posted in every room indicating the following:
 - A) The building areas that will provide the most structural stability in case of tornado; and
 - B) The primary and secondary exit routes in case of fire.
 - 2) Drills shall be conducted once a month for fire and twice a year (seasonally) for tornado.
 - 3) Records shall be maintained of the dates and times that fire and tornado drills are conducted.
- g) All areas of the center shall receive sufficient light.
 - 1) Areas for reading, painting, puzzles or other close work shall be illuminated to at least 50 to 100 foot candles on the work surface.
 - 2) Areas for general play, such as housekeeping and block building, shall be illuminated to at least 30 to 50 foot candles on the surface.
 - 3) Stairways, walkways, landings, driveways and entrances shall be illuminated to at least 20 foot candles on the surface.
- h) A safe and sanitary water supply shall be maintained. If a private water supply is used instead of a public water supply, the center shall supply written records of current test results indicating that the water supply is safe for drinking in accordance with the standards specified for non-community water supplies in the Drinking Water Systems Code (77 Ill. Adm. Code 900). New test results must be provided prior to relicensing. If nitrate content exceeds ~~10ten~~ parts per million, bottled water must be used for infants.

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- i) There shall be no smoking or use of tobacco products in any form in the child care center or in the presence of children while on the playground or engaged in other activity away from the center.
- j) Major cleaning shall not be done while children are present.
- k) Basement or cellar windows used or intended to be used for ventilation, and all other openings to a basement or cellar, shall not permit the entry of rodents.
- l) Openings to the outside shall be protected against the entrance of flies or other flying insects by doors, windows, screens, or other approved means.
- m) Any extensive extermination of pest or rodents shall be conducted by a licensed pest control operator under the direct observation of a staff member to insure that residue is not left in areas accessible to children.
- n) Pesticide Application
 - 1) Chemicals for insect and rodent control shall be applied in minimum amounts and shall not be used when children are present in the facility. Toys and other items mouthed or handled by the children must be removed from the area before pesticides are applied. Children must not return to the treated area within 2 hours after a pesticide application or as specified on the pesticide label, whichever time is greater. Over-the-counter products may be used only according to package instructions. Commercial chemicals, if used, shall be applied by a licensed pest control operator and shall meet all standards of the Department of Public Health (Structural Pest Control Code, 77 Ill. Adm. Code 830). A record of any pesticides used shall be maintained at the facility.
 - 2) [Before a child is enrolled, the day care center shall provide a summary of its pest management plan and uses of pesticides to the child's parents or guardians.](#) The center shall notify all parents or guardians before a pesticide application, or maintain a registry of parents or guardians who wish to receive written notification of when the facility will receive a pesticide application and send a written notification to them. Notification of the intended date of the application of the pesticide, which may be in the form of newsletters, bulletins, calendars, or other written

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communication methods presently used by the center, must be given at least 2, but not more than 30, days before the pesticide application. When economically feasible, the center must adopt an Integrated Pest Management (IPM) program as defined in Section 3.25 of the Structural Pest Control Act [225 ILCS 235/3.25], involving the cooperation between day care staff and pest control personnel or other specialists to use a variety of non-chemical methods as well as pesticides, when needed, to reduce pest infestations to acceptable levels and to minimize children's exposure to pesticides.

- 3) Prior notice of pesticide application is not required if the application is due to an immediate threat to health or property, in which case the pesticide must be immediately applied. Children shall not be present during the application and shall not return to the treated area within 2 hours after a pesticide application or as specified on the pesticide label, whichever time is greater. If such a situation arises, the appropriate day care center personnel must sign a statement describing the circumstances that gave rise to the health threat and ensure that written notice is provided to parents or guardians as soon as practicable.
 - 4) *Pesticides subject to notification requirements shall not include antimicrobial agents, such as disinfectants, sanitizers, or deodorizers, or insecticide baits and rodenticide baits* (Section 10.3 of the Structural Pest Control Act).
- o) All garbage and refuse shall be collected daily and stored in a manner that will not permit the transmission of disease, create a nuisance or a fire hazard or provide harborage for insects, rodents or other pests.
 - 1) An adequate number of covered, durable, water-tight, insect and rodent-proof garbage and refuse containers shall be provided for use.
 - 2) Garbage and refuse containers used to discard diapering supplies, food products or disposable meal service supplies shall be tightly covered and lined with plastic. Contents shall be covered immediately or removed for discarding.
 - p) The center shall be cleaned daily and kept in a sanitary condition at all times.

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- 1) The center shall provide necessary cleaning and maintenance equipment.
 - 2) Toys, table tops, furniture and other similar equipment used by children shall be washed and disinfected when soiled or contaminated with matter such as food, body secretions or excrement.
 - 3) Cleaning equipment, cleaning agents, aerosol cans and other hazardous chemical substances shall be labeled and stored in a space designated solely for this purpose. These materials shall be stored in a locked place [that](#) which is inaccessible to children.
- q) Kitchen sinks used for food preparation shall not be used as hand-washing lavatories nor counted in the total number of hand-washing lavatories required.
- r) There shall be means for communication in emergencies.
- 1) An operable non-coin telephone shall be on the premises, easily accessible for use in an emergency and for other communications.
 - 2) A list of emergency telephone numbers, such as the fire department, police department, poison control and emergency medical treatment, along with the full address of the day care center, shall be posted next to each telephone.
 - 3) In facilities where communication between groups is difficult due to the design of the day care center, operation in multiple buildings on the same site or on multiple floors, an intercom or a written plan for other effective means of communication between groups shall be provided.
 - 4) During hours of operation and at all times that children are present, there shall be a means for parents of enrolled children to have direct telephone contact with a center staff person.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 407.380 Equipment and Materials

- a) Equipment and materials for both indoor and outdoor use shall be appropriate to the age and developmental needs of the children served. The day care center may

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not use or have on the premises, ~~on or after July 1, 2000~~, any unsafe children's product as described in the Children's Product Safety Act and 89 Ill. Adm. Code 386 (Children's Product Safety). The day care center must post in prominent locations regularly visited by parents written notification of the existence of the comprehensive list of unsafe children's products available on the Internet and make the website address available to parents upon request. [225 ILCS 10/5.2(b)]

- b) Such equipment and materials for infants, toddlers and pre-school children shall be provided in the quantity and variety specified in Appendix A: Equipment for Infants and Toddlers, Appendix B: Equipment for Preschool Children and Appendix C: Equipment for School-Age Children.
- c) The day care center shall have a method to communicate with persons who are hearing impaired, such as a telecommunication device for the deaf (TDD) or the Illinois Relay Center (see Appendix F). Furniture and equipment shall be adapted, when necessary, for individual children's use.
- d) Play materials shall be durable and free from hazardous characteristics, including sharp or rough edges and toxic paint. In areas where infants and toddlers play ~~or~~ sleep, there shall be no objects that are less than 1¼ inches in diameter or that have removable parts of this size.
- e) Durable, safe and appropriately sized furnishings and equipment shall be provided, including:
 - 1) Chairs and benches of appropriate size for each age group served. If chairs or benches are upholstered or padded, the furniture must meet the requirements of the Furniture Fire Safety Act [425 ILCS 45] and 41 Ill. Adm. Code 100 (Fire Prevention and Safety) and 41 Ill. Adm. Code 300 (Furniture Fire Safety Regulations).
 - 2) Tables of height and size to accommodate comfortably a group of ~~10~~ or fewer children.
 - 3) Low, open shelves for play materials and books within easy reach of the children.
 - 4) Individual lockers, cubicles or separate hooks and shelves for children's

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personal belongings.

- f) Storage shall be provided for surplus toys and supplies not currently in use.
- g) Equipment, table tops, play materials and classroom surfaces shall be maintained in sound, clean conditions at all times.
 - 1) Toys and equipment that are placed in children's mouths or are otherwise contaminated by body secretions or excretions shall be set aside to be cleaned with water and detergent, rinsed, sanitized and air-dried before handling by another child. Machine-washable cloth toys may be used and shall be machine-washed at least weekly and when contaminated.
 - 2) Water tables and toys used in water tables shall be emptied daily and cleaned with a mild germicidal solution before being air-dried. Children and staff shall wash their hands before using the water table.
- h) Extension cords meeting Underwriters Laboratories or equivalent standards may be used provided that they are inaccessible to children and do not present any safety hazard.
- i) Poisonous or potentially harmful plants shall be inaccessible to children.
- j) First-aid kits shall be maintained and readily available for use.
 - 1) Centers with a capacity of fewer than 100 children shall maintain at least ~~2~~two first-aid kits, a kit for on-site use and a travel kit for use on outings. Centers with a capacity of 100 or more children shall maintain at least ~~3~~three first-aid kits.
 - 2) When a program operates in various parts of a building or on more than one floor, a separate first-aid kit shall be maintained in each area or floor.
 - 3) The supplies for each first-aid kit shall be stored in a closed container ~~that~~which is clearly labeled as first-aid supplies and stored in a place that is accessible to child care staff at all times but out of the reach of children.
 - 4) The on-site first-aid kits shall contain the following supplies, at minimum:

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- A) Disposable latex gloves;
 - B) Scissors;
 - C) Tweezers;
 - D) Thermometer;
 - E) Bandage tape;
 - F) Sterile gauze pads;
 - G) Flexible roller gauze;
 - H) Triangular bandage;
 - I) Safety pins;
 - J) Eye dressing;
 - K) Pen/pencil and note pad;
 - L) Cold pack;
 - M) Adhesive bandages; and
 - N) Current American Academy of Pediatrics or American Red Cross standard first-aid text or an equivalent first-aid guide.
- 5) The travel first-aid kits for use on outings shall contain the above supplies (a first-aid chart may replace the required text) plus the following additional items:
- A) Water;
 - B) Soap;
 - C) Antiseptic cream or solution;

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- D) Telephone number of the child care center (preferably on a laminated card); and
- E) Coins for use in a pay phone.
- 6) First-aid kits shall be restocked after use, and an inventory shall be taken at least annually and recorded.
- 7) In addition to the full first-aid kit maintained at the center, each individual classroom shall stock a supply of latex gloves and adhesive bandages and restock these supplies as needed.
- 8) The telephone number for Poison Control shall be posted at each telephone (1-800-942-5969).
- k) Day care centers are not required to have a portable fire extinguisher. However, if the day care center installs a portable fire extinguisher of its own volition, the extinguisher must be installed, tested, maintained, and tagged by businesses licensed by the Office of the State Fire Marshal under the Fire Equipment Distributor and Employee Regulation Act [225 ILCS 215] and 41 Ill. Adm. Code 250 (Fire Equipment Distributor and Employee Standards).

(Source: Amended at 33 Ill. Reg. _____, effective _____)

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Section 407.APPENDIX B Equipment for Preschool Children**MINIMUM EQUIPMENT AND SUPPLIES:
PRESCHOOL PROGRAMS**

This list of minimum equipment and supplies and their arrangement is not intended to define nor limit any program's philosophical approach. A minimum quantity and variety of materials is required to stimulate the development of preschool children. This list takes into account the following characteristics of preschool children:

- short attention span;
- needs for active and quiet play over a short time period; ~~and~~
- need to learn through concrete activities;

Unless otherwise noted, the same item may fit into more than one category. For example, a particular cognitive game may be acceptable under the "Small Muscle" category or the "Cognitive" category. A center may choose under which category to count an item, ~~under~~ but may not count an item under more than one category.

Numbers of children refer to licensed capacity, not enrollment or attendance.

CATEGORY	ITEM/AMOUNT
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FURNITURE	<ol style="list-style-type: none"> 1) Tables and Chairs – Sufficient tables and chairs with backs for the children (one chair per child, no folding chairs), plus chairs with backs for staff. 2) One cot per child for programs that operate at least 5 hours per day. 3) One cot with blanket (for ill child). 4) Shelving – Low open shelves and bookcases with one foot of shelving per child. 5) Personal Storage Space – Individual spaces for coats, boots and personal items. 6) Area rug or carpeting for each group, or individual carpet squares or cushions for each child to sit on.
LARGE MUSCLE – INDOORS	<ol style="list-style-type: none"> 1) Building Blocks – 20 large, durable building blocks per each group of 10 or fewer children. 2) Large-Muscle Equipment – 2 pieces of durable large-muscle equipment for every group of 10 or fewer children; 3 pieces for groups of 11 to 20 children. Examples include a climber, rocking boat, tunnel, walking plank, riding toys.

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SMALL MUSCLE	
	1) Small Blocks – Small blocks, including blocks that ^{which} grip or lock together and other blocks that ^{which} can be used for building. At least 100 pieces per group of 10 ^{ten} or fewer children, plus 10 blocks per child for each child over 10 ^{ten} children.
	2) Manipulative Toys – One toy for every 3 ^{three} children. Examples include pegboards with pegs, bead and string sets, nesting blocks.
	3) Art Materials – A sufficient supply of art materials so that each child can participate daily, including: clay or other molding material; tempera paints with paint brushes and paper; finger paints (non-toxic) with paper; paper, paste, blunt scissors and crayons; collage materials; and aprons or smocks.
	4) Easels – Two easels or one double easel for each group of 20 or fewer children.
	5) Puzzles – One puzzle for every 2 ^{two} children.

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<p>SOCIAL/EXPRESSIVE/ LANGUAGE DEVELOPMENT</p>	<p>1) Dramatic Play – At least six sets of equipment plus accessories usable for dramatic/pretend play for a group of ten or fewer children. At least nine sets for a group of 11 to 20 children. More than one of the same set may be included in the number provided. Each set should have adequate pieces for use by at least three children at once. Some examples of sets are:</p> <p>Doll bed with dolls</p> <p>Kitchen sets (stove and/or sink and/or refrigerator and/or cupboard) with pots, pans, dishes, etc.</p> <p>At least five transportation toys of any size, with pretend road, buildings, etc. (May be blocks)</p> <p>Puppet stage with puppets</p> <p>Sand or water table (dish pans are acceptable) with accessories (scoops, buckets, etc.)</p> <p>Dress-up clothes hung on safe hooks or in a wardrobe, mirror, etc.</p> <p>2) Music Items</p> <p>Rhythm band or other group of instruments to be played by children (one instrument for every two children).</p> <p>One record player, cassette player or compact disc player per group, with at least ten records, cassettes or compact disks.</p> <p>3) Flannel Board/Velcro Board – One board per group, with accessories.</p> <p>4) Language Development Pictures.</p>
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COGNITIVE DEVELOPMENT	<p>1) Science Items – Five science items, such as magnets, magnifying glasses, pets, plants, etc., per group of 10 or fewer children, plus one for every 2^{two} children in groups larger than 10^{ten}.</p> <p>2) Books – At least 20 books per group of 10^{ten} or fewer children, plus 2^{two} books per child for groups larger than 10^{ten}. All books need not be displayed at all times; child care staff may rotate books on display.</p> <p>3) Cognitive Games – Five cognitive games to teach number concepts, letter, shape, size and color concepts per group of 10^{ten} or fewer children, plus one game for every 2^{two} children in groups larger than 10^{ten}.</p>
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LARGE MUSCLE – OUTDOORS

In the following chart, the numbers of children refer to ¼ of the center's licensed capacity **OR** the number of children who use the playground at any one time, whichever is greater. Playgrounds are required to accommodate at least ¼ of the center's licensed capacity. However, some playgrounds are big enough to accommodate more than ¼ of the licensed capacity. A center licensed for 40 children with a playground that can accommodate ~~10~~^{ten} children would need enough equipment for ~~10~~^{ten} children, while a center licensed for 40 children with a large playground that all 40 children use at once would need adequate equipment for 40 children.

LARGE EQUIPMENT		MEDIUM EQUIPMENT		SMALL EQUIPMENT
Two items from this column for every 20 or fewer children	Plus	One item from this column for every 10 ^{ten} or fewer children	Plus	One item from this column for every 7 or fewer children
climber* slide sand box building blocks/ pieces (set of 40 large blocks) water play		wheel toy (tricycle, wagon, etc.) balance beam tunnel rocking boat etc.		ball jump rope hula hoop etc.

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equipment (water trough, hose, sprinkler, etc.)				
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*On a large climber with several sections, each section counts as one item.

EXAMPLE: A center with 37 children [using the playground at the same time](#) would require: ~~4~~four items from the large equipment column; ~~4~~four items from the medium equipment column; and ~~6~~six items from the small equipment column.

NOTE: Indoor large muscle equipment may also be counted as outdoor equipment if it is available outdoors when the children are outdoors.

Programs ~~that~~which operate for ~~3~~three hours per day or less and provide outdoor play, programs ~~that~~which carry equipment to a remote outdoor play area and programs with playgrounds serving fewer than 20 children may substitute for the large equipment as follows: one medium equipment item for every ~~3~~three children, plus one small equipment item for every ~~7~~seven children OR one small equipment item for each child.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

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DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Medical Assistance Programs
- 2) Code Citation: 89 Ill. Adm. Code 120
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
120.335	Amendment
120.381	Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and The American Recovery and Reinvestment Act of 2009
- 5) Complete Description of the Subjects and Issues Involved: The American Recovery and Reinvestment Act of 2009 (ARRA) includes provisions that restrict states from considering certain payments made under the Act when determining eligibility for Medicaid. These changes are required to ensure that Illinois fully complies with the ARRA to preserve our ability to claim increased federal matching funds made available under the Act.
- 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? Yes
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? Yes – The American Recovery and Reinvestment Act of 2009
- 10) Are there any other proposed rulemakings pending on this Part? No
- 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 concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Tamara Tanzillo Hoffman

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Chief of Staff
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd 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: 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 amendment was not included on either of the two most recent agendas because: it was not anticipated by the Department when the most recent regulatory agendas were published.

The full text of the Proposed Amendment is identical to the text of the Emergency Amendment that appears in this issue of the *Illinois Register* on page 5802:

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: Hospital Services
- 2) Code Citation: 89 Ill. Adm. Code 148
- 3) Section Number: 148.270 Proposed Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Complete Description of the Subjects and Issues Involved: The Department proposes changes to reimbursement for per diem rates for psychiatric children's hospitals as well as allows capital payments to recently enrolled general care hospitals. The changes in per diem rates will result in an additional \$2.6 million in annual spending.
- 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 Numbers:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
148.117	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.120	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.122	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.126	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.130	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.295	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.296	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.297	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.460	Amendment	33 Ill. Reg. 3588; February 27, 2009
- 11) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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- 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 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., 3rd 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: This rulemaking amendment was not included on either of the two most recent agendas because it was not anticipated by the Department when the most recent regulatory agendas were published.

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

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

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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

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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 (Repealed)
- 148.404 Medicaid High Volume Adjustment Payments (Repealed)
- 148.406 Intensive Care Adjustment Payments (Repealed)
- 148.408 Trauma Center Adjustment Payments (Repealed)
- 148.410 Psychiatric Rate Adjustment Payments (Repealed)
- 148.412 Rehabilitation Adjustment Payments (Repealed)
- 148.414 Supplemental Tertiary Care Adjustment Payments (Repealed)
- 148.416 Crossover Percentage Adjustment Payments (Repealed)
- 148.418 Long Term Acute Care Hospital Adjustment Payments (Repealed)
- 148.420 Obstetrical Care Adjustment Payments (Repealed)
- 148.422 Outpatient Access Payments (Repealed)
- 148.424 Outpatient Utilization Payments (Repealed)
- 148.426 Outpatient Complexity of Care Adjustment Payments (Repealed)
- 148.428 Rehabilitation Hospital Adjustment Payments (Repealed)
- 148.430 Perinatal Outpatient Adjustment Payments (Repealed)
- 148.432 Supplemental Psychiatric Adjustment Payments (Repealed)
- 148.434 Outpatient Community Access Adjustment Payments (Repealed)
- 148.440 High Volume Adjustment Payments
- 148.442 Inpatient Services Adjustment Payments
- 148.444 Capital Needs Payments
- 148.446 Obstetrical Care Payments
- 148.448 Trauma Care Payments
- 148.450 Supplemental Tertiary Care Payments
- 148.452 Crossover Care Payments
- 148.454 Magnet Hospital Payments
- 148.456 Ambulatory Procedure Listing Increase Payments
- 148.458 General Provisions

SUBPART C: SEXUAL ASSAULT EMERGENCY TREATMENT PROGRAM

Section

- 148.500 Definitions
- 148.510 Reimbursement

SUBPART D: STATE CHRONIC RENAL DISEASE PROGRAM

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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; emergency amendment at 19 Ill. Reg. 3510, effective March 1, 1995, for a maximum of 150

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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. 4825, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 4953, effective March 18,

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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 150 days; amended at 29 Ill. Reg. 19973, effective November 23, 2005; amended at 30 Ill. Reg.

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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. 8718, effective May 29, 2008; amended at 32 Ill. Reg. 9945, effective June 26, 2008; emergency amendment at 32 Ill. Reg. 10517, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27, 2008; amended at 33 Ill. Reg. 501, effective December 30, 2008; peremptory amendment at 33 Ill. Reg. 1538, effective December 30, 2008; emergency amendment at 33 Ill. Reg. 5821, effective April 1, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. _____, effective _____.

SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

Section 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

- a) Calculation of Alternate Cost Per Diem Rates for All Hospitals
For all hospitals, regardless of the hospital's reimbursement methodology, the Department shall first calculate the hospital's alternate cost per diem rate, as calculated under Section 148.260, derived from the provider's base period cost reports, as described in Section 148.25(g)(1).
- b) Calculation of Payment Rates for Certain Exempt Hospital Units

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- 1) For admissions occurring within the rate period described in Section 148.25(g)(2)(A):
 - A) In the case of a distinct part unit, as described in 89 Ill. Adm. Code 149.50(d), the Department shall divide the hospital's Medicaid charges per diem (identified on adjudicated claims submitted by the provider during the most recently completed fiscal year for which complete data are available) related to the distinct part unit by the hospital's total charge per diem for all claims for the same time period.
 - B) The resulting quotient, as calculated in subsection (b)(1)(A), shall be multiplied by the hospital's total operating cost per diem, as calculated in Section 148.260(a)(1)(B).
 - C) The capital related cost per diem, as calculated in Section 148.260(a)(2), is then added to the resulting product calculated in subsection (b)(1)(B), subject to the inflation adjustment described in Section 148.260(c)(1).
 - D) Subject to the provisions of subsections (b)(1)(E) and (b)(1)(F), the final distinct part unit payment rate shall be the lower of:
 - i) The result of the calculations described in subsections (b)(1)(A) through (b)(1)(B); or
 - ii) The hospital's alternate cost per diem rate, as calculated in subsection (a) of this Section.
 - E) In no case shall the hospital's final distinct part unit payment rate be greater than three standard deviations above the mean distinct part unit payment rate.
 - F) In the case of a new distinct part unit for which the Department has insufficient adjudicated claims history data available, the Department shall utilize the average payment rate calculated under this subsection (b)(1) for like distinct part units.
- 2) For admissions occurring within a rate period described in Section

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148.25(g)(2)(B), the distinct part unit payment rate shall be the distinct part unit payment rate in effect on June 30, 1993, as calculated under subsection (b)(1), updated to the midpoint of the current rate period, using the TEFRA price inflation factor.

- c) In the case of a new hospital (not previously owned or operated), a hospital that has significantly changed its case-mix profile (e.g., a general acute care hospital changing its case-mix to reflect a predominance of long term care patients), or an out-of-state non cost-reporting hospital, reimbursement for inpatient services shall be as follows:
- 1) For general acute-care hospitals, reimbursement for inpatient services:
 - A) provided by Illinois general acute care hospitals prior to July 1, 2007 shall be at the average payment rate calculated under subsection (a) or (b), as applicable, for those hospitals that would otherwise be reimbursed under 89 Ill. Adm. Code 149.
 - B) provided by Illinois general acute care hospitals on or after July 1, 2007 shall be reimbursed at either of the following:
 - i) utilizing the payment methodologies described in 89 Ill. Adm. Code 149 that will only reflect the federal/regional blended rate described in 89 Ill. Adm. Code 149.100 and a capital rate equal to one standard deviation above the mean capital rate, as determined in 89 Ill. Adm. Code 149.150(c), for all providers reimbursed under the same federal/regional blended rate. ~~No other payments described in Part 149 will be reimbursed;~~ or
 - ii) at the average payment rate calculated under subsection (a) or (b), as applicable, for those hospitals that would otherwise be reimbursed under 89 Ill. Adm. Code 149.
 - C) provided by out of state general acute care hospitals shall be at the average payment rate calculated under subsection (a) or (b), as applicable, for those hospitals that would otherwise be reimbursed under 89 Ill. Adm. Code 149.

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- 2) For psychiatric hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(1); ~~reimbursement for inpatient psychiatric services shall be at the average rate calculated under Section 148.260 for those hospitals defined in 89 Ill. Adm. Code 149.50(c)(1).~~
 - A) for services provided by a psychiatric hospital that began operation on or after January 1, 2008, that is devoted exclusively to the care of individuals who have not attained 19 years of age, reimbursement for inpatient psychiatric services shall be at the arithmetic mean of the rates defined in subsections (c)(2)(B) and (c)(5)(A) of this Section.
 - B) for all other psychiatric hospitals, reimbursement for inpatient psychiatric services shall be at the average rate calculated under Section 148.260 for those hospitals defined in 89 Ill. Adm. Code 149.50(c)(1).
- 3) For rehabilitation hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(2), reimbursement for inpatient rehabilitation services shall be at the average rate calculated under Section 148.260 for those hospitals defined in 89 Ill. Adm. Code 149.50(c)(2).
- 4) For long term stay hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(4), reimbursement for inpatient services shall be at the average rate calculated under Section 148.260 for those hospitals defined in 89 Ill. Adm. Code 149.50(c)(4).
- 5) For children's hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(3), reimbursement for inpatient services:
 - A) provided before August 1, 1998, shall be at the average rate calculated under subsection (a) for those hospitals defined in 89 Ill. Adm. Code 149.50(c)(3);
 - B) provided on or after August 1, 1998, for a children's hospital that was licensed as such by a municipality after June 30, 1995, shall be equal to the average rate calculated in Section 148.280 for children's hospitals in existence before June 30, 1995, with an average length of stay that was less than 14 days as determined

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from the hospital's fiscal year 1994 cost report.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Aid to the Aged, Blind or Disabled
- 2) Code Citation: 89 Ill. Adm. Code 113
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
113.253	Amendment
113.260	Amendment
- 4) Statutory Authority: Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. III and 12-13]
- 5) A Complete Description of the Subjects and Issues Involved: A grant adjustment is an allowance for the Aged, Blind or Disabled cases that ensures that the amount of the Supplemental Security Income (SSI) increase from July 1977 and later will be available to clients. To comply with federal regulations at 20 CFR 416.2096, this rulemaking increases the grant adjustment and sheltered care/personal or nursing care rate amounts by the amount of the increase in Social Security and SSI benefits. In order to maintain the benefit levels, these changes increase the AABD Grant Adjustment Allowance and Sheltered Care/Personal or Nursing Care rates by \$37, the amount of the January 2009 SSA/SSI benefit increase.
- 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>Section Number:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
113.120	Amendment	33 Ill. Reg. 4517; March 27, 2009
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.

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- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days after the date of this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

Tracie Drew, Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
Harris Building, 3rd Floor
Springfield, Illinois 62762

217/785-9772

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: Business that provide sheltered care services.
 - 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 2009

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

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NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 113
AID TO THE AGED, BLIND OR DISABLED

SUBPART A: GENERAL PROVISIONS

Section

- 113.1 Description of the Assistance Program
- 113.5 Incorporation By Reference

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section

- 113.9 Client Cooperation
- 113.10 Citizenship
- 113.20 Residence
- 113.30 Age
- 113.40 Blind
- 113.50 Disabled
- 113.60 Living Arrangement
- 113.70 Institutional Status
- 113.80 Social Security Number

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section

- 113.100 Unearned Income
- 113.101 Budgeting Unearned Income
- 113.102 Budgeting Unearned Income of Applicants Receiving Income on Date of Application And/Or Date of Decision
- 113.103 Initial Receipt of Unearned Income
- 113.104 Termination of Unearned Income
- 113.105 Unearned Income In-Kind
- 113.106 Earmarked Income
- 113.107 Lump Sum Payments and Income Tax Refunds
- 113.108 Protected Income (Repealed)

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- 113.109 Earned Income (Repealed)
- 113.110 Budgeting Earned Income (Repealed)
- 113.111 Protected Income
- 113.112 Earned Income
- 113.113 Exempt Unearned Income
- 113.114 Budgeting Earned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
- 113.115 Initial Employment
- 113.116 Budgeting Earned Income For Contractual Employees
- 113.117 Budgeting Earned Income For Non-contractual School Employees
- 113.118 Termination of Employment
- 113.120 Exempt Earned Income
- 113.125 Recognized Employment Expenses
- 113.130 Income From Work/Study/Training Programs
- 113.131 Earned Income From Self-Employment
- 113.132 Earned Income From Roomer and Boarder
- 113.133 Earned Income From Rental Property
- 113.134 Earned Income In-Kind
- 113.139 Payments from the Illinois Department of Children and Family Services
- 113.140 Assets
- 113.141 Exempt Assets
- 113.142 Asset Disregard
- 113.143 Deferral of Consideration of Assets
- 113.154 Property Transfers For Applications Filed Prior To October 1, 1989 (Repealed)
- 113.155 Property Transfers For Applications Filed On Or After October 1, 1989 (Repealed)
- 113.156 Court Ordered Child Support Payments of Parent/Step-Parent
- 113.157 Responsibility of Sponsors of Non-citizens Entering the Country Prior to 8/22/96
- 113.158 Responsibility of Sponsors of Non-citizens Entering the Country On or After 08/22/96
- 113.160 Assignment of Medical Support Rights

SUBPART D: PAYMENT AMOUNTS

- Section
- 113.245 Payment Levels for AABD
- 113.246 Personal Allowance
- 113.247 Personal Allowance Amounts
- 113.248 Shelter

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113.249	Utilities and Heating Fuel
113.250	Laundry
113.251	Telephone
113.252	Transportation, Lunches, Special Fees
113.253	Allowances for Increase in SSI Benefits
113.254	Nursing Care or Personal Care in Home Not Subject to Licensing
113.255	Sheltered Care/Personal or Nursing Care in a Licensed Group Care Facility
113.256	Shopping Allowance
113.257	Special Allowances for Blind and Partially Sighted (Blind Only)
113.258	Home Delivered Meals
113.259	AABD Fuel and Utility Allowances By Area
113.260	Sheltered Care, Personal Care or Nursing Care Rates
113.261	Cases in Licensed Intermediate Care Facilities, Licensed Skilled Nursing Facilities, DMHDD Facilities and All Other Licensed Medical Facilities
113.262	Meeting the Needs of an Ineligible Dependent with Client's Income
113.263	Service Animals
113.264	Refugees Ineligible for SSI

SUBPART E: OTHER PROVISIONS

Section	
113.300	Persons Who May Be Included In the Assistance Unit
113.301	Grandfathered Cases
113.302	Interim Assistance (Repealed)
113.303	Special Needs Authorizations
113.304	Retrospective Budgeting
113.305	Budgeting Schedule
113.306	Purchase and Repair of Household Furniture (Repealed)
113.307	Property Repairs and Maintenance
113.308	Excess Shelter Allowance
113.309	Limitation on Amount of AABD Assistance to Recipients from Other States (Repealed)
113.320	Redetermination of Eligibility
113.330	Attorney's Fees for VA Appellants (Repealed)

SUBPART F: INTERIM ASSISTANCE

Section	
113.400	Description of the Interim Assistance Program

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- 113.405 Pending SSI Application (Repealed)
- 113.410 More Likely Than Not Eligible for SSI (Repealed)
- 113.415 Non-Financial Factors of Eligibility (Repealed)
- 113.420 Financial Factors of Eligibility (Repealed)
- 113.425 Payment Levels for Chicago Interim Assistance Cases (Repealed)
- 113.430 Payment Levels for all Interim Assistance Cases Outside Chicago (Repealed)
- 113.435 Medical Eligibility (Repealed)
- 113.440 Attorney's Fees for SSI Applicants (Repealed)
- 113.445 Advocacy Program for Persons Receiving Interim Assistance (Repealed)
- 113.450 Limitation on Amount of Interim Assistance to Recipients from Other States (Repealed)
- 113.500 Attorney's Fees for SSI Appellants (Renumbered)

AUTHORITY: Implementing Article III and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. III and 12-13].

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; emergency expired January 28, 1979; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective

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October 1, 1981; preemptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; preemptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; preemptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; preemptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; preemptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 10, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9367, effective August 1, 1983; amended at 7 Ill. Reg. 17351, effective December 21, 1983; amended at 8 Ill. Reg. 537, effective December 30, 1983; amended at 8 Ill. Reg. 5225, effective April 9, 1984; amended at 8 Ill. Reg. 6746, effective April 27, 1984; amended at 8 Ill. Reg. 11414, effective June 27, 1984; amended at 8 Ill. Reg. 13273, effective July 16, 1984; amended (by Sections being codified with no substantive change) at 8 Ill. Reg. 17895; amended at 8 Ill. Reg. 18896, effective September 26, 1984; amended at 9 Ill. Reg. 5335, effective April 5, 1985; amended at 9 Ill. Reg. 8166, effective May 17, 1985; amended at 9 Ill. Reg. 8657, effective May 25, 1985; amended at 9 Ill. Reg. 11302, effective July 5, 1985; amended at 9 Ill. Reg. 11636, effective July 8, 1985; amended at 9 Ill. Reg. 11991, effective July 12, 1985; amended at 9 Ill. Reg. 12806, effective August 9, 1985; amended at 9 Ill. Reg. 15896, effective October 4, 1985; amended at 9 Ill. Reg. 16291, effective October 10, 1985; emergency amendment at 10 Ill. Reg. 364, effective January 1, 1986; amended at 10 Ill. Reg. 1183, effective January 10, 1986; amended at 10 Ill. Reg. 6956, effective April 16, 1986; amended at 10 Ill. Reg. 8794, effective May 12, 1986; amended at 10 Ill. Reg. 10628, effective June 3, 1986; amended at 10 Ill. Reg. 11920, effective July 3, 1986; amended at 10 Ill. Reg. 15110, effective September 5, 1986; amended at 10 Ill. Reg. 15631, effective September 19, 1986; amended at 11 Ill. Reg. 3150, effective February 6, 1987; amended at 11 Ill. Reg. 8712, effective April 20, 1987; amended at 11 Ill. Reg. 9919, effective May 15, 1987; emergency amendment at 11 Ill. Reg. 12441, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20880, effective December 14, 1987; amended at 12 Ill. Reg. 867,

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effective January 1, 1988; amended at 12 Ill. Reg. 2137, effective January 11, 1988; amended at 12 Ill. Reg. 3497, effective January 22, 1988; amended at 12 Ill. Reg. 5642, effective March 15, 1988; amended at 12 Ill. Reg. 6151, effective March 22, 1988; amended at 12 Ill. Reg. 7687, effective April 22, 1988; amended at 12 Ill. Reg. 8662, effective May 13, 1988; amended at 12 Ill. Reg. 9023, effective May 20, 1988; amended at 12 Ill. Reg. 9669, effective May 24, 1988; emergency amendment at 12 Ill. Reg. 11828, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 14162, effective August 30, 1988; amended at 12 Ill. Reg. 17849, effective October 25, 1988; amended at 13 Ill. Reg. 63, effective January 1, 1989; emergency amendment at 13 Ill. Reg. 3402, effective March 3, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 6007, effective April 14, 1989; amended at 13 Ill. Reg. 12553, effective July 12, 1989; amended at 13 Ill. Reg. 13609, effective August 11, 1989; emergency amendment at 13 Ill. Reg. 14467, effective September 1, 1989, for a maximum of 150 days; emergency amendment at 13 Ill. Reg. 16154, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 720, effective January 1, 1990; amended at 14 Ill. Reg. 6321, effective April 16, 1990; amended at 14 Ill. Reg. 13187, effective August 6, 1990; amended at 14 Ill. Reg. 14806, effective September 3, 1990; amended at 14 Ill. Reg. 16957, effective September 30, 1990; amended at 15 Ill. Reg. 277, effective January 1, 1991; emergency amendment at 15 Ill. Reg. 1111, effective January 10, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5291, effective April 1, 1991; amended at 15 Ill. Reg. 5698, effective April 10, 1991; amended at 15 Ill. Reg. 7104, effective April 30, 1991; amended at 15 Ill. Reg. 11142, effective July 22, 1991; amended at 15 Ill. Reg. 11948, effective August 12, 1991; amended at 15 Ill. Reg. 14073, effective September 11, 1991; emergency amendment at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 16709, effective November 1, 1991; amended at 16 Ill. Reg. 3468, effective February 20, 1992; amended at 16 Ill. Reg. 9986, effective June 15, 1992; amended at 16 Ill. Reg. 11565, effective July 15, 1992; emergency amendment at 16 Ill. Reg. 13641, effective September 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14722, effective September 15, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 17154, effective November 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 17764, effective November 13, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 827, effective January 15, 1993; amended at 17 Ill. Reg. 2263, effective February 15, 1993; amended at 17 Ill. Reg. 3202, effective February 26, 1993; amended at 17 Ill. Reg. 4322, effective March 22, 1993; amended at 17 Ill. Reg. 6804, effective April 21, 1993; amended at 17 Ill. Reg. 14612, effective August 26, 1993; amended at 18 Ill. Reg. 2018, effective January 21, 1994; amended at 18 Ill. Reg. 7759, effective May 5, 1994; amended at 18 Ill. Reg. 12818, effective August 5, 1994; amended at 19 Ill. Reg. 1052, effective January 26, 1995; amended at 19 Ill. Reg. 2875, effective February 24, 1995; amended at 19 Ill. Reg. 6639, effective May 5, 1995; emergency amendment at 19 Ill. Reg. 8409, effective June 9, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15034, effective October 17, 1995; amended at 20 Ill. Reg. 858, effective December 29, 1995;

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emergency amendment at 21 Ill. Reg. 673, effective January 1, 1997, for a maximum of a 150 days; amended at 21 Ill. Reg. 7404, effective May 31, 1997; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; amended at 22 Ill. Reg. 13642, effective July 15, 1998; emergency amendment at 22 Ill. Reg. 16348, effective September 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 18931, effective October 1, 1998; emergency amendment at 22 Ill. Reg. 21750, effective November 24, 1998, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 579, effective January 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 1607, effective January 20, 1999; amended at 23 Ill. Reg. 5548, effective April 23, 1999; amended at 23 Ill. Reg. 6052, effective May 4, 1999; amended at 23 Ill. Reg. 6425, effective May 15, 1999; amended at 23 Ill. Reg. 6935, effective May 30, 1999; amended at 23 Ill. Reg. 7887, effective June 30, 1999; emergency amendment at 23 Ill. Reg. 8650, effective July 13, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 10161, effective August 3, 1999; amended at 23 Ill. Reg. 13852, effective November 19, 1999; amended at 24 Ill. Reg. 2328, effective February 1, 2000; amended at 24 Ill. Reg. 11622, effective July 18, 2000; amended at 24 Ill. Reg. 13394, effective August 18, 2000; amended at 25 Ill. Reg. 5326, effective March 30, 2001; amended at 26 Ill. Reg. 179, effective January 1, 2002; amended at 26 Ill. Reg. 8532, effective May 31, 2002; amended at 26 Ill. Reg. 13521, effective September 3, 2002; amended at 27 Ill. Reg. 7252, effective April 7, 2003; amended at 28 Ill. Reg. 11139, effective July 21, 2004; emergency amendment at 28 Ill. Reg. 11366, effective July 21, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 12469, effective August 20, 2004, for a maximum of 150 days; emergency expired January 16, 2005; amended at 29 Ill. Reg. 648, effective December 16, 2004; amended at 29 Ill. Reg. 5703, effective April 11, 2005; amended at 29 Ill. Reg. 10176, effective July 5, 2005; amended at 30 Ill. Reg. 16065, effective September 21, 2006; amended at 31 Ill. Reg. 6981, effective April 30, 2007; amended at 31 Ill. Reg. 11306, effective July 19, 2007; amended at 32 Ill. Reg. 17187, effective October 16, 2008; peremptory amendment at 32 Ill. Reg. 18065, effective November 15, 2008; emergency amendment at 33 Ill. Reg. 4993, effective March 19, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. _____, effective _____.

SUBPART D: PAYMENT AMOUNTS

Section 113.253 Allowances for Increase in SSI Benefits

- a) An allowance for ~~\$495.90~~~~\$458.90~~ is authorized for all AABD cases as a "grant adjustment". A grant adjustment is an allowance that ensures that the amount of the SSI increase from July 1977 and later will be available to clients.
- b) EXCEPTIONS: For clients whose assistance payments include an allowance for Sheltered Care or Care Not Subject to Licensing a "grant adjustment" of \$10 is

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authorized. Individuals residing in long term group care facilities do not receive any "grant adjustment".

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 113.260 Sheltered Care, Personal Care or Nursing Care Rates

	Group A Counties	Needs Assessment	Group B Counties
	11741034	0-7	11891047
	11801039	8	11961054
	11871045	9	12031060
	11921050	10	12111067
	11991056	11	12181074
	12041061	12	12251080
	12111067	13	12331087
	12161072	14	12391093
	12231078	15	12471100
	12281083	16	12551107
	12351089	17	12611113
	12401094	18	12691120
	12471100	19	12761126

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	12531105	20	12831133
	12591111	21	12911140
	12651116	22	12981146
	12711122	23	13051153
	12771127	24	13121159

- a) Group A Counties are counties other than Cook, DuPage, Kane, Lake and Will.
- b) Group B Counties are Cook, DuPage, Kane, Lake and Will.
- c) Rate includes shelter factor and approved activity and social rehabilitation programs.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Food Stamps
- 2) Code Citation: 89 Ill. Adm. Code 121
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
121.3	Amendment
121.7	Amendment
121.8	Amendment
121.41	Amendment
121.55	Amendment
121.57	Amendment
121.60	Amendment
121.61	Amendment
121.73	Amendment
121.74	Amendment
121.76	Amendment
121.130	Amendment
121.140	Amendment
- 4) Statutory Authority: Implementing Sections 12-4.4 through 12-4.6 and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-4.4 through 12-4.6 and 12-13].
- 5) A Complete Description of the Subjects and Issues involved: This proposed rulemaking is the result of a Food and Nutrition Service State option that allows the expansion of categorical eligibility to food stamp households that receive a funded TANF service. This rulemaking eliminates the consideration of assets in the determination of eligibility for the Food Stamp Program for elderly, blind or disabled households whose gross income is at or below 200% of the Federal Poverty Level and for all other households whose gross income is at or below 130% of the Federal Poverty Level and who receive a funded TANF service, except households with members disqualified from the program due to regular program rules. Households meeting the 130% or 200% gross limit will be given the TANF funded brochure, Guide to Services, and will be considered categorically eligible if the household does not contain a disqualified household member. By eliminating the asset test, more individuals and families will qualify for food stamp benefits. Elderly, blind or disabled households whose gross income is above 200% of the Federal Poverty Level will have their eligibility calculated under regular Food Stamp Program rules.

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- 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>Section Numbers:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
121.94	Amendment	33 Ill. Reg. 4062; March 13, 2009
121.96	Amendment	33 Ill. Reg. 4062; March 13, 2009
121.150	Amendment	33 Ill. Reg. 4062; March 13, 2009
121.10	Amendment	33 Ill. Reg. 4537; March 27, 2009
121.63	Amendment	33 Ill. Reg. 4537; March 27, 2009
121.120	Amendment	33 Ill. Reg. 4537; March 27, 2009
121.125	Amendment	33 Ill. Reg. 4537; March 27, 2009

- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days after the date of this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

Tracie Drew, Chief
 Bureau of Administrative Rules and Procedures
 Department of Human Services
 100 South Grand Avenue East
 Harris Building, 3rd Floor
 Springfield, Illinois 62762

217/785-9772

- 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: This rulemaking was not included on either of the two most recent regulatory agendas because it was not anticipated by the Department with the two most recent regulatory agendas were published.

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

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TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMSPART 121
FOOD STAMPS

SUBPART A: APPLICATION PROCEDURES

Section

- 121.1 Application for Assistance
- 121.2 Time Limitations on the Disposition of an Application
- 121.3 Approval of an Application and Initial Authorization of Assistance
- 121.4 Denial of an Application
- 121.5 Client Cooperation
- 121.6 Emergency Assistance
- 121.7 Expedited Service
- 121.8 Express Stamps Application Project
- 121.10 Interviews

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section

- 121.18 Work Requirement
- 121.19 Ending a Voluntary Quit Disqualification (Repealed)
- 121.20 Citizenship
- 121.21 Residence
- 121.22 Social Security Numbers
- 121.23 Work Registration/Participation Requirements
- 121.24 Individuals Exempt from Work Registration Requirements
- 121.25 Failure to Comply with Work Provisions
- 121.26 Period of Sanction
- 121.27 Voluntary Job Quit/Reduction in Work Hours
- 121.28 Good Cause for Voluntary Job Quit/Reduction in Work Hours
- 121.29 Exemptions from Voluntary Quit/Reduction in Work Hours Rules

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section

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121.30	Unearned Income
121.31	Exempt Unearned Income
121.32	Education Benefits (Repealed)
121.33	Unearned Income In-Kind
121.34	Lump Sum Payments and Income Tax Refunds
121.40	Earned Income
121.41	Budgeting Earned Income
121.50	Exempt Earned Income
121.51	Income from Work/Study/Training Programs
121.52	Earned Income from Roomer and Boarder
121.53	Income From Rental Property
121.54	Earned Income In-Kind
121.55	Sponsors of Aliens
121.57	Assets
121.58	Exempt Assets
121.59	Asset Disregards

SUBPART D: ELIGIBILITY STANDARDS

Section	
121.60	Net Monthly Income Eligibility Standards
121.61	Gross Monthly Income Eligibility Standards
121.62	Income Which Must Be Annualized
121.63	Deductions from Monthly Income
121.64	Food Stamp Benefit Amount

SUBPART E: HOUSEHOLD CONCEPT

Section	
121.70	Composition of the Assistance Unit
121.71	Living Arrangement
121.72	Nonhousehold Members
121.73	Ineligible Household Members
121.74	Strikers
121.75	Students
121.76	Categorically Eligible Households Receiving AFDC, SSI, Interim Assistance and/or GA Categorical Eligibility

SUBPART F: MISCELLANEOUS PROGRAM PROVISIONS

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Section

- 121.80 Fraud Disqualification (Renumbered)
- 121.81 Initiation of Administrative Fraud Hearing (Repealed)
- 121.82 Definition of Fraud (Renumbered)
- 121.83 Notification To Applicant Households (Renumbered)
- 121.84 Disqualification Upon Finding of Fraud (Renumbered)
- 121.85 Court Imposed Disqualification (Renumbered)
- 121.90 Monthly Reporting and Retrospective Budgeting (Repealed)
- 121.91 Monthly Reporting (Repealed)
- 121.92 Budgeting
- 121.93 Issuance of Food Stamp Benefits
- 121.94 Replacement of the EBT Card or Food Stamp Benefits
- 121.95 Restoration of Lost Benefits
- 121.96 Uses For Benefits
- 121.97 Supplemental Payments
- 121.98 Client Training Brochure for the Electronic Benefits Transfer (EBT) System
- 121.105 State Food Program (Repealed)
- 121.107 New State Food Program
- 121.108 Transitional Food Stamp (TFS) Benefits
- 121.120 Redetermination of Eligibility
- 121.125 Redetermination of Earned Income Households
- 121.130 Residents of Shelters for Battered Women and their Children
- 121.131 Fleeing Felons and Probation/Parole Violators
- 121.135 Incorporation By Reference
- 121.140 Small Group Living Arrangement Facilities and Drug/Alcoholic Treatment Centers
- 121.145 Quarterly Reporting (Repealed)

SUBPART G: INTENTIONAL VIOLATIONS OF THE PROGRAM

Section

- 121.150 Definition of Intentional Violations of the Program
- 121.151 Penalties for Intentional Violations of the Program
- 121.152 Notification To Applicant Households
- 121.153 Disqualification Upon Finding of Intentional Violation of the Program
- 121.154 Court Imposed Disqualification

SUBPART H: FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM

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Section

121.160	Persons Required to Participate
121.162	Program Requirements
121.163	Vocational Training
121.164	Orientation (Repealed)
121.165	Community Work
121.166	Assessment and Employability Plan (Repealed)
121.167	Counseling/Prevention Services
121.170	Job Search Activity
121.172	Basic Education Activity
121.174	Job Readiness Activity
121.176	Work Experience Activity
121.177	Illinois Works Component (Repealed)
121.178	Job Training Component (Repealed)
121.179	JTPA Employability Services Component (Repealed)
121.180	Grant Diversion Component (Repealed)
121.182	Earnfare Activity
121.184	Sanctions for Non-cooperation with Food Stamp Employment and Training
121.186	Good Cause for Failure to Cooperate
121.188	Supportive Services
121.190	Conciliation
121.200	Types of Claims (Recodified)
121.201	Establishing a Claim for Intentional Violation of the Program (Recodified)
121.202	Establishing a Claim for Unintentional Household Errors and Administrative Errors (Recodified)
121.203	Collecting Claim Against Households (Recodified)
121.204	Failure to Respond to Initial Demand Letter (Recodified)
121.205	Methods of Repayment of Food Stamp Claims (Recodified)
121.206	Determination of Monthly Allotment Reductions (Recodified)
121.207	Failure to Make Payment in Accordance with Repayment Schedule (Recodified)
121.208	Suspension and Termination of Claims (Recodified)

SUBPART I: WORK REQUIREMENT FOR FOOD STAMPS

Section

121.220	Work Requirement Components (Repealed)
121.221	Meeting the Work Requirement with the Earnfare Component (Repealed)
121.222	Volunteer Community Work Component (Repealed)

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- 121.223 Work Experience Component (Repealed)
- 121.224 Supportive Service Payments to Meet the Work Requirement (Repealed)
- 121.225 Meeting the Work Requirement with the Illinois Works Component (Repealed)
- 121.226 Meeting the Work Requirement with the JTPA Employability Services Component (Repealed)

AUTHORITY: Implementing Sections 12-4.4 through 12-4.6 and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-4.4 through 12-4.6 and 12-13].

SOURCE: Adopted December 30, 1977; amended at 3 Ill. Reg. 5, p. 875, effective February 2, 1979; amended at 3 Ill. Reg. 31, p. 109, effective August 3, 1979; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 41, p. 165, effective October 11, 1979; amended at 3 Ill. Reg. 42, p. 230, effective October 9, 1979; amended at 3 Ill. Reg. 44, p. 173, effective October 19, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 3, p. 49, effective January 9, 1980; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 23, 1980; amended at 4 Ill. Reg. 10, p. 253, effective February 27, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 17, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1131, effective January 16, 1981; amended at 5 Ill. Reg. 4586, effective April 15, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 12736, effective October 29, 1981; amended at 6 Ill. Reg. 1653, effective January 17, 1982; amended at 6 Ill. Reg. 2707, effective March 2, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10208, effective August 9, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 5715, effective May 1, 1983; amended at 7 Ill. Reg. 8118, effective June 24, 1983; peremptory amendment at 7 Ill. Reg. 12899, effective October 1, 1983; amended at 7 Ill. Reg. 13655, effective October 4, 1983; peremptory amendment at 7 Ill. Reg. 16067, effective November 18, 1983; amended at 7 Ill. Reg. 16169, effective November 22, 1983; amended at 8 Ill. Reg. 5673, effective April 18, 1984; amended at 8 Ill. Reg. 7249, effective May 16, 1984; peremptory amendment at 8 Ill. Reg. 10086, effective July 1, 1984; amended at 8 Ill. Reg. 13284, effective July 16, 1984; amended at 8 Ill. Reg. 17900, effective September 14, 1984; amended (by adding Section being codified with no substantive change) at 8 Ill. Reg. 17898; peremptory amendment at 8 Ill. Reg. 19690,

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effective October 1, 1984; preemptory amendment at 8 Ill. Reg. 22145, effective November 1, 1984; amended at 9 Ill. Reg. 302, effective January 1, 1985; amended at 9 Ill. Reg. 6804, effective May 1, 1985; amended at 9 Ill. Reg. 8665, effective May 29, 1985; preemptory amendment at 9 Ill. Reg. 8898, effective July 1, 1985; amended at 9 Ill. Reg. 11334, effective July 8, 1985; amended at 9 Ill. Reg. 14334, effective September 6, 1985; preemptory amendment at 9 Ill. Reg. 15582, effective October 1, 1985; amended at 9 Ill. Reg. 16889, effective October 16, 1985; amended at 9 Ill. Reg. 19726, effective December 9, 1985; amended at 10 Ill. Reg. 229, effective December 20, 1985; preemptory amendment at 10 Ill. Reg. 7387, effective April 21, 1986; preemptory amendment at 10 Ill. Reg. 7941, effective May 1, 1986; amended at 10 Ill. Reg. 14692, effective August 29, 1986; preemptory amendment at 10 Ill. Reg. 15714, effective October 1, 1986; Sections 121.200 thru 121.208 recodified to 89 Ill. Adm. Code 165 at 10 Ill. Reg. 21094; preemptory amendment at 11 Ill. Reg. 3761, effective February 11, 1987; emergency amendment at 11 Ill. Reg. 3754, effective February 13, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 9968, effective May 15, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 10269, effective May 22, 1987; amended at 11 Ill. Reg. 10621, effective May 25, 1987; preemptory amendment at 11 Ill. Reg. 11391, effective July 1, 1987; preemptory amendment at 11 Ill. Reg. 11855, effective June 30, 1987; emergency amendment at 11 Ill. Reg. 12043, effective July 6, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 13635, effective August 1, 1987; amended at 11 Ill. Reg. 14022, effective August 10, 1987; emergency amendment at 11 Ill. Reg. 15261, effective September 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 15480, effective September 4, 1987; amended at 11 Ill. Reg. 15634, effective September 11, 1987; amended at 11 Ill. Reg. 18218, effective October 30, 1987; preemptory amendment at 11 Ill. Reg. 18374, effective October 30, 1987; amended at 12 Ill. Reg. 877, effective December 30, 1987; emergency amendment at 12 Ill. Reg. 1941, effective December 31, 1987, for a maximum of 150 days; amended at 12 Ill. Reg. 4204, effective February 5, 1988; amended at 12 Ill. Reg. 9678, effective May 23, 1988; amended at 12 Ill. Reg. 9922, effective June 1, 1988; amended at 12 Ill. Reg. 11463, effective June 30, 1988; amended at 12 Ill. Reg. 12824, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 14045, effective August 19, 1988, for a maximum of 150 days; preemptory amendment at 12 Ill. Reg. 15704, effective October 1, 1988; preemptory amendment at 12 Ill. Reg. 16271, effective October 1, 1988; amended at 12 Ill. Reg. 20161, effective November 30, 1988; amended at 13 Ill. Reg. 3890, effective March 10, 1989; amended at 13 Ill. Reg. 13619, effective August 14, 1989; preemptory amendment at 13 Ill. Reg. 15859, effective October 1, 1989; amended at 14 Ill. Reg. 729, effective January 1, 1990; amended at 14 Ill. Reg. 6349, effective April 13, 1990; amended at 14 Ill. Reg. 13202, effective August 6, 1990; preemptory amendment at 14 Ill. Reg. 15158, effective October 1, 1990; amended at 14 Ill. Reg. 16983, effective September 30, 1990; amended at 15 Ill. Reg. 11150, effective July 22, 1991; amended at 15 Ill. Reg. 11957, effective August 12, 1991; preemptory amendment at 15 Ill. Reg. 14134, effective October 1, 1991; emergency amendment at 16 Ill. Reg. 757, effective January 1, 1992, for a maximum of 150

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days; amended at 16 Ill. Reg. 10011, effective June 15, 1992; amended at 16 Ill. Reg. 13900, effective August 31, 1992; emergency amendment at 16 Ill. Reg. 16221, effective October 1, 1992, for a maximum of 150 days; preemptory amendment at 16 Ill. Reg. 16345, effective October 1, 1992; amended at 16 Ill. Reg. 16624, effective October 23, 1992; amended at 17 Ill. Reg. 644, effective December 31, 1992; amended at 17 Ill. Reg. 4333, effective March 19, 1993; amended at 17 Ill. Reg. 14625, effective August 26, 1993; emergency amendment at 17 Ill. Reg. 15149, effective September 7, 1993, for a maximum of 150 days; preemptory amendment at 17 Ill. Reg. 17477, effective October 1, 1993; expedited correction at 17 Ill. Reg. 21216, effective October 1, 1993; amended at 18 Ill. Reg. 2033, effective January 21, 1994; emergency amendment at 18 Ill. Reg. 2509, effective January 27, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 3427, effective February 28, 1994; amended at 18 Ill. Reg. 8921, effective June 3, 1994; amended at 18 Ill. Reg. 12829, effective August 5, 1994; amended at 18 Ill. Reg. 14103, effective August 26, 1994; amended at 19 Ill. Reg. 5626, effective March 31, 1995; amended at 19 Ill. Reg. 6648, effective May 5, 1995; emergency amendment at 19 Ill. Reg. 12705, effective September 1, 1995, for a maximum of 150 days; preemptory amendment at 19 Ill. Reg. 13595, effective October 1, 1995; amended at 20 Ill. Reg. 1593, effective January 11, 1996; preemptory amendment at 20 Ill. Reg. 2229, effective January 17, 1996; amended at 20 Ill. Reg. 7902, effective June 1, 1996; amended at 20 Ill. Reg. 11935, effective August 14, 1996; emergency amendment at 20 Ill. Reg. 13381, effective October 1, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 13668, effective October 8, 1996, for a maximum of 150 days; amended at 21 Ill. Reg. 3156, effective February 28, 1997; amended at 21 Ill. Reg. 7733, effective June 4, 1997; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; emergency amendment at 22 Ill. Reg. 1954, effective January 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 5502, effective March 4, 1998; amended at 22 Ill. Reg. 7969, effective May 15, 1998; emergency amendment at 22 Ill. Reg. 10660, effective June 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 12167, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16230, effective September 1, 1998; amended at 22 Ill. Reg. 19787, effective October 28, 1998; emergency amendment at 22 Ill. Reg. 19934, effective November 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 20099, effective November 1, 1998; emergency amendment at 23 Ill. Reg. 2601, effective February 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 3374, effective March 1, 1999; amended at 23 Ill. Reg. 7285, effective June 18, 1999; emergency amendment at 23 Ill. Reg. 13253, effective October 13, 1999, for a maximum of 150 days; emergency amendment at 24 Ill. Reg. 3871, effective February 24, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 4180, effective March 2, 2000; amended at 24 Ill. Reg. 10198, effective June 27, 2000; amended at 24 Ill. Reg. 15428, effective October 10, 2000; emergency amendment at 24 Ill. Reg. 15468, effective October 1, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 845, effective January 5, 2001; amended at 25 Ill. Reg. 2423, effective January 25, 2001; emergency amendment at 25 Ill. Reg. 2439, effective January 29, 2001, for a

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maximum of 150 days; emergency amendment at 25 Ill. Reg. 3707, effective March 1, 2001, for a maximum of 150 days; emergency expired July 28, 2001; amended at 25 Ill. Reg. 7720, effective June 7, 2001; amended at 25 Ill. Reg. 10823, effective August 12, 2001; amended at 25 Ill. Reg. 11856, effective August 31, 2001; emergency amendment at 25 Ill. Reg. 13309, effective October 1, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 151, effective January 1, 2002; amended at 26 Ill. Reg. 2025, effective February 1, 2002; amended at 26 Ill. Reg. 13530, effective September 3, 2002; preemptory amendment at 26 Ill. Reg. 15099, effective October 1, 2002; amended at 26 Ill. Reg. 16484, effective October 25, 2002; amended at 27 Ill. Reg. 2889, effective February 7, 2003; expedited correction at 27 Ill. Reg. 14262, effective February 7, 2003; amended at 27 Ill. Reg. 4583, effective February 28, 2003; amended at 27 Ill. Reg. 7273, effective April 7, 2003; amended at 27 Ill. Reg. 12569, effective July 21, 2003; preemptory amendment at 27 Ill. Reg. 15604, effective October 1, 2003; amended at 27 Ill. Reg. 16108, effective October 6, 2003; amended at 27 Ill. Reg. 18445, effective November 20, 2003; amended at 28 Ill. Reg. 1104, effective December 31, 2003; amended at 28 Ill. Reg. 3857, effective February 13, 2004; amended at 28 Ill. Reg. 10393, effective July 6, 2004; preemptory amendment at 28 Ill. Reg. 13834, effective October 1, 2004; emergency amendment at 28 Ill. Reg. 15323, effective November 10, 2004, for a maximum of 150 days; emergency expired April 8, 2005; amended at 29 Ill. Reg. 2701, effective February 4, 2005; amended at 29 Ill. Reg. 5499, effective April 1, 2005; preemptory amendment at 29 Ill. Reg. 12132, effective July 14, 2005; emergency amendment at 29 Ill. Reg. 16042, effective October 4, 2005, for a maximum of 150 days; emergency expired March 2, 2006; preemptory amendment at 29 Ill. Reg. 16538, effective October 4, 2005; emergency amendment at 30 Ill. Reg. 7804, effective April 6, 2006, for a maximum of 150 days; emergency expired September 2, 2006; amended at 30 Ill. Reg. 11236, effective June 12, 2006; amended at 30 Ill. Reg. 13863, effective August 1, 2006; amended at 30 Ill. Reg. 15681, effective September 12, 2006; preemptory amendment at 30 Ill. Reg. 16470, effective October 1, 2006; amended at 31 Ill. Reg. 6991, effective April 30, 2007; amended at 31 Ill. Reg. 10482, effective July 9, 2007; amended at 31 Ill. Reg. 11318, effective July 23, 2007; preemptory amendment at 31 Ill. Reg. 14372, effective October 1, 2007; amended at 32 Ill. Reg. 2813, effective February 7, 2008; amended at 32 Ill. Reg. 4380, effective March 12, 2008; amended at 32 Ill. Reg. 4813, effective March 18, 2008; amended at 32 Ill. Reg. 9621, effective June 23, 2008; preemptory amendment at 32 Ill. Reg. 16905, effective October 1, 2008; preemptory amendment to Sections 121.94(c), 121.96(d)(2) and 121.150(b) suspended at 32 Ill. Reg. 18908, effective November 19, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at 33 Ill. Reg. 200, effective February 5, 2009; preemptory amendment repealed by emergency rulemaking at 33 Ill. Reg. 3514, effective February 5, 2009, for a maximum of 150 days; preemptory amendment at 32 Ill. Reg. 18092, effective November 15, 2008; emergency amendment at 33 Ill. Reg. 4187, effective February 24, 2009, for a maximum of 150 days; preemptory amendment at 33 Ill. Reg. 5537, effective April 1, 2009; amended at 33 Ill. Reg. _____, effective _____.

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SUBPART A: APPLICATION PROCEDURES

Section 121.3 Approval of an Application and Initial Authorization Of Assistance

- a) Eligibility for program participation shall not be authorized for any period prior to the month in which application is made.
- b) A household's benefits level for the initial month of certification will be based on the day of the month it applies for benefits. A household shall receive benefits prorated from the day of application to the end of the month. As used in this paragraph, the term "initial month" means either the first month for which an allotment is issued to a household or the first month for which an allotment is issued to a household following any period of at least one month during which the household was not certified for participation in the Food Stamp Program.
- e) ~~For categorically eligible households (i.e. households in which all members are authorized to receive benefits under the Aid to Families with Dependent Children Program, the Supplemental Security Income Program, the Interim Assistance Program and/or the General Assistance Program), a food stamp application which is denied while the AFDC, SSI, Interim Assistance and/or GA application is pending, is reactivated when the Department becomes aware that AFDC, SSI, Interim Assistance and/or GA benefits are approved. In this instance, the household shall receive Food Stamp benefits prorated from the day AFDC, SSI, Interim Assistance and/or State GA benefits were approved.~~

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 121.7 Expedited Service

- a) Households in need of immediate food assistance shall be provided expedited service if the household:
 - 1) has liquid assets (such as, cash on hand, checking or savings accounts) of no more than \$100, and has gross monthly income for the fiscal month of application of less than \$150; or
 - 2) has liquid assets of no more than \$100, and contains a migrant or seasonal farmworker who is destitute. A migrant or seasonal farmworker

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household meeting one of the following criteria is considered destitute:

- A) Migrant or seasonal farmworker households whose only income for the fiscal month of application was received prior to the date of application and was from a terminated source are considered destitute.
 - i) Income is considered as coming from a terminated source if it is received monthly or more frequently and will not be received again from the same source during the fiscal month of application or during the month following application, or it is normally received less often than monthly and will not be received in the month the next payment is normally received.
 - ii) A household member who changes jobs but continues to work for the same employer is considered as still receiving income from the same source.
 - iii) Migrant households which have received their last wages from a grower, food processor, livestock, nursery or other employer are considered destitute.

- B) Income from a New Source
 - i) Migrant or seasonal farmworker households whose only income, for the fiscal month in which the application is filed, is from a new source are considered destitute if income of more than \$25.00 will not be received from the new source by the 10th calendar day following the date of application.
 - ii) Income is considered as coming from a new source if it is normally received on a monthly basis or more frequently and more than \$25.00 has not been received from the source within 30 days prior to the date the application was filed, or it is normally received less often than monthly and income of more than \$25.00 was not received within the last normal interval between regular payments.

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- C) Households may receive income from a terminated source prior to the date of application and income from a new source after the date of application. Such households may be considered destitute if they receive no other income in the fiscal month of application and income of more than \$25.00 from the new source will not be received by the 10th calendar day after the date of initial application.
 - D) The receipt of a wage advance for the travel costs of a new employee does not affect the determination of whether subsequent payments from the employer are from a new source of income or whether a household is to be considered destitute.
- 3) has combined gross monthly income and liquid resources which are less than the household's monthly rent or mortgage and utility costs.
- b) A household may be entitled to expedited service but factors of eligibility (see subsection (e) of this Section) may make the household ineligible to receive food stamp benefits or eligible for an amount less than the maximum monthly benefit amount for the household size.
 - c) If a household is not entitled to expedited service, the Department will continue to process the application using the regular application procedures (found at Section 121.2). The application will only be denied if the household is ineligible under regular processing standards.
 - d) Processing Time Standard
 - 1) The first day of the time standard is the calendar day following the day the signed application was filed. The date of application is the day the signed application is received in the correct local office.
 - 2) The Department shall process applications for eligible households entitled to expedited service within the following processing time standards:
 - A) If entitlement for expedited service is discovered at the date of application, benefits shall be made available to the household no later than the fifth calendar day following the date of application.

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- B) If entitlement to expedited service is discovered during normal processing of the application, benefits shall be made available no later than the fifth calendar day following the day entitlement to expedited service was discovered.
- e) Households entitled to expedited service shall be interviewed no later than the work day following the date of application. Households entitled to expedited service are given an interview appointment on the day the signed application is filed. If the applicant fails to appear for the scheduled interview, the time frame for expedited service no longer applies (see Section 121.2 for the time limitations of the disposition of an application). The applicant's application will be processed using the regular processing standards found at Section 121.2.
- f) When a migrant household is entitled to expedited service and a two-month certification period is assigned, the Department shall authorize the second month's benefits without requiring verification which must be obtained from another state. However, the out-of-state verification must be obtained before additional benefits will be authorized in a new certification period. Migrant households shall be entitled to postpone out-of-state verifications for a second month only once each season.
- g) Prior to certification for expedited service, only the applicant's ~~identity~~ [identify](#) (for example, driver's license and voter registration card) must be verified. Income (for example, pay stubs), ~~liquid assets (for example, checking and savings account statement)~~ and residency (for example, ~~driver's~~ [drivers](#) license and voter registration card) shall be verified if verification will not cause benefits to be delayed.
- h) Food stamp units applying for recertification between the 15th and the last day of the last month of their current certification period are not entitled to expedited service.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 121.8 Express Stamps Application Project

- a) The Express Stamps Application Project will operate ~~for a 2-year period~~ as a USDA Food and Nutrition Service (FNS) Food Stamp approved demonstration

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project in designated food pantries in Will, Lake, DuPage and Kane Counties. Pantry volunteers shall encourage visitors who are not currently receiving food stamp benefits to apply for Express Stamps. If interested, the visitor shall be directed to a computer terminal where he or she can use the electronic application process. The program will display an introduction to the on-line application that explains who can apply to participate in the project. The applicant then provides information needed to determine eligibility for food stamps, including name, address, household members, income, assets, and expenses. An abbreviated web-based food stamp application will be electronically transmitted to the Department if the person is eligible to apply pursuant to subsection (b).

- b) A household may not participate in the Express Stamps Application Project if:
- 1) the household has received food stamps or Express Stamp benefits in the past 12 months;
 - 2) the applicant does not have verification of identity;
 - 3) the household does not reside in one of the pilot site counties;
 - 4) a household member's income ~~is or assets are~~ unknown;
 - 5) an adult household member's Social Security Number is unknown;
 - 6) a member is a non-citizen but not a legal immigrant;
 - 7) a member of the household voluntarily quit work, reduced his or her hours of work, or is on strike;
 - 8) an adult member of the household is a student of higher education;
 - 9) a member of the household is a fleeing felon, resident of a drug or alcohol treatment center or disqualified for an Intentional Program Violation; or
 - 10) a member has to meet the food stamp work requirement (see Section 121.18, Work Requirement).
- c) If the household is not eligible to participate in the Express Stamps Application Project for one of the reasons listed in subsection (b), an application will not be

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accepted at the food pantry. The applicant will be told he or she is not eligible to participate in the project and he or she will be given a food stamp application and referred to his or her local DHS office to apply for the regular food stamp program.

- d) Separate household status will be granted to individuals 60 or older who live with others and who are unable to purchase and prepare meals because of a disability, without determining if the income of the other household members exceeds 65 percent of the poverty line.
- e) The citizenship requirements defined in Section 121.20 will be satisfied by the applicant's attestation that each household member is a citizen or legal immigrant.
- f) The household's gross monthly income as reported by the applicant will be used to determine eligibility for food stamps.
- g) ~~Non-categorically eligible households will meet the asset limit to qualify for benefits if the applicant reports that the household does not have assets in excess of the appropriate limit (see Section 121.59).h)~~ The applicant will sign the application utilizing an electronic signature method.
- h)i) No face-to-face interview with DHS will be required.
- i)j) The date of application is the next business day if the application is received after 5:00 p.m. or on a holiday or weekend.
- j)k) If eligible for food stamps, one month of benefits will be issued if the application is filed on or before the 15th of the fiscal month and two months of benefits if the application is filed after the 15th of the fiscal month. (See 89 Ill. Adm. Code 101.20 for a definition of "fiscal month".) A successful applicant shall be issued an EBT card by pantry personnel. The DHS local office will mail a personal identification number (PIN) to the applicant so he or she can access benefits. The provisions of Sections 121.93, 121.94 and 121.98 apply. FNS audits EBT records on a regular basis.
- k)l) A notice of disposition (see 89 Ill. Adm. Code 10.270, Notice to Client) of the application accepted for the Express Stamps Application Project will be sent to all applicants. If approved for Express Stamps, the notice will contain information that, to continue to receive food stamp benefits, an application must be filed at the

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local DHS office within 17 calendar days from the date of the notice (see Section 121.120).

- | l)m) Food pantry personnel involved in the EBT program shall be trained prior to participating in the demonstration. The training shall include, but not be limited to, an overview of the project and the electronic application form, computer security measures, the role of food pantry personnel in the process, the EBT card and how it works, civil rights, client responsibilities, confidentiality requirements and project evaluation requirements. Volunteers are required to complete a computer security form that allows the Department to monitor computer activities and prosecute if fraud is committed. The provisions in Sections 121.150 through 121.154 apply.
- | m)n) The Department will maintain close contact with participating food pantries for the duration of the project and will conduct an evaluation of the project as required by FNS.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section 121.41 Budgeting Earned Income

- | a) When determining eligibility and level of benefits, income received during the month in which the household applies shall be budgeted. ~~However, for those categorically eligible households with a reopened food stamp application, income received during the first month of AFDC/SSI/Interim Assistance/GA, eligibility shall be budgeted.~~ When recertified, income which the household anticipates receiving during the certification period starting the month following the expiration of the current certification period shall be budgeted.
- b) The Department shall consider income already received by the household and any anticipated income that is reasonably certain to be received. Income received in the fiscal month prior to the fiscal month of application shall be used as an indication only if income is stable. Anticipated income shall be counted only in the month received. Income which is not certain to be received either on amount or date shall not be counted.
- c) Households anticipating variable income over the certification period shall have

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their income averaged.

- d) The earned income of special situation households shall be treated as follows:
- 1) Self Employed
 - A) Self-employment income which represents a household's annual income shall be averaged over a 12-month period even if the income is received within a shorter period of time during the 12 months.
 - B) Self-employment income which is intended to meet the household's needs for only part of the year shall be averaged over the period of time the income is intended to cover.
 - 2) Resident Farm Laborers
 - A) If resident farm laborers are paid for work done only during the work season and such payments are anticipated to be the only source of income during the year, the income shall be averaged over the 12-month period.
 - B) If the household receives advance or deferred payments during the non-work season or has income from other sources, the income shall not be averaged but shall reflect the actual receipt of the income.
- e) School Contractual Employees
Those households that derive their income in a period of time shorter than one year shall have that income averaged over a 12-month period, provided the income is not received on an hourly or piecework basis.
- f) Self-Employed Farmers
A deduction is allowed from other countable household income for the costs of producing income which exceeds the income derived from self-employment as a farmer. An individual is considered a self-employed farmer if annual gross proceeds of \$1,000 or more are anticipated or received from a farming enterprise.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

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Section 121.55 Sponsors of Aliens

- a) A sponsor is a person who signed an affidavit or other statement accepted by the Immigration and Naturalization Service (INS) agreeing to support an alien as a condition of the alien's admission for permanent residence. A sponsor is an individual, not an organization. Portions of sponsor's income and assets are deemed available to the alien for three years after the alien's date of entry into the United States (see subsection (i)). The alien's date of entry is the date established by the INS as the date the alien was admitted for permanent residence in the United States. The following individuals are excluded from the provisions of this rule:
- 1) an alien who is participating in the Food Stamp program as a member his or her sponsors's household;
 - 2) an alien whose sponsor is participating in the Food Stamp program separate and apart from the alien;
 - 3) an alien who is sponsored by an organization or group as opposed to an individual; or
 - 4) an alien who is not required to have a sponsor under the Immigration and Nationality Act (8 USC 1101(a)(15) and 1101(a)(20)). This includes but is not limited to a refugee, a parolee, one granted asylum and a Cuban or Haitian entrant.
- b) Certain amounts of the gross income and assets of the sponsor or sponsor's spouse, if they live together, are deemed available (see subsection 122.55(j)) as unearned income and assets of the individual alien applying for or receiving food stamp benefits if:
- 1) the sponsor signed an affidavit of support or a similar agreement on or after February 1, 1983, assuring the alien will not become a public charge; and
 - 2) the alien has been a resident of the United States for less than three years.
- c) The gross income and assets of the sponsor's spouse if living with the sponsor will

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be counted even if the sponsor and spouse married after the agreement was signed (see subsection 121.55(i)).

- d) The gross income of the sponsor and the sponsor's spouse will be counted even if the sponsor claims to have given up sponsorship responsibility.
- e) Sponsorship Duration
 - 1) The sponsorship responsibility continues until:
 - A) the three-year sponsorship period expires; or
 - B) the alien obtains a new sponsor; or
 - C) the sponsor dies.
 - 2) When the alien obtains another sponsor, the Department will recalculate deemed income/assets using the new sponsor's income and assets.
- f) If two or more aliens are sponsored by the same sponsor, the income of the sponsor deemed available is divided equally among the aliens applying for or receiving food stamp benefits.
- g) Alien Responsibility
 - 1) It is the responsibility of the alien to:
 - A) provide the Department with any information or documentation necessary to determine the income and assets of the sponsor (e.g., pay stubs of earned income, checking and saving accounts statements);
 - B) obtain the necessary cooperation (in accordance with Section 121.5) of the sponsor in determining the amount of the sponsor's available income;
 - C) provide the Department with the names of other aliens that the sponsor has signed an agreement to support, for the purpose of prorating the sponsor's deemed income;

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- D) report any changes in the sponsor's income, source of income, assets and number of dependents which directly affect the eligibility and benefit level of the alien;
 - E) report a change in sponsors and all required information regarding the new sponsor's income, spouse, assets and dependents;
 - F) report the death of the sponsor.
- 2) The alien is not eligible until income/asset information is received. However, if the alien or the alien's sponsor receives TANF the information concerning the sponsor's income and assets is taken from the TANF case record.
- h) Department's Responsibility
Obtain from the alien, the alien's spouse, the sponsor or the sponsor's spouse, or from the TANF record and document:
- 1) The gross income and assets of the alien's sponsor and the sponsor's spouse (if living with the sponsor) for the fiscal month of the alien's application for food stamp benefits.
 - 2) The names of other aliens for whom the sponsor has signed an affidavit of support or similar agreement, for the purpose of prorating the sponsor's deemed income.
 - 3) The provision of the Immigration and Nationality Act under which the alien was admitted.
 - 4) The date of the alien's entry or admission as a lawful permanent resident as established by the INS.
 - 5) The alien's date of birth, place of birth and alien registration number.
 - 6) The number of dependents claimed or that could be claimed for Federal income tax purposes by the sponsor and the sponsor's spouse (if living with sponsor).

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- 7) The name, address and phone number of the alien's sponsor.
- i) **Determination of a Sponsor's Available Income**
The income of the sponsor and the sponsor's spouse (if they live together) includes all gross income except for exempt income listed in Sections 121.31 and 121.50. Income deemed available from the sponsor and the sponsor's spouse is budgeted monthly. If the sponsor and/or the sponsor's spouse receive income on a yearly basis, the income is divided by 12 to arrive at the monthly amount of income to deem available to the alien.
 - 1) Determine the gross earned income of the sponsor and the sponsor's spouse for the fiscal month of application.
 - 2) Determine net earned income by multiplying the total gross earned income by 82%.
 - 3) Add the unearned income of the sponsor and sponsor's spouse to the net earned income.
 - 4) Deduct the Gross Monthly Income Eligibility Standard for a household equal in size to the sponsor, the sponsor's spouse and any other person claimed or that could be claimed by the sponsor or the sponsor's spouse for income tax purposes.
 - 5) Income remaining is deemed available to the alien.
 - 6) Divide the sponsor's deemed income by the number of named aliens who apply for or participate in the Food Stamp program.
 - 7) Determine the sponsor and the sponsor's spouse income using prospective budgeting in accordance with Section 121.92.
 - j) **Determination of Sponsor's Assets**
The total amount of assets available to the alien is the total of non-exempt assets of the sponsor and the sponsor's spouse minus \$1,500. If the individual is sponsoring more than one alien, divide the deemed assets (see Section 121.57) by the number of named aliens who apply for or participate in the Food Stamp program.

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- k) Overissuance Due to Incorrect Sponsor Information
- 1) The sponsor and/or the alien is responsible for repayment of overissuance of coupons as a result of incorrect information provided by the sponsor. If the alien's sponsor had good cause or was without fault (see Section 121.200(b)) for supplying incorrect information, the alien's household is responsible for repayment.
 - 2) If the sponsor did not have good cause, the Department will decide whether to establish a claim for overissuance against the sponsor or alien, or both (see Section 121.200(a) and 121.150 through 121.154).

[AGENCY NOTE: References to determining assets in this Section pertain only to households that are not categorically eligible \(see Section 121.76\)](#)

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 121.57 Assets

- a) The value of nonexempt assets shall be considered in determining eligibility [only if a household is not categorically eligible \(see Section 121.76\)](#).
- b) Value of Nonexempt Assets
- 1) The value of nonexempt assets is the equity value (fair market value less the amount owed), except for prepaid funeral agreements valued over \$1500.
 - 2) The Department considers the following assets in determining eligibility:
 - A) Liquid Assets
 - i) Liquid assets are those properties in the form of cash or other financial instruments which are convertible to cash, such as, but not limited to, cash on hand, money, in checking or savings accounts, credit union accounts, savings certificates, stocks or bonds, lump-sum payments, and prepaid funeral agreements.

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- ii) Exempt any retirement funds in a plan, contract, or account, described in sections 401(a), 403(a), 403(b), 408, 408A, 457(b), and 501(c)(18) of the Internal Revenue Code of 1986 and the value of funds in a Federal Thrift Savings Plan account as provided in section 8439 of title 5, United States Code. Exempt any funds in a qualified tuition program described in section 529 of the Internal Revenue Code of 1986 or in a Coverdell education savings account under section 530 of that Code.

- B) Nonliquid Assets
Nonliquid assets are those properties which are not in the form of cash or other financial instruments, such as personal property, licensed vehicles, unlicensed vehicles, buildings, land, recreational properties, and any other property not specifically exempted in Section 121.58.

- C) Assets of Sponsors of Aliens
Consider the assets of the sponsor and the sponsor's spouse who sponsored an alien on or after February 1, 1983 (7 CFR 272.1(g)(54) (2001)) in accordance with Section 121.55.

- D) Licensed Vehicles
The Department shall consider the equity value of a licensed vehicle unless exempted as stated in Section 121.58.

- E) Prepaid Funeral Agreements
The value of prepaid funeral agreements over \$1500.00 per person is considered.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

SUBPART D: ELIGIBILITY STANDARDS

Section 121.60 Net Monthly Income Eligibility Standards

- a) Households that are not categorically eligible~~Eligible households~~ whose net monthly income does not exceed the maximum monthly income standards shall be assigned food stamp benefits based on the net monthly food stamp income.

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b) The maximum net monthly income standards are:

Household Size	Amount
1.....	\$ 867
2.....	1,167
3.....	1,467
4.....	1,767
5.....	2,067
6.....	2,367
7.....	2,667
8.....	2,967
Each additional member.....	300

Derived from Office of Management and Budget non-farm, income poverty guidelines.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 121.61 Gross Monthly Income Eligibility Standards

a) Gross Monthly Income Eligibility Standards

- 1) The gross income standards of eligibility shall be 130 percent of the nonfarm income poverty guidelines prescribed by the Office of Management and Budget (see 7 CFR 273.9(a)(1)) for all households including categorical households as defined in Section 121.76, except elderly, blind or disabled households that shall be considered. However, categorically eligible if the household's gross income is at or below 200%. Householdshouseholds and households containing a member who is elderly, blind or disabled that are not categorically eligible will be exempt

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from this gross income check (see also 7 CFR 273.9(c)), [but must meet the net income standards in Section 121.60](#). To qualify for increased benefits, a household must contain a member who meets one of the following requirements:

- A) A member is 60 years of age or older. An individual is considered age 60 in the fiscal month in which he or she becomes 60.
- B) A member receives Supplemental Security Income (SSI) benefits under Title XVI of the Social Security Act, (this includes the household where the member is receiving SSI income pending a final decision from the Social Security Administration. This SSI income is being provided on a temporary or emergency basis).
- C) A member receives Social Security disability or blindness benefits under Title II (RSDI) of the Social Security Act.
- D) A member receives State Supplemental Payment (SSP) due to blindness or disability.
- E) A veteran with a service-connected disability rated or paid as totally disabled by the Department of Veterans Affairs (VA).
- F) A veteran considered by the VA to be in need of regular aid and attendance or permanently housebound.
- G) A veteran's surviving spouse who is considered in need of aid and attendance or considered permanently housebound by the VA or a veteran's surviving child who is considered permanently incapable of self-support by the VA.
- H) A veteran's surviving spouse or child entitled to compensation for a service-connected death or pension benefits for a nonservice-connected death from the VA, if the spouse or child also has a disability considered permanent under Social Security requirements.
- I) A member receives federal, state, or local government disability pension and is considered permanently disabled under Social

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Security requirements.

- J) A member receives Railroad Retirement disability benefits.
- K) A member receives an annuity payment from Railroad Retirement and is eligible for Medicare.
- L) A member receives disability-related medical assistance benefits (Categories 92, 93 and P3) under Title XIX (Medicaid) of the Social Security Act.
- 2) For those veterans, surviving spouses, or children mentioned in subsections (a)(1)(F) and (G) of this Section, proof of receipt of VA disability benefits is sufficient verification of disability. For those veterans mentioned in subsection (a)(1)(E) of this Section, a verified statement, in writing, from the VA that the individual is totally disabled must be provided. To verify disability for those individuals mentioned in subsection (a)(1)(H) of this Section, the individual must provide a statement from the Social Security Administration or from a physician licensed under the Medical Practice Act of 1987 [225 ILCS 60], or a licensed or certified psychologist under the Clinical Psychologist Licensing Act [225 ILCS 15] that the individual suffers from one of the disabilities listed in the preamble to Section 221(i) of the Social Security Act (42 USC 421(i)) or if the disability is obvious, by the observation of the caseworker (for example, permanent loss of use of both hands).
- 3) Legally obligated child support payments paid by a household member shall be excluded from gross income when comparing income to the gross income standard to determine eligibility.

b)	Household Size	Gross Income	<u>Gross Income</u>
		<u>130% FPL</u>	<u>200% FPL</u>
	One Person	\$1,127	<u>\$1,733</u>
	Two Persons	1,517	<u>2,333</u>
	Three Persons	1,907	<u>2,933</u>

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	Four Persons	2,297	<u>3,533</u>
	Five Persons	2,687	<u>4,133</u>
	Six Persons	3,077	<u>4,733</u>
	Seven Persons	3,467	<u>5,333</u>
	Eight Persons	3,857	<u>5,933</u>
	Each Additional Member	+ 390	<u>+ 600</u>

(Source: Amended at 33 Ill. Reg. _____, effective _____)

SUBPART E: HOUSEHOLD CONCEPT

Section 121.73 Ineligible Household Members

The income ~~and assets~~ of ineligible household members, not eligible to participate in the Food Stamp program, ~~is~~ are used in determining eligibility and level of benefits for the remaining eligible household members. The assets of ineligible household members not eligible to participate in the Food Stamp Program are used in determining eligibility for the remaining eligible household members, if the household is not categorically eligible (see Section 121.76).

The following are ineligible household members:

- a) Individuals disqualified for intentional violation of the program,
- b) Individuals sanctioned due to failure to comply with the work provisions, and
- c) Individuals excluded:
 - 1) For refusal to meet the SSN requirements of Section 121.22; or
 - 2) As an ineligible alien.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 121.74 Strikers

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- a) 1) A striker is anyone directly involved in:
- A) a strike, or
 - B) a work stoppage planned by employees, including a work stoppage because a contract expired, or
 - C) a slowdown planned by employees, or
 - D) other interruption of operations planned by employees.
- 2) An individual who has been or is on strike at any time during a fiscal month is considered a striker for the fiscal month.
- b) A person not directly involved in a strike who cannot work due to the strike or who is afraid to cross the picket line because of threats of injury or vandalism is not a striker (e.g., a member of a non-striking union or a non-union member who cannot work due to a strike is not a striker. However, a sympathy striker is a striker.).
- c) An employee affected by a lockout is not a striker.
- d) A household with a member on strike shall be ineligible to participate in the Food Stamp Program except for the following situations:
- 1) The striking ~~individual~~individual(s) is exempt from work registration requirements for reasons other than employment on the day before the strike began. See Section 121.29 to determine if the ~~individual~~individual(s) is exempt, or
 - 2) If the striking ~~individual~~individual(s) is not exempt from work registration requirements, the household must be either participating or eligible to participate on the day before the strike began.
- e) Eligibility and level of benefits for a striker household are determined using the household's income ~~and assets~~ as ~~it was~~they were on the day before the strike began. If eligible on the day before the strike, eligibility and level of benefits are determined by using the greater of the striker's pre-strike income or current income plus the non-striking household member's current income.

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(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 121.76 Categorically Eligible Households Receiving AFDC, SSI, Interim Assistance and/or GA—Categorical Eligibility

a) A categorically eligible household is:

1) A household in which all members are authorized to receive TANF, GA or SSI, including SSI cases in recoupment or suspension status. These households are not subject to~~A household in which all members are authorized to receive AFDC, SSI, Interim Assistance and/or GA is categorically or automatically eligible for Food Stamp benefits. Categorically eligible means that each household member meets one of the following conditions:~~

A) asset limits (see Section 121.57); or~~receives AFDC, SSI, Interim Assistance or GA;~~

B) gross or net income limits (see Section 121.60 and Section 121.61).

2) ~~is approved for AFDC, SSI, Interim Assistance or GA even if a check has not been received;~~

3) ~~has an AFDC or Interim Assistance case in zero grant status;~~

4) ~~has an SSI case in recoupment status; or~~

5) ~~has an SSI case in suspension status.~~

2)b) A household that receives a TANF funded brochure, Guide to Services, that provides information and referrals to other services for which a household may qualify. This brochure is provided at application and annually thereafter. Through receipt of this TANF funded service, households with an elderly, blind or disabled member, as defined in Section 121.62(a)(1)(A) through (L), whose total gross income is at or below 200% of the federal poverty limit and for all other households whose total gross income is at or below 130% are considered categorically

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eligible. These categorically eligible households are not subject to:

A) asset limits (see Section 121.57); or

B) net income limits (see Section 121.60).

- b) Categorical eligibility does not apply to a household in which a member is disqualified for an Intentional Program Violation or a sanction for failure to comply with work provisions.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

SUBPART F: MISCELLANEOUS PROGRAM PROVISIONS

Section 121.130 Residents of Shelters for Battered Women and their Children

- a) Residents (i.e., battered women and their children) of public or private non-profit residential facilities serving battered women and/or battered women and their children are eligible for food stamps if they meet the eligibility requirements of this Part and 7 CFR 273 (1987, ~~with no later editions or amendments~~). Residents of facilities which have a portion of the facility set aside on a long-term basis to serve only battered women and their children are also eligible for food stamps if they meet the eligibility requirements of this Part and 7 CFR 273 (1987, ~~with no later editions or amendments~~).
- b) Residents must meet all eligibility requirements of this Part and 7 CFR 273 (1987, ~~with no later editions or amendments~~) with the following special considerations:
- 1) The battered woman and her ~~children~~child(ren) are considered an individual household in determining eligibility and the amount of food stamps benefits (7 CFR 273.1(e)(4), ~~[(1987), with no later editions or amendments]~~).
 - 2) If the ~~resident is~~resident(s) are receiving food stamps as a ~~member~~member(s) of the household containing the person who subjected the resident to the abuse, the ~~resident is~~resident(s) are certified as a separate household and will be authorized an additional allotment (see Section 121.64) if ~~he/she meets~~they meet all other eligibility requirements of this Part; however, ~~thesuch~~ allotment will not be authorized more than once in

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a fiscal month.

- 3) Assets held jointly by the resident and ~~members~~member(s) of the former household are exempt if the assets are not accessible to the resident without the consent of the joint owner. Assets are totally exempt if the household is categorically eligible (see Section 121.76).
- 4) Upon certification of the ~~resident~~resident(s) as a separate household, the Department shall adjust the level of benefits provided to the former household to reflect the change in household composition.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

Section 121.140 Small Group Living Arrangement Facilities and Drug/Alcoholic Treatment Centers

a) Small Group Living Arrangement Facilities

- 1) Blind or disabled recipients of benefits under Title II (42 ~~USCU.S.C.~~ 402 et seq.) or Title XVI (42 ~~USCU.S.C.~~ 1381 et seq.) of the Social Security Act residing in a public or private non-profit group living arrangement facility which services no more than ~~sixteen~~(16) residents may voluntarily apply for food stamps. Residents of a group living arrangement facility shall either apply for food stamp benefits and be certified through the use of an authorized representative designated by the facility or apply for ~~such~~ benefits on their own behalf. If the resident applies for food stamps through an authorized representative designated by the facility (see Section 121.1), and if determined eligible for ~~such~~ benefits, the resident will be certified as a one-person household. If the resident applies for food stamps on his/her own behalf, the household size is determined in accordance with Section 121.70.
- 2) Disabled or blind residents of a public or private non-profit group living arrangement facility must meet all other eligibility requirements of this Part and 7 CFR 273 (1987, ~~with no later editions or amendments~~).

b) Drug/Alcoholic Treatment Centers

- 1) Residents of publicly operated or private non-profit drug/alcoholic

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treatments centers authorized by USDA pursuant to 7 CFR 278.1 and 278.2(g) (1987, ~~with no later editions or amendments~~) to accept food coupons may voluntarily apply for food stamps. Residents of a drug/alcoholic treatment center shall apply for food stamps and, if determined eligible for ~~such~~ benefits, be certified as a one-person household through the use of an authorized representative designated by the facility (see Section 121.1). The treatment center shall receive and spend the coupon allotment for food prepared by and/or served to the addict or alcoholic.

- 2) Residents of publicly operated or private non-profit drug/alcoholic treatment centers must meet all other eligibility requirements of this Part and 7 CFR 273 (1987, ~~with no later editions or amendments~~).

c) Small Group Living Arrangement Facilities and Drug/Alcoholic Treatment Centers have the following responsibilities:

- 1) Provide the Department with a list of currently participating residents signed by the facility director attesting to the validity of the list.
- 2) The facility/treatment center is responsible for any misrepresentation or fraud which the facility/treatment center knowingly commits (see Section 121.150) in the certification of facility/treatment center residents. The facility/treatment center must be knowledgeable about a household's circumstances (e.g., income and assets) and should carefully review those circumstances with the resident prior to applying for food stamps on behalf of a particular resident. The facility/treatment center is strictly liable for all losses or misuse of food stamps held on behalf of resident households and for all overissuances which occur while households are residents of the facility/treatment center.
- 3) The facility/treatment center must immediately (when the change occurs) notify the [DHS](#) local ~~public aid~~ office of changes in the resident's circumstances ~~that which~~ may affect the resident's eligibility for food stamps, including but not limited to changes in residence ~~and~~ income, ~~and~~ [assets](#).
- 4) When the resident leaves the facility/treatment center, he/she must receive his/her full food stamp allotment if already issued and if no coupons have

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been spent on behalf of that individual. These procedures apply at any time during the month. However, if any portion of the food stamps have been spent on behalf of the resident and he/she leaves the facility/treatment center prior to the 16th day of the month, the facility/treatment center must provide the individual with one half of his/her food stamp allotment. In either case, the facility shall retain a receipt as proof of issuance. If the resident leaves on or after the 16th day of the month and the coupons have already been issued and used, he/she will not receive any coupons.

- 5) The facility/treatment center must return any unused food stamps not provided to departing residents at the end of each month to the [DHS](#) local ~~public aid~~ office. Any food stamps received for a resident subsequent to his/her departure from the facility must be returned to the [DHS](#) local ~~public aid~~ office.

(Source: Amended at 33 Ill. Reg. _____, effective _____)

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NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Electronic Commerce Security Act
- 2) Code Citation: 14 Ill. Adm. Code 105
- 3) Section Number: 105.300 Adopted Action:
New Section
- 4) Statutory Authority: Implementing and authorized by Section 25-105 of the Electronic Commerce Security Act [5 ILCS 175/25-105]
- 5) Effective Date of Amendment: April 6, 2009
- 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 amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: 32 Ill. Reg. 12115; August 1, 2008
- 10) Has JCAR issued a Statement of Objection to the rulemaking? No
- 11) Differences between proposal and final version: None
- 12) Have all of the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter 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 Amendment: In accordance with the Electronic Commerce Security Act, specifically, Section 25-105, the Department serves as the single certification authority that may issue digital signature technology for State agencies. Due to the increasing use of this technology, and at the request of JCAR, the Department added Subpart C, Agency Utilization, which identifies use of digital technology by State agencies.

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- 16) Information and questions regarding this adopted amendment shall be directed to:

Gina Wilson
Illinois Department of Central Management Services
720 Stratton Office Building
Springfield IL 62706

217/785-1793

OR

Dominic Saebeler
Illinois Department of Central Management Services
120 West Jefferson Street, Floor 3
Springfield, IL 62702

217/557-7678

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

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NOTICE OF ADOPTED AMENDMENT

TITLE 14: COMMERCE

SUBTITLE A: REGULATION OF BUSINESS

CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 105

ELECTRONIC COMMERCE SECURITY ACT

SUBPART A: GENERAL PROVISIONS

Section

- 105.10 Scope and Definitions
- 105.20 Roles of the Department, the State Policy Authority, the Local Registration Authority and Other State Agencies
- 105.30 Maintenance of the State Certificate Policy and Certification Practice Statement
- 105.40 Records Retention
- 105.50 Audit Requirements
- 105.60 Appeals

SUBPART B: CERTIFICATION OF SECURITY PROCEDURES

Section

- 105.200 Certification of a Qualified Security Procedure for Electronic Records and Signature
- 105.210 Qualified Security Procedures
- 105.220 State PKI Procedures
- 105.230 Revocation or Suspension of Certification of a Security Procedure
- 105.240 Foreign Public Sector Certificate Authorities

SUBPART C: AGENCY UTILIZATION

Section

- 105.300 Identified and Approved Electronic Signature Activity

AUTHORITY: Authorized by the Electronic Commerce Security Act [5 ILCS 175].

SOURCE: Adopted at 31 Ill. Reg. 7251, effective May 4, 2007; amended at 33 Ill. Reg. 5745, effective April 6, 2009.

SUBPART C: AGENCY UTILIZATION

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Section 105.300 Identified and Approved Electronic Signature Activity

The Department has identified and recognizes the following agency electronic signature utilization:

<u>Agency Name</u>	<u>Application Type – Project Description – Objective</u>
<u>Agriculture</u>	<u>Desktop application</u>
<u>Aging</u>	<u>TruePass web application</u>
<u>Aging</u>	<u>TruePass internal application</u>
<u>Auditor General</u>	<u>Desktop software for encryption</u>
<u>CMS</u>	<u>Using TruePass to control access to Mobius report viewing server for tracking time usage of employees</u>
<u>CMS</u>	<u>TruePass system to authenticate into Enterprise Web Operations site</u>
<u>CMS</u>	<u>Encrypted Disaster Recovery information contained on flash drives. Uses desktop Entelligence suite</u>
<u>DHS</u>	<u>Secure email</u>
<u>DCEO</u>	<u>TruePass/Access Manager – Access mainframe applications through the internet</u>
<u>HFS</u>	<u>TruePass authentication to Health and Family Services MEDI portal</u>
<u>EPA</u>	<u>TruePass/GetAccess internet application for online eforms</u>
<u>Fire Marshal</u>	<u>Entrust Security Provider for desktop encryption and secure email</u>
<u>IGAC</u>	<u>Desktop encryption and signing</u>
<u>ISAC</u>	<u>Teacher Education Scholarship Program (CollegeZone)</u>
<u>IDOT</u>	<u>Digital signatures with electronic forms (leave slips and time cards)</u>
<u>IDOT</u>	<u>Entrust Desktop Solutions with Word and Excel</u>
<u>IEMA</u>	<u>Desktop encryption via Entelligence</u>

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Illinois State Police	State Police application to automatically encrypt attachments for background checks
Illinois State Police	STICS (State Terrorism Information Center System) access
Illinois State Police	TruePass system developed for photo enforcement of traffic
Law Enforcement Training and Standards Board	Provide end users with access to training database
Office of Executive Inspector General for the Agencies of the Governor	Electronic timekeeping using digital signatures
Office of Executive Inspector General for the Agencies of the Governor	Desktop software
Pollution Control Board	Use of Entrust TruePass to provide authentication
Property Tax Appeal Board	Entrust Security Provider and Adobe forms
Revenue	Desktop software
State Employee Retirement System	TruePass/Access Manager – online State employee benefits
Veterans' Affairs	Encryption of documents using desktop suite

(Source: Added at 33 Ill. Reg. 5745, effective April 6, 2009)

ELEVATOR SAFETY REVIEW BOARD

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Illinois Elevator Safety Rules
- 2) Code Citation: 41 Ill. Adm. Code 1000
- 3) Section Number: 1000.60 Adopted Action:
Amendment
- 4) Statutory Authority: Authorized by and implementing Section 35 of the Elevator Safety and Regulation Act [225 ILCS 312/35] and Public Act 95-767
- 5) Effective Date of Amendment: April 2, 2009
- 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 amendment, 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) Notice of Proposed Amendment published in the Illinois Register: December 5, 2009; 32 Ill. Reg. 18465
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposed and final versions: None
- 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: The amendment is 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:

ELEVATOR SAFETY REVIEW BOARD

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

Telephone: 312/814-2693
Facsimile: 312/814-3459

The full text of the Adopted Amendment begins on the next page.

ELEVATOR SAFETY REVIEW BOARD

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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 Procedures
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; amended at 33 Ill. Reg. 5750, effective April 2, 2009.

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:

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- 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) and Performance-Based Safety Code for Elevators and Escalators (ASME A17.1-2007/CSA B44.7-07);
 - 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, ~~2013~~2009, ~~except that upgrades to the hydraulic cylinder system and the firefighter control system must be completed by January 1, 2011~~);
 - 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 43rd Street, 4th 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).

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- 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 33 Ill. Reg. 5750, effective April 2, 2009)

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- 1) Heading of the Part: Clean Air Set-Aside
- 2) Code Citation: 35 Ill. Adm. Code 274
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
274.100	New Section
274.102	New Section
274.104	New Section
274.106	New Section
274.200	New Section
274.202	New Section
274.204	New Section
274.206	New Section
274.208	New Section
274.210	New Section
- 4) Statutory Authority: The Illinois Environmental Protection Act [415 ILCS 5/4]
- 5) Effective Date of Rulemaking: April 6, 2009
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes, in Section 274.106:
 - a) 40 CFR 96, CAIR NO_x Annual Trading Program, subparts AA (excluding 40 CFR 96.104, 96.105(b)(2), and 96.106), BB, FF, GG, And HH (2007); and
 - b) 40 CFR 96, CAIR NO_x Seasonal Trading Program, subparts AAAA (excluding 40 CFR 96.304, 96.305(b)(2), and 96.306), BBBB, FFFF, GGGG, And HHHH (2007).
- 8) A copy of the adopted rules, including any material incorporated by reference, is on file in the Illinois EPA's principal office located at 1021 North Grand Avenue East, P.O. Box 19276, Springfield, Illinois 62794-9276 and is available for public inspection.
- 9) Notice of Proposal Published in the Illinois Register: May 16, 2008; 32 Ill. Reg. 7548
- 10) Has JCAR issued a Statement of Objection to these amendments? No

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- 11) Differences between proposal and final version:
In Section 274.206(d)(2)(C), changed "be" to "been"
- 12) Have all 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 rulemaking addresses procedural rules for implementing the Clean Air Interstate Rule (CAIR) Clean Air Set-Asides (CASA). In the Fall of 2007, the Pollution Control Board adopted rules implementing federal CAIR NO_x trading programs (35 Ill. Adm. Code 225, Subparts A, D, and E (Docket R06-26)). This rulemaking provides procedures for the CASA NO_x allowance portion of the CAIR regulation. The rulemaking includes provisions for the eligible sources and entities to apply for CASA NO_x allowances, and for the Illinois EPA to distribute such allowances, and to maintain a website that lists the allowances available, application deadlines, and other relevant information
- 16) Information and questions regarding this adopted rulemaking shall be directed to:

Rachel Doctors
Illinois Environmental Protection Agency
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276

217/524-3337

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

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE B: AIR POLLUTION
CHAPTER II: ENVIRONMENTAL PROTECTION AGENCYPART 274
CLEAN AIR SET-ASIDE

SUBPART A: GENERAL PROVISIONS

Section	
274.100	Purpose
274.102	Definitions
274.104	Abbreviations and Acronyms
274.106	Incorporations by Reference

SUBPART B: CLEAN AIR SET-ASIDE PROCEDURES

Section	
274.200	Eligible CAIR CASA Projects and NO _x Allowances Available for Distribution
274.202	CAIR CASA NO _x Allowance Database
274.204	Applications for CAIR CASA NO _x Allowances
274.206	Review of CAIR CASA Applications
274.208	Agency Action on CAIR CASA Applications
274.210	CAIR CASA NO _x Allowances Distribution

AUTHORITY: Implementing and authorized by Section 4 of the Environmental Protection Act [415 ILCS 5/4].

SOURCE: Adopted at 33 Ill. Reg. 5755, effective April 6, 2009.

SUBPART A: GENERAL PROVISIONS

Section 274.100 Purpose

This Part provides procedures for the determination and distribution of CASA Annual and Seasonal NO_x Allowances under 35 Ill. Adm. Code 225, Subparts D and E.

Section 274.102 Definitions

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Except as otherwise defined in this Part, definitions of terms used in this Part shall be those used in 35 Ill. Adm. Code 225.130, 35 Ill. Adm. Code 211 and 40 CFR 96.102 and 96.302, as incorporated by reference in Section 274.106.

Section 274.104 Abbreviations and Acronyms

Agency	Illinois Environmental Protection Agency
CAIR	Clean Air Interstate Rule
CASA	Clean Air Set-Aside
NATS	NO _x Allowance Tracking System
NO _x	nitrogen oxides
NO _x allowances	CAIR NO _x allowances from the annual or seasonal CASA, as applicable
ORIS	Office of Regulatory Information Systems
USEPA	United States Environmental Protection Agency

Section 274.106 Incorporations by Reference

The following materials are incorporated by reference. These incorporations do not include any later amendments or editions.

- a) 40 CFR 96, CAIR NO_x Annual Trading Program, subparts AA (excluding 40 CFR 96.104, 96.105(b)(2), and 96.106), BB, FF, GG, and HH (2007); and
- b) 40 CFR 96, CAIR NO_x Seasonal Trading Program, subparts AAAA (excluding 40 CFR 96.304, 96.305(b)(2), and 96.306), BBBB, FFFF, GGGG, and HHHH (2007).

SUBPART B: CLEAN AIR SET-ASIDE PROCEDURES

Section 274.200 Eligible CAIR CASA Projects and NO_x Allowances Available for Distribution

- a) The types of projects eligible for NO_x allowances from the annual CASA are defined by 35 Ill. Adm. Code 225.460.
- b) The types of projects eligible for NO_x allowances from the seasonal CASA are defined by 35 Ill. Adm. Code 225.560.

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- c) The number of NO_x allowances from the annual CASA available to the Agency for distribution will be determined pursuant to 35 Ill. Adm. Code 225.465 and 225.475.
- d) The number of NO_x allowances from the seasonal CASA available to the Agency for distribution will be determined pursuant to 35 Ill. Adm. Code 225.565 and 225.575.

Section 274.202 CAIR CASA NO_x Allowance Database

- a) The Agency will maintain a publicly-accessible website on which it will provide the following information about the NO_x allowances that are available for distribution in the applicable control periods:
 - 1) Number of NO_x allowances by CASA project category;
 - 2) Vintage;
 - 3) Application deadline; and
 - 4) Distribution date.
- b) Historical NO_x Allowance Distributions. The Agency will maintain a publicly-accessible website on which it will provide the following information about the NO_x allowance distributions that the Agency has made for at least the prior 15 control periods:
 - 1) Company or entity name;
 - 2) Project sponsor;
 - 3) ORIS code;
 - 4) CASA project category;
 - 5) NO_x allowances requested;
 - 6) NO_x allowances approved; and

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- 7) NO_x allowances distributed.
- c) The Agency will update the website with both seasonal and annual draft NO_x allowances distributions by September 8 of each year. Project sponsors will be given until September 15 of each year to submit comments. The website will be updated with the final NO_x allowances distributions by October 8 of each year.
- d) Official Record of Transactions. The official record of all NO_x allowance transactions shall be the USEPA CAIR NO_x Allowance Tracking System (NATS). Any discrepancies found by the CAIR designated representative or authorized account representative shall be reported pursuant to the applicable procedures in 40 CFR 96, as incorporated by reference in Section 274.106.

Section 274.204 Applications for CAIR CASA NO_x Allowances

- a) A project sponsor requesting annual or seasonal NO_x allowances must submit applications that meet the requirements of 35 Ill. Adm. Code 225.470 or 225.570. A new application must be submitted for each control period for which allowances are requested.
- b) Beginning with the 2009 control period and each control period thereafter, a project sponsor may request NO_x allowances from the CASA. CASA applications for annual and seasonal CASA projects must have a send date, e.g, postmark or ship date, of no later than May 1 of the control period for which the allowances are being requested. Such applications must be sent by U.S. registered or certified mail, return receipt requested, other trackable mail, or delivered in person to the Illinois Environmental Protection Agency, Bureau of Air, Compliance Section, 1021 North Grand Avenue East, Springfield, Illinois 62794-9276. Applications that are hand-delivered shall be delivered to and received for by the Illinois EPA, Bureau of Air, Manager of the Division of Air Pollution Control or his or her designee. Delivery by any other means or to another address will invalidate the application, unless resubmitted to the proper address by May 1 of the applicable control period.

Section 274.206 Review of CAIR CASA Applications

The Agency will determine, based on its review of the project sponsor's CASA applications, if:

- a) The project qualifies as a CASA project for the specified CASA project category

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and for the specific control period;

- b) The owner or operator of the CASA project:
 - 1) Commenced construction of the project on or after the dates listed in 35 Ill. Adm. Code 225.470(a) or 225.570(a), as applicable;
 - 2) Operated the project during an applicable seasonal or annual control period pursuant to 35 Ill. Adm. Code 225.470(b) or 225.570(b), as applicable; and
 - 3) Exceeded the maximum number of control periods for the project to receive NO_x allowances pursuant to 35 Ill. Adm. Code 225.470(d) or 225.570(d), as applicable;
- c) The NO_x allowance calculations are correct; and
- d) All information has been submitted as follows:
 - 1) For applications of projects that have not been previously approved, the documentation required by 35 Ill. Adm. Code 225.470(c) or 225.570(c), as applicable.
 - 2) For applications of projects previously approved, supporting information that includes:
 - A) A description of any changes or improvements;
 - B) The documentation required by subsections (c)(1), (c)(2), (c)(3), (c)(5), (c)(6), and (c)(7) of 35 Ill. Adm. Code 225.470 or 225.570, as applicable; and
 - C) A certification that all previously provided information that has not been amended remains complete and accurate.

Section 274.208 Agency Action on CAIR CASA Applications

- a) If the Agency finds that an application meets the applicable requirements, the Agency will notify the project sponsor in writing within 90 days after the

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Agency's receipt of the application that the application is deemed complete, and that the requested number of allowances is approvable pending other requests for allowances from the same project category.

- b) If the Agency finds that an application does not contain all required information pursuant to 35 Ill. Adm. Code 225.470 or 225.570, as applicable, the Agency will, within 90 days after the Agency's receipt of the application, send a written request via certified mail to the project sponsor requesting the submittal of additional information. The project sponsor will have 14 days from the date of receipt of notification to respond by U.S. registered or certified mail, return receipt requested, other trackable mail, or delivery in person to the Illinois Environmental Protection Agency, Bureau of Air, Compliance Section, 1021 North Grand Avenue East, Springfield, Illinois 62794-9276. Responses that are hand-delivered shall be delivered to and receipted for by the Illinois EPA, Bureau of Air, Manager of the Division of Air Pollution Control or his or her designee. If the project sponsor does not respond in a timely manner or does not respond with all the required information, the application is deemed denied and no allowances will be distributed. The Agency will notify the project sponsor of the modified distribution or denial via certified mail.
- c) If the Agency finds that an application is complete but does not meet the applicable requirements, the Agency will send a written notification via certified mail of the application's deficiencies to the project sponsor within 90 days after the Agency's receipt of the application. The project sponsor will have 14 days from the date of receipt of notification of deficiencies to respond via U.S. registered or certified mail, return receipt requested, other trackable mail, or delivery in person to the Illinois Environmental Protection Agency, Bureau of Air, Compliance Section, 1021 North Grand Avenue East, Springfield, Illinois 62794-9276. Responses that are hand-delivered shall be delivered to and receipted for by the Illinois EPA, Bureau of Air, Manager of the Division of Air Pollution Control or his or her designee. If the project sponsor does not respond in a timely manner or does not adequately address the deficiencies, the application is deemed denied and no allowances will be distributed. The Agency shall notify the project sponsor of the modified distribution or denial via certified mail.
- d) If the Agency finds that the number of NO_x allowances requested in the application is not approvable, the Agency will send written notification via certified mail to the project sponsor within 90 days after the Agency's receipt of the application. This notification will include the modified number of NO_x

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allowances that may be approved but not guaranteed due to availability. The project sponsor will be given 14 days from the date of receipt of notification to respond via U.S. registered or certified mail, return receipt requested, other trackable mail, or delivery in person to the Illinois Environmental Protection Agency, Bureau of Air, Compliance Section, 1021 North Grand Avenue East, Springfield, Illinois 62794-9276. Responses that are hand-delivered shall be delivered to and receipted for by the Illinois EPA, Bureau of Air, Manager of the Division of Air Pollution Control or his or her designee. If the project sponsor does not respond within the above timeframe, the Agency's determination of the modified total number of NO_x allowances will be considered accepted. Even if the project sponsor does respond within the above timeframe, the Agency may still decide that the additional information fails to support modifying the number of approvable NO_x allowances and use its original determination of approvable NO_x allowances rather than the number requested by the project sponsor. The Agency shall notify the project sponsor of the distribution via certified mail.

- e) Prior to making final NO_x allowance distributions, the Agency will review any information submitted in a timely manner by a project sponsor in response to a written notification as described in subsections (b), (c), and (d) of this Section. The Agency may send multiple written requests for information or response if time allows.

Section 274.210 CAIR CASA NO_x Allowances Distribution

- a) By September 1, 2009, and each September 1 thereafter, the Agency will calculate the possible NO_x allowance distribution based on the information submitted and other pertinent information in relation to the project, and the equations given for each CASA category pursuant to 35 Ill. Adm. Code 225.
- b) If there are sufficient NO_x allowances available in the applicable CASA project category, the Agency will allocate the number of NO_x allowances determined pursuant to the procedures of this Subpart. If there are fewer NO_x allowances than the number the Agency determines approvable for the project, the Agency will allocate the NO_x allowances on a pro-rata basis, as specified in 35 Ill. Adm. Code 225.475(b) and 225.575(b).
- c) The Agency will allocate NO_x allowances, with the oldest vintage NO_x allowances within a CASA NO_x project category being allocated first.

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- d) The Agency will keep track of any remaining NO_x allowances for the year and season by CASA NO_x project category.
- e) The Agency will notify USEPA of the annual and seasonal NO_x allowance distributions by October 1 of the year of the applicable control period.

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- 1) Heading of the Part: Illinois Cares Rx Program
- 2) Code Citation: 89 Ill. Adm. Code 119
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
119.20	Amendment
119.80	Amendment
- 4) Statutory Authority: The Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act [320 ILCS 25] and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Effective Date of Amendments: May 1, 2009
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Do these amendments contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: December 5, 2008; 32 Ill. Reg. 18470
- 10) Has JCAR issued a Statement of Objection to these amendments? 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? Yes
- 13) Will these amendments replace any emergency amendments currently in effect? Yes, but only for the Cost of Living Adjustment (COLA) provisions in Section 119.20 described in #15 below.
- 14) Are there any other amendments pending on this Part? No
- 15) Summary and Purpose of Amendments: The Department previously adopted administrative rules to disregard an amount of income equal to the 2005, 2006, and 2007 COLAs so members are prevented from losing benefits as a result of the COLA increase.

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This rulemaking increases the income disregard for 2008. In addition, Illinois Cares Rx Program (ICRx) coverage for multiple sclerosis medications is expanded to include those used for treating incontinence, urinary tract infections, depression, extreme fatigue, and muscle spasticity.

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

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

217/557-7157

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMSPART 119
ILLINOIS CARES RX PROGRAM

Section	
119.10	Definitions
119.20	Eligibility
119.30	Low Income Subsidy
119.40	Automatic Enrollment of Program Beneficiaries
119.50	Assignment and Coordination of Benefits
119.60	Covered Services
119.70	Prior Authorization and Preferred Drug List (PDL)
119.80	Illinois Cares Rx Basic Covered Prescription Drugs
119.90	Co-Payments and Cost Sharing
119.100	Pharmacy Payment
119.110	Inspection and Disclosure of Records
119.120	Establishment of Liens
119.130	Penalties
119.140	Penalties (Repealed)

AUTHORITY: Implementing the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act [320 ILCS 25] and implementing and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Executive Order 2004-3.

SOURCE: Adopted by emergency rulemaking at 28 Ill. Reg. 13816, effective October 1, 2004, for a maximum of 150 days; adopted at 29 Ill. Reg. 4069, effective February 25, 2005; emergency amendment at 30 Ill. Reg. 482, effective January 1, 2006, for a maximum of 150 days; emergency amendment modified in response to the Joint Committee on Administrative Rules' Objection at 30 Ill. Reg. 5436, effective February 28, 2006, for the remainder of the maximum 150 days; amended at 30 Ill. Reg. 10274, effective May 26, 2006; amended at 31 Ill. Reg. 5537, effective March 26, 2007; emergency amendment at 32 Ill. Reg. 373, effective January 1, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. 7717, effective May 5, 2008; emergency amendment at 33 Ill. Reg. 1220, effective January 1, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 5765, effective May 1, 2009.

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Section 119.20 Eligibility

- a) Illinois Cares Rx Eligibility Qualifications
To be eligible for Illinois Cares Rx pharmaceutical benefits, an individual must meet all of the following requirements:
- 1) Be:
 - A) 65 years of age or older; or
 - B) a disabled person.
 - 2) Be domiciled in Illinois at the time of filing an application, and during the coverage period.
 - 3) Except for individuals choosing Illinois Cares Rx Rebate, be enrolled in a Coordinating Medicare Part D PDP if eligible for Medicare Part D.
 - 4) Except for individuals choosing Illinois Cares Rx Rebate, apply for all available subsidies under Medicare Part D. The Department may deem individuals to be compliant with this requirement in cases where the Department's data clearly indicates the individual would not be eligible for any low income subsidy.
 - 5) Have a maximum household income as described in subsection (a)(5)(A), (B) or (C). If any income eligibility limit set forth in subsection (a)(5)(A), (B) or (C) is less than 200 percent of the Federal Poverty Level (FPL) for any year, the income eligibility limit for that year for households of that size shall be income equal to or less than 200 percent of FPL.
 - A) less than \$21,218 for a household containing one person;
 - B) less than \$28,480 for a household containing two persons; or
 - C) less than \$35,740 for a household containing three or more persons.
 - 6) Individuals eligible for SeniorCare on December 31, 2005 will be automatically determined eligible for and enrolled in Illinois Cares Rx

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Plus for coverage year 2006; individuals eligible for Circuit Breaker Pharmaceutical Assistance on December 31, 2005 will be automatically determined eligible for and enrolled in Illinois Cares Rx Basic for coverage year 2006.

- b) **Illinois Cares Rx Plus Eligibility Qualifications**
To be eligible for Illinois Cares Rx Plus pharmaceutical benefits as described in Section 119.60(a), an individual must meet all of the eligibility requirements described in subsection (a) and meet all of the following requirements:
- 1) Be a U.S. citizen or qualify as an eligible non-citizen pursuant to 89 Ill. Adm. Code 120.310.
 - 2) Be 65 years of age or older.
 - 3) Have countable annual income at or below 200 percent of FPL guidelines published annually by the U.S. Department of Health and Human Services.
- c) **Proof of Eligibility Qualifications**
An applicant must submit proof of his or her eligibility qualifications as described in subsections (a) and (b).
- 1) Examples of proof of date of birth include:
 - A) a baptismal record; or
 - B) a birth certificate; or
 - C) a driver's license; or
 - D) an identification card from the Secretary of State's office; or
 - E) an insurance policy; or
 - F) naturalization papers.
 - 2) Examples of proof of disability include:

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- A) proof that an applicant is eligible to receive disability benefits under the federal Social Security Act of 1935 (see 42 USC 423); or
 - B) issuance of an Illinois Disabled Person Identification Card stating that an applicant is under a Class 2 disability, as defined in Section 4A of the Illinois Identification Card Act [15 ILCS 335/4A]; or
 - C) status of an applicant as a disabled person determined by a physician designated by the Department on Aging using the same standards as used by the Social Security Administration with the costs of any required examination paid by the applicant (see 42 USC 423); or
 - D) receipt by an applicant of Railroad (see 45 USC 231), Civil Service, or Veterans' total disability benefits (see 38 USC 101). (See 320 ILCS 25/3.14.)
- 3) Applicants age 64 and older who are ineligible for Medicare must submit proof of citizenship as set forth in section 6036 of the federal Deficit Reduction Act of 2005. This requirement becomes inapplicable if federal funding for these individuals becomes unavailable.
- d) **Income**
Income shall be based on income for the full calendar year prior to the year the applicant filed an application for pharmaceutical benefits, unless the applicant requests consideration of projected income as described in subsections (d)(1)(A), (B), (C), (D) and (E).
- 1) **Projected Income**
 - A) An applicant may request that projected income for the coverage year be used as current income in determining eligibility at the time an application is filed if projected income for the coverage year will be lower than current income for the coverage year. The application must include an itemized listing of current income for the coverage year and projected income for the coverage year, together with documentation for the lost sources of income used in calculating projected income. The Department on Aging will allow such a request and use projected income as current income in

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processing the application if its use will enable an applicant to qualify for this program.

- B) An applicant whose application has been denied for exceeding maximum household income eligibility qualifications may file a Schedule P requesting use of projected income for the coverage year as current income for the coverage year in re-determining eligibility if projected income for the coverage year will be lower than current income for the coverage year. The Schedule must include an itemized listing of current income for the coverage year and projected income for the coverage year, together with documentation for the lost sources of income used in calculating projected income. The Department on Aging will allow such a request and use projected income as current income in processing the application if its use will enable an applicant to qualify for this program.
- C) A beneficiary whose application has been approved for Illinois Cares Rx Basic may file a Schedule P requesting use of projected income for the coverage year as current income for the coverage year in redetermining the eligibility for Illinois Cares Rx Plus if projected income for the coverage year will be lower than current income for the coverage year. The Schedule must include an itemized listing of current income for the coverage year and projected income for the coverage year, together with documentation for the lost sources of income used in calculating projected income. The Department on Aging will allow such a request and use projected income as current income in processing the application if its use will enable a beneficiary to qualify for Illinois Cares Rx Plus.
- D) Amended applications for pharmaceutical assistance benefits must be filed on the appropriate paper forms approved by the Department on Aging prior to the expiration of the coverage year for the coverage year at issue.
- E) A beneficiary may not use projected income for two consecutive years, except in the case of hardship such as death, change in marital status or retirement.

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- 2) **Countable Income**
The earned and unearned income of the applicant and his or her spouse (if the spouse resides with the applicant) shall be counted when determining eligibility.
 - 3) **Assets shall not be considered.**
 - 4) **For applications processed after January 1, 2007, but received on or before December 31, 2007, 6.91 percent of the household income is exempt from consideration in determining eligibility. For 2007 applications, postmarked on or before December 31, 2008, 10.44 percent of the household income is exempt from consideration in determining eligibility. [For 2008 applications postmarked on or before December 31, 2009, 12.98 percent of the household income is exempt from consideration in determining eligibility.](#)**
 - 5) **Illinois Cares Rx Plus participants shall be exempt from the requirements of 89 Ill. Adm. Code 102.210, Estate Claims, with regard to expenditures made for Illinois Cares Rx benefits.**
- e) **An individual who is eligible for medical assistance with a spenddown may participate in Illinois Cares Rx.**
 - f) **An individual who receives benefits from any of the Medicare Savings programs, the Qualified Medicare Beneficiary (QMB) program, the Specified Low Income Medicare Beneficiary (SLIB) program, or the Qualified Individual (QI) program may participate in Illinois Cares Rx.**
 - g) **Application Process**
 - 1) **An application for pharmaceutical assistance benefits under the Act must be filed on the appropriate paper or electronic forms approved by the Department on Aging.**
 - 2) **Individuals shall apply by completing and submitting an application as specified by the Illinois Department on Aging.**

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- 3) Spouses who live together in the same residence may apply on the same application as long as the application contains both signatures.
 - 4) After eligibility is determined by the Illinois Department on Aging, notice of the outcome shall be sent to the applicant.
 - 5) An individual enrolled in Illinois Cares Rx shall receive coverage under his or her own name and unique Recipient Identification Number.
- h) Enrollment Periods
- 1) Enrollment shall be effective the first of the month no later than the second month after the date when the applicant was determined to be eligible for the program.
 - 2) The initial coverage period shall continue from the effective date of the enrollment through the end of the calendar year following the year in which the beneficiary filed the application for Illinois Cares Rx benefits.
 - 3) Individuals must reapply annually.
 - 4) Subsequent uninterrupted periods of enrollment shall be for 12 months and shall be coincident with the calendar year.
- i) Authorization of Illinois Cares Rx
- Once an individual has been determined eligible for Illinois Cares Rx, an Illinois Cares Rx identification card shall be sent to the individual, unless the individual elects to participate in the Illinois Cares Rx Rebate Program.
- j) Illinois Cares Rx coverage shall terminate:
- 1) at the end of a participant's coverage period unless the participant reapplies timely and is found to continue to be eligible;
 - 2) when a participant no longer resides in Illinois;
 - 3) when a participant becomes an inmate of a public institution;
 - 4) upon a participant's death;

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- 5) upon discovery that the initial determination of the participant's eligibility was incorrect; or
 - 6) when a participant not enrolled in Illinois Cares Rx Rebate fails to apply for any low income subsidy available under Medicare Part D, except in cases where the Department has deemed the individual to be compliant based on the Department's data.
- k) **Appeal Rights**
Any applicant or beneficiary aggrieved by action of the Department on Aging under the Act, whether in the denial of an application or amended application may request in writing that the Department on Aging reconsider its action, setting out the facts on which the request is based. The Department on Aging will consider the request and either affirm or modify its action.

(Source: Amended at 33 Ill. Reg. 5765, effective May 1, 2009)

Section 119.80 Illinois Cares Rx Basic Covered Prescription Drugs

The Illinois Cares Rx Basic Program shall cover pharmaceutical products as described in this Section for the treatment of heart disease and its related conditions, diabetes, arthritis, cancer, Alzheimer's disease, Parkinson's disease, glaucoma, lung disease and smoking related illnesses, osteoporosis, multiple sclerosis and, effective January 1, 2007, for those enrolled in Medicare Part D, HIV or AIDS.

- a) Drugs prescribed for treatment of heart disease and its related conditions that fall within the following categories qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs:
 - 1) Antihypertensives
 - 2) Antiarrhythmics
 - 3) Antihyperlipidemics
 - 4) Cardiac Glycosides
 - 5) Calcium Channel Blockers

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- 6) Vasodilators
 - 7) Anti-Adrenergic/Sympatholytics
 - 8) Renin Angiotensin System Antagonists
 - 9) Diuretics
 - 10) Potassium Supplements
 - 11) Anticoagulants
 - 12) Vasopressor Used in Shock
 - 13) Potassium Removing Agents
 - 14) System Alkalinizers
- b) Drugs that fall within the following categories for the treatment of diabetes qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs:
- 1) Insulin
 - 2) Syringes and Needles
 - 3) Oral Hypoglycemics
 - 4) Posterior Pituitary Hormones
 - 5) Hyperglycemics
- c) Drugs that fall within the following categories and are prescribed for the treatment of arthritis qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs:
- 1) Adrenocortical Steroids

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- 2) Antimalarials
 - 3) Analgesics
 - 4) Antirheumatic Agents
 - 5) Immunomodulators
 - 6) Immunosuppressives
 - 7) NSAIDS
 - 8) Penicillamine
- d) Drugs that fall within the following categories and are prescribed for the treatment of cancer qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs:
- 1) Analgesics
 - 2) Anticonvulsants
 - 3) Antineoplastics
 - 4) Immunomodulators
- e) Drugs that fall within the following categories and are prescribed for the treatment of Alzheimer's disease qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs:
- 1) NMDA Receptor Antagonists
 - 2) Cholinesterase Inhibitors
- f) Drugs that fall within the following categories and are prescribed for the treatment of Parkinson's disease qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs:
- 1) Antiparkinson Agents, Anticholinergics

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- 2) Antiparkinson Agents, Other
- 3) Pituitary Suppressive Agents
- g) Drugs that fall within the following categories and are prescribed for the treatment of glaucoma qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs:
 - 1) Miotics/Other Intraocular Pressure Reducers
 - 2) Mydriatics
 - 3) Carbonic Anhydrase Inhibitors
- h) Drugs that fall within the following categories and are prescribed for the treatment of lung disease and smoking related illnesses qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs:
 - 1) Bronchodilators
 - 2) Diluents
 - 3) Mucolytics
 - 4) Pancreatic Enzymes
 - 5) Smoking Cessation Products
 - 6) Corticosteroid Respiratory Inhalants and Combinations
 - 7) Antituberculosis Agents
 - 8) Mast Cell Stabilizers
 - 9) Leukotriene Receptor Antagonists
 - 10) Leukotriene Formation Inhibitors

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11) Monoclonal Antibodies

12) Respiratory Enzymes

i) Drugs that fall within the category of Bone Resorption Inhibitors and are prescribed for the treatment of osteoporosis qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs.

j) [Multiple Sclerosis](#)

1) Drugs that fall within the following categories and are prescribed for the treatment of multiple sclerosis qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs:

A~~1~~) Immunomodulators

B~~2~~) Immunosuppressives

C~~3~~) Adrenocortical Steroids

D) [Urinary Tract Anti-Spasmodic/Anti-Incontinence Agents](#),

E) [Antibiotics Used in the Treatment of Urinary Tract Infections](#)

F) [Antidepressants](#)

G) [Urinary Tract Anesthetic/Analgesic Agents](#)

H) [Stimulants](#)

D) [The following Skeletal Muscle Relaxants: baclofen, dantrolene, tizanidine](#)

2) [Coverage of Urinary Tract Anti-Spasmodic/Anti-Incontinence Agents, Antibiotics, Antidepressants, Urinary Tract Anesthetic/Analgesic Agents](#)

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and Stimulants may be limited to generic agents when appropriate generic agents are available.

- k) Effective January 1, 2007, for Medicare eligible individuals in eligibility group 5 as defined in 320 ILCS 25/4(g), drugs that are listed on the ADAP formulary and are prescribed for the treatment of HIV or AIDS and its related conditions qualify for inclusion in the Illinois Cares Rx Basic Pharmaceutical Assistance Program as covered prescription drugs.
- l) An Illinois Cares Rx Basic covered prescription drug must be approved by the Food and Drug Administration of the federal Department of Health and Human Services for the treatment of a specific disease category.

(Source: Amended at 33 Ill. Reg. 5765, effective May 1, 2009)

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Policy and Procedures Manual for Fire Protection Personnel
- 2) Code Citation: 41 Ill. Adm. Code 141
- 3)

<u>Section Numbers</u> :	<u>Adopted Action</u> :
141.20	Amendment
141.200	Amendment
141.210	Amendment
141.220	Amendment
141.240	Amendment
141.310	Amendment
141.328	Amendment
141.373	New
141.374	New
141.375	New
141.376	New
141.377	New
141.505	Amendment
- 4) Statutory Authority: Sections 8 and 11 of the Illinois Fire Protection Training Act [50 ILCS 740/8 and 11] and the Peace Office Fire Investigation Act [20 ILCS 2910]
- 5) Effective Date of Adopted Amendments: April 2, 2009
- 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 in the principal office of the State Fire Marshal, 1035 Stevenson Drive, Springfield, IL and is available for public inspection.
- 9) Notice of Proposed rulemaking published in the Illinois Register: December 5, 2008; 32 Ill. Reg. 18485
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposed and final versions: Several non-substantive changes and clarifications were made.

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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? Yes
- 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 is intended to update the training requirements to the current national standards, add new certification levels, and repeal certain certifications for lack of participation and due to consolidation with other certifications.
- 16) Information and questions regarding these adopted amendments shall be directed to:

Mitzi Woodson
Division of Personnel Standards and Education
Office of the State Fire Marshal
1035 Stevenson Dr.
Springfield, IL 62703-4259

Telephone: 217/785-1003
Facsimile: 217/782-1062

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

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF ADOPTED AMENDMENTS

TITLE 41: FIRE PROTECTION
CHAPTER I: OFFICE OF THE STATE FIRE MARSHAL

PART 141
POLICY AND PROCEDURES MANUAL
FOR FIRE PROTECTION PERSONNEL

SUBPART A: GENERAL

Section	
141.10	Purpose
141.15	Definitions
141.20	Incorporations by Reference
141.30	Advisory Committees
141.40	Requirements for Participation in Training, Certification and Reimbursement
141.50	Appeal Process
141.60	Reciprocity

SUBPART B: TRAINING FACILITIES

Section	
141.100	Resources Required for Certification as a Provisionally Approved Training Facility
141.110	Resources Required for Certification as an Unlimited Training Facility or Regional Training Center
141.115	Course Approval
141.120	Course Approval Equivalency
141.125	Course Approval Standards

SUBPART C: EXAMINATION

Section	
141.200	State Examinations
141.210	Invalidation of a Student's State Examination Score
141.220	Certificates Earned by Bypass Examination
141.230	Examination Procedures for End-of-Course Examinations Not Administered by the Office
141.240	Bypass Examination

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SUBPART D: CERTIFICATION

Section

141.300	Firefighter II
141.302	Airport Firefighter
141.304	Firefighter III
141.306	Fire Apparatus Engineer
141.308	Fire Officer I
141.310	Fire Service Executive Support
141.312	Fire Department Incident Safety Officer
141.314	Fire Officer II
141.316	Fire Officer III
141.318	Fire Service Instructor I
141.320	Fire Service Instructor II
141.322	Fire Service Instructor III
141.324	Training Program Manager
141.326	Fire Prevention Officer
141.328	Juvenile Firesetter Intervention Specialist
141.330	Public Fire and Life Safety Educator II
141.332	Public Fire and Life Safety Educator III
141.334	Fire Investigator
141.336	Arson Investigator
141.338	Fire Inspector II and Plan Examiner I
141.340	Fire Inspector III and Plan Examiner II
141.342	Hazardous Materials Awareness
141.344	Hazardous Materials First Responder – Operations
141.346	Hazardous Materials Technician
141.348	Hazardous Materials Incident Command
141.350	Technical Rescue Awareness
141.352	Rescue Specialist – Confined Space
141.354	Trench Operations
141.356	Trench Technician
141.358	Rescue Specialist – Vertical II
141.360	Structural Collapse Operations
141.362	Structural Collapse Technician
141.364	Vehicle and Machinery Operations
141.366	Vehicle and Machinery Technician
141.367	Rope Operations
141.368	Motorsports Safety Technician

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141.370	Fire Service Vehicle Operator
141.372	Water Operations
141.373	Ice Technician
141.374	Swiftwater Technician
141.375	Watercraft Technician
141.376	Dive Technician
141.377	Ice Dive Technician
141.380	Invalidation of Certification

SUBPART E: REIMBURSEMENT

Section	
141.400	Rules and Regulations for Reimbursement
141.405	Prerequisites for Participation for Reimbursement
141.410	Requirements
141.415	Claim Forms
141.420	Claim Deadline
141.425	Amount of Reimbursement
141.450	Appropriations
141.460	Advanced Training Programs

SUBPART F: FEES

Section	
141.500	Fees
141.505	Waiver of Fees

AUTHORITY: Implementing and authorized by Sections 8 and 11 of the Illinois Fire Protection Training Act [50 ILCS 740/8 and 11] and the Peace Officer Fire Investigation Act [20 ILCS 2910].

SOURCE: Adopted at 31 Ill. Reg. 8672, effective June 5, 2007; amended at 33 Ill. Reg. 5780, effective April 2, 2009.

SUBPART A: GENERAL

Section 141.20 Incorporations by Reference

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF ADOPTED AMENDMENTS

- a) All incorporations by reference in this Section are incorporated as of the date specified and contain no later editions or amendments.
- b) The following national standards and regulations are incorporated by reference in this Part:
 - 1) National Fire Protection Association
1 Batterymarch Park
Quincy MA 02169-7471
www.nfpa.org

NFPA 472: Professional Competence of Responders to Hazardous Materials Incidents (2002)

NFPA 610: Guide for Emergency and Safety Operations at Motorsports Venues (2003)

NFPA 921: Guide for Fire and Explosion Investigations (2004)

NFPA 1001: Fire Fighter Professional Qualifications (2002)

NFPA 1002: Fire Apparatus Driver/Operator Professional Qualifications (2003)

NFPA 1003: Airport Firefighter Professional Qualifications (2005)

[NFPA 1006: Technical Rescuer Professional Qualifications \(2002\)](#)

NFPA 1021: Fire Officer Professional Qualifications (2003)

NFPA 1031: Professional Qualifications for Fire Inspector and Plan Examiner (2003)

NFPA 1033: Professional Qualifications for Fire Investigator (2003)

NFPA 1035: Professional Qualifications for Public Fire and Life Safety Educator (2005)

NFPA 1041: Fire Service Instructor Professional Qualifications (2002)

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- NFPA 1403: Live Fire Training Evolutions (2002)
- NFPA 1451: Fire Service Vehicle Operations Training Program (2002)
- NFPA 1500: Fire Department Occupational Safety and Health Program (2007)
- NFPA 1521: Fire Department Safety Officer (2002)
- NFPA 1670: Operations and Training for Technical Rescue Incidents (2004)
- NFPA 1901: Automotive Fire Apparatus (2003)
- NFPA 1971: Protective Ensembles for Structural Firefighting and Proximity Firefighting (2007)
- NFPA 1983: Fire Service Life Safety Rope and Equipment for Emergency Services (2006)

2) Code of Federal Regulations

A) US Department of Labor – Occupational Safety and Health Administration

29 CFR 1910.120 (2006)

29 CFR 1910.146 (1998)

29 CFR 1926, subpart P (1994)

B) US Environmental Protection Agency

40 CFR 311 (1990)

(Source: Amended at 33 Ill. Reg. 5780, effective April 2, 2009)

SUBPART C: EXAMINATION

OFFICE OF THE STATE FIRE MARSHAL

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Section 141.200 State Examinations

Except as otherwise noted in this Part, all State written examinations will be developed, provided, and administered by Office personnel. Local instructors desiring to schedule State examinations should contact the Office to establish a time and place for the examination. While the Office will endeavor to schedule examinations at sites throughout the State as requested, the number of examination requests may necessitate delays and regional testing. The training facility requesting the State examinations be given should have facilities for the examination. When large numbers of persons are to be tested, Office personnel may request additional assistance of the facility or fire department in monitoring the administration of a test.

- a) Class rooms, lecture rooms, municipal and fire protection department training rooms shall be acceptable facilities provided that space is available for the number of persons requesting to take the examination; desks or tables and chairs shall be provided by the examination center. The room in which the examination is to be given shall be a room customarily used for quiet activities and not subject to loud noise or other activities nearby that might interfere with taking the written examinations. Students must be spaced to ensure that they cannot readily observe another's answer sheet. The following specifications for the facility and the administration of the examination must be adhered to:
 - 1) Candidates not present in the room at the time the proctor starts the examination will be disqualified from taking the examination.
 - 2) There can be nothing on the walls at the test site that could pertain to examination questions.
 - 3) The test administrator must be provided a table at least 6 feet in length.
 - 4) Loudspeakers, monitors, portable radios, cell phones and paggers or other electronic devices~~beepers~~ must be turned off. Failure to do so shall result in immediate dismissal from the test area or the invalidation of any test results.
 - 5) The department hosting the test must supply a representative from the department at the test site during the examination. This will be the only representative of the department allowed in the test room at the time of the test.

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- 6) The test site must have toilet facilities in proximity in the same building.
 - 7) All candidates must be in clear view of the proctor's table.
 - 8) The test site must have temperature control for comfort of candidates.
- b) All State written examinations will require a 70% overall passing rate. In the case of modular examinations, a 70% overall passing rate for each module is required.
 - c) Examination results will be sent to the individual taking the examination through the employing fire department, the chief of the individual's fire department and, when applicable, the training facility that provided training. The Office will maintain these scores and shall use them internally for statistical and/or employment purposes. Otherwise, the Office will not release the examination scores of any individual without the prior written approval of the individual.
 - d) State certifications for qualified fire service personnel may be awarded to individuals employed by local governmental agencies and fire brigades and to State of Illinois employees, after successful completion of all requirements. It is the responsibility of the Fire Chief, Chief Executive Officer or designee to sign off, verifying completion of all requirements, on all Requests for Examination and Applications for Certification/Validation-Attestation. If the Fire Chief or Chief Executive Officer refuses to attest to the verification, the individual applying for certification may petition the office for a waiver by submitting in writing all pertinent facts. Upon investigation and verification by the Office, a waiver of attestation may be granted by the Director.
 - e) Prerequisites. A candidate for Firefighter II examination must be engaged in firefighting in an organized Illinois fire department as a fire protection person or trainee according to the Act as attested to by the employing Illinois Fire Chief of the individual seeking certification.
 - f) Procedure to Request State Administered Certification Examination
 - 1) At least 30 days prior to the anticipated day for testing at a given training facility, the Office shall be in receipt of a completed form entitled Request for Examination, signed by the Fire Chief or training facility Director, or his/her designee, and the Certified Instructor that will attest to the fact that

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each individual has:

- A) A documented learning experience in each of the subject areas of the course required;
 - B) Satisfactory scores on all local examinations; and
 - C) Demonstrated the proficiency required by each skill requirement for the level of certification by having been observed and evaluated by a Certified Instructor (of the proper level) and an officer of the fire department or his/her designee in the accomplishment of these skills, and that local records are maintained that contain copies of the evaluator's checklists and evaluation sheets for each individual.
- 2) In the case of all State required practical examinations, Application for Certification/Validation-Attestation must be submitted to the Division before certifications may be issued.
- g) No person will be allowed to take the written examination for State certification without having completed all of the above requirements. End-of-course written examinations conducted by approved training facilities that show satisfactory completion of the learning experience requirements are acceptable.
 - h) Persons who have not met all prerequisites listed in subsection (e) will not be examined, nor will persons who are ill, persons on duty who may be called out during the examination, or persons obviously under the influence of drugs or alcohol. In making the determination of drug or alcohol impairment, the Office will consider, but is not limited to, observation of demeanor, slurred speech, odor of alcohol, general behavior and other considerations that would help in making the determination.
 - i) The proctor will not be permitted to discuss or answer questions regarding any questions on the examination. No one will be permitted to enter once the examination has started. Students are not permitted to have notes or reference material in their possession, including calculators and slide rules. The only paper allowed in the test center will be distributed in single sheets by the proctor according to the examination directions. There will be no scheduled breaks during examination. Persons should be advised at the beginning of the examination that no one will be allowed to leave the room before completing the

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examination except in an emergency, and then only one at a time. The examination begins after the proctor has read the instructions, at which time all discussion will cease. Candidates will not be permitted to speak to each other or to the proctor, and all instructions to the candidates contained in the proctor instructions will be followed. The proctor will begin the examination with the words "you may begin" and the examination will end with the proctor announcing "you are to stop now".

- j) Results of examinations taken for the purpose of State certification will be retained in the Office. All participants who examine and receive certification will have notification sent to their employing department.
- k) Re-examination
 - 1) No person shall be re-examined without further documented learning experiences in each of the subject areas.
 - 2) The Request for Examination form contains an attestation that proof exists that the individual has had the required additional learning experience before re-examination.
 - 3) There is no limit set by the Office for the number of times that an individual may take the written or practical portion of a State certification examination, except when the examinations are allowed under Section 141.120.
 - 4) The battery of examinations to be given will be determined by the Office.
- l) Practical skills examinations required by the Office for all certifications other than Firefighter II and III remain valid for 12 months. If an individual has not passed the written examination within 12 months after the practical skills evolutions, the candidate will be required to retake the State practical skills examinations.
 - 1) Passing rate of the Fire Apparatus Engineer practical skills examinations is 70%.
 - 2) Passing rate of all other practical skills examinations is 100%.
- m) State required practical skills evolutions for Firefighter II and III may be

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administered at any time during the course of training. It is the responsibility of the Certified Instructor to follow the Office's standards and assure currency of skills.

- n) If firefighters from a given fire department experience excessive or repeated failures of a firefighter examination, the Fire Chief and appropriate officers of the department are encouraged to contact the Office for assistance.
- o) Certification will not be granted until the State written examination is successfully passed and the course completion documentation and the Application for Certification/Validation-Attestation for the practical skills examinations is submitted to the Office.
- p) If the completion of the State written examination is more than 10 years old and a certification was not awarded at the time even though all other prerequisites were met, the individual will be required to successfully complete the current State practical skills examinations. Certification will be awarded when receipt of passage for the current practical skills examinations is received.

(Source: Amended at 33 Ill. Reg. 5780, effective April 2, 2009)

Section 141.210 Invalidation of a Student's State Examination Score

- a) When the examination proctor observes an individual looking at unauthorized notes or reference materials, obviously looking directly at another person's answer sheet or talking during the examination, [or when an individual fails to follow the proctor's instructions prior to the examination](#), the proctor shall immediately confiscate and invalidate the individual's examination.
 - 1) The proctor shall also confiscate any unauthorized notes or reference materials.
 - 2) The proctor shall submit a written explanation of the facts involved in the invalidation of the student's examination with any confiscated materials to the Division Manager of Personnel Standards and Education.
- b) Confiscated materials will be retained by the Office.
- c) When the Office determines that evidence involved in the invalidation of an

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individual's State examination is accurate, then:

- 1) The individual will not be permitted to take another State examination for 120 days.
- 2) The Office shall inform the individual's Chief of the invalidation.
- d) Any individual whose examination paper is confiscated under subsection (a) may request a hearing within 20 days after the event. The hearings will be governed by Section 141.50.
- e) In case of a training facility's failure to maintain records of training and to produce those records before the individual takes the examination or claims reimbursement for training costs, the individual's exam grades for that subject will be invalidated.

(Source: Amended at 33 Ill. Reg. 5780, effective April 2, 2009)

Section 141.220 Certificates Earned by Bypass Examination

- a) Certification at the level of Fire Prevention Officer, ~~Juvenile Firesetter Intervention Specialist, Fire Service Executive Support~~, Fire Investigator or Arson Investigator may be achieved after successful completion of a Bypass Examination in lieu of meeting the prerequisite of Firefighter II or Firefighter III. The use of the Bypass Examination is limited to personnel employed for the specific positions identified above and will not have fire suppression responsibilities within the fire department. No person employed by a local governmental agency who has current fire suppression responsibilities as a firefighter, fire officer, or fire service instructor shall be able to take a Bypass Examination.
- b) If an individual is assigned to fire suppression duties, he/she must take and pass the Firefighter II examination before proceeding with advanced certifications.

(Source: Amended at 33 Ill. Reg. 5780, effective April 2, 2009)

Section 141.240 Bypass Examination

This examination is provided for special fire and police personnel and allied field agencies who

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are charged with duties governing fire prevention, fire inspection, fire investigation, and arson investigation, but who do not have, or will not be assigned, fire suppression duties and/or responsibilities. Recognition of this condition in the State Training and Certification Program is accomplished through the implementation of the Bypass Examination. The Bypass Examination is limited to personnel identified as fire protection non-sworn personnel and the law enforcement personnel seeking Arson Investigator certification. This examination does not provide State certification as a firefighter, but provides a method for individuals who may not receive Firefighter II or Firefighter III certification to participate in the Fire Prevention Officer, ~~Juvenile Firesetter Intervention Specialist, Fire Service Executive Support,~~ Fire Investigator, and Arson Investigator programs.

- a) Passage of the State written examination (see Section 141.200).
- b) Individuals choosing to take the Bypass Examination must plan to enter into or have completed the training program for Fire Prevention Officer, ~~Juvenile Firesetter Intervention Specialist, Fire Service Executive Support,~~ Fire Investigator or Arson Investigator.

(Source: Amended at 33 Ill. Reg. 5780, effective April 2, 2009)

SUBPART D: CERTIFICATION

Section 141.310 Fire Service Executive Support

Professional qualifications for Fire Service Executive Support are identified in NFPA 1021. The Office recognizes the level of Fire Service Executive Support for those individuals who perform administrative duties in support of fire departments.

- a) Prerequisites
 - ~~1)~~ ~~Successful completion of Bypass Examination. (See Sections 141.220 and 141.240.)~~
 - 12) Attainment of three years minimum experience in a fire department.
 - 23) Successful completion of Fire Service Executive Support courses.
 - 34) Validation of skills, completed and attested to by the employing Fire Chief/Administrator and submitted to the Office.

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- ~~45)~~ Application for Certification/Validation-Attestation.
- b) The instructor must meet the requirements of Section 141.115(c).
- c) The course and facility must be approved by the Office in accordance with Section 141.308(e).
- d) The end-of-course examination shall be approved in accordance with Section 141.308(f).

(Source: Amended at 33 Ill. Reg. 5780, effective April 2, 2009)

Section 141.328 Juvenile Firesetter Intervention Specialist

Professional qualifications for a Juvenile Firesetter Intervention Specialist (JFIS) are identified in NFPA 1035. A JFIS is an individual who has the knowledge, skills and responsibility to serve in a fire department or allied field agency to facilitate case management of identified juvenile firesetters for assessment, education and referral purposes.

- a) Prerequisites
 - ~~1)~~ ~~Certification as Firefighter II (see Section 141.300) or successful completion of the Bypass Examination (see Sections 141.220 and 141.240).~~
 - 12) Achievement of the following:
 - A) Basic knowledge of educational methods and types of interventions, interagency protocols and abuse, neglect and legal issues as they apply.
 - B) High school diploma or equivalent.
 - 23) The authority having jurisdiction shall attest that the applicant has the required knowledge, skills, education and experience. Application for Certification/Validation-Attestation must be submitted to the Office before the certification is granted.

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- [34](#)) Successful completion of the Juvenile Firesetter Intervention Specialist course.
- [45](#)) Successful completion of the State written examination (see Section 141.200).
 - b) Instructor Requirements
 - 1) See Section 141.115(c).
 - 2) Attainment of three years experience as a Juvenile Firesetter Intervention Specialist.
 - c) Credit for equivalent courses may be available in accordance with Section 141.120.
 - d) All fire service organizations and educational institutions desiring to offer programs and/or courses shall meet the requirements of Section 141.308(e).

(Source: Amended at 33 Ill. Reg. 5780, effective April 2, 2009)

Section 141.373 Ice Technician

Ice Technician is designed to give fire service personnel the basic knowledge and skills to safely perform ice water rescues as defined by NFPA 1006 and 1670.

- a) Prerequisites
 - 1) Certification in Water Operations (see Section 141.372), completion and passage of the approved nationally published Ice Technician course designated by the Office, referenced to the appropriate NFPA Standard.
 - 2) Engagement in firefighting in an organized Illinois fire department as a fire protection person according to the Act, as attested to by the employing Fire Chief of the individual seeking certification.
- b) Reimbursement may be received for training costs for the Ice Technician course. (See Subpart E.)

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- c) The course objectives must be approved by the Office.
- d) Credit for equivalent courses may be available in accordance with Section 141.120

(Source: Added at 33 Ill. Reg. 5780, effective April 2, 2009)

Section 141.374 Swiftwater Technician

Swiftwater Technician is designed to give fire service personnel the basic knowledge and skills to safely perform swiftwater rescues as defined by NFPA 1006 and 1670.

- a) Prerequisites
 - 1) Certification in Water Operations (see Section 141.372), completion and passage of the approved nationally published Swiftwater Technician course designated by the Office, referenced to the appropriate NFPA Standard.
 - 2) Engagement in firefighting in an organized Illinois fire department as a fire protection person according to the Act, as attested to by the employing Fire Chief of the individual seeking certification.
- b) Reimbursement may be received for training costs for the Swiftwater Technician course. (See Subpart E.)
- c) The course objectives must be approved by the Office.
- d) Credit for equivalent courses may be available in accordance with Section 141.120

(Source: Added at 33 Ill. Reg. 5780, effective April 2, 2009)

Section 141.375 Watercraft Technician

Watercraft Technician is designed to give fire service personnel the basic knowledge and skills to safely perform water rescues as defined by NFPA 1006 and 1670.

- a) Prerequisites

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- 1) Certification in Water Operations (see Section 141.372) and certification from an approved Illinois Department of Natural Resources or US Coast Guard on-line Boat Safety Course.
 - 2) Prerequisite for taking the Watercraft Technician course is successful completion of the Water Operations course (see Section 141.372) and completion of an approved Illinois Department of Natural Resources or US Coast Guard on-line Boat Safety Course.
 - 3) Passage of the State written examination (see Section 141.200).
 - 4) Passage of the State practical skills examinations (see Sections 141.200 and 141.300(g)).
 - 5) Engagement in firefighting in an organized Illinois fire department as a fire protection person according to the Act, as attested to by the employing Fire Chief of the individual seeking certification.
- b) Reimbursement may be received for training costs for the Watercraft Technician course. (See Subpart E.)
- c) Special Instructor Requirements
- 1) Instructor of Record shall be certified as a Fire Service Instructor II (see Section 141.320) and Watercraft Technician.
 - 2) There shall be a minimum of two instructors per course, one of whom is an Instructor of Record. There shall be at least one instructor for each six students.
 - 3) All other instructors on site shall, at a minimum, hold certification as a Fire Service Instructor I (see Section 141.318) and hold certification as a Watercraft Technician.
- d) The course and facility must be approved by the Office as provided in Sections 141.110 and 141.115.

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- e) Credit for equivalent courses may be available in accordance with Section 141.120.

(Source: Added at 33 Ill. Reg. 5780, effective April 2, 2009)

Section 141.376 Dive Technician

Dive Technician is designed to give fire service personnel the basic knowledge and skills to safely perform dive rescues as defined by NFPA 1006 and 1670.

- a) Prerequisites
- 1) Certification in Water Operations (see Section 141.372) and completion and passage of the approved nationally published Dive Technician course designated by the Office, referenced to the appropriate NFPA Standard.
 - 2) Engagement in firefighting in an organized Illinois fire department as a fire protection person according to the Act, as attested to by the employing Fire Chief of the individual seeking certification.
- b) Reimbursement may be received for training costs for the Dive Technician course. (See Subpart E.)
- c) The course objectives must be approved by the Office.
- d) Credit for equivalent courses may be available in accordance with Section 141.120
- e) Re-certification requirements:
- 1) Certification expires four years after the issuance date.
 - 2) Current certification as a Dive Technician.
 - 3) Completion of refresher training, completed annually, attested to by the employing Fire Chief. Records of the training will be retained in the fire department records.
- A) Fitness test defined by NFPA 1006 and 1670;

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- B) NFPA Watermanship Skills as defined by NFPA 1006 and 1670;
 - C) Basic Skills Evaluation – Pool Session as defined by NFPA 1006 and 1670; and
 - D) Four documented Open-Water Training Dives (to be defined by the authority having jurisdiction).
- 4) Application for re-certification, signed by the employing Fire Chief, verifying completion of annual required training.
 - 5) If certification is not renewed within 90 days after the expiration date, the individual will be required to complete an approved Dive Technician course.

(Source: Added at 33 Ill. Reg. 5780, effective April 2, 2009)

Section 141.377 Ice Dive Technician

Ice Dive Technician is designed to give fire service personnel the basic knowledge and skills to safely perform ice dive rescues as defined by NFPA 1006 and 1670.

- a) Prerequisites
 - 1) Certification in Water Operations (see Section 141.372), completion and passage of the approved nationally published Ice Dive Technician course designated by the Office, referenced to the appropriate NFPA Standard.
 - 2) Engagement in firefighting in an organized Illinois fire department as a fire protection person according to the Act, as attested to by the employing Fire Chief of the individual seeking certification.
- b) Reimbursement may be received for training costs for the Ice Dive Technician course. (See Subpart E.)
- c) The course objectives must be approved by the Office.

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- d) Credit for equivalent courses may be available in accordance with Section 141.120.
- e) Re-certification requirements:
 - 1) Certification expires four years after the issuance date.
 - 2) Current certification as an Ice Dive Technician.
 - 3) Completion of refresher training, completed annually, attested to by the employing Fire Chief. Records of the training will be retained in the fire department records.
 - A) Fitness test defined by NFPA 1006 and 1670;
 - B) NFPA Watermanship Skills as defined by NFPA 1006 and 1670;
 - C) Basic Skills Evaluation – Pool Session as defined by NFPA 1006 and 1670; and
 - D) Four documented Open-Water Training Dives (to be defined by the authority having jurisdiction).
 - 4) Application for re-certification, signed by the employing Fire Chief, verifying completion of annual required training.
 - 5) If certification is not renewed within 90 days after the expiration date, the individual will be required to complete an approved Ice Dive Technician course.

(Source: Added at 33 Ill. Reg. 5780, effective April 2, 2009)

SUBPART F: FEES

Section 141.505 Waiver of Fees

The Office, at its sole discretion, may waive the fee required by Section 141.500(e) if the department demonstrates, to the satisfaction of the Division Director, all of the following:

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- a) The department is volunteer or paid on call;
- b) There is no fee charged any attendee for the class, not including instructional materials;
- c) Attendance at the examination by department personnel would reduce the level of available responders below minimum safety standards;
- d) Attendance at a regularly scheduled examination would cause detrimental effects on attendees' full-time job responsibilities;
- e) The department budget is less than 100 times the cost of the examination; or
- f) The department makes a specific request and provides justification for an exemption.

(Source: Amended at 33 Ill. Reg. 5780, effective April 2, 2009)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

- 1) Heading of the Part: Medical Assistance Programs
- 2) Code Citation: 89 Ill. Adm. Code 120
- 3)

<u>Section Numbers:</u>	<u>Emergency Action:</u>
120.335	Amendment
120.381	Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and The American Recovery and Reinvestment Act of 2009
- 5) Effective Date: April 2, 2009
- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: Not Applicable
- 7) Date Filed with the Index Department: April 2, 2009
- 8) A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Reason for Emergency: The American Recovery and Reinvestment Act of 2009 (ARRA) includes provisions that restrict states from considering certain payments made under the Act when determining eligibility for Medicaid. These changes are required to ensure that Illinois fully complies with the ARRA to preserve our ability to claim increased federal matching funds made available under the Act.
- 10) Complete Description of the Subjects and Issues Involved: The American Recovery and Reinvestment Act of 2009 (ARRA) includes provisions that restrict states from considering certain payments made under the Act when determining eligibility for Medicaid. These changes are required to ensure that Illinois fully complies with the ARRA to preserve our ability to claim increased federal matching funds made available under the Act.
- 11) Are there any other proposed rulemakings pending on this Part? No
- 12) Statement of Statewide Policy Objectives: These emergency amendments neither create nor expand any State mandate affecting units of local government.
- 13) Information and questions regarding these emergency amendments shall be directed to:

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Tamara Tanzillo Hoffman
Chief of Staff
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield IL 62763-0002

217/557-7157

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 120

MEDICAL ASSISTANCE PROGRAMS

SUBPART A: GENERAL PROVISIONS

Section
120.1 Incorporation by Reference

SUBPART B: ASSISTANCE STANDARDS

Section
120.10 Eligibility For Medical Assistance
120.11 MANG(P) Eligibility
120.12 Healthy Start – Medicaid Presumptive Eligibility Program For Pregnant Women
120.14 Presumptive Eligibility for Children
120.20 MANG(AABD) Income Standard
120.30 MANG(C) Income Standard
120.31 MANG(P) Income Standard
120.32 KidCare Parent Coverage Waiver Eligibility and Income Standard
120.40 Exceptions To Use Of MANG Income Standard
120.50 AMI Income Standard (Repealed)

SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

Section
120.60 Cases Other Than Long Term Care, Pregnant Women and Certain Children
120.61 Cases in Intermediate Care, Skilled Nursing Care and DMHDD –
MANG(AABD) and All Other Licensed Medical Facilities
120.62 Department of Mental Health and Developmental Disabilities (DMHDD)
Approved Home and Community Based Residential Settings Under 89 Ill. Adm.
Code 140.643
120.63 Department of Mental Health and Developmental Disabilities (DMHDD)
Approved Home and Community Based Residential Settings
120.64 MANG(P) Cases
120.65 Department of Mental Health and Developmental Disabilities (DMHDD)
Licensed Community – Integrated Living Arrangements

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

SUBPART D: MEDICARE PREMIUMS

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120.70	Supplementary Medical Insurance Benefits (SMIB) Buy-In Program
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120.280	Assets (Repealed)
120.281	Exempt Assets (Repealed)
120.282	Asset Disregards (Repealed)
120.283	Deferral of Consideration of Assets (Repealed)
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- 120.384 Spend-down of Assets (AABD MANG)
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120.395 Payment Levels for MANG (Repealed)
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- 120.500 Health Benefits for Persons with Breast or Cervical Cancer
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- 120.TABLE A Value of a Life Estate and Remainder Interest
120.TABLE B Life Expectancy

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

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg.

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33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; preemptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; preemptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; preemptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; preemptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; preemptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; preemptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; preemptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; preemptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; preemptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; preemptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 6082; amended at 7 Ill. Reg. 8256, effective July 1, 1983; amended at 7 Ill. Reg. 8264, effective July 5, 1983; amended (by adding Section being codified with no substantive change) at 7 Ill. Reg. 14747; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 16108; amended at 8 Ill. Reg. 5253, effective April 9, 1984; amended at 8 Ill. Reg. 6770, effective April 27, 1984; amended at 8 Ill. Reg. 13328, effective July 16, 1984; amended (by adding Sections being codified with no

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substantive change) at 8 Ill. Reg. 17897; amended at 8 Ill. Reg. 18903, effective September 26, 1984; preemptory amendment at 8 Ill. Reg. 20706, effective October 3, 1984; amended at 8 Ill. Reg. 25053, effective December 12, 1984; emergency amendment at 9 Ill. Reg. 830, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 4515, effective March 25, 1985; amended at 9 Ill. Reg. 5346, effective April 11, 1985; amended at 9 Ill. Reg. 7153, effective May 6, 1985; amended at 9 Ill. Reg. 11346, effective July 8, 1985; amended at 9 Ill. Reg. 12298, effective July 25, 1985; amended at 9 Ill. Reg. 12823, effective August 9, 1985; amended at 9 Ill. Reg. 15903, effective October 4, 1985; amended at 9 Ill. Reg. 16300, effective October 10, 1985; amended at 9 Ill. Reg. 16906, effective October 18, 1985; amended at 10 Ill. Reg. 1192, effective January 10, 1986; amended at 10 Ill. Reg. 3033, effective January 23, 1986; amended at 10 Ill. Reg. 4907, effective March 7, 1986; amended at 10 Ill. Reg. 6966, effective April 16, 1986; amended at 10 Ill. Reg. 10688, effective June 3, 1986; amended at 10 Ill. Reg. 12672, effective July 14, 1986; amended at 10 Ill. Reg. 15649, effective September 19, 1986; amended at 11 Ill. Reg. 3992, effective February 23, 1987; amended at 11 Ill. Reg. 7652, effective April 15, 1987; amended at 11 Ill. Reg. 8735, effective April 20, 1987; emergency amendment at 11 Ill. Reg. 12458, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 14034, effective August 14, 1987; amended at 11 Ill. Reg. 14763, effective August 26, 1987; amended at 11 Ill. Reg. 20142, effective January 1, 1988; amended at 11 Ill. Reg. 20898, effective December 14, 1987; amended at 12 Ill. Reg. 904, effective January 1, 1988; amended at 12 Ill. Reg. 3516, effective January 22, 1988; amended at 12 Ill. Reg. 6234, effective March 22, 1988; amended at 12 Ill. Reg. 8672, effective May 13, 1988; amended at 12 Ill. Reg. 9132, effective May 20, 1988; amended at 12 Ill. Reg. 11483, effective June 30, 1988; emergency amendment at 12 Ill. Reg. 11632, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 11839, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12835, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 13243, effective July 29, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 17867, effective October 30, 1988; amended at 12 Ill. Reg. 19704, effective November 15, 1988; amended at 12 Ill. Reg. 20188, effective November 23, 1988; amended at 13 Ill. Reg. 116, effective January 1, 1989; amended at 13 Ill. Reg. 2081, effective February 3, 1989; amended at 13 Ill. Reg. 3908, effective March 10, 1989; emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days; emergency expired November 25, 1989; emergency amendment at 13 Ill. Reg. 12137, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 15404, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16586, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 17483, effective October 31, 1989; amended at 13 Ill. Reg. 17838, effective November 8, 1989; amended at 13 Ill. Reg. 18872, effective November 17, 1989; amended at 14 Ill. Reg. 760, effective January 1, 1990; emergency amendment at 14 Ill. Reg. 1494, effective January 2, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 4233, effective March 5, 1990; emergency amendment at 14 Ill. Reg. 5839, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 6372, effective April 16, 1990; amended at 14

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Ill. Reg. 7637, effective May 10, 1990; amended at 14 Ill. Reg. 10396, effective June 20, 1990; amended at 14 Ill. Reg. 13227, effective August 6, 1990; amended at 14 Ill. Reg. 14814, effective September 3, 1990; amended at 14 Ill. Reg. 17004, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 348, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5302, effective April 1, 1991; amended at 15 Ill. Reg. 10101, effective June 24, 1991; amended at 15 Ill. Reg. 11973, effective August 12, 1991; amended at 15 Ill. Reg. 12747, effective August 16, 1991; amended at 15 Ill. Reg. 14105, effective September 11, 1991; amended at 15 Ill. Reg. 14240, effective September 23, 1991; amended at 16 Ill. Reg. 139, effective December 24, 1991; amended at 16 Ill. Reg. 1862, effective January 20, 1992; amended at 16 Ill. Reg. 10034, effective June 15, 1992; amended at 16 Ill. Reg. 11582, effective July 15, 1992; amended at 16 Ill. Reg. 17290, effective November 3, 1992; amended at 17 Ill. Reg. 1102, effective January 15, 1993; amended at 17 Ill. Reg. 6827, effective April 21, 1993; amended at 17 Ill. Reg. 10402, effective June 28, 1993; amended at 18 Ill. Reg. 2051, effective January 21, 1994; amended at 18 Ill. Reg. 5934, effective April 1, 1994; amended at 18 Ill. Reg. 8718, effective June 1, 1994; amended at 18 Ill. Reg. 11231, effective July 1, 1994; amended at 19 Ill. Reg. 2905, effective February 27, 1995; emergency amendment at 19 Ill. Reg. 9280, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 11931, effective August 11, 1995; amended at 19 Ill. Reg. 15079, effective October 17, 1995; amended at 20 Ill. Reg. 5068, effective March 20, 1996; amended at 20 Ill. Reg. 15993, effective December 9, 1996; emergency amendment at 21 Ill. Reg. 692, effective January 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 7423, effective May 31, 1997; amended at 21 Ill. Reg. 7748, effective June 9, 1997; amended at 21 Ill. Reg. 11555, effective August 1, 1997; amended at 21 Ill. Reg. 13638, effective October 1, 1997; emergency amendment at 22 Ill. Reg. 1576, effective January 5, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 7003, effective April 1, 1998; amended at 22 Ill. Reg. 8503, effective May 1, 1998; amended at 22 Ill. Reg. 16291, effective August 28, 1998; emergency amendment at 22 Ill. Reg. 16640, effective September 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 19875, effective October 30, 1998; amended at 23 Ill. Reg. 2381, effective January 22, 1999; amended at 23 Ill. Reg. 11301, effective August 27, 1999; amended at 24 Ill. Reg. 7361, effective May 1, 2000; emergency amendment at 24 Ill. Reg. 10425, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15075, effective October 1, 2000; amended at 24 Ill. Reg. 18309, effective December 1, 2000; amended at 25 Ill. Reg. 8783, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 10533, effective August 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 16098, effective December 1, 2001; amended at 26 Ill. Reg. 409, effective December 28, 2001; emergency amendment at 26 Ill. Reg. 8583, effective June 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 9843, effective June 26, 2002; emergency amendment at 26 Ill. Reg. 11029, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 15051, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16288, effective October 25, 2002; amended at 27 Ill. Reg. 4708, effective February 25, 2003; emergency amendment at 27 Ill. Reg. 10793, effective July 1, 2003,

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for a maximum of 150 days; amended at 27 Ill. Reg. 18609, effective November 26, 2003; amended at 28 Ill. Reg. 4701, effective March 3, 2004; amended at 28 Ill. Reg. 6139, effective April 1, 2004; emergency amendment at 28 Ill. Reg. 6610, effective April 19, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 7152, effective May 3, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 11149, effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12921, effective September 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13621, effective September 28, 2004; amended at 28 Ill. Reg. 13760, effective October 1, 2004; amended at 28 Ill. Reg. 14541, effective November 1, 2004; amended at 29 Ill. Reg. 820, effective January 1, 2005; amended at 29 Ill. Reg. 10195, effective June 30, 2005; amended at 29 Ill. Reg. 14939, effective September 30, 2005; emergency amendment at 30 Ill. Reg. 521, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 10314, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 15029, effective September 1, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 2629, effective January 28, 2007; emergency amendment at 31 Ill. Reg. 7323, effective May 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 11667, effective August 1, 2007; amended at 31 Ill. Reg. 12756, effective August 27, 2007; emergency amendment at 31 Ill. Reg. 15854, effective November 7, 2007, for a maximum of 150 days; emergency rule suspended at 31 Ill. Reg. 16060, effective November 13, 2007; emergency repealed, effective May 10, 2008; peremptory amendment at 32 Ill. Reg. 7212, effective April 21, 2008; peremptory amendment suspended at 32 Ill. Reg. 8450, effective May 21, 2008; peremptory repealed, effective November 16, 2008; amended at 32 Ill. Reg. 17428, effective November 1, 2008; peremptory amendment at 32 Ill. Reg. 18889, effective November 18, 2008; peremptory amendment suspended at 32 Ill. Reg. 18906, effective November 19, 2008; amended at 33 Ill. Reg. 1681, effective February 1, 2009; amended at 33 Ill. Reg. 2289, effective March 1, 2009; emergency amendment at 33 Ill. Reg. 5802, effective April 2, 2009, for a maximum of 150 days.

SUBPART H: MEDICAL ASSISTANCE – NO GRANT

Section 120.335 Exempt Unearned Income**EMERGENCY**

- a) MANG (AABD)
 - 1) For a MANG client (excluding long term care), the first \$25.00 of a client's earned or unearned income other than SSI income, or contributions from a spouse or other individual, is exempt from consideration in determining eligibility. A client is eligible for only one \$25.00 exemption regardless of the types of sources of earned or unearned income.
 - 2) If an individual in a long term care facility is paying the premium for

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SMIB coverage, the cost of the premium shall be disregarded.

- 3) SSI income received by a long term care case who is in Section 1619 of the Social Security Act (42 U.S.C. 1382h) status (see 89 Ill. Adm. Code 140.8) in the month before admission to the facility is exempt for the first full two months of stay in the facility.
- b) The following unearned income shall be exempt from consideration in determining MANG eligibility:
- 1) The value of the coupon allotment under the Food Stamp Act of 1977 (7 U.S.C. 2017(b));
 - 2) The value of the U.S. Department of Agriculture donated foods (surplus commodities);
 - 3) Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (42 U.S.C. 4636);
 - 4) Any per capita judgment funds paid under P.L. 92-254 to members of the Blackfeet Tribe of the Blackfeet Indian Reservation, Montana and the Gros Ventre Tribe of the Fort Belknap Reservation, Montana (25 U.S.C. 1264);
 - 5) Any benefits received under Title III, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended (42 U.S.C. 3030e);
 - 6) Any compensation provided to individual volunteers under the Retired Senior Volunteer Program and the Foster Grandparent Program and Older Americans Community Service Programs established under Title II of the Domestic Volunteer Service Act, as amended;
 - 7) Income in an amount not greater than \$650 received by a beneficiary of life insurance which is expended on the funeral and burial of an insured recipient;
 - 8) Income received under the provisions of Section 4(c) of the Illinois Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act (Ill. Rev. Stat. 1989, ch. 67½, par. 404(c)). This includes both the benefits commonly known as the circuit breaker and "additional

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grants";

- 9) Payments to volunteers under the 1973 Domestic Volunteer Service Act. (48 U.S.C. 5044(q)) These include:
 - A) Vista Volunteers;
 - B) Volunteers serving as senior health aids, senior companions, or foster grandparents;
 - C) Persons serving in the Service Corps of Retired Executives (SCORE) or the Active Corps of Executives (ACE); and
 - 10) Unearned income such as need based payments, cash assistance, compensation in lieu of wages and allowances received through the Jobs Training Partnership Act.
- c) The following additional unearned income shall be exempt:
- 1) Social Security death benefit expended on a funeral and/or burial.
 - 2) The value of home produce which is used for personal consumption.
 - 3) The value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, (42 U.S.C. 1780(b)) and the special food service program for children under the National School Lunch Act, as amended (42 U.S.C. 1760).
 - 4) Any payments distributed per capita or held in trust for members of any Indian Tribe under P.L. 92-254, P.L. 93-134 or P.L. 94-450 (25 U.S.C. 1407).
 - 5) Tax exempt portions of payments made pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1626).
 - 6) Experimental Housing Allowance Program payments made under Annual Contributions Contracts entered into prior to January 1, 1975 under Section 23 of the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437(f)).

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- 7) The first \$50 of the total child support payments received each month on behalf of the assistance unit members. The amount of up to \$50 exempted is based on the total child support received in a month, regardless of the number of parents who contribute. Both court ordered and voluntary payments are considered when exempting the first \$50 of child support payments.
- 8) A Title IV-E adoption assistance payment or foster care payments received from a state welfare agency of another state.
- 9) Income from a trust fund established under the Self Sufficiency Trust Fund Program (Section 5-118 of the Mental Health and Developmental Disabilities Code, Ill. Rev. Stat. 1989, ch. 91½, par. 5-118).
- 10) Payments made to veterans who receive an annual disability payment or to the survivors of deceased veterans who receive a one-time lump sum payment from the Agent Orange Settlement Fund or any other fund referencing Agent Orange product liability under P.L. 101-201.
- 11) Payments made by the Illinois Department of Mental Health and Developmental Disabilities under the Family Assistance Program for Mentally Disabled Children under P.A. 86-921.
- 12) Payments received from a fund established by a State to aid victims of crime.
- 13) [Federal Additional Compensation payments made by the Illinois Department of Employment Security under the American Recovery and Reinvestment Act of 2009 \(Div. B, Title II, Sec. 2001 of P.L. 111-5\).](#)
- 14) [Economic Recovery payments made by the Social Security Administration under the American Recovery and Reinvestment Act of 2009 \(Div. B, Title II, Sec. 2201 of P.L. 111-5\).](#)
- 15) [Tax Credit for Certain Government Retirees under the American Recovery and Reinvestment Act of 2009 \(Div. B, Title II, Sec. 2202 of P.L. 111-5\).](#)
- 16) [Payments to veterans who served in World War II in the Philippines and to spouses of those veterans under Section 1002 of the American](#)

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[Recovery and Reinvestment Act of 2009 \(Div. A, Title X, Sec. 1002 of P.L. 111-5\).](#)

- 17) [Payments or reimbursements for Premium Assistance for COBRA Continuous Coverage under the American Recovery and Reinvestment Act of 2009 \(Div. B, Title III, Sec. 3001 of P.L. 111-5\).](#)

(Source: Amended by emergency rulemaking at 33 Ill. Reg. 5802, effective April 2, 2009, for a maximum of 150 days)

Section 120.381 Exempt Assets**EMERGENCY**

AABD MANG-assets exempt from consideration for AABD MANG shall be as follows:

- a) The following assets are exempt from consideration in determining eligibility for assistance and the amount of the assistance payment:
 - 1) Homestead property
 - 2) Personal Property
 - A) Personal effects and household goods of reasonable value (reasonable value means the client's equity value in such property does not exceed \$2,000). Wedding and engagement rings and items required due to medical or physical condition.
 - B) Regardless of the value, personal effects and household goods are exempt in determining the amount allowed as the Community Spouse Asset Allowance (as described in Section 120.386).
 - 3) Resources (for example, land, buildings, equipment and supplies or tools) necessary for self-support up to \$6,000 of the individual's equity in the income producing property provided the property produces a net annual income of at least six percent of the excluded equity value of the property. The equity value in excess of \$6,000 is applied toward the asset disregard. If the activity produces income that is less than six percent of the exempt equity due to reasons beyond the individual's control (for example, the individual's illness or crop failure) and there is a reasonable expectation that the individual's activity will increase to produce income equal to six

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percent of the equity value (for example, a medical prognosis that the individual is expected to respond to treatment or that drought resistant corn will be planted), the property is exempt. If the individual owns more than one piece of property and each produces income, each is looked at to determine if the six percent rule is met and then the amounts of the individual's equity in all of those properties are totaled to see if the total equity is \$6,000 or less.

- 4) Automobile
 - A) Exclude one automobile, regardless of value, used by the client, spouse or other dependent if:
 - i) it is necessary for employment;
 - ii) it is necessary for the medical treatment of a specific or regular medical problem;
 - iii) it is modified for operation by, or transportation of, a handicapped person;
 - iv) it is necessary because of factors such as climate, terrain or distance to provide necessary transportation to perform essential daily activities; or
 - v) one vehicle for each spouse is exempt in determining the amount allowed as the Community Spouse Asset Allowance (as described in Section 120.386).
 - B) If not excluded in subsection (a)(4)(A) of this Section, exclude one automobile to the extent the fair market value does not exceed \$4500. Apply the excess fair market value toward the asset disregard (see 89 Ill. Adm. Code 113.142). The Department will determine fair market value in accordance with 89 Ill. Adm. Code 121.57(b)(2)(D)(iv).
 - C) For all other automobiles, apply the equity value (fair market value minus any encumbrance) toward the asset disregard (see 89 Ill. Adm. Code 113.142).

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- 5) Life insurance policies with a total face value of \$1,500 or less and all term life insurance policies. If the total face value exceeds \$1,500, the cash surrender value must be counted as a resource.
- b) Burial spaces and funds are exempt as follows:
- 1) Burial spaces that are intended for the use of the individual, his or her spouse, or any other member of his or her immediate family. Immediate family is defined as an individual's minor and adult children, including adopted children and stepchildren, an individual's brothers, sisters, parents, adoptive parents, and the spouses of these individuals.
 - 2) Funds set aside for the burial expenses of the individual and his or her spouse, subject to a limit of \$1,500 each. This limit will be reduced by the face value of any excluded life insurance policy and the amount of any funds held in an irrevocable trust or other irrevocable arrangement that is available for burial expenses.
 - 3) Interest earned on excluded burial funds and appreciation in the value of excluded burial arrangements which occurred the earlier of the date of first SSI eligibility or the date of AABD eligibility, but no earlier than November 1, 1982 (see 20 CFR 416.1231(b)(5) (1992)).
 - 4) Funds specifically and irrevocably set aside for the professional funeral services and burial expenses of the individual and his or her spouse, subject to a limit of \$4,000 each, including prepaid funeral and burial plans. This limit will be increased annually by three percent.
- c) Assets necessary for fulfillment of an approved plan for achieving self-support.
- d) Trust funds are exempt as follows:
- 1) The principal of a trust fund only when the instrument establishing the trust specifically states the principal cannot be impaired.
 - 2) The principal of a trust fund established under the Self Sufficiency Trust Fund Program [20 ILCS 1705/21.1].
- e) Assets excluded by express provision of 20 CFR 416.1236 (1997).

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- f) Donations or benefits from fund raisers held for a seriously ill client provided the client or a responsible relative of the client does not have control (for example, not available to the client or the responsible relative) over the donations or benefits or the disbursement of donations or benefits.
- g) Payments made to veterans who receive an annual disability payment or to the survivors of deceased veterans who receive a one-time lump sum payment from the Agent Orange Settlement Fund or any other fund referencing Agent Orange product liability under Public Law 101-201.
- h) Money received from the Social Security Administration under a Plan to Achieve Self-Support (PASS) and held in a separate account.
- i) Disaster relief payments provided by federal, State or local government or a disaster assistance organization.
- j) The amount of earned income tax credit that the client receives as advance payment or as a refund of federal income tax.
- k) For disabled persons who have lost eligibility under Section 120.510 and who are only requesting services other than those described in 89 Ill. Adm. Code 120.61(a), the following additional exemptions shall apply:
 - 1) Retirement accounts that a person with a disability cannot access without penalty before the age of 59½ and medical savings accounts established pursuant to 26 USC 220; and
 - 2) Up to \$25,000 if the person owned assets of equal value when his or her eligibility under Section 120.510 ended.
- l) [Certain payments received under the American Recovery and Reinvestment Act of 2009.](#)
 - 1) [Payments to World War II veterans who served in the Philippines and spouses of those veterans under Div. A, Title X, Sec. 1002 of P.L. 111-5.](#)
 - 2) [Payments or reimbursements for Premium Assistance for COBRA Continuous Coverage under Div. B, Title III, Sec. 3001 of P.L. 111-5.](#)

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- m) [Certain payments received under the American Recovery and Reinvestment Act of 2009 are exempt as an asset the month of receipt and two months thereafter.](#)

 - 1) [Making Work Pay Credit under Div. B, Title I, Sec. 1001 of P.L. 111-5.](#)
 - 2) [Tax Credit for Certain Government Retirees under Div. B, Title II, Sec. 2202 of P.L. 111-5.](#)
- n) [Economic Recovery Payments under the American Recovery and Reinvestment Act of 2009 under Div B, Title II, Sec. 2201 of P.L. 111-5 are exempt as an asset the month of receipt and nine months thereafter.](#)

(Source: Amended by emergency rulemaking at 33 Ill. Reg. 5802, effective April 2, 2009, for a maximum of 150 days)

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

<u>Section Numbers:</u>	<u>Emergency Action:</u>
148.117	Amendment
148.120	Amendment
148.122	Amendment
148.126	Amendment
148.130	Amendment
148.270	Amendment
148.295	Amendment
148.296	Amendment
148.297	Amendment
148.460	New Section
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Public Act 95-1017
- 5) Effective Date: April 1, 2009
- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: N/A
- 7) Date Filed with the Index Department: April 1, 2009
- 8) A copy of the emergency amendments, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Reason for Emergency: This emergency filing is due to the recession and the catastrophic financial crisis that has been placed on hospitals.
- 10) Complete Description of the Subjects and Issues Involved: The Department proposes changes to reimbursement programs to include Critical Hospital Access Payment (CHAP), Safety Net Adjustment Payments (SNAP), Outpatient Assistance Adjustment Payment, Pediatric Outpatient Adjustment Payments, and Tertiary Care Adjustment Payments, which will result in \$35 million in annual spending. The proposal also makes an adjustment to the Hospital Outlier calculation to allow all children's hospitals to qualify for such payments as identified in 89 Ill. Adm. Code 149.50(c)(3)(B). It is

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estimated that this adjustment will result in an additional \$4 million to hospital providers meeting this criteria. In addition there is a new Section pursuant to PA 95-1017, which will provide \$40 million in catastrophic relief payments to hospitals in FY09. Further provides for per diem rates for psychiatric children's hospitals as well as allows for capital payments for recently enrolled general care hospitals. The changes in per diem rates will result in an additional \$2.6 million in annually spending. Also makes technical changes in Sections 148.122 and 148.120 that define Disproportionate Share Payments for government owned or operated hospitals.

- 11) Are there any other rulemakings pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
148.117	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.120	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.122	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.126	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.130	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.295	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.296	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.297	Amendment	33 Ill. Reg. 3588; February 27, 2009
148.460	New Section	33 Ill. Reg. 3588; February 27, 2009

- 12) Statement of Statewide Policy Objectives: These emergency amendments neither create nor expand any State mandate affecting units of local government.

- 13) Information and questions regarding this amendment shall be directed to:

Tamara Tanzillo Hoffman
 Chief of Staff
 Illinois Department of Healthcare and Family Services
 201 South Grand Avenue East, 3rd Floor
 Springfield IL 62763-0002

217/557-7157

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY 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

[EMERGENCY](#)

148.120	Disproportionate Share Hospital (DSH) Adjustments
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[EMERGENCY](#)

148.122	Medicaid Percentage Adjustments
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[EMERGENCY](#)

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- 148.126 Safety Net Adjustment Payments
| [EMERGENCY](#)
- 148.130 Outlier Adjustments for Exceptionally Costly Stays
| [EMERGENCY](#)
- 148.140 Hospital Outpatient and Clinic Services
- 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
| [EMERGENCY](#)
- 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)
| [EMERGENCY](#)
- 148.296 Tertiary Care Adjustment Payments
| [EMERGENCY](#)
- 148.297 Pediatric Outpatient Adjustment Payments
| [EMERGENCY](#)
- 148.298 Pediatric Inpatient Adjustment Payments
- 148.300 Payment

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NOTICE OF EMERGENCY AMENDMENTS

- 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
- 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 (Repealed)
- 148.404 Medicaid High Volume Adjustment Payments (Repealed)
- 148.406 Intensive Care Adjustment Payments (Repealed)
- 148.408 Trauma Center Adjustment Payments (Repealed)
- 148.410 Psychiatric Rate Adjustment Payments (Repealed)
- 148.412 Rehabilitation Adjustment Payments (Repealed)
- 148.414 Supplemental Tertiary Care Adjustment Payments (Repealed)
- 148.416 Crossover Percentage Adjustment Payments (Repealed)
- 148.418 Long Term Acute Care Hospital Adjustment Payments (Repealed)
- 148.420 Obstetrical Care Adjustment Payments (Repealed)
- 148.422 Outpatient Access Payments (Repealed)
- 148.424 Outpatient Utilization Payments (Repealed)
- 148.426 Outpatient Complexity of Care Adjustment Payments (Repealed)
- 148.428 Rehabilitation Hospital Adjustment Payments (Repealed)
- 148.430 Perinatal Outpatient Adjustment Payments (Repealed)
- 148.432 Supplemental Psychiatric Adjustment Payments (Repealed)
- 148.434 Outpatient Community Access Adjustment Payments (Repealed)
- 148.440 High Volume Adjustment Payments
- 148.442 Inpatient Services Adjustment Payments
- 148.444 Capital Needs Payments
- 148.446 Obstetrical Care Payments
- 148.448 Trauma Care Payments
- 148.450 Supplemental Tertiary Care Payments
- 148.452 Crossover Care Payments
- 148.454 Magnet Hospital Payments
- 148.456 Ambulatory Procedure Listing Increase Payments

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148.458 General Provisions
[148.460 Catastrophic Relief Payments](#)
[EMERGENCY](#)

SUBPART C: SEXUAL ASSAULT EMERGENCY TREATMENT PROGRAM

Section
148.500 Definitions
148.510 Reimbursement

SUBPART D: STATE CHRONIC RENAL DISEASE PROGRAM

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;

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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; 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,

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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. 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;

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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 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. 8718, effective May 29, 2008; amended at 32 Ill. Reg. 9945, effective June 26, 2008; emergency amendment at 32 Ill. Reg. 10517, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27, 2008; amended at 33 Ill. Reg. 501, effective December 30, 2008; peremptory amendment at 33 Ill. Reg. 1538, effective December 30, 2008; emergency amendment at 33 Ill. Reg. 5821, effective April 1, 2009, for a maximum of 150 days.

SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

Section 148.117 Outpatient Assistance Adjustment Payments**EMERGENCY**

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- 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%.
 - 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%.

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- 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 and 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 that 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.
- 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.

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- 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 ~~\$850.00~~\$336.25.
 - 3) For hospitals qualifying under subsection (a)(3), the rate is ~~\$425.00~~\$200.25.
 - 4) For hospitals qualifying under subsection (a)(4), the rate is ~~\$375.00~~\$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.
 - 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 for fiscal year 2009 and after, total payments will equal the amount determined using the

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methodologies described in subsection (c)(1) of this Section and shall be paid to the hospital, at least, on a quarterly basis.

- 3) Payments described in subsections (b)(5) through (b)(12) of this Section are contingent upon approval of federal funding for such payments.

- 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 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 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.

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- 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.

(Source: Amended by emergency rulemaking at 33 Ill. Reg. 5821, effective April 1, 2009, for a maximum of 150 days)

Section 148.120 Disproportionate Share Hospital (DSH) Adjustments**EMERGENCY**

Disproportionate Share Hospital (DSH) adjustments for inpatient services provided prior to October 1, 2003, shall be determined and paid in accordance with the statutes and administrative rules governing the time period when the services were rendered. 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 Disproportionate Share Hospitals (DSH). For inpatient services provided on or after October 1, 2003, the Department shall make adjustment payments to hospitals ~~that~~^{which} are deemed as disproportionate share by the Department. A hospital may qualify for a DSH adjustment in one of the following ways:
 - 1) The hospital's Medicaid inpatient utilization rate (MIUR), as defined in subsection (k)(4) of this Section, is at least one standard deviation above the mean Medicaid utilization rate, as defined in subsection (k)(3) of this Section.

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- 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.
- b) In addition, to be deemed a DSH hospital, a hospital must provide the Department, in writing, with 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 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.
- c) In making the determination described in subsection (a)(1) of this Section, the Department shall utilize:
 - 1) Hospital Cost Reports
 - A) The hospital's final audited cost report for the hospital's base fiscal year. Medicaid inpatient utilization rates, as defined in subsection (k)(4) of this Section, which have been derived from final audited cost reports, are not subject to the Review Procedure described in Section 148.310, with the exception of errors in calculation.
 - B) In the absence of a final audited cost report for the hospital's base fiscal year, the Department shall utilize the hospital's unaudited cost report for the hospital's base fiscal year. Due to the unaudited

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nature of this information, hospitals shall have the opportunity to submit a corrected cost report for the determination described in subsection (a)(1) of this Section. Submittal of a corrected cost report in support of subsection (a)(1) of this Section must be received or post marked no later than the first day of July preceding the DSH determination year for which the hospital is requesting consideration of such corrected cost report for the determination of DSH qualification. Corrected cost reports which are not received in compliance with these time limitations will not be considered for the determination of the hospital's MIUR as described in subsection (k)(4) of this Section.

- C) In the event of extensions to the Medicare cost report filing process, those hospitals that do not have an audited or unaudited base year Medicaid cost report on file with the Department by the 30th of April preceding the DSH determination are required to complete and submit to the Department a Hospital Day Statistics Collection (HDSC) form. On the form, hospitals must provide total Medicaid days and total hospital days for the hospital's base fiscal year. The HDSC form must be submitted to the Department by the April 30th preceding the DSH determination.
- i) If the Medicare deadline for submitting base fiscal year cost reports falls within the month of June preceding the DSH determination, hospitals, regardless of their base fiscal year end date, will have until the first day of August preceding the DSH determination to submit changes to their Medicaid cost reports for inclusion in the final DSH calculations. In this case, the HDSC form will not be used as a data source for the final rate year DSH determination.
- ii) If the Medicare deadline for submitting base fiscal year cost reports is extended beyond the month of June preceding the DSH determination, the HDSC form will be used in the final DSH determination for all hospitals that do not have an audited or unaudited Medicaid cost report on file with the Department. Hospitals will have until the first day of July to submit any adjustments to the information provided on the HDSC form sent to the Department on

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April 30.

- D) Hospitals' Medicaid inpatient utilization rates, as defined in subsection (k)(4) of this Section, which have been derived from unaudited cost reports or the HDSC form, are not subject to the Review Procedure described in Section 148.310, with the exception of errors in calculation. Pursuant to subsections (c)(1)(B) and (c)(1)(C)(ii) of this Section, hospitals shall have the opportunity to submit corrected information prior to the Department's final DSH determination.
 - E) In the event a subsequent final audited cost report reflects an MIUR, as described in subsection (k)(4) of this Section, which is lower than the Medicaid inpatient utilization rate derived from the unaudited cost report or the HDSC form utilized for the DSH determination, the Department shall recalculate the MIUR based upon the final audited cost report, and recoup any overpayments made if the percentage change in the DSH payment rate is greater than five percent.
- 2) Days Not Available from Cost Report
- Certain types of inpatient days of care provided to Title XIX recipients are not available from the cost report, i.e., Medicare/Medicaid crossover claims, out-of-state Title XIX Medicaid utilization levels, Medicaid Health Maintenance Organization (HMO) days, hospital residing long term care days, and Medicaid days for alcohol and substance abuse rehabilitative care under category of service 35. To obtain Medicaid utilization levels in these instances, the Department shall utilize:
- A) Medicare/Medicaid Crossover Claims.
 - i) For DSH determination years on or after October 1, 1996, the Department will utilize the Department's paid claims data adjudicated through the last day of June preceding the DSH determination year for each hospital's base fiscal year. Provider logs as described in the following subsection (c)(3)(A)(ii) will not be used in the determination process for DSH determination years on or after October 1, 1996.

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- ii) For DSH determination years prior to October 1, 1996, hospitals may submit additional information to document Medicare/Medicaid crossover days that were not billed to the Department due to a determination that the Department had no liability for deductible or coinsurance amounts. That information must be submitted in log form. The log must include a patient account number or medical record number, patient name, Medicaid recipient identification number, Medicare identification number, date of admission, date of discharge, the number of covered days, and the total number of Medicare/Medicaid crossover days. That log must include all Medicare/Medicaid crossover days billed to the Department and all Medicare/Medicaid crossover days ~~that~~^{which} were not billed to the Department for services provided during the hospital's base fiscal year. If a hospital does not submit a log of Medicare/Medicaid crossover days that meets the above requirements, the Department will utilize the Department's paid claims data adjudicated through the last day of June preceding the DSH determination year for the hospital's applicable base fiscal year.
- B) Out-of-state Title XIX Utilization Levels. Hospital statements and verification reports from other states will be required to verify out-of-state Medicaid recipient utilization levels. The information submitted must include only those days of care provided to out-of-state Medicaid recipients during the hospital's base fiscal year.
- C) HMO days. The Department will utilize the Department's HMO claims data available to the Department as of the last day of June preceding the DSH determination year, or specific claim information from each HMO, for each hospital's base fiscal year to determine the number of inpatient days provided to recipients enrolled in an HMO.
- D) Hospital Residing Long Term Care Days. The Department will utilize the Department's paid claims data adjudicated through the last day of June preceding the DSH determination year for each hospital's base fiscal year to determine the number of hospital

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residing long term care days provided to recipients.

- E) Alcohol and Substance Abuse Days. The Department will utilize its paid claims data under category of service 35 available to the Department as of the last day of June preceding the DSH determination year for each hospital's base fiscal year to determine the number of inpatient days provided for alcohol and substance abuse rehabilitative care.
- d) Hospitals may apply for DSH status under subsection (a)(2) of this Section by submitting an audited certified financial statement, for the hospital's base fiscal year, to the Department of Human Services or the Department of Public Aid. The statements must contain the following breakdown of information prior to submittal to the Department for consideration:
- 1) Total hospital net revenue for all patient services, both inpatient and outpatient, for the hospital's base fiscal year.
 - 2) Total payments received directly from State and local governments for all patient services, both inpatient and outpatient, for the hospital's base fiscal year.
 - 3) Total gross inpatient hospital charges for charity care (this must not include contractual allowances, bad debt or discounts, except contractual allowances and discounts for Family and Children Assistance, formerly known as General Assistance), for the hospital's base fiscal year.
 - 4) Total amount of the hospital's gross charges for inpatient hospital services for the hospital's base fiscal year.
- e) With the exception of cost-reporting children's hospitals in contiguous states that provide 100 or more inpatient days of care to Illinois program participants, only those cost-reporting hospitals located in states contiguous to Illinois that qualify for DSH in the state in which they are located based upon the Federal definition of a DSH hospital, as defined in Section 1923(b)(1) of the Social Security Act, may qualify for DSH hospital adjustments under this Section. For purposes of determining the MIUR, as described in subsection (k)(4) of this Section and as required in Section 1923(b)(1) of the Social Security Act, out-of-state hospitals will be measured in relationship to one standard deviation above the mean

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Medicaid inpatient utilization rate in their state. Out-of-state hospitals that do not qualify by the MIUR from their state may submit an audited certified financial statement as described in subsection (d) of this Section. Payments to out-of-state hospitals will be allocated using the same method as described in subsection (g) of this Section.

- f) Time Limitation Requirements for Additional Information.
- 1) Except as provided in subsection (c)(1)(C), the information required in subsections (a), (c), (d) and (e) of this Section must be received or post marked no later than the first day of July preceding the DSH determination year for which the hospital is requesting consideration of such information for the determination of DSH qualification. Information required in subsections (a), (c), (d) and (e) of this Section which is not received or post marked in compliance with these limitations will not be considered for the determination of those hospitals qualified for DSH adjustments.
 - 2) The information required in subsection (b) of this Section must be submitted after receipt of notification from the Department. Information required in this Section ~~that~~^{which} is not received in compliance with these limitations will not be considered for the determination of those hospitals qualified for DSH adjustments.
- g) Inpatient Payment Adjustments to DSH Hospitals. The adjustment payments required by subsection (a) of this Section shall be calculated annually as follows:
- 1) Five Million Dollar Fund Adjustment for hospitals defined in Section 148.25(b)(1), with the exception of any Illinois hospital that is owned or operated by the State or a unit of local government.
 - A) Hospitals qualifying as DSH hospitals under subsection (a)(1) or (a)(2) of this Section will receive an add-on payment to their inpatient rate.
 - B) The distribution method for the add-on payment described in subsection (g)(1) of this Section is based upon a fund of \$5 million. All hospitals qualifying under subsection (g)(1)(A) of this Section will receive a \$5 per day add-on to their current rate. The total cost of this adjustment is calculated by multiplying each

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hospital's most recent completed fiscal year Medicaid inpatient utilization data (adjusted based upon historical utilization and projected increases in utilization) by \$5. The total dollar amount of this calculation is then subtracted from the \$5 million fund.

- C) The remaining fund balance is then distributed to the hospitals that qualify under subsection (a)(1) of this Section in proportion to the percentage by which the hospital's MIUR exceeds one standard deviation above the State's mean Medicaid inpatient utilization rate, as described in subsection (k)(3) of this Section. This is done by finding the ratio of each hospital's percent Medicaid utilization to the State's mean plus one standard deviation percent Medicaid value. These ratios are then summed and each hospital's proportion of the total is calculated. These proportional values are then multiplied by each hospital's most recent completed fiscal year Medicaid inpatient utilization data (adjusted based upon historical utilization and projected increases in utilization). These weighted values are summed and each hospital's proportion of the summed weighted value is calculated. Each individual hospital's proportional value is then multiplied against the \$5 million pool of money available after the \$5 per day base add-on has been subtracted.
- D) The total dollar amount calculated for each qualifying hospital under subsection (g)(1)(C) of this Section, plus the initial \$5 per day add-on amount calculated for each qualifying hospital under subsection (g)(1)(B) of this Section, is then divided by the Medicaid inpatient utilization data (adjusted based upon historical utilization and projected increases in utilization) to arrive at a per day add-on value. Hospitals qualifying under subsection (a)(2) of this Section will receive the minimum adjustment of \$5 per inpatient day. The adjustments calculated under this subsection (g)(1) are subject to the limitations described in subsection (j) of this Section. The adjustments calculated under subsection (g) of this Section shall be paid on a per diem basis and shall be applied to each covered day of care provided.
- 2) Department of Human Services (DHS) State-Operated Facility Adjustment for hospitals defined in Section 148.25(b)(6). Department of

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Human Services State-operated facilities qualifying under subsection (a)(2) of this Section shall receive an adjustment for inpatient services provided on or after March 1, 1995. Effective October 1, 2000, the adjustment payment shall be calculated as follows:

- A) The amount of the adjustment is based on a State DSH Pool. The State DSH Pool amount shall be the lesser of the federal DSH allotment for mental health facilities as determined in section 1923(h) of the Social Security Act, minus the estimated DSH payments to such facilities that are not operated by the State; or the result of subtracting the estimated DSH payment adjustments made under subsections (g)(1), (h) and (i) of this Section and Section 148.170(f)(2) from the aggregate DSH payment allotment as provided for in section 1923(f) of the Social Security Act.
 - B) The State DSH Pool amount is then allocated to hospitals defined in Section 148.25(b)(6) that qualify for DSH adjustments by multiplying the State DSH Pool amount by each hospital's ratio of uncompensated care costs, from the most recent final cost report, to the sum of all qualifying hospitals' uncompensated care costs.
 - C) The adjustment calculated in subsection (g)(2)(B) of this Section shall meet the limitation described in subsection (j)(4) of this Section.
 - D) The adjustment calculated pursuant to subsection (g)(2)(B) of this Section, for each hospital defined in Section 148.25(b)(6) that qualifies for DSH adjustments, is then divided by four to arrive at a quarterly adjustment. This amount is subject to the limitations described in subsection (j) of this Section. The adjustment described in this subsection (g)(2)(D) shall be paid on a quarterly basis.
- 3) Assistance for Certain Public Hospitals
- A) The Department may make an annual payment adjustment to qualifying hospitals in the DSH determination year. A qualifying hospital is a public hospital as defined in section 701(d) of the Medicare, Medicaid, and SCHIP Benefits Improvement and

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Protection Act of 2000 (Public Law 106-554).

- B) Hospitals qualifying shall receive an annual payment adjustment that is equal to:
- i) A rate amount equal to the amount specified in the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, section 701(d)(3)(B) for the DSH determination year;
 - ii) Divided first by Illinois' Federal Medical Assistance Percentage; and
 - iii) Divided secondly by the sum of the qualified hospitals' total Medicaid inpatient days, as defined in subsection (k)(4) of this Section; and
 - iv) Multiplied by each qualified hospital's Medicaid inpatient days as defined in subsection (k)(4) of this Section.
- C) The annual payment adjustment calculated under this subsection, for each qualified hospital, will be divided by four and paid on a quarterly basis.
- D) Payment adjustments under this subsection (g)(3) shall be made without regard to subsections (j)(3) and (4) of this Section, 42 CFR 447.272, or any standards promulgated by the Department of Health and Human Services pursuant to section 701(e) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000.
- E) In order to qualify for assistance payments under this subsection (g)(3), with regard to this payment adjustment, there must be in force an executed intergovernmental agreement between the authorized governmental body of the qualifying hospital and the Department.

4) [Disproportionate Share Payments for Certain Government-Owned or -Operated Hospitals](#)

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- A) The following classes of government-owned or -operated Illinois hospitals shall, subject to the limitations set forth in subsection (h) of this Section, be eligible for the Disproportionate Share Hospital Adjustment payment:
- i) Hospitals defined in Section 148.25(b)(1)(A).
 - ii) Hospitals owned or operated by a unit of local government that is not a hospital defined in subsection (g)(4)(A)(i) of this Section.
 - iii) Hospitals defined in Section 148.25(b)(1)(B).
- B) 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.
- C) The annual amount shall be paid to the hospital in monthly installments. The portion of the annual amount not paid pending federal approval of payments shall, upon that approval, be paid in a single lump sum payment. The annual amount shall be paid to the hospital in 12 equal installments and paid monthly.
- ~~h) Hospitals Organized Under the University of Illinois Hospital Act. For a hospital and/or hospitals organized under the University of Illinois Hospital Act, as defined in Sections 148.25(b)(1)(B), the payment adjustments calculated under Section 148.122 shall be considered disproportionate share adjustments.~~
- ~~i) For county-owned hospitals defined in Section 148.25(b)(1)(A), a portion of the payments made in accordance with Sections 148.160(f)(3) and 148.295(e)(2)(J) may be considered disproportionate share adjustments.~~
- hj) DSH Adjustment Limitations.
- 1) Hospitals that qualify for DSH adjustments under this Section shall not be eligible for the total DSH adjustment if, during the DSH determination year, the hospital discontinues provision of nonemergency obstetrical care.

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The provisions of this subsection (h)(1) 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 obstetric services as of December 22, 1987. In this instance, the adjustments calculated under subsection (g)(1) shall cease to be effective on the date that the hospital discontinued the provision of such nonemergency obstetrical care.

- 2) Inpatient Payment Adjustments based upon DSH Determination Reviews. Appeals based upon a hospital's ineligibility for DSH payment adjustments, or their payment adjustment amounts, in accordance with Section 148.310(b), which result in a change in a hospital's eligibility for DSH payment adjustments or a change in a hospital's payment adjustment amounts, shall not affect the DSH 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 DSH payment adjustments based upon the requirements of this Section.
- 3) DSH Payment Adjustment. In accordance with Public Law 102-234, if the aggregate DSH payment adjustments calculated under this Section do not meet the State's final DSH Allotment as determined by the [federal Centers for Medicare and Medicaid Services Health Care Financing Administration \(HCFA\)](#), DSH payment adjustments calculated under this Section shall be adjusted to meet the State DSH Allotment. [Subject to any limitation, disproportionate share payments will be made to qualifying hospitals in the following order: This adjustment shall first be applied to DSH payments made under subsection \(g\)\(2\) of this Section.](#)
 - A) [Psychiatric hospitals operated by the Illinois Department of Human Services – the annual amount shall be credited quarterly via certification of public expenditure.](#)
 - B) [Hospitals defined in Section 148.25\(b\)\(1\)\(B\).](#)
 - C) [Hospitals owned and operated by a unit of local government that is not a hospital defined in Section 148.25\(b\)\(1\)\(A\).](#)
 - D) [Hospitals that are not owned or operated by a unit of government – the annual amount shall be paid on each inpatient claim.](#)

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E) Hospitals defined in Section 148.25(b)(1)(A).

- 4) Omnibus Budget Reconciliation Act of 1993 (OBRA '93) Adjustments. In accordance with Public Law 103-66, adjustments to individual hospitals' disproportionate share payments shall be made if the sum of estimated Medicaid payments (inpatient, outpatient, and disproportionate share) to a hospital exceed the costs of providing services to Medicaid clients and persons without insurance. Federal upper payment limit requirements (42 CFR 447.272) shall be considered when calculating the OBRA '93 adjustments. The adjustments shall reduce disproportionate share spending until the costs and spending (described in this subsection (j)(4)) are equal or until the disproportionate share payments are reduced to zero. In this calculation, persons without insurance costs do not include contractual allowances. Hospitals qualifying for DSH payment adjustments must submit the information required in Section 148.150.
- 5) Medicaid Inpatient Utilization Rate Limit. Hospitals that qualify for DSH payment adjustments under this Section shall not be eligible for DSH payment adjustments if the hospital's MIUR, as defined in subsection ~~(k)~~(4) of this Section, is less than one percent.
- ~~(k)~~ Inpatient Payment Adjustment Definitions. The definitions of terms used with reference to calculation of the inpatient payment adjustments are as follows:
 - 1) "Base fiscal year" means, for example, the hospital's fiscal year ending in 2001 for the October 1, 2003 DSH determination year, the hospital's fiscal year ending in 2002 for the October 1, 2004 DSH determination year, etc.
 - 2) "DSH determination year" means the 12 month period beginning on October 1 of the year and ending September 30 of the following year.
 - 3) "Mean Medicaid inpatient utilization rate" means a fraction, the numerator of which is the total number of inpatient days provided in a given 12-month period by all Medicaid-participating Illinois hospitals to patients who, for such days, were eligible for Medicaid under Title XIX of the Federal Social Security Act (42 USC 1396a et seq.), and the denominator of which is the total number of inpatient days provided by those same hospitals. Title XIX specifically excludes days of care provided to Family

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and Children Assistance (formerly known as General Assistance) but does include the types of days described in subsections (c)(1) and (c)(2) of this Section. In this subsection (ik)(3), the term "inpatient day" includes each day in which an individual (including a newborn) is an inpatient in the hospital whether or not the individual is in a specialized ward and whether or not the individual remains in the hospital for lack of suitable placement elsewhere.

- 4) "Medicaid inpatient utilization rate" means a fraction, the numerator of which is the number of a hospital's inpatient days provided in a given 12 month period to patients who, for such days, were eligible for Medicaid under Title XIX of the Federal Social Security Act (42 USC 1396a et seq.) and the denominator of which is the total number of the hospital's inpatient days in that same period. Title XIX specifically excludes days of care provided to Family and Children Assistance (formerly known as General Assistance) but does include the types of days described in subsections (c)(1) and (c)(2) of this Section. In this subsection (ik)(4), the term "inpatient day" includes each day in which an individual (including a newborn) is an inpatient in the hospital whether or not the individual is in a specialized ward and whether or not the individual remains in the hospital for lack of suitable placement elsewhere.

(Source: Amended by emergency rulemaking at 33 Ill. Reg. 5821, effective April 1, 2009, for a maximum of 150 days)

Section 148.122 Medicaid Percentage Adjustments**EMERGENCY**

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, except those that are owned or operated by a unit of government, may qualify for a Medicaid Percentage Adjustment in one of the following ways:

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- 1) The hospital's Medicaid inpatient utilization rate (MIUR), as defined in Section 148.120(~~ik~~)(4), is at least one-half standard deviation above the mean Medicaid utilization rate, as defined in Section 148.120(~~ik~~)(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(~~ik~~)(4), that was at least the mean Medicaid inpatient utilization rate, as defined in Section 148.120(~~ik~~)(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:
 - 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 (~~gh~~)(3) of this Section, that is at least one standard deviation above the mean Medicaid obstetrical inpatient utilization rate, as defined in subsection (~~gh~~)(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).

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- 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)(B).
- 1) The payment adjustment shall be calculated based upon the hospital's MIUR, as defined in Section 148.120(~~ik~~)(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 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

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percent that the hospital's MIUR exceeds 1.5 standard deviations above the mean Medicaid inpatient utilization rate.

- 2) 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.
- 3) The amount calculated pursuant to subsections (d)(1) through (d)(2) 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(~~ik~~)(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
 - B) The percentage increase in the Statewide average hospital payment rate, as described in subsection (~~gh~~)(5) of this Section, over the previous year's Statewide average hospital payment rate.
- 4) The amount calculated pursuant to subsections (d)(1) through (d)(3) of this Section, as adjusted pursuant to ~~subsections~~ 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)(3) 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.~~

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- 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 federal approval of payments shall, upon that approval, be paid in a single lump sum payment. The annual amount shall be paid to the hospital in 12 equal installments and paid monthly.~~

fg) 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 non-emergency 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 non-emergency obstetric services as of December 22, 1987. Hospitals that do not offer non-emergency 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.

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- 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 non-emergency obstetrical care. The provisions of this subsection (fg)(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 non-emergency 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 non-emergency 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 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(ik)(4), is less than one percent.
- gh) 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 (gh)(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

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the Federal Social Security Act (42 USC 1396a), and the denominator of which is the total Medicaid inpatient days, as defined in subsection (gh)(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 (gh)(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 which is the total Medicaid (Title XIX) inpatient days, as defined in subsection (gh)(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 (gh)(2) and (gh)(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

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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 by emergency rulemaking at 33 Ill. Reg. 5821, effective April 1, 2009, for a maximum of 150 days)

Section 148.126 Safety Net Adjustment Payments**EMERGENCY**

- 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 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

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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:
 - 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.

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- 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.
 - 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.

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- 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.
- 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) 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. Code 250.710(a), and the provider operates a standby emergency room, as

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

- 16) The hospital has an MIUR greater than 90% in the safety net hospital base year.
- 17) 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)(16) 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.
- 18) The hospital meets 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%.
- 19) 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)(18) 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.

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F) Has an average length of stay less than 3.1 days.

- 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), subsections (a)(10) through (a)(15) and subsections (a)(17) through (a)(~~19~~)(~~18~~) 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).
- 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.

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- 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" – \$160.25.
- 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

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- 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.
- 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 if federal approval is received by the Department for such a rate; otherwise, the rate shall be \$70.00.
 - ii) Does not provide obstetrical care – \$120.00 if federal approval is received by the Department for such a rate; otherwise, the rate shall be \$30.00.
 - iii) Is a trauma center, recognized by the Illinois Department of Public Health (IDPH), as of July 1, 2005 – \$173.50.
- K) A qualifying hospital that provided greater than 35,000 total days in the safety net hospital base year – \$43.25.
- 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 \$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.

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- 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 \$110.00 if federal approval is received by the Department for such a rate; otherwise, the rate shall be \$55.00.
- 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:
- 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 if federal approval is received by the Department for such a rate; otherwise, the rate shall be \$53.00.

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- 7) For a hospital qualifying under subsection (a)(7) of this Section, the rate is \$210.50 if federal approval is received by the Department for such a rate; otherwise, the rate shall be \$175.50.
- 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.
- 11) For a hospital qualifying under subsection (a)(11) of this Section, the rate is \$200.00 for dates of service on or after April 1, 2009 through June 30, 2010. For dates of service on or after July 1, 2010, the rate is \$39.50.
- 12) For a hospital qualifying under subsection (a)(12) of this Section, the rate is \$240.50 if federal approval is received by the Department for such a rate; otherwise, the rate shall be \$120.25.
- 13) For a hospital qualifying under subsection (a)(13) of this Section, for dates of service on or after April 1, 2009, the rate is \$815.00~~\$231.50~~.
- 14) For a hospital qualifying under subsection (a)(14) of this Section, the rate is \$443.75 if federal approval is received by the Department for such a rate; otherwise, the rate shall be \$343.75.
- 15) For a hospital qualifying under subsection (a)(16) of this Section, the rate is \$39.50.
- 16) For a hospital qualifying under subsection (a)(17) of this Section, the rate is \$69.00. This reimbursement rate is contingent on federal approval.
- 17) For a hospital qualifying under subsection (a)(18) of this Section, the rate is \$16.00. This reimbursement rate is contingent on federal approval.
- 18) For a hospital qualifying under subsection (a)(19) of this Section, for dates of service on or after April 1, 2009, the rate is \$145.00.

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- 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 2008, total payments will be determined through application of the methodologies described in subsection (c) of this Section.
 - 3) For safety net adjustment periods occurring after State fiscal year 2008, total payments ~~made under 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 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.

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- 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(j)(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, 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

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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 by emergency rulemaking at 33 Ill. Reg. 5821, effective April 1, 2009, for a maximum of 150 days)

Section 148.130 Outlier Adjustments for Exceptionally Costly Stays**EMERGENCY**

- a) Outlier Adjustments. Outlier adjustments are provided for exceptionally costly stays provided by hospitals or distinct part units reimbursed on a per diem basis or hospitals reimbursed in accordance with Section 148.82(g).
- b) The determination of those services qualified for an outlier adjustment shall be made as follows for services provided on and after October 1, 1992, and for each subsequent rate period, as defined in Section 148.25(g)(2)(B), for hospitals or distinct part units reimbursed on a per diem basis or hospitals reimbursed in accordance with Section 148.82(g):
 - 1) The services must have been provided on or after October 1, 1992; and
 - 2) The services must have been provided to:

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- A) Children who have not attained the age of six years by hospitals defined by the Department as DSH hospitals under Section 148.120(a); or
 - B) Infants who have not attained the age of one year by hospitals that do not meet the definition of a DSH hospital under Section 148.120(a); or
 - C) Children who have not attained the age of 19 on the date of admission for services provided~~Provided~~ on or after January 1, 2008, by a hospital devoted exclusively to the care of children as defined in 89 Ill. Adm. Code 149.50(c)(3)(A); ~~or to children who have not attained the age of 19 on the date of admission.~~
 - D) Children who have not attained the age of 19 on the date of admission for services provided on or after July 1, 2009 by a Children's Hospital as defined in 89 Ill. Adm. Code 149.50(c)(3)(B).
- 3) Claims with total covered charges equal to or above the mean total covered charges plus one standard deviation shall be considered for outlier adjustments once the following calculations have been performed:
- A) Total covered charges (less charges attributable to medical education) equal to or exceeding one standard deviation above the mean shall be multiplied by the hospital's cost to charge ratio.
 - B) The hospital's rate for services provided on the claim shall be multiplied by the number of covered days on the claim.
 - C) The product of subsection (b)(3)(B) shall be subtracted from the product of subsection (b)(3)(A).
 - D) The difference of subsection (b)(3)(C) shall be multiplied by .25, the product of which shall be the outlier adjustment for the claim.
 - E) Third party payments (credits) shall be applied to the final payment made on the claim.

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- c) The determination of those services qualified for an outlier adjustment shall be made in accordance with 89 Ill. Adm. Code 149.105 for hospitals reimbursed on a per case basis.
- d) Definition of terms relating to outlier adjustments are as follows:
- 1) "Base fiscal year" means the hospital's fiscal year cost report most recently audited by the Department.
 - 2) "Cost to Charge Ratio" means the hospital's Medicaid total allowable cost for all care divided by the Medicaid total covered charges for all care. The Cost to Charge Ratio is derived by utilizing cost report data from the hospital's base fiscal year.
 - 3) "Mean total covered charges" means the mean total covered charges (as described in subsection (d)(5)), for services provided in the most recent state fiscal year for which complete information is available and which have been adjudicated by the Department, as follows:
 - A) For hospitals that do not meet the definition of a DSH hospital under Section 148.120(a) in the DSH determination year, the mean total covered charges for all claims for inpatient services provided to individuals under the age of one year; and
 - B) For hospitals defined by the Department as DSH hospitals under Section 148.120(a) in the DSH determination year, the mean total covered charges for all claims for inpatient services provided to individuals under the age of six years.
 - 4) "Rate for services provided" means the inpatient rate in effect for the type of services provided.
 - 5) "Total covered charges" means the amount entered on the UB-82 or UB-92 Uniform Billing Form for revenue code 001 in column 53 (Total Charges).

(Source: Amended by emergency rulemaking at 33 Ill. Reg. 5821, effective April 1, 2009, for a maximum of 150 days)

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Section 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**EMERGENCY**

- a) Calculation of Alternate Cost Per Diem Rates for All Hospitals
For all hospitals, regardless of the hospital's reimbursement methodology, the Department shall first calculate the hospital's alternate cost per diem rate, as calculated under Section 148.260, derived from the provider's base period cost reports, as described in Section 148.25(g)(1).
- b) Calculation of Payment Rates for Certain Exempt Hospital Units
 - 1) For admissions occurring within the rate period described in Section 148.25(g)(2)(A):
 - A) In the case of a distinct part unit, as described in 89 Ill. Adm. Code 149.50(d), the Department shall divide the hospital's Medicaid charges per diem (identified on adjudicated claims submitted by the provider during the most recently completed fiscal year for which complete data are available) related to the distinct part unit by the hospital's total charge per diem for all claims for the same time period.
 - B) The resulting quotient, as calculated in subsection (b)(1)(A), shall be multiplied by the hospital's total operating cost per diem, as calculated in Section 148.260(a)(1)(B).
 - C) The capital related cost per diem, as calculated in Section 148.260(a)(2), is then added to the resulting product calculated in subsection (b)(1)(B), subject to the inflation adjustment described in Section 148.260(c)(1).
 - D) Subject to the provisions of subsections (b)(1)(E) and (b)(1)(F), the final distinct part unit payment rate shall be the lower of:
 - i) The result of the calculations described in subsections (b)(1)(A) through (b)(1)(B); or

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- ii) The hospital's alternate cost per diem rate, as calculated in subsection (a) of this Section.
 - E) In no case shall the hospital's final distinct part unit payment rate be greater than three standard deviations above the mean distinct part unit payment rate.
 - F) In the case of a new distinct part unit for which the Department has insufficient adjudicated claims history data available, the Department shall utilize the average payment rate calculated under this subsection (b)(1) for like distinct part units.
- 2) For admissions occurring within a rate period described in Section 148.25(g)(2)(B), the distinct part unit payment rate shall be the distinct part unit payment rate in effect on June 30, 1993, as calculated under subsection (b)(1), updated to the midpoint of the current rate period, using the TEFRA price inflation factor.
- c) In the case of a new hospital (not previously owned or operated), a hospital that has significantly changed its case-mix profile (e.g., a general acute care hospital changing its case-mix to reflect a predominance of long term care patients), or an out-of-state non cost-reporting hospital, reimbursement for inpatient services shall be as follows:
- 1) For general acute-care hospitals, reimbursement for inpatient services:
 - A) provided by Illinois general acute care hospitals prior to July 1, 2007 shall be at the average payment rate calculated under subsection (a) or (b), as applicable, for those hospitals that would otherwise be reimbursed under 89 Ill. Adm. Code 149.
 - B) provided by Illinois general acute care hospitals on or after July 1, 2007 shall be reimbursed at either of the following:
 - i) utilizing the payment methodologies described in 89 Ill. Adm. Code 149 that will only reflect the federal/regional blended rate described in 89 Ill. Adm. Code 149.100 and a capital rate equal to one standard deviation above the mean capital rate, as determined in 89 Ill. Adm. Code 149.150(c),

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for all providers reimbursed under the same federal/regional blended rate~~No other payments described in Part 149 will be reimbursed~~; or

- ii) at the average payment rate calculated under subsection (a) or (b), as applicable, for those hospitals that would otherwise be reimbursed under 89 Ill. Adm. Code 149.
 - C) provided by out of state general acute care hospitals shall be at the average payment rate calculated under subsection (a) or (b), as applicable, for those hospitals that would otherwise be reimbursed under 89 Ill. Adm. Code 149.
- 2) For psychiatric hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(1); ~~reimbursement for inpatient psychiatric services shall be at the average rate calculated under Section 148.260 for those hospitals defined in 89 Ill. Adm. Code 149.50(c)(1).~~
- A) for services provided by a psychiatric hospital that began operation on or after January 1, 2008, that is devoted exclusively to the care of individuals who have not attained 19 years of age, reimbursement for inpatient psychiatric services shall be at the arithmetic mean of the rates defined in subsections (c)(2)(B) and (c)(5)(A) of this Section.
 - B) for all other psychiatric hospitals, reimbursement for inpatient psychiatric services shall be at the average rate calculated under Section 148.260 for those hospitals defined in 89 Ill. Adm. Code 149.50(c)(1).
- 3) For rehabilitation hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(2), reimbursement for inpatient rehabilitation services shall be at the average rate calculated under Section 148.260 for those hospitals defined in 89 Ill. Adm. Code 149.50(c)(2).
- 4) For long term stay hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(4), reimbursement for inpatient services shall be at the average rate calculated under Section 148.260 for those hospitals defined in 89 Ill. Adm. Code 149.50(c)(4).

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- 5) For children's hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(3), reimbursement for inpatient services:
- A) provided before August 1, 1998, shall be at the average rate calculated under subsection (a) for those hospitals defined in 89 Ill. Adm. Code 149.50(c)(3);
 - B) provided on or after August 1, 1998, for a children's hospital that was licensed as such by a municipality after June 30, 1995, shall be equal to the average rate calculated in Section 148.280 for children's hospitals in existence before June 30, 1995, with an average length of stay that was less than 14 days as determined from the hospital's fiscal year 1994 cost report.

(Source: Amended by emergency rulemaking at 33 Ill. Reg. 5821, effective April 1, 2009, for a maximum of 150 days)

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

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.

- a) **Trauma Center Adjustments (TCA)**
The Department shall make a TCA to 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.**

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- A) Criteria. 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. 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 hospitals located in the same city, that alternate their Level I trauma center designation.
- A) Criteria. 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 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

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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. 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 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. 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

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- 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).
- 5) In determining annual payments that are pursuant to the Trauma Center Adjustments as described in this Section, for the CHAP rate period occurring in State fiscal year 2009, total payments will equal the methodologies described in this Section. For the period December 1, 2008 to June 30, 2009, payment will equal the State fiscal year 2009 amount less the amount the hospital received for the period July 1, 2008 to November 30, 2008.
- 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:
- 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.

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- 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
 - 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.

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- 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 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,

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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.
 - 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

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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 ~~\$354.00~~\$330.00 per day for dates of service on or after April 1, 2009.
 - 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.
 - v) Hospitals with more than 5,500 Obstetrical days will have their rate increased by an additional \$194.00 per day.

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- 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 ~~\$131.00~~~~\$41.00~~ per day for dates of service on or after April 1, 2009.
 - 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 ~~\$360.00~~~~\$227.00~~ per day for dates of service on or after April 1, 2009.
 - 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 ~~\$650.00~~~~\$528.00~~ per day for dates of service on or after April 1, 2009.
 - 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 ~~\$185.00~~~~\$98.00~~ per day for dates of service on or after April 1, 2009.
 - 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 ~~\$600~~\$369.00 per day for dates of service on or after April 1, 2009 through June 30, 2010. For dates of service on or after July 1, 2010, the rate is \$369.00.
- 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 ~~\$191.00~~\$110.25 per day for dates of service on or after April 1, 2009.
- 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 greater than 19.75 percent will receive a rate of \$69.00 per day.
 - ii) Hospitals with an MIUR equal to or less than 19.75 percent, will receive a rate of \$11.00 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 per day if federal approval is received by the Department for such a rate; otherwise, the rate shall be \$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([ik](#))(5), plus the Medicaid obstetrical inpatient utilization rate, as described in Section 148.120([ik](#))(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 normal newborns, Medicare/Medicaid crossover admissions, psychiatric and rehabilitation admissions.

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- 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 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,

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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 5th digit of 1 or 2; 650; 651.0 through 659.9 with a 5th digit of 1, 2, 3, or 4; 660.0 through 669.9 with a 5th digit of 1, 2, 3, or 4; 670.0 through 676.9 with a 5th 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 by emergency rulemaking at 33 Ill. Reg. 5821, effective April 1, 2009, for a maximum of 150 days)

Section 148.296 Tertiary Care Adjustment Payments**EMERGENCY**

Tertiary Care Adjustment Payments shall be made to all eligible hospitals, excluding county-owned hospitals, as described in Section 148.25(b)(1)(A), 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, 2002, in accordance with this Section.

- a) Definitions. The definitions of terms used with reference to calculation of payments under this Section are as follows:
 - 1) "Base Period Claims" means claims for inpatient hospital services with dates of service occurring in the Tertiary Adjustment Base Period that were subsequently adjudicated by the Department through December 31, 1999. For a general care hospital that includes a facility devoted exclusively to caring for children and that was separately licensed as a hospital by a municipality before September 30, 1998, Base Period Claims for services that may, in 89 Ill. Adm. Code 149.50(c)(3), be billed by a children's hospital shall be attributed exclusively to the children's facility. Base Period Claims shall exclude the following types:
 - A) Claims for which Medicare was liable in part or in full ("cross-over" claims);
 - B) Claims for transplantation services that were paid by the Department via form C-13, Invoice Voucher; and
 - C) Claims for services billed for exceptional care services as described at Section 148.50(c)(2)(A) and (B).
 - 2) "Case Mix Index" or "CMI"~~(CMI)~~, for a given hospital, means the sum of all Diagnosis Related Grouping (DRG) (see 89 Ill. Adm. Code 149) weighting factors for Base Period Claims divided by the total number of claims included in the sum, but excluding claims:
 - A) Reimbursed under a per diem rate methodology; and

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- B) For Delivery or Newborn Care.
- 3) "Case Mix Adjustment Factor" or "CMAF"~~(CMAF)~~ means the following:
- A) For qualifying hospitals located in Illinois that, for Base Period Claims, had a CMI that is greater than the mean:
- i) CMI of all Illinois cost-reporting hospitals, but less than that mean plus a one standard deviation above the mean, the CMAF shall be equal to 0.040;
 - ii) CMI plus one standard deviation above the mean of all Illinois cost reporting hospitals, but less than that mean plus two standard deviations above the mean, the CMAF shall be equal to 0.250;
 - iii) CMI plus two standard deviations above the mean of all Illinois cost reporting hospitals, the CMAF shall be equal to 0.300.
- B) For qualifying hospitals located outside of Illinois that, for Base Period Claims, had a CMI that is greater than the mean:
- i) CMI of all out-of-state cost reporting hospitals, but less than that mean plus a one standard deviation above the mean, the CMAF shall be equal to 0.020;
 - ii) CMI plus one standard deviation above the mean of all out-of-state cost reporting hospitals, but less than that mean plus two standard deviations above the mean, the CMAF shall be equal to 0.125;
 - iii) CMI plus two standard deviations above the mean of all out-of-state cost reporting hospitals, the CMAF shall be equal to 0.150.
- 4) "Delivery or Newborn Care" means inpatient hospital care, the claim for which was assigned by the Department to DRGs 370 through 375, 385

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through 387, 389, 391 and 985 through 989.

- 5) "Tertiary Adjustment Base Period" means calendar year 1998.
 - 6) "Tertiary Care Adjustment Rate Period" means, for fiscal year 2001, the three-month period beginning April 1, 2001, and for each subsequent fiscal year, the twelve-month period beginning July 1.
- b) Case Mix Adjustment
The Department shall make a Case Mix Adjustment to certain hospitals, as defined in this subsection (b).
- 1) Qualifying Hospital. A hospital meeting both of the following criteria shall qualify for this payment:
 - A) A hospital that had 100 or more Qualified Admissions; and
 - B) For a hospital located:
 - i) in Illinois, has a CMI greater than or equal to the mean CMI for Illinois hospitals; or
 - ii) outside of Illinois, has a CMI greater than or equal to the mean CMI for out-of-state cost-reporting hospitals.
 - 2) Qualified Admission. For the purposes of this subsection (b), "Qualified Admission" shall mean a Base Period Claim excluding a claim:
 - A) Reimbursed under a per diem rate methodology; and
 - B) For Delivery or Newborn Care.
 - 3) Case Mix Adjustment. Each Qualifying Hospital will receive a payment equal to the product of:
 - A) The product of the hospital's:
 - i) number of Qualified Admissions; and

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- ii) CMAF; and
- B) The sum of the hospital's:
 - i) rate for capital related costs in effect on July 1, 2000; and
 - ii) the product of the hospital's CMI raised to the second power and the DRG PPS (Prospective Payment System) (see 89 Ill. Adm. Code 149) rate per discharge in effect on July 1, 2000.
- c) DRG Adjustment
The Department shall make a DRG Adjustment to certain hospitals, as defined in this subsection (c).
 - 1) Qualifying Hospital. A hospital that, during the Tertiary Adjustment Base Period, had at least one Qualified Admission shall qualify for this payment.
 - 2) Qualified Admission. For the purposes of this subsection (c), "Qualified Admission" means a Base Period Claim that was:
 - A) Assigned by the Department to a DRG that:
 - i) had been assigned a weighting factor greater than 3.2000; and
 - ii) for which fewer than 200 Base Period Claims were adjudicated by the Department; and
 - B) Not a claim:
 - i) reimbursed under a per diem rate methodology;
 - ii) for Delivery or Newborn Care; or
 - iii) for a patient transferred to another facility as described at 89 Ill. Adm. Code 149.25(b)(2).

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- 3) DRG Adjustment Rates. For each Qualified Admission, a Qualifying Hospital will receive a payment equal to the product of:
 - A) The hospital's DRG PPS rate per discharge in effect on July 1, 2000; and
 - B) The weighting factor assigned to the DRG to which the Qualified Admission was assigned by the Department; and
 - C) The constant 1.400.
- d) Children's Hospital Adjustment
The Department shall make a Children's Hospital Adjustment to certain hospitals, as defined in this subsection (d).
 - 1) Qualifying Hospital. A children's hospital, as defined at 89 Ill. Adm. Code 149.50(c)(3), shall qualify for this payment.
 - 2) Qualified Days. For the purposes of this subsection (d), "Qualified Day" means a day of care that was provided in a Base Period Claim, excluding a claim:
 - A) For Delivery or Newborn Care;
 - B) Assigned by the Department to a DRG with an assigned weighting factor that is less than 1.0000; or
 - C) For hospital inpatient psychiatric services as described at Section 148.40(a) or hospital inpatient physical rehabilitation services as described at Section 148.40(b).
 - 3) Children's Hospital Adjustment. A Qualifying Hospital shall receive a payment equal to the product of:
 - A) The sum of Qualified Days from the hospital's Base Period Claims; and
 - B) For Illinois hospitals with:

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- i) more than 5,000 Qualified Days, \$670.00; or
 - ii) 5,000 or fewer Qualified Days, \$300.00.
 - C) For out of state hospitals with:
 - i) more than 1,000 Qualified Days, \$670.00; or
 - ii) 1,000 or fewer Qualified Days, \$300.00.
- e) Primary Care Adjustment
The Department shall make a Primary Care Adjustment to certain hospitals, as defined in this subsection (e).
 - 1) Qualifying Hospital. A hospital located in Illinois that has at least one Qualifying Resident shall qualify for this payment.
 - 2) Qualifying Residents. For the purposes of this subsection (e), "Qualifying Residents" means the number of primary care residents, as reported on form HCFA 2552-96, Worksheet E-3, Part IV, line 1, column 1, for hospital fiscal years ending September 30, 1997, through September 29, 1998, used in the fiscal year 2002 Tertiary Care Adjustment Rate Period.
 - 3) Qualified Admission. For the purposes of this subsection (e), "Qualified Admission" shall mean a Base Period Claim excluding a claim:
 - A) For hospital inpatient psychiatric services as described at Section 148.40(a) or hospital inpatient physical rehabilitation services as described at Section 148.40(b) and reimbursed under a per diem rate methodology; and
 - B) For Delivery or Newborn Care.
 - 4) Primary Care Adjustment. A Qualifying Hospital will receive a payment equal to the product of:
 - A) The number of Qualifying Admissions during the Tertiary Adjustment Base Period;

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- B) \$4,675.00; and
- C) The quotient of:
- i) the number of Qualifying Residents,
 - ii) divided by the number of Qualifying Admissions.
- f) Long Term Stay Hospital Adjustment
The Department shall make a Long Term Stay Hospital Adjustment to certain hospitals, as defined in this subsection (f).
- 1) Qualifying Hospital. A long term stay hospital, as defined at 89 Ill. Adm. Code 149.50(c)(4), that had a CMI that was greater than or equal to the mean CMI for all long term stay hospitals, shall qualify for this payment.
 - 2) Qualified Days. For the purposes of this subsection (f), "Qualified Day" means a day of care that was provided in a Base Period Claim, excluding claims for hospital inpatient psychiatric services as described at Section 148.40(a) or hospital inpatient physical rehabilitation services as described at Section 148.40(b).
 - 3) Long Term Stay Hospital Adjustment Rates. A Qualifying Hospital will receive payments equal to the product of:
 - A) The number of Qualified Days from all Base Period Claims; and
 - B) A constant that:
 - i) for a hospital that had a CMI that was greater than or equal to the mean CMI for all long term stay hospitals plus one standard deviation above the mean, ~~\$3,000.00~~\$300.00; or
 - ii) for a hospital that had a CMI that was greater than or equal to the mean CMI for all long term stay hospitals, but less than one standard deviation above that mean, \$5.00.
- g) Rehabilitation Hospital Adjustment
The Department shall make a Rehabilitation Hospital Adjustment to certain

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hospitals as defined in this subsection (g).

- 1) **Qualifying Hospital.** A hospital that qualifies for the Rehabilitation Hospital Adjustment under the Critical Hospital Adjustment Payments (CHAP) program, as defined in Section 148.295(b), shall qualify for this payment.
 - 2) **Qualified Admission.** For the purposes of this subsection (g), "Qualified Admission" shall mean a Medicaid level I rehabilitation admission in the CHAP rate period, as defined in Section 148.295, for fiscal year 2001.
 - 3) **Rehabilitation Hospital Adjustment.** A Qualifying Hospital shall receive payment as follows:
 - A) For a hospital that had fewer than 60 Qualified Admissions, \$100,000.00.
 - B) For a hospital that had 60 or more Qualified Admissions, \$350,000.00.
- h) **Tertiary Care Adjustment**
- 1) The total annual adjustment to an eligible hospital shall be the sum of the adjustments for which the hospital qualifies under subsections (a) through (g) of this Section multiplied by 0.455.
 - 2) A total annual adjustment amount shall be paid to the hospital during the Tertiary Care Adjustment Rate Period in installments on, at least, a quarterly basis.
 - 3) For hospitals qualifying for payments under this Section, adjustment periods occurring in State fiscal year 2009, total payments will equal the sum of amounts calculated under the methodologies described in this Section and shall be paid to the hospital during the Tertiary Care Adjustment Rate period.

(Source: Amended by emergency rulemaking at 33 Ill. Reg. 5821, effective April 1, 2009, for a maximum of 150 days)

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Section 148.297 Pediatric Outpatient Adjustment Payments**EMERGENCY**

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

- a) To qualify for payments under this Section, a hospital must:
 - 1) be a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), and
 - 2) have a Pediatric Medicaid Outpatient Percentage greater than 80 percent during the Pediatric Outpatient Adjustment Base Period.
- b) Hospitals qualifying under this Section shall receive the following amounts for the Pediatric Outpatient Adjustment Rate Year for dates of services occurring on or after July-1, 1999:
 - 1) For out-of-state cost reporting hospitals with an MIUR that is less than 75 percent, the product of:
 - A) the hospital's MIUR plus 1.15, multiplied by
 - B) the number of Pediatric Adjustable Outpatient Services, multiplied by
 - C) \$169.00.
 - 2) For Illinois hospitals with an MIUR that is less than 75 percent, the product of:
 - A) the hospital's MIUR plus one, multiplied by
 - B) the number of Pediatric Adjustable Outpatient Services, multiplied by
 - C) \$169.00.

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- 3) For Illinois hospitals with an MIUR that is greater than or equal to 75 percent, the product of:
 - A) one and one-half the hospital's MIUR plus one, multiplied by
 - B) the number of Pediatric Adjustable Outpatient Services, multiplied by
 - C) ~~\$305.00~~\$169.00.
- c) In addition to the reimbursement rates described in subsection (b) of this Section, hospitals that have an MIUR that is greater than or equal to 80 percent shall receive an additional \$229,740.00 during the Pediatric Outpatient Adjustment Rate Year.
- d) Adjustments under this Section shall be paid at least quarterly.
- e) Definitions
 - 1) "Medicaid Inpatient Utilization Rate" or "MIUR" ~~(MIUR)~~, as used in this Section, has the same meaning as ascribed in Section 148.120(~~ik~~)(5), in effect for the rate period October 1, 1996, through September 30, 1997.
 - 2) "Pediatric Adjustable Outpatient Services" means the number of outpatient services, excluding procedure code 0080, adjudicated through a UB92 billing form and grouped through the Hospital Ambulatory Care Groupings, as defined in Section 148.140(b)(1), during the Pediatric Outpatient Adjustment Base Period. For a hospital, which includes a facility devoted exclusively to caring for children, that is separately licensed as a hospital by a municipality, Pediatric Adjustment Outpatient Services will include psychiatric services (categories of service 27 or 28) for children less than 18 years of age, that are billed through the affiliated general care hospital.
 - 3) "Pediatric Medicaid Outpatient Percentage" means a percentage that results from the quotient of the total Pediatric Adjustable Outpatient Services for persons less than 18 years of age divided by the total Pediatric Adjustable Outpatient Services for all persons, during the Pediatric Outpatient Adjustment Base Period.

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- 4) "Pediatric Outpatient Adjustment Base Period" means all services billed to the Department, excluding procedure code 0080, with State Fiscal Year 1996 dates of service that were adjudicated by the Department on or before March 31, 1997.
- 5) "Pediatric Outpatient Adjustment Rate Year" means State Fiscal Year 1998 and each State Fiscal Year thereafter.

f) For hospitals qualifying for payments under this Section, adjustment periods occurring in State fiscal year 2009, total payments will equal the sum of amounts calculated under the methodologies described in this Section and shall be paid to the hospital during the Pediatric Outpatient Adjustment Rate year.

(Source: Amended by emergency rulemaking at 33 Ill. Reg. 5821, effective April 1, 2009, for a maximum of 150 days)

Section 148.460 Catastrophic Relief Payments**EMERGENCY**

- a) Qualifying Criteria. Catastrophic Relief Payments, as described in this subsection (a), shall be made to Illinois hospitals, except publicly owned or operated hospitals or a hospital identified under 89 Ill. Adm. Code 149.50(c)(3)(B), that have an MIUR greater than the current statewide mean, are not a publicly owned hospital, and are not part of a multiple hospital network, unless the hospital has an MIUR greater than the current statewide mean plus two standard deviations. Payments to qualifying hospitals will be based on criteria described in this Section.
- b) Payments
 - 1) An Illinois hospital qualifying under subsection (a) of this Section that is a general acute care hospital with greater than 3,000 Medicaid admissions, and a case mix greater than 70%, will receive the greater of:
 - A) Medicaid admissions multiplied by \$2,250; or
 - B) \$8,000,000.

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- 2) An Illinois hospital qualifying under subsection (a) of this Section that received payments under Section 148.456 will receive the greater of:
 - A) 2% of the annual Outpatient Ambulatory Procedure Listing Increase Payments, as defined in Section 148.456; or
 - B) \$175,000.

- 3) With the exception of psychiatric hospitals, a hospital qualifying under subsection (a) of this Section will receive the following:
 - A) \$1,750,000 for Illinois hospitals with more than 50 Title XXI admissions in the Catastrophic Relief Payments base period.
 - B) \$1,600,000 for Illinois hospitals with greater than or equal to 20 and less than or equal to 50 Title XXI admissions in the Catastrophic Relief Payments base period.
 - C) \$750,000 for Illinois hospitals with greater than 0 and less than 20 Title XXI admissions in the Catastrophic Relief Payments base period.

- 4) A psychiatric hospital qualifying under subsection (a) of this Section will receive the following:
 - A) \$1,312,500 for an Illinois hospital with more than 50 Title XXI admissions in the Catastrophic Relief Payments base period.
 - B) \$1,200,000 for an Illinois hospital with greater than or equal to 20 and less than or equal to 50 Title XXI admissions in the Catastrophic Relief Payments base period.
 - C) \$562,500 for an Illinois hospital with greater than 0 and less than 20 Title XXI admissions in the Catastrophic Relief Payments base period.

- 5) Payments under this Section are effective for State fiscal year 2009. Payments are not effective for dates of service on or after July 1, 2009.

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c) Definitions

- 1) "MIUR", for a given hospital, has the meaning ascribed in Section 148.120(i)(4) 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 2009 shall be the same determination used to determine a hospital's eligibility for Catastrophic Relief Payments in the Adjustment Period.
- 2) "General acute care hospital" is a hospital that does not meet the definition of a hospital ascribed in 89 Ill. Adm. Code 149.50(c).
- 3) "Title XXI admissions" means recipients of medical assistance through the Illinois State Child Health Plan under Title XXI of the Social Security Act.
- 4) "Catastrophic Relief Payments base period" means the 12-month period beginning on July 1, 2006 and ending June 30, 2007.
- 5) "Psychiatric hospital" is a hospital as defined in 89 Ill. Adm. Code 149.50(c)(1).
- 6) "Case mix index" means, for a given hospital, the quotient resulting from dividing the sum of all the 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.
- 7) "Medicaid admissions" means State fiscal year 2007 hospital inpatient admissions that were subsequently adjudicated by the Department through the last day of June preceding the 2009 CHAP (Section 148.295) rate period and contained within the Department's paid claims database, for recipients of medical assistance under Title XIX of the Social Security Act, excluding Medicare/ Medicaid crossover admissions.

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(Source: Added by emergency rulemaking at 33 Ill. Reg. 5821, effective April 1, 2009, for a maximum of 150 days)

JOINT COMMITTEE ON ADMINISTRATIVE RULES
APRIL AGENDA

JOINT COMMITTEE ON ADMINISTRATIVE RULES

SCHEDULED MEETING:

STRATTON OFFICE BUILDING
ROOM C-1
SPRINGFIELD, ILLINOIS
11:00 A.M.
APRIL 21, 2009

NOTICES: The scheduled date and time for the JCAR meeting are subject to change. Due to *Register* submittal deadlines, the Agenda below may be incomplete. Other items not contained in this published Agenda are likely to be considered by the Committee at the meeting and items from the list can be postponed to future meetings.

If members of the public wish to express their views with respect to a rulemaking, they should submit written comments to the Office of the Joint Committee on Administrative Rules at the following address:

*Joint Committee on Administrative Rules
700 Stratton Office Building
Springfield, Illinois 62706
Email: jcar@ilga.gov
Phone: 217/785-2254*

RULEMAKINGS CURRENTLY BEFORE JCAR**PROPOSED RULEMAKINGS**Children and Family Services

1. Reports of Child Abuse and Neglect (89 Ill. Adm. Code 300)
-First Notice Published: 32 Ill. Reg. 12120 – 8/1/08
-Expiration of Second Notice: 5/13/09
2. Department of Children and Family Services Scholarship Program (89 Ill. Adm. Code 312)
-First Notice Published: 32 Ill. Reg. 16656 – 10/17/08
-Expiration of Second Notice: 5/8/09

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3. Licensing Standards for Foster Family Homes (89 Ill. Adm. Code 402)
 - First Notice Published: 32 Ill. Reg. 13104 – 8/8/08
 - Expiration of Second Notice: 4/22/09

Commerce Commission

4. Cost Allocation for Large Local Exchange Carriers (83 Ill. Adm. Code 711)
 - First Notice Published: 32 Ill. Reg. 13962 – 8/29/08
 - Expiration of Second Notice: 5/2/09

Environmental Protection Agency

5. Permit Fees for Installing or Extending Water Main (35 Ill. Adm. Code 690)
 - First Notice Published: 32 Ill. Reg. 19849 – 12/26/08
 - Expiration of Second Notice: 4/24/09

Financial and Professional Regulation

6. Annual Audited Financial Report (50 Ill. Adm. Code 925)
 - First Notice Published: 32 Ill. Reg. 17619 – 11/14/08
 - Expiration of Second Notice: 5/7/09
7. Real Estate Appraiser Licensing (68 Ill. Adm. Code 1455)
 - First Notice Published: 32 Ill. Reg. 19279 – 12/19/08
 - Expiration of Second Notice: 4/26/09

Healthcare and Family Services

8. Medical Payment (89 Ill. Adm. Code 140)
 - First Notice Published: 33 Ill. Reg. 19 – 1/2/09
 - Expiration of Second Notice: 4/30/09
9. Reimbursement for Nursing Costs for Geriatric Facilities (89 Ill. Adm. Code 147)
 - First Notice Published: 32 Ill. Reg. 18921 – 12/12/08
 - Expiration of Second Notice: 4/30/08

Housing Development Authority

10. Homeowner Mortgage Revenue Bond Program (47 Ill. Adm. Code 260)

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- First Notice Published: 33 Ill. Reg. 1423 – 1/23/09
- Expiration of Second Notice: 4/23/09

Human Services

11. Early Intervention Program (89 Ill. Adm. Code 500)
 - First Notice Published: 32 Ill. Reg. 17001 – 10/31/08
 - Expiration of Second Notice: 4/22/09
12. Child Care (89 Ill. Adm. Code 50)
 - First Notice Published: 32 Ill. Reg. 9565 – 7/7/08
 - Expiration of Second Notice: 4/26/09

Pollution Control Board

13. Standards and Limitations for Organic Material Emissions for Area Sources (35 Ill. Adm. Code 223)
 - First Notice Published: 32 Ill. Reg. 17301 – 11/7/08
 - Expiration of Second Notice: 5/8/09

Public Health

14. Hospital Licensing Requirements (77 Ill. Adm. Code 250)
 - First Notice Published: 32 Ill. Reg. 19883 – 12/26/08
 - Expiration of Second Notice: 5/1/09
15. Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300)
 - First Notice Published: 32 Ill. Reg. 14644 – 9/12/08
 - Expiration of Second Notice: 5/18/09
16. Sheltered Care Facilities Code (77 Ill. Adm. Code 330)
 - First Notice Published: 32 Ill. Reg. 14658 – 9/12/08
 - Expiration of Second Notice: 5/18/09
17. Illinois Veterans' Homes Code (77 Ill. Adm. Code 340)
 - First Notice Published: 32 Ill. Reg. 14670 – 9/12/08
 - Expiration of Second Notice: 5/18/09
18. Intermediate Care for the Developmentally Disabled Facilities Code (77 Ill. Adm. Code 350)

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-First Notice Published: 32 Ill. Reg. 14678 – 9/12/08
-Expiration of Second Notice: 5/18/09

19. Long-Term Care for Under Age 22 Facilities Code (77 Ill. Adm. Code 390)
-First Notice Published: 32 Ill. Reg. 14691 – 9/12/08
-Expiration of Second Notice: 5/18/09
20. Loan Repayment Assistance for Dentists (77 Ill. Adm. Code 580)
-First Notice Published: 32 Ill. Reg. 14455 – 9/5/08
-Expiration of Second Notice: 5/1/09
21. Loan Repayment Assistance for Physicians (77 Ill. Adm. Code 581)
-First Notice Published: 32 Ill. Reg. 19440 – 12/19/08
-Expiration of Second Notice: 5/3/09
22. Baccalaureate Assistance for Registered Nurses (Repealer) (77 Ill. Adm. Code 595)
-First Notice Published: 32 Ill. Reg. 19449 – 12/19/08
-Expiration of Second Notice: 5/3/09
23. Child Health Examination Code (77 Ill. Adm. Code 665)
-First Notice Published: 32 Ill. Reg. 14465 – 9/5/08
-Expiration of Second Notice: 5/1/09
24. Language Assistance Services Code (77 Ill. Adm. Code 940)
-First Notice Published: 32 Ill. Reg. 14702 – 9/12/08
-Expiration of Second Notice: 5/1/09

Racing Board

25. Licensing (11 Ill. Adm. Code 502)
-First Notice Published: 33 Ill. Reg. 1435 – 1/23/09
-Expiration of Second Notice: 4/26/09
26. Licensing (11 Ill. Adm. Code 1302)
-First Notice Published: 33 Ill. Reg. 1443 – 1/23/09
-Expiration of Second Notice: 4/26/09
27. Licensing of Participants (11 Ill. Adm. Code 1408)
-First Notice Published: 33 Ill. Reg. 1447 – 1/23/09
-Expiration of Second Notice: 4/26/09

JOINT COMMITTEE ON ADMINISTRATIVE RULES
APRIL AGENDA

EMERGENCY RULEMAKINGSHuman Services

28. Temporary Assistance for Needy Families (89 Ill. Adm. Code 112)
-Notice Published: 33 Ill. Reg. 4977 – 4/3/09
29. Aid to the Aged, Blind or Disabled (89 Ill. Adm. Code 113)
-Notice Published: 33 Ill. Reg. 4993 – 4/3/09
30. General Assistance (89 Ill. Adm. Code 114)
-Notice Published: 33 Ill. Reg. 5004 – 4/3/09
31. Refugee/Repatriate Program (89 Ill. Adm. Code 115)
-Notice Published: 33 Ill. Reg. 5018 – 4/3/09
32. Food Stamps (89 Ill. Adm. Code 121)
-Notice Published: 33 Ill. Reg. 4187 – 3/13/09

PEREMPTORY RULEMAKINGSCentral Management Services

33. Pay Plan (80 Ill. Adm. Code 310)
-Notice Published: 33 Ill. Reg. 4202 – 3/13/09
34. Pay Plan (80 Ill. Adm. Code 310)
-Notice Published: 33 Ill. Reg. 5501 – 4/10/09

EXEMPT RULEMAKINGEmergency Management Agency

35. Licensing of Radioactive Material (32 Ill. Adm. Code 330)
-Proposed Date: 1/31/09
-Adopted Date: 4/3/09

AGENCY RESPONSES

JOINT COMMITTEE ON ADMINISTRATIVE RULES
APRIL AGENDA

Public Health

36. Health Care Worker Background Check Code (77 Ill. Adm. Code 955; 32 Ill. Reg. 4529)

State Board of Elections

37. Campaign Financing (26 Ill. Adm. Code 100; 33 Ill. Reg. 332) (Emergency)

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 March 31, 2009 through April 6, 2009 and have been scheduled for review by the Committee at its May 19, 2009 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>
5/20/09	<u>Illinois Student Assistance Commission,</u> General Provisions (23 Ill. Adm. Code 2700)	2/6/09 33 Ill. Reg. 2073	5/19/09
5/20/09	<u>Illinois Student Assistance Commission,</u> Federal Family Education Loan Program (FFELP) (23 Ill. Adm. Code 2720)	2/6/09 33 Ill. Reg. 2089	5/19/09
5/20/09	<u>Illinois Student Assistance Commission,</u> Nurse Educator Scholarship Program (23 Ill. Adm. Code 2759)	2/6/09 33 Ill. Reg. 2100	5/19/09
5/20/09	<u>Illinois Student Assistance Commission,</u> State Scholarship Program (23 Ill. Adm. Code 2760)	2/6/09 33 Ill. Reg. 2107	5/19/09
5/20/09	<u>Illinois Student Assistance Commission,</u> Illinois Future Teacher Corps (IFTTC) Program (23 Ill. Adm. Code 2764)	2/6/09 33 Ill. Reg. 2115	5/19/09

Executive Order 09-04**EXECUTIVE ORDER TO REORGANIZE AGENCIES BY THE TRANSFER OF THE FUNCTIONS OF THE DIVISION OF INSURANCE, DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION INTO THE RE-ESTABLISHED DEPARTMENT OF INSURANCE**

WHEREAS, pursuant to the McCarran-Ferguson Act, 15 U.S.C. §1012(a), insurance is subject to the specific province and regulation of the States, not the Federal government; and

WHEREAS, more than 11,500,000 people, or more than ninety percent (90%) of the people of Illinois are affected or protected by at least one form of insurance, the terms and conditions of which are frequently difficult for even sophisticated consumers; and, whereas, consumers frequently need assistance either in understanding policy terms or obtaining payment of a claim; and

WHEREAS, current State law provides for insurance consumer protection and assistance (including, among others, families, professionals, seniors and businesses), solvency regulation, policy review and approval, and numerous other forms of both consumer- and company-based assistance and regulation; and

WHEREAS, even in the current economic crisis, state-based insurance regulation has demonstrated an ability to protect policyholders and preserve company solvency that is superior to Federal regulatory agencies; and

WHEREAS, insurance industry and related professionals comprise a large employment and economic base in Illinois and many of its communities; and

WHEREAS, the regulation of insurance is funded by assessments on the insurance industry; and

WHEREAS, Article V, Section 11 of the Illinois Constitution authorizes the Governor to reassign functions or reorganize executive agencies that are directly responsible to him by means of executive order; and

WHEREAS, Section 3.2 of the Executive Reorganization Implementation Act, 15 ILCS 15/3.2, provides that "Reorganization" includes, in pertinent part, (a) the transfer of the whole or any part of any agency, or of the whole or any part of the functions thereof, to the jurisdiction and control of any other agency, (b) the abolition of the whole or any part of any agency which does not have, or upon the taking effect of such reorganization will not have, any functions, and (c) the establishment of a new agency to perform all or any part of the functions of an existing agency or agencies; and

Executive Order 09-04**EXECUTIVE ORDER TO REORGANIZE AGENCIES BY THE TRANSFER OF THE FUNCTIONS OF THE DIVISION OF INSURANCE, DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION INTO THE RE-ESTABLISHED DEPARTMENT OF INSURANCE**

WHEREAS, the Department of Financial and Professional Regulation is an executive agency directly responsible to the Governor which exercises the rights, powers, duties and responsibilities derived from 20 ILCS 1205/1 *et seq.*, 20 ILCS 1405/1 *et seq.*, 20 ILCS 2105/1 *et seq.* and 20 ILCS 3205/0.1 *et seq.*, respectively; and

WHEREAS, the Department of Financial and Professional Regulation consists of four Divisions; namely, the Division of Banking, the Division of Financial Institutions, the Division of Professional Regulation, and the Division of Insurance; and

WHEREAS, without any additional cost to taxpayers due to the industry assessment, substantial benefit to consumers can be achieved by the transfer of all functions (the "Functions") of the Division of Insurance, Department of Financial and Professional Regulation, into a re-established Department of Insurance (the "Department"); and

WHEREAS, the transfer of the Functions of the Division of Insurance, Department of Financial and Professional Regulation, into the Department shall not impede, disrupt or impair in any fashion any council, commission, board or other entity previously established and operating under the Agencies, and shall not impose any additional cost or financial burden on taxpayers or the State.

THEREFORE, pursuant to the powers vested in me by Article V, Section 11 of the Illinois Constitution, I hereby order:

I. RE-ESTABLISHMENT OF DEPARTMENT

- A. Effective June 1, 2009, or as soon thereafter as practicable, the Department shall be created and known as the "Department of Insurance."
- B. The Department shall have an officer as its lead known as the Director who shall be responsible for all agency Functions. Appointment to this office shall be made by the Governor, by and with the advice and confirmation of the Senate. Vacancies in the office of the Director shall be filled pursuant to 20 ILCS 5/5-605. The Director of the Department shall receive an annual salary as set by the Governor from time to time or as set by the Compensation Review Board, as the case may be.

Executive Order 09-04**EXECUTIVE ORDER TO REORGANIZE AGENCIES BY THE TRANSFER OF
THE FUNCTIONS OF THE DIVISION OF INSURANCE, DEPARTMENT OF
FINANCIAL AND PROFESSIONAL REGULATION INTO THE
RE-ESTABLISHED DEPARTMENT OF INSURANCE**

- C. The Department shall also have assistants and deputies as may be appropriate for the efficient operation of the Department.

II. TRANSFER OF FUNCTIONS

Effective June 1, 2009, or as soon thereafter as practicable, the Functions and all associated powers, duties, rights and responsibilities of the Division of Insurance shall be transferred to the Department. The statutory powers, duties, rights and responsibilities of the Division of Insurance associated with these Functions derive from the statutes listed in the attached Appendix.

III. EFFECT OF TRANSFER

- A. The Division of Insurance powers, duties, rights and responsibilities related to the Functions and transferred by the Division of Insurance to the Department shall not be affected by this Executive Order, except that those powers, duties, rights and responsibilities shall all be carried out by the Department from the effective date of the transfers.
- B. The staffs of the Division of Insurance and Department of Financial and Professional Regulation engaged in the performance of the Functions shall be transferred to the Department. The status and rights of such employees under the Personnel Code shall not be affected by the transfers. The rights of the employees, the State of Illinois and its agencies under the Personnel Code and applicable collective bargaining agreements or under any pension, retirement or annuity plan shall not be affected by this Executive Order. To the extent that an employee performs duties for the Division of Insurance within the Department of Financial and Professional Regulation, for the Department of Financial and Professional Regulation itself, or for any other division or agency within the Department of Financial and Professional Regulation, that employee shall be transferred to the Department at the Governor's discretion.
- C. All books, records, papers, documents, property (real and personal), contracts, and pending business pertaining to the powers, duties, rights and responsibilities transferred by this Executive Order from the Division of Insurance to the Department, including but not limited to material in electronic or magnetic format and necessary computer hardware and software, shall be delivered to the Department.

Executive Order 09-04**EXECUTIVE ORDER TO REORGANIZE AGENCIES BY THE TRANSFER OF
THE FUNCTIONS OF THE DIVISION OF INSURANCE, DEPARTMENT OF
FINANCIAL AND PROFESSIONAL REGULATION INTO THE
RE-ESTABLISHED DEPARTMENT OF INSURANCE**

- D. All unexpended appropriations and balances and other funds available for use in connection with any of the Functions shall be transferred for use by the Department for the Functions pursuant to the direction of the Governor. Unexpended balances so transferred shall be expended only for the purpose for which the appropriations were originally made.

IV. SAVINGS CLAUSE

- A. The powers, duties, rights and responsibilities related to the Functions and transferred from the Division of Insurance by this Executive Order shall be vested in and shall be exercised by the Department. Each act done in exercise of such powers, duties, rights and responsibilities shall have the same legal effect as if done by the Division of Insurance or the Department of Financial and Professional Regulation, its divisions, officers or employees.
- B. Every officer of the Department shall, for any offense, be subject to the same penalty or penalties, civil or criminal, as are prescribed by existing law for the same offense by any officer whose powers or duties were transferred under this Executive Order.
- C. Whenever reports or notices are now required to be made or given or papers or documents furnished or served by any person to or upon the Division of Insurance in connection with any of the Functions transferred by this Executive Order, the same shall be made, given, furnished or served in the same manner to or upon the Department.
- D. This Executive Order shall not affect any act done, ratified or canceled or any right occurring or established or any action or proceeding had or commenced in an administrative, civil or criminal cause regarding the Functions of the Division of Insurance before this Executive Order takes effect; such actions or proceedings may be prosecuted and continued by the Department.
- E. Any rules of the Division of Insurance or the Department of Financial and Professional Regulation that relate to the Functions, are in full force on the effective date of this Executive Order and that have been duly adopted by the Division of Insurance and/or the Department of Financial and Professional Regulation shall become the rules of the Department. This Executive Order shall not affect the legality of any such rules in the

Executive Order 09-04**EXECUTIVE ORDER TO REORGANIZE AGENCIES BY THE TRANSFER OF
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FINANCIAL AND PROFESSIONAL REGULATION INTO THE
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Illinois Administrative Code. Any proposed rules filed with the Secretary of State by the Division of Insurance that are pending in the rulemaking process on the effective date of this Executive Order and pertain to the Functions transferred, shall be deemed to have been filed by the Department. As soon as practicable hereafter, the Department shall revise and clarify the rules transferred to it under this Executive Order to reflect the reorganization of rights, powers and duties affected by this Order, using the procedures for re-codification of rules available under the Illinois Administrative Procedure Act, except that existing title, Part, and section numbering for the affected rules may be retained. The Department, consistent with its authority to do so, may propose and adopt under the Illinois Administrative Procedure Act such other rules that will now be administered by the Department. To the extent that, prior to the effective date of the transfers, the Secretary of the Department of Financial and Professional Regulation, or the Director of the Division of Insurance, Department of Financial and Professional Regulation had been empowered to prescribe regulations or had other rulemaking authority with respect to the Division of Insurance, Department of Financial and Professional Regulation, such duties shall be exercised from and after the effective date of the transfers by the Director of the Department, who shall be responsible for the oversight of those respective Functions.

V. SEVERABILITY

If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

Pat Quinn, Governor

Issued by Governor: April 1, 2009

Filed with Secretary of State: April 1, 2009

Executive Order 09-04**EXECUTIVE ORDER TO REORGANIZE AGENCIES BY THE TRANSFER OF
THE FUNCTIONS OF THE DIVISION OF INSURANCE, DEPARTMENT OF
FINANCIAL AND PROFESSIONAL REGULATION INTO THE
RE-ESTABLISHED DEPARTMENT OF INSURANCE****Appendix
09-04****Division of Insurance statutes affected by the Reorganization:**

Department of Insurance Law, 20 ILCS 1405 et seq.

Illinois Insurance Code, 215 ILCS 5/1 et seq.

Small Employer Health Insurance Rating Act, 215 ILCS 93/1 to 215 ILCS 93/40

Small Employer Rating, Renewability and Portability Health Insurance Act, 215 ILCS 95/1 to 215 ILCS 95/55
[Repealed]

Illinois Health Insurance Portability and Accountability Act, 215 ILCS 97/1 to 215 ILCS 97/99

Reinsurance Intermediary Act, 215 ILCS 100/1 to 215 ILCS 100/60

Comprehensive Health Insurance Plan Act, 215 ILCS 105/1 to 215 ILCS 105/15

Children's Health Insurance Program, 215 ILCS 106/1 to 215 ILCS 106/99 [Repealed effective July 1, 2004]

Producer Controlled Insurer Act, 215 ILCS 107/1 to 215 ILCS 107/99

Dental Care Patient Protection Act, 215 ILCS 109/1 to 215 ILCS 109/85

Dental Service Plan Act, 215 ILCS 110/1 to 215 ILCS 110/47

Employee Leasing Company Act, 215 ILCS 113/1 to 215 ILCS 113/99

Employees Dental Freedom of Choice Act, 215 ILCS 115/1 to 215 ILCS 115/4

Farm Mutual Insurance Company Act of 1986, 215 ILCS 120/1 to 215 ILCS 120/17

Health Care Purchasing Group Act, 215 ILCS 123/1 to 215 ILCS 123/75

Health Maintenance Organization Act, 215 ILCS 125/1-1 to 215 ILCS 125/6-19

Limited Health Service Organization Act, 215 ILCS 130/1001 to 215 ILCS 130/4009

Managed Care Reform and Patient Rights Act, 215 ILCS 134/1 to 215 ILCS 134/299

Pharmaceutical Service Plan Act, 215 ILCS 135/1 to 215 ILCS 135/46.1 [Repealed]

Uniform Prescription Drug Information Card Act, 215 ILCS 138/1 to 215 ILCS 139/99

Product Liability Insurance Act, 215 ILCS 140/0.01, 215 ILCS 140/1 [Repealed]

Property Fire Loss Act, 215 ILCS 145/0.1, 215 ILCS 145/1

Religious and Charitable Risk Pooling Trust Act, 215 ILCS 150/1 to 215 ILCS 150/28

Service Contract Act, 215 ILCS 152/1 to 215 ILCS 152/99

Title Insurance Act, 215 ILCS 155/1 to 215 ILCS 155/25

Viatical Settlements Act, 215 ILCS 158/1 to 215 ILCS 158/99

Vision Service Plan Act, 215 ILCS 160/1 to 215 ILCS 160/32 [Repealed]

Voluntary Health Services Plans Act, 215 ILCS 165/1 to 215 ILCS 165/30

Intergovernmental Cooperation Act, 5 ILCS 220/1 to 5 ILCS 220/16

State Employees Group Insurance Act of 1971, 5 ILCS 375/1 to 5 ILCS 375/17

Civil Administrative Code of Illinois (Part 11.5), 20 ILCS 1405/56.3, 20 ILCS

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1405/1405-1 to 20 ILCS 1405/1405-30

Military Code of Illinois, 20 ILCS 1805/30.20

State Fire Marshall Act, 20 ILCS 2905/0.01 to 20 ILCS 2905/3

Experimental Organ Transplantation Procedures Act, 20 ILCS 3935/1 to 20 ILCS 3935/5

Illinois Municipal Code, Art. 11, Corporate Powers and Functions (Public Health, Safety and Welfare),

65 ILCS 5/11-10-1 to 65 ILCS 5/11-10-3, 65 ILCS 5/11-152-1 to 65 ILCS 5/11-152-4.

Asbestos Abatement Act, 105 ILCS 105/1 to 105 ILCS 105/16

Ch. 8 Motor Vehicles Used for Transportation of Passengers, 625 ILCS 5/8-101 to 625 ILCS 5/8-116

Ch. 9 Owners of For-Rent Vehicles for Hire, 625 ILCS 5/9-101 to 625 ILCS 5/9-110

Ch. 18a Illinois Commercial Relocation of Trespassing Vehicles Law, 625 ILCS 5/18a-301

Boat Registration and Safety Act

Art. V Operation of Motor Boats, 625 ILCS 45/5-1 to 625 ILCS 45/5-21

Criminal Code of 1961

Art. 46 Insurance Fraud, Fraud on the Government, and Related Offenses, 720 ILCS 5/46-1 to 720 ILCS 5/46-5

Criminal Juris Prudence Act (insurance law violation), 720 ILCS 275/119 [Repealed]

Insurance Claims for Excessive Charges Act, 720 ILCS 325/1 to 720 ILCS 325/15

Bail Bond False Statement Act, 720 ILCS 540/0.01, 720 ILCS 540/1

Quasi-criminal and Misdemeanor Bail Act, 725 ILCS 195/0.01 to 725 ILCS 195/5

Insurance Claims Fraud Prevention Act, 740 ILCS 92/1 to 740 ILCS 92/45

Securities in Fiduciary Accounts Act, 760 ILCS 75/0.01 to 760 ILCS 75/4

Condominium Property Act, 765 ILCS 605/12, 765 ILCS 605/12.1

Mortgage Certificate of Release Act, 765 ILCS 935/5 to 765 ILCS 935/99

Bailment Insurance Act, 765 ILCS 1015/0.01 to 765 ILCS 1015/4

General Not-for-Profit Corporation Act of 1986, 805 ILCS 105/101.01 to 805 ILCS 105/117.05

Motor Vehicle Retail Installment Sales Act, 815 ILCS 375/8 to 815 ILCS 375/10

Restricted Call Registry Act, 815 ILCS 402/5

Retail Installment Sales Act, 815 ILCS 405/8 to 815 ILCS 405/11.1

Consumer Fraud and Deceptive Business Practices Act, 815 ILCS 505/1 to 815 ILCS 505/12

Uniform Deceptive Trade Practices Act, 815 ILCS 510/1 to 815 ILCS 510/7

Health Insurance Claim Filing Act, 820 ILCS 45/0.01 to 820 ILCS 45/2

Medical Care Savings Account Act of 2000, 820 ILCS 153/1 to 820 ILCS 153/99

Workers Compensation Act, 820 ILCS 305/1 to 820 ILCS 305/6

Workers Occupational Diseases Act, 820 ILCS 310/4 to 820 ILCS 310/6

Executive 09-5**EXECUTIVE ORDER TO TRANSFER THE FUNCTIONS OF THE ILLINOIS RACING BOARD AND THE ILLINOIS GAMING BOARD PROVIDED BY THE DEPARTMENT OF REVENUE TO THE ILLINOIS RACING BOARD AND THE ILLINOIS GAMING BOARD**

WHEREAS, as Governor of the State of Illinois, it is my duty to ensure accountability and efficiency in the State's operations and provision of services, and to promote independence of the State's agencies when appropriate; and

WHEREAS, Article V, Section 11 of the Illinois Constitution authorizes the Governor to reassign functions or reorganize executive agencies that are directly responsible to him by means of executive order; and

WHEREAS, Section 3.2 of the Executive Reorganization Implementation Act, 15 ILCS 15/3.2, provides that "reorganization" includes (1) the transfer of the whole or any part of any agency, or of the whole or any part of the functions thereof, to the jurisdiction and control of any other agency; (2) the consolidation or coordination of the whole or any part of the functions thereof, with the whole or any part of any other agency or the functions thereof; (3) the consolidation or coordination of any part of any agency or the functions thereof with any other part of the same agency or the functions thereof; (4) the abolition of the whole or any part of any agency which does not have, or upon the taking effect of reorganization will not have, any functions; (5) the establishment of a new agency to perform all or any part of the functions of an existing agency or agencies; and

WHEREAS, the Department of Revenue is an executive agency directly responsible to the Governor which exercises the rights, powers, duties and responsibilities derived from 20 ILCS 2505/2505-1 *et seq.*; and

WHEREAS, the Department of Revenue is responsible for providing certain staffing and support functions to the Illinois Racing Board and the Illinois Gaming Board under 230 ILCS 5/1 *et seq.* and 20 ILCS 2505/2505-1 *et seq.*, and 230 ILCS 10/1 *et seq.*, respectively (the "Functions"); and

WHEREAS, substantial benefits can be achieved by the transfer of the Functions from the Department of Revenue to the Illinois Racing Board and the Illinois Gaming Board, respectively; and

WHEREAS, the transfer of the Functions from the Department of Revenue to the Illinois Racing Board and the Illinois Gaming Board shall not impede, disrupt or impair in any fashion any council, commission, board or other entity previously established.

Executive 09-5**EXECUTIVE ORDER TO TRANSFER THE FUNCTIONS OF THE ILLINOIS RACING BOARD AND THE ILLINOIS GAMING BOARD PROVIDED BY THE DEPARTMENT OF REVENUE TO THE ILLINOIS RACING BOARD AND THE ILLINOIS GAMING BOARD**

THEREFORE, pursuant to the powers vested in me by Article V, Section 11 of the Illinois Constitution, I hereby order:

I. TRANSFER OF FUNCTIONS

- A. Effective July 1, 2009, the Functions and all associated powers, duties, rights and responsibilities of the Illinois Racing Board and the Illinois Gaming Board that now are being provided by the Department of Revenue for each of the respective Boards shall be transferred to the Illinois Racing Board and the Illinois Gaming Board, respectively, except that any of the Functions currently being provided by the Administrative & Regulatory Shared Services Center (the "ARSSC") housed in the Department of Revenue will not be transferred and will continue to be provided by the ARSSC. The statutory powers, duties, rights and responsibilities of the Illinois Racing Board and the Illinois Gaming Board associated with these Functions derive from 230 ILCS 5/1 *et seq.* and 20 ILCS 2505/2505-1 *et seq.*, and 230 ILCS 10/1 *et seq.*, respectively.
- B. The transfer of all Functions and personnel, and the delivery of all books, records, papers, documents, property (real and personal), contracts, and pending business pertaining to the Functions transferred by this Executive Order shall be completed July 1, 2009, or as soon thereafter as is practicable.

II. EFFECT OF TRANSFER

The powers, duties, rights and responsibilities related to the Functions transferred from the Department of Revenue to the Illinois Racing Board and the Illinois Gaming Board, respectively, shall not be affected by this Executive Order, except that they shall all be carried out by the Illinois Racing Board and the Illinois Gaming Board, respectively, from the effective date of the transfers.

- A. The staff of the Department of Revenue engaged in the performance of the Functions shall be transferred to the Illinois Racing Board and the Illinois Gaming Board, respectively, except that no ARSSC staff will be transferred to either Board as a result of this Executive Order. The status and rights of such employees, so transferred, under the Personnel Code shall not be affected by the transfers. The rights of the employees, the State of Illinois and its agencies under the Personnel Code and applicable collective bargaining agreements or under any pension, retirement or annuity plan shall not be

Executive 09-5**EXECUTIVE ORDER TO TRANSFER THE FUNCTIONS OF THE ILLINOIS RACING BOARD AND THE ILLINOIS GAMING BOARD PROVIDED BY THE DEPARTMENT OF REVENUE TO THE ILLINOIS RACING BOARD AND THE ILLINOIS GAMING BOARD**

affected by this Executive Order. To the extent that an employee performs duties for the Illinois Racing Board, the Illinois Gaming Board, the Department of Revenue itself, or any other division or agency within the Department of Revenue, that employee shall be transferred to his or her respective Board at the Governor's discretion.

- B. All books, records, papers, documents, property (real and personal), contracts, and pending business pertaining to the powers, duties, rights and responsibilities transferred by this Executive Order from the Department of Revenue to the Illinois Racing Board and the Illinois Gaming Board, respectively, including but not limited to material in electronic or magnetic format and necessary computer hardware and software, shall be delivered to each respective Board.
- C. All unexpended appropriations and balances and other funds available for use in FY2010 in connection with any of the Functions shall be transferred for use by the Illinois Racing Board and the Illinois Gaming Board, respectively, for the Functions of each respective Board pursuant to the direction of the Governor, except for such unexpended appropriations and balances and other funds made to the ARSCC or to the Department of Revenue on behalf of the ARSSC, that are for Functions not transferred by this Executive Order. Unexpended balances so transferred shall be expended only for the purpose for which the appropriations were originally made. All unexpended appropriations and balances and other funds available for use by the Department of Revenue in FY2009 in connection with any of the Functions shall remain with the Department of Revenue for payment of FY2009 obligations for the Functions so transferred by this Executive Order, including those payments payable within the FY2009 lapse period.

III. SAVINGS CLAUSE

- A. The powers, duties, rights and responsibilities related to the Functions and transferred from the Department of Revenue by this Executive Order shall be vested in and shall be exercised by the Illinois Racing Board and the Illinois Gaming Board, respectively. Each act done in exercise of such powers, duties, rights and responsibilities shall have the same legal effect as if done by the Department of Revenue or its divisions, officers or employees.
- B. Every officer of the Illinois Racing Board and the Illinois Gaming Board, respectively, shall, for any offense, be subject to the same penalty or penalties, civil or criminal, as are

Executive 09-5**EXECUTIVE ORDER TO TRANSFER THE FUNCTIONS OF THE ILLINOIS RACING BOARD AND THE ILLINOIS GAMING BOARD PROVIDED BY THE DEPARTMENT OF REVENUE TO THE ILLINOIS RACING BOARD AND THE ILLINOIS GAMING BOARD**

prescribed by existing law for the same offense by any officer whose powers or duties were transferred under this Executive Order.

- C. Whenever reports or notices are now required to be made or given or papers or documents furnished or served by any person to or upon the Department of Revenue in connection with any of the Functions transferred by this Executive Order, the same shall be made, given, furnished or served in the same manner to or upon the Illinois Racing Board and the Illinois Gaming Board, respectively,.
- D. This Executive Order shall not affect any act done, ratified or canceled or any right occurring or established or any action or proceeding had or commenced in an administrative, civil or criminal cause regarding the Functions of the Department of Revenue before this Executive Order takes effect; such actions or proceedings may be prosecuted and continued by the Illinois Racing Board and the Illinois Gaming Board, respectively.
- E. Any rules of the Department of Revenue, the Illinois Racing Board, or the Illinois Gaming Board that relate to the Functions that are in full force on the effective date of this Executive Order and that have been duly adopted by such Department or Board shall become the rules of the respective Board. This Executive Order shall not affect the legality of any such rules in the Illinois Administrative Code. Any proposed rules filed with the Secretary of State by the Department of Revenue, Illinois Racing Board or the Illinois Gaming Board that are pending in the rulemaking process on the effective date of this Executive Order and that pertain to the Functions transferred, shall be deemed to have been filed by the respective Board. As soon as practicable hereafter, each Board shall revise and clarify the rules transferred to it under this Executive Order to reflect the reorganization of rights, powers and duties affected by this Executive Order, using the procedures for recodification of rules available under the Illinois Administrative Procedure Act, except that existing title, Part, and section numbering for the affected rules may be retained. Each Board, consistent with its authority to do so, may propose and adopt under the Illinois Administrative Procedure Act such other rules that will now be administered by each respective Board. To the extent that, prior to the effective date of the transfers, the Director of the Department of Revenue had been empowered to prescribe regulations or had other rulemaking authority with respect to the Illinois Racing Board or the Illinois Gaming Board, such duties shall be exercised from and after the effective date of the transfers to the Executive Director of the Illinois Racing Board or the

Executive 09-5**EXECUTIVE ORDER TO TRANSFER THE FUNCTIONS OF THE ILLINOIS RACING BOARD AND THE ILLINOIS GAMING BOARD PROVIDED BY THE DEPARTMENT OF REVENUE TO THE ILLINOIS RACING BOARD AND THE ILLINOIS GAMING BOARD**

Administrator of the Illinois Gaming Board, respectively, who shall be responsible for the oversight of those respective Functions.

VI. SEVERABILITY

If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

Pat Quinn, Governor

Issued by Governor: April 1, 2009
Filed with Secretary of State: April 1, 2009

EXECUTIVE 2009-6**EXECUTIVE ORDER TO REORGANIZE AGENCIES BY THE TRANSFER OF THE ILLINOIS HISTORIC PRESERVATION AGENCY TO THE DEPARTMENT OF NATURAL RESOURCES**

WHEREAS, the Historic Preservation Agency ("the Agency") operates historic sites and memorials throughout the State; and

WHEREAS, the Agency also operates all state and federal historic preservation and incentive programs in the State, including the National Register of Historic Places; and

WHEREAS, all Illinoisans desire that these resources be protected and available to the public; and

WHEREAS, the mission of the Department of Natural Resources ("the Department") is to manage, protect and sustain Illinois' natural and cultural resources; and

WHEREAS, the Department has considerable experience and expertise in providing services and maintaining sites throughout our State; and

WHEREAS, consolidating the Agency into the Department will ensure that some of the State's most precious resources will be protected and available for the public to visit; and

WHEREAS, consolidating the Agency will be beneficial to the Agency, the Department, and the people of the State of Illinois; and

WHEREAS, substantial benefits can be achieved by the transfer of all functions ("the functions") of the Agency to the Department and the subsequent abolition of the Agency; and

WHEREAS, Article V, Section 11 of the Illinois Constitution provides that the Governor, by Executive Order, may reassign functions among or reorganize executive agencies which are directly responsible to him; and

WHEREAS, Section 3.2 of Executive Reorganization Implementation Act, 15 ILCS 15/3.2, provides that "Reorganization" includes, in pertinent part, (a) the transfer of the whole or any part of any agency, or of the whole or any part of the functions thereof, to the jurisdiction and control of any other agency, and (b) the abolition of the whole or any part of any agency which does not have, or upon the taking effect of such reorganization will not have, any functions; and

WHEREAS, the Agency is an executive agency directly responsible to the Governor; and

WHEREAS, the Department is an executive agency directly responsible to the Governor;

EXECUTIVE 2009-6**EXECUTIVE ORDER TO REORGANIZE AGENCIES BY THE TRANSFER OF THE ILLINOIS HISTORIC PRESERVATION AGENCY TO THE DEPARTMENT OF NATURAL RESOURCES**

THEREFORE, pursuant to the powers vested in me by Article V, Section 11 of the Illinois Constitution, I hereby order:

I. CONSOLIDATION OF THE AGENCY INTO THE

- A. Effective July 1, 2009, the Agency shall be consolidated into the Department.
- B. The Department shall continue to have an officer as its lead known as the Director who shall be responsible for all Department functions.
- C. The Board of Trustees of the Agency shall be dissolved. The State Museum Advisory Board shall advise the Director on issues related to historic preservation.
- D. The Director of the Abraham Lincoln Presidential Library and Museum, appointed by the Governor, with the advice and consent of the Senate, shall continue to administer the Library. The Advisory Board of the Abraham Lincoln Presidential Library and Museum shall continue to advise the Library and the Library Director on relevant programs.

II. TRANSFER OF FUNCTIONS

- A. Effective July 1, 2009, the functions and all associated powers, duties, rights, and responsibilities of the Agency shall be transferred to the Department. The statutory powers, duties, rights, and responsibilities of the Agency derive from the following Statutes:

State Employee Housing Act, 5 ILCS 412/5-5, 5-15, 5-20, 5-25, 5-30, 5-35;
Department of Natural Resources Act, 20 ILCS 801/1-5, 80-20, 80-30, 80-35;
Civil Administrative Code, 20 ILCS 805/805-220, 805-315;
Interagency Wetland Policy Act of 1989, 20 ILCS 830/2-1;
Outdoor Recreation Resources Act, 20 ILCS 860/2a, 3a, 4a, 5a;
Historic Preservation Agency Act, 20 ILCS 3405/1 et seq.;
Illinois Historic Preservation Act, 20 ILCS 3410/1 et seq.;
Historical Sites Listing Act, 20 ILCS 3415/0.01 et seq.;
Illinois State Agency Historic Resources Preservation Act, 20 ILCS 3420/1 et seq.;
State Historical Library Act, 20 ILCS 3425/0.01 et seq.;
Old State Capitol Act, 20 ILCS 3430/0.01 et seq.;
Archaeological and Paleontological Resources Protection Act, 20 ILCS 3435/.01 et seq.;

EXECUTIVE 2009-6**EXECUTIVE ORDER TO REORGANIZE AGENCIES BY THE TRANSFER OF THE ILLINOIS HISTORIC PRESERVATION AGENCY TO THE DEPARTMENT OF NATURAL RESOURCES**

Human Skeletal Remains Protection Act, 20 ILCS 3440/0.01 et seq.;
Heritage Preservation Act, 30 ILCS 145/3;
Public Use Trust Act, 30 ILCS 160/2;
Build Illinois Act, 30 ILCS 750/1-3;
Property Tax Code, Historic Residence Assessment Freeze Law, 35 ILCS 200/10-40, 10-45, 10-50, 10-55, 10-60, 10-65, 10-75, 10-80, 10-85;
Counties Code, 55 ILCS 5/5-31010, 5-31012, 5-31017;
Historical Document Preservation Act, 55 ILCS 120/1 et seq.;
Liquor Control Act of 1934, 235 ILCS 5/6-15;
Illinois Highway Code, 605 ILCS 5/4-201.5.

- B. Whenever any provision of an Executive Order or any Act or section thereof transferred by this Executive Order provides for membership of the Director of the Agency on any council, commission, board, or other entity, or provides for the Director of the Agency to make an appointment to any council, commission, board, or other entity, the Director of the Department or his designee shall serve in that place. If more than one such person is required by law to serve on any council, commission, board, or other entity, an equivalent number of representatives of the Department shall so serve.

III. ABOLITION OF AGENCY

The Agency shall be abolished effective July 1, 2009. The rights, powers, and duties associated with the functions vested by law in the Agency, or any office, division, council, committee, bureau, board, commission, officer, employee, or associated individual, person or entity, and all rights, powers, and duties of the Agency related to the functions, including funding mechanisms, shall be transferred to the Department.

IV. EFFECT OF TRANSFER

The powers, duties, rights, and responsibilities related to the functions and transferred from the Agency to the Department shall not be affected by this Executive Order, except that they shall all be carried out by the Department from the effective date of the transfers.

- A. The staff of the Agency engaged in the performance of the functions shall be transferred to the Department. The status and rights of such employees under the Personnel Code shall not be affected by the transfers. The rights of the employees, the State of Illinois and its agencies under the Personnel Code and applicable collective bargaining agreements or

EXECUTIVE 2009-6**EXECUTIVE ORDER TO REORGANIZE AGENCIES BY THE TRANSFER OF THE ILLINOIS HISTORIC PRESERVATION AGENCY TO THE DEPARTMENT OF NATURAL RESOURCES**

under any pension, retirement, or annuity plan shall not be affected by this Executive Order.

- B. All books, records, papers, documents, property (real and personal), contracts, and pending business pertaining to the powers, duties, rights, and responsibilities transferred by this Executive Order from the Agency to the Department, including but not limited to material in electronic or magnetic format and necessary computer hardware and software, shall be delivered to the Department.
- C. All unexpended appropriations and balances and other funds available for use in connection with any of the functions shall be transferred for use by the Department for the functions pursuant to the direction of the Governor. Unexpended balances so transferred shall be expended only for the purpose for which the appropriations were originally made.

V. SAVINGS CLAUSE

- A. The powers, duties, rights, and responsibilities related to the functions and transferred from the Agency to the Department by this Executive Order shall be vested in and shall be exercised by the Department. Each act done in exercise of such powers, duties, rights, and responsibilities shall have the same legal effect as if done by the Agency, its officers or employees.
- B. Every officer of the Department shall, for any offense, be subject to the same penalty or penalties, civil or criminal, as are prescribed by existing laws for the same offense by any officer whose powers or duties were transferred under this Executive Order.
- C. Whenever reports or notices are now required to be made or given or papers or documents furnished or served by any person to or upon the Agency in connection with any of the functions transferred by this Executive Order, the same shall be made, given, furnished, or served in the same manner to or upon the Department.
- D. This Executive Order shall not affect any act done, ratified, or canceled, or any right occurring or established or any action or proceeding had or commenced in an administrative, civil, or criminal case regarding the functions of the Agency before this Executive Order takes effect; such actions may be prosecuted or continued by the Department.

EXECUTIVE 2009-6**EXECUTIVE ORDER TO REORGANIZE AGENCIES BY THE TRANSFER OF THE ILLINOIS HISTORIC PRESERVATION AGENCY TO THE DEPARTMENT OF NATURAL RESOURCES**

- E. Any rules of the Agency that relate to the functions, are in full force on the effective date of this Executive Order and that have been duly adopted by the Agency shall become the rules of the Department. This Executive Order shall not affect the legality of any such rules in the Illinois Administrative Code. Any proposed rules filed with the Secretary of State by the Agency that are pending in the rulemaking process on the effective date of this Executive Order and pertain to the functions transferred, shall be deemed to have been filed by the Department. As soon as practicable hereafter, the Department shall revise and clarify the rules transferred to it under this Executive Order to reflect the reorganization of rights, powers, and duties affected by this Order, using the procedures for recodification of rules available under the Illinois Administrative Procedure Act, except that existing title, Part, and section numbering for the affected rules may be retained. The Department, consistent with the Agency's authority to do so, may propose and adopt under the Illinois Administrative Procedure Act such other rules of the Agency that will now be administered by the Department. To the extent that, prior to the effective date of the transfers, the Director of the Agency had been empowered to prescribe regulations or had other authority with respect to the transferred functions, such duties shall be exercised from and after the effective date of the transfers by the Director of the Department.

VI. SEVERABILITY

If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

Pat Quinn, Governor

Issued by the Governor: April 1, 2009

Filed with Secretary of State: April 1, 2009

EXECUTIVE ORDER 09-07**EXECUTIVE ORDER TO REDUCE ENERGY CONSUMPTION IN STATE FACILITIES**

WHEREAS, it is critical to use energy in the most efficient way possible to save taxpayer money and to protect our climate and natural resources; and

WHEREAS, it is vital to reduce energy consumption and produce cost savings in the operations of all agencies, offices, divisions, departments, bureaus, boards and commissions directly responsible to the Governor (hereinafter "agencies"); and

WHEREAS, agencies control hundreds of buildings throughout the State and spend nearly 120 million dollars a year on energy for their facilities; and

WHEREAS, improved energy efficiency is the most cost effective and fastest option for the State to lower its energy bills; and

WHEREAS, there is currently no statewide agency coordinating energy savings activities and thus the State does not implement consistent facilities management policies and procedures to reduce energy consumption or to take full advantage of available energy efficiency incentives and economies of scale that would produce further cost savings; and

WHEREAS, there is currently no statewide agency compiling energy and utility usage data and thus the State does not have a comprehensive and standardized platform with which to benchmark its historic and current usage patterns, identify and prioritize locations for energy efficiency upgrades, or document the impact of ongoing energy efficiency and cost control policies and practices; and

WHEREAS, Article V, Section 11 of the Constitution of the State of Illinois authorizes the Governor to reassign functions among or reorganize executive agencies, which are directly responsible to him by means of an Executive Order; and

WHEREAS, Section 3.2 of the Executive Reorganization Implementation Act, 15 ILCS 15/3.2, provides that "Reorganization" includes the "transfer of . . . functions" from one agency to another and "the abolition of the whole or any part of any agency which does not have, or upon the taking effect of reorganization will not have, any functions";

THEREFORE, pursuant to the powers vested in me by Article V, Section 11 of the Illinois Constitution, I hereby order:

I. TRANSFER OF FUNCTIONS

EXECUTIVE ORDER 09-07**EXECUTIVE ORDER TO REDUCE ENERGY CONSUMPTION IN STATE FACILITIES**

- A. The Department of Central Management Services shall be responsible for implementing a program to increase energy efficiency, track and reduce energy usage, and improve the procurement of energy for all State-owned and State-leased facilities for all agencies. Specifically, the Director of the Department of Central Management Services or his or her designee shall:
1. Chair an Energy Efficiency Committee, consisting of the Directors of the Department of Central Management Services and the Department of Commerce and Economic Opportunity and the Executive Director of the Capital Development Board and/or their designees, that shall meet monthly to identify energy efficiency projects for State-owned or State-leased facilities and oversee the procurement and completion of those projects. The Energy Efficiency Committee shall:
 - a. Oversee energy audits to be conducted at State-owned or State-leased facilities.
 - b. Oversee the subsequent implementation of the recommendations contained in the energy audits in the most cost-effective manner available.
 - c. Enter into contracts for equipment or services designed to decrease energy consumption in State-owned or State-leased facilities or equipment, with preference given to contracts that can be cost-effectively implemented with a maximum 10-year payback period.
 - d. Coordinate with the Office of Management and Budget to ensure that State agencies establish individual budget line items for acceptance of energy efficiency incentives and to ensure that State agencies leverage the maximum amount of energy efficiency incentives available through State and private programs.
 2. Provide an annual report to the Governor, outlining the environmental results, reduction in consumption and cost savings to the State.
 3. Develop and maintain such data management systems as are necessary to document energy usage in a manner consistent with the need to purchase supplies in the most cost-effective manner and to support the development of strategies to maximize the operational efficiency of the State's facilities.

EXECUTIVE ORDER 09-07**EXECUTIVE ORDER TO REDUCE ENERGY CONSUMPTION IN STATE FACILITIES**

4. Take the action necessary to enable the State to take advantage of bulk purchases of energy to maximize the State's purchasing power.
 5. Obtain from all agencies a comprehensive listing of all electricity, natural gas, water and sewer accounts, along with other site-identifying information, and work directly with the appropriate utility companies to arrange for ongoing monthly electronic download or dual distribution to both the agencies and the Energy Efficiency Committee of the account data, including the necessary usage and rate.
 6. At the sole discretion and direction of the Director of the Department of Central Management Services, effective July 1, 2009, initiate and receive annual appropriations for and pay all utility bills for State-owned and State-leased facilities for all agencies from the Facilities Management Revolving Fund and bill agencies for reimbursement.
- B. The statutory powers, duties, rights, responsibilities and liabilities regarding facilities management and decreasing energy consumption, contained in this Executive Order, derive from the following named statutory provisions:

Department on Aging: 20 ILCS 405/405-300.

Department of Agriculture: 20 ILCS 205/205-405; 20 ILCS 210/2; 510 ILCS 10/1(a).

Arts Council: 20 ILCS 3915/6; 20 ILCS 405/405-300.

Capital Development Board: 20 ILCS 3105/9.01.

Department of Central Management Services: 20 ILCS 405/405-295, 300, 315; 30 ILCS 605/1 et seq.

Department of Children and Family Services: 20 ILCS 505/1 et seq.

Department of Commerce and Economic Opportunity: 20 ILCS 605/605-55.

Department of Corrections: 730 ILCS 5/3-2-2(1)(c).

Criminal Justice Information Authority: 20 ILCS 405/405-300.

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Illinois Council on Developmental Disabilities: 20 ILCS 405/405-300.

Illinois Deaf and Hard of Hearing Commission: 20 ILCS 405/405-300.

Illinois Educational Labor Relations Board: 20 ILCS 405/405-300.

Illinois Emergency Management Agency: 20 ILCS 3305/6(c)(3), 7(a)(4), 19; 20 ILCS 3310; 420 ILCS 20/5; 420 ILCS 35/4, 5.

Illinois Department of Employment Security: 20 ILCS 5/5-630; 20 ILCS 1005/1005-115, 1005-150; 20 ILCS 1010/2; 20 ILCS 1015/1, 3; 820 ILCS 405/802, 1705.

Illinois Environmental Protection Agency: 415 ILCS 5/3.105; 20 ILCS 405/405-300.

Illinois Finance Authority: 20 ILCS 405/405-300.

Department of Financial and Professional Regulation: 20 ILCS 1205; 20 ILCS 2105/2105-15(a)(6); 20 ILCS 1405/1405-5(5); 20 ILCS 3205; 20 ILCS 405/405-300.

Governor's Office of Management and Budget: 20 ILCS 3005; 20 ILCS 405/405-300.

Guardianship and Advocacy Commission: 20 ILCS 405/405-300.

Department of Healthcare and Family Services: 20 ILCS 2205; 20 ICLS 405/405-300.

Housing Development Authority: 20 ILCS 405/405-300.

Historic Preservation Agency: 20 ILCS 3405 et seq.; 20 ILCS 3430; 5 ILCS 412/5.

Department of Human Rights: 775 ILCS 5/7-101; 20 ILCS 405/405-300.

Human Rights Commission: 20 ILCS 405/405-300.

Department of Human Services: 20 ILCS 1705/4, 14; 20 ILCS 2405/10, 11; 20 ILCS 1305.

Interagency Energy Conservation Committee: 20 ILCS 3953/20(b), (d), and (f)

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Department of Juvenile Justice: 20 ILCS 405/405-300.

Department of Labor: 20 ILCS 1505; 20 ILCS 405/405-300.

Labor Relations Board: 20 ILCS 405/405-300.

Illinois Law Enforcement Training and Standards Board: 50 ILCS 705; 50 ILCS 720/2; 20 ILCS 405/405-300

Liquor Control Commission: 20 ILCS 405/405-300.

Illinois Lottery Board: 20 ILCS 1605.

Illinois Medical District Commission: 70 ILCS 915/2; 20 ILCS 405/405-300.

Department of Military Affairs: 20 ILCS 1805/22-2, 22-5, 65; 20 ILCS 1810/1 et seq.

Department of Natural Resources: 20 ILCS 801/1-15(c), 5-5; 20 ILCS 805/805-210, 805-230, 805-300, 805-305, 805- 500; 20 ILCS 835; 20 ILCS 860; 20 ILCS 862; 20 ILCS 870.

Illinois Power Agency: 20 ILCS 405/405-300.

Illinois Prisoner Review Board: 20 ILCS 405/405-300.

Property Tax Appeal Board: 20 ILCS 405/405-300.

Department of Public Health: 20 ILCS 2305/2(f); 20 ILCS 2310/2310-90; 410 ILCS 47/15; 410 ILCS 535/2.

Illinois Racing Board: 230 ILCS 5/9; 20 ILCS 405/405-300.

Department of Revenue: 20 ILCS 2505/2505-730.

Illinois State Board of Investment: 20 ILCS 405/405-300.

Office of the State Fire Marshal: 20 ILCS 2905; 20 ILCS 405/405-300.

Illinois State Police: 20 ILCS 2605; 20 ILCS 405/405-300.

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State Retirement Systems: 20 ILCS 405/405-300.

Illinois Toll Highway Authority: 605 ILCS 10/1; 605 ILCS 10/8.

Department of Transportation: 20 ILCS 2705; 20 ILCS 5/5-630.

Department of Veteran Affairs: 20 ILCS 2805/2(2).

II. ABOLITIONS

As detailed above, in Part I.B.26., certain powers and duties previously held by the Interagency Energy Conservation Committee are contained in this Executive Order. The Interagency Energy Conservation Committee's remaining powers and duties are duplicative of those handled by other agencies, including but not limited to the Capital Development Board and the Department of Economic Opportunity and Commerce. As such, the Interagency Energy Conservation Committee is abolished and its affairs terminated.

III. EFFECT OF TRANSFERS

- A. At the sole discretion and direction of the Director of the Department of Central Management Services and in consultation with the Governor's Office and affected agencies, personnel who are employed by agencies who are assigned to work involving utility payments shall be transferred to the Department of Central Management Services. The rights of the employees, the State and its agencies under the Personnel Code and applicable collective bargaining agreements or under any pension retirement or annuity plan shall not be affected by the Executive Order.
- B. All books, records, papers, documents, property (real and personal), contracts, and pending business pertaining to the powers, duties, rights and responsibilities transferred by this Executive Order to the Department of Central Management Services shall be delivered to the Department of Central Management Services pursuant to the direction of the Director of the Department of Central Management Services.
- C. All unexpended appropriations and balances and other funds available for use in connection to the powers, duties, rights, and responsibilities transferred by this Executive Order shall be transferred for use by the Department of Central Management Systems pursuant to the

EXECUTIVE ORDER 09-07**EXECUTIVE ORDER TO REDUCE ENERGY CONSUMPTION IN STATE FACILITIES**

direction of the Governor. Unexpended balances so transferred shall be expended only for the purpose for which the appropriations were originally made.

IV. SAVINGS CLAUSE

- A. The rights, powers, duties and functions transferred to the Department of Central Management Services by this Executive Order shall be vested in and shall be exercised by the Department of Central Management Services. Each act done in exercise of such rights, powers, duties and functions shall have the same legal effect as if done by the agencies, offices, divisions, departments, bureaus, boards and commissions from which they were transferred.
- B. Every person or corporation shall be subject to the same obligations and duties and any penalties, civil or criminal, arising therefrom, and shall have the same rights arising from the exercise of such rights, powers and duties as had been exercised by the agencies, offices, divisions, departments, bureaus, boards and commissions from which they were transferred.
- C. Whenever reports or notices were previously required to be made or given or papers or documents furnished or served by any person with respect to the functions that are being transferred, pursuant to this Executive Order, from other agencies, offices, divisions, departments, bureaus, boards and commissions to the Department of Central Management Services, the same shall be made, given, furnished or served in the same manner to or upon the Department of Central Management Services.
- D. This Executive Order shall not affect any act done, ratified or canceled or any right occurring or established or any action or proceeding had or commenced in an administrative, civil or criminal cause regarding the functions transferred, but such proceedings may be continued by the Department of Central Management Services.
- E. This Executive Order shall not affect the legality of any rules in the Illinois Administrative Code regarding the functions transferred in this Executive Order that are in force on the effective date of this Executive Order. If necessary, however, the affected agencies shall propose, adopt, or repeal rules, rule amendments, and rule recodifications as appropriate to effectuate this Executive Order.

V. SEVERABILITY

EXECUTIVE ORDER 09-07**EXECUTIVE ORDER TO REDUCE ENERGY CONSUMPTION IN STATE FACILITIES**

If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

VI. EFFECTIVE DATE

This Executive Order shall become effective on the 61st day after its delivery to the General Assembly.

Pat Quinn, Governor

Issued by Governor: April 1, 2009

Filed with Secretary of State: April 1, 2009

EXECUTIVE ORDER 09-08**EXECUTIVE ORDER REORGANIZING
THE ILLINOIS MAIN STREET PROGRAM**

WHEREAS, the Illinois Main Street Program ("the Program") is based upon the National Trust for Historic Preservation's trademarked Main Street Four-Point Approach which endeavors to: (1) build downtown management organizations, (2) retain and strengthen existing downtown businesses and restore economic vitality, (3) promote a unified quality image that will bring people to downtown areas, and (4) enhance and preserve the appearance of historic commercial business districts; and

WHEREAS, the Office of the Lieutenant Governor ("the Office") created the Program in May of 1993 to offer small, rural communities technical assistance and hands-on training to revive their downtown areas; and

WHEREAS, the Program is a successful economic development program for traditional downtown commercial districts in communities of all sizes; and

WHEREAS, the Illinois Main Street Council ("the Council") was created to direct and oversee the implementation of the Program; and

WHEREAS, the Lieutenant Governor has been charged with the duty of serving as Chairperson of the Council; and

WHEREAS, the Office had shared responsibilities for the Program with the Department of Commerce and Community Affairs, now known as the Department of Commerce and Economic Opportunity ("the Department"); and

WHEREAS, since September 5, 2003, pursuant to an Interagency Agreement with the Department, the Office has served as custodian of all records related to the Program and has pursued authority and funding to administer the Program; and

WHEREAS, the goals of the Program remain priorities of the State of Illinois;

THEREFORE, I hereby order the following:

The membership and responsibilities of the Council shall be restructured to ensure the successful and efficient implementation of the objectives of the Program, which shall be administered from the Office of the Lieutenant Governor.

I. TRANSFER OF FUNCTIONS

EXECUTIVE ORDER 09-08**EXECUTIVE ORDER REORGANIZING
THE ILLINOIS MAIN STREET PROGRAM**

Effective sixty one days after the filing of this Executive Order with the General Assembly, the functions and all associated powers, duties, rights, and responsibilities related to the Program shall be transferred from the Department to the Office. The Office shall provide and maintain qualified staff and the Program's operating budget. The statutory powers, duties, rights, and responsibilities of the Department related to the Program derive from the following Statute:

Civil Administrative Code of Illinois, 20 ILCS 605/605-111

II. MEMBERSHIP OF COUNCIL

The membership of the Council shall be composed of: the Lieutenant Governor who shall be the Chairperson of the Council, and up to twelve other persons appointed by the Governor who have demonstrated an interest in downtown economic redevelopment or historic preservation. The Governor may also appoint ex-officio (non-voting) members to the Council.

III. RESPONSIBILITIES

The Chairperson shall: (1) preside over meetings of the Council, which shall be held quarterly each year, or, in the alternative, designate a Council or Staff Member to preside over meetings in his/her absence; and (2) appoint an Illinois Main Street Program Coordinator.

The Council shall: (1) assist in plans for the Program; (2) review and recommend all new Main Street Communities; and (3) adopt by-laws governing the organization and administration of the Council, which must be approved by a simple majority of the Council.

The Appointed Illinois Main Street Program Coordinator shall: (1) report to the Chairperson of the Council; (2) direct the day-to-day operations of the Program through the Office; (3) administer all elements of the Main Street Four-Point Approach™, specifically Organization, Economic Restructuring, Design and Promotion; (4) be charged with the oversight and authority necessary to operate the Program; and (5) institute the steps necessary to meet the standards and regulations set forth for a Coordinating Program as defined and monitored by the National Trust for Historic Preservation's National Main Streets Center.

IV. EFFECT OF TRANSFER

The powers, duties, rights, and responsibilities related to the Program and transferred from the Department to the Office shall not be affected by this Executive Order, except that they shall all be carried out by the Office from the effective date of the transfer.

EXECUTIVE ORDER 09-08**EXECUTIVE ORDER REORGANIZING
THE ILLINOIS MAIN STREET PROGRAM**

- A. The staff of the Department engaged in the administration of the Program shall be transferred to the Office. The status and rights of such employees under the Personnel Code shall not be affected by the transfers. The rights of the employees, the State of Illinois and its agencies under the Personnel Code and applicable collective bargaining agreements or under any pension, retirement, or annuity plan shall not be affected by this Executive Order.
- B. All books, records, papers, documents, property (real and personal), contracts, and pending business related to the Program, including but not limited to material in electronic or magnetic format and necessary computer hardware and software, shall be delivered from the Department to the Office.
- C. All unexpended appropriations and balances and other funds available for the Program shall be transferred for use by the Office for the Program pursuant to the direction of the Governor. Unexpended balances so transferred shall be expended only for the purpose for which the appropriations were originally made.

V. SAVINGS CLAUSE

- A. The powers, duties, rights, and responsibilities related to the Program transferred from the Department to the Office by this Executive Order shall be vested in and shall be exercised by the Office. Each act done in exercise of such powers, duties, rights, and responsibilities shall have the same legal effect as if done by the Department, its officers or employees.
- B. Every officer of the Office shall, for any offense, be subject to the same penalty or penalties, civil or criminal, as are prescribed by existing laws for the same offense by any officer whose powers or duties were transferred under this Executive Order.
- C. Whenever reports or notices are now required to be made or given or papers or documents furnished or served by any person to or upon the Department in connection with the Program transferred by this Executive Order, the same shall be made, given, furnished, or served in the same manner to or upon the Office.
- D. This Executive Order shall not affect any act done, ratified, or canceled, or any right occurring or established or any action or proceeding had or commenced in an

EXECUTIVE ORDER 09-08**EXECUTIVE ORDER REORGANIZING
THE ILLINOIS MAIN STREET PROGRAM**

administrative, civil, or criminal case regarding the Program before this Executive Order takes effect; such actions may be prosecuted or continued by the Office.

- E. Any rules of the Department that relate to the Program that are in full force on the effective date of this Executive Order and that have been duly adopted by the Department shall become the rules of the Office. This Executive Order shall not affect the legality of any such rules in the Illinois Administrative Code. Any proposed rules filed with the Secretary of State by the Department that are pending in the rulemaking process on the effective date of this Executive Order and relate to the Program shall be deemed to have been filed by the Office. As soon as practicable hereafter, the Office shall revise and clarify the rules transferred to it under this Executive Order to reflect the reorganization of rights, powers, and duties affected by this Order, using the procedures for recodification of rules available under the Illinois Administrative Procedure Act, except that existing title, Part, and section numbering for the affected rules may be retained. The Office, consistent with the Department's authority to do so, may propose and adopt under the Illinois Administrative Procedure Act such other rules of the Department that will now be administered by the Office. To the extent that, prior to the effective date of the transfers, the Office had been empowered to prescribe regulations or had other authority with respect to the Program, such duties shall be exercised from and after the effective date of the transfers by the Office.

VI. SEVERABILITY

If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

Pat Quinn, Governor

Issued by Governor: April 1, 2009

Filed with Secretary of State: April 1, 2009

EXECUTIVE ORDER 09-09**EXECUTIVE ORDER RESCINDING EXECUTIVE ORDER NUMBER 3 (2008)**

WHEREAS, the Illinois General Assembly passed HB 824 on May 31, 2008 and sent this bill to the former Governor for his signature on June 30, 2008; and

WHEREAS, HB 824 amended the Illinois Election Code to provide new requirements for business entities (and affiliated entities and persons) receiving or bidding for certain State contracts to register with the State Board of Elections and amended the Illinois Procurement Code to include limitations on the campaign contributions of such business (and affiliated entities and persons) to State officeholders responsible for awarding these contracts; and

WHEREAS, on August 25, 2008, the former Governor issued Executive Order Number 3 (2008), which addressed certain of the same subjects as HB 824, and then issued an amendatory veto of HB 824 one day later; and

WHEREAS, the General Assembly overrode this amendatory veto on September 22, 2008, thereby enacting HB 824 into law as Public Act 095-0971; and

WHEREAS, Public Act 095-0971 and Executive Order Number 3 each had an effective date of January 1, 2009; and

WHEREAS, since January 1, 2009, there has been uncertainty and confusion regarding the scope of Executive Order Number 3 and its relationship to Public Act 095-0971; and

WHEREAS, the Illinois Reform Commission has proposed a number of legislative changes addressing the subjects of campaign finance and procurement reform and is planning further initiatives; and

WHEREAS, the General Assembly's Joint Committee on Government Reform is similarly considering campaign finance and procurement reforms; and

WHEREAS, in light of these pending reform initiatives, the context in which Executive Order Number 3 was issued, and the uncertainty of its scope, it would be appropriate to rescind Executive Order Number 3 (2008):

NOW, THEREFORE, I, Pat Quinn, as Governor of the State of Illinois, do hereby order that Executive Order Number 3 (2008) be revoked and rescinded, effective as of this date of issuance.

Pat Quinn, Governor

Issued by Governor: April 3, 2009

EXECUTIVE ORDER 09-09

EXECUTIVE ORDER RESCINDING EXECUTIVE ORDER NUMBER 3 (2008)

Filed with Secretary of State: April 3, 2009

PROCLAMATIONS

2009-118**Jackie Taylor Day**

- WHEREAS, Jackie Taylor, founder and executive director of the Black Ensemble Theater is not only a distinguished actress, singer, director, playwright and theater founder, but also a teacher, mentor and community advocate; and
- WHEREAS, Born in Chicago and raised in the Cabrini Green housing project, Taylor rose from modest roots to star in television and film; and
- WHEREAS, Taylor, born on August 10, 1951, appeared in major theatrical productions and began producing her own shows as early as 1973; and
- WHEREAS, in 1976, Taylor used a loan of \$1,200 to found the Black Ensemble Theater. The Theater has since grown into a \$1.7 million cultural institution, and is in the midst of building a \$15 million Black Ensemble Theater Cultural Center; and
- WHEREAS, The Black Ensemble Theater is considered one of the most racially diverse theaters in the country, and is recognized throughout the nation not only for its award-winning original productions and educational outreach programming, but also for dedication to its mission of eradicating racism; and
- WHEREAS, Taylor has written and produced more than 100 plays and musical biographies, and is an acclaimed actress and performer in her own right, having appeared in feature roles in several major films; and
- WHEREAS, Taylor has demonstrated a commitment to nurturing and improving the lives of young people by teaching in the Chicago Public Schools and working on special projects with the Illinois Arts Council and Urban Gateways; and
- WHEREAS, the program "Strengthening the School Through Theater Arts," designed by Taylor, educates teachers on how to use theater in teaching their curriculum and enhancing classroom management. Over its 15-year history, the program has impacted thousands of teachers and students and earned Taylor an award from the Boys and Girls Club of America for her work with youth; and
- WHEREAS, Taylor has earned numerous awards and recognitions, including a Lifetime Achievement Award from the League of Chicago Theatres, a Jeff Award for her outstanding contribution to Chicago Theater, and a "Phenomenal Women Award" by Expo for Today's Black Women; and

PROCLAMATIONS

WHEREAS, Taylor has been named one of the Top 10 in the Arts in the Chicago Sun-Times' 100 Most Powerful Women; featured as one of "The People of the Year" by Screen Magazine; and honored by the City of Chicago with a street named after her; and

WHEREAS, during the month of March – Women's History Month – it is fitting that we recognize the outstanding contributions and careers of women like Jackie Taylor:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim March 27, 2009 as **JACKIE TAYLOR DAY** in Illinois.

Issued by the Governor March 27, 2009

Filed by the Secretary of State April 3, 2009

2009-119**Cesar Estrada Chavez Day**

WHEREAS, Cesar Estrada Chavez, born in 1927, was a farm worker, war veteran, civil rights leader, spiritual figure, environmentalist, consumer advocate and crusader for nonviolent change; and

WHEREAS, his philosophy, "Sí se puede" or "It can be done," influenced millions of students, middle class consumers, religious groups and minorities to seek economic and social equality; and

WHEREAS, Cesar Chavez spent his youth migrating and laboring in the fields of the southwest, where he was exposed to the hardships and inequities of farm worker life; and

WHEREAS, in school, Cesar Chavez achieved only an eighth-grade education, but through his tireless advocacy for the Latino community, he developed a sophisticated appreciation for the relationship between economic issues and political participation; and

WHEREAS, a social entrepreneur, Cesar Chavez founded the first successful farm workers union in American history. His vision inspired an organization whose mission was to reclaim dignity, fair wages, medical coverage, benefits and humane living conditions, as well as many other fundamental rights for hundreds of thousands of people; and

PROCLAMATIONS

WHEREAS, those who were drawn to the cause were inspired by Cesar Chavez's extraordinary example to make sacrifices for a greater good. Here in Illinois, we seek to celebrate and share the legacy of Cesar Chavez with our children through the Cesar Chavez Serve and Learn Program; and

WHEREAS, the Cesar Chavez Serve and Learn Program instills an ethic of service and civic responsibility in our young people. This innovative concept of service learning couples academic instruction with related community service projects; and

WHEREAS, while Cesar Chavez died in 1993, his spirit still lives on. One way to celebrate his life and legacy is through the Cesar Chavez Serve and Learn Program; and

WHEREAS, during the week of March 31 (Cesar Chavez's birthday), schools, agencies and community organizations may participate in this innovative program to encourage community service by our young people while simultaneously functioning as an educational tool for school history, social studies, environmental and art classes:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim March 31, 2009 as **CESAR CHAVEZ DAY** in Illinois, in memory of this great man and in celebration of his legacy, which has the ability to ignite our passion for service and motivate people from all walks of life to work hard for tolerance and true democracy.

Issued by the Governor March 30, 2009

Filed by the Secretary of State April 3, 2009

2009-120**Month of the African American Male in Higher Education**

WHEREAS, the Illinois Board of Higher Education's reports on college and university enrollment indicate an alarming scarcity of male students of African American descent currently enrolled and pursuing post-secondary education; and

WHEREAS, this scarcity makes African American males, far and away, the least represented demographic group on college and university campuses, both in number and in percentage of total Illinois population; and

WHEREAS, it is widely recognized that attainment of post-secondary education is a clear indicator of increased earning potential and employment stability, and decreased likelihood of criminal activity and incarceration; and

PROCLAMATIONS

WHEREAS, several organizations and institutions, including the Illinois Committee on Black Concerns in Higher Education, Chicago State University, the University of Illinois at Chicago, the Chicago Urban League, the City Colleges of Chicago, the Chicago Public Schools, the Brother 2 Brother Program of the South Metropolitan Regional Education Consortium, the Illinois Task Force on the Condition of the African American Male, and Macy's Department Stores, have formed a working coalition to examine and promote increased support of African American males in higher education; and

WHEREAS, this coalition has planned several events and activities during the month of April to study those factors contributing to low participation and success of African American males in higher education, and to provide resources to improve the success and persistence of current African American male students; and

WHEREAS, the State of Illinois recognizes the importance of increasing the success and persistence of African American male students to the entire state, particularly to our state's welfare and economy:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 2009 as the **MONTH OF THE AFRICAN AMERICAN MALE IN HIGHER EDUCATION** in Illinois, in support of this important effort to raise the public's awareness of lower than acceptable enrollment and success rates for African American males on college and university campuses, and in support of the above-mentioned coalitions efforts to examine potential barriers to African American male student success, explore best practices for increasing African American male success and participation, and for provide resources and support to currently enrolled African American male students.

Issued by the Governor March 30, 2009

Filed by the Secretary of State April 3, 2009

2009-121
Siblings Day

WHEREAS, the citizens of the State of Illinois appreciate and join in observances that acknowledge those special relationships that enhance our lives, including ones founded upon the unique bond that exists among siblings; and

WHEREAS, the experiences that brothers and sisters share are a cherished source of memories that last throughout one's lifetime; and

PROCLAMATIONS

WHEREAS, the love among siblings is enduring and passed on to future generations who nurture and preserve the precious legacy bestowed upon them; and

WHEREAS, the observance of Sibling Day provides a wonderful opportunity to reflect upon the bonds of friendship and love that thrive among brothers and sisters and take the time to express heartfelt gratitude for the unique relationship that siblings celebrate each and every day:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 10, 2009 as **SIBLINGS DAY** in Illinois, in celebration of the special bond shared by brothers and sisters.

Issued by the Governor March 30, 2009

Filed by the Secretary of State April 3, 2009

2009-122**Probation and Court Services Officer Day**

WHEREAS, the safety of Illinois citizens and the rights of crime victims require a competent and thorough administration of the criminal justice system; and

WHEREAS, Illinois law requires that all counties must provide full-time probation and court services to provide a wide range of sentencing options and a continuum of sanctions to protect and safeguard every Illinois community; and

WHEREAS, the continuum of sanctions provided by Illinois probation and courts services departments include: pretrial investigations and supervision, intensive supervision, juvenile intake screening, home confinement, detention, electronic monitoring, community service, teen courts, drug monitoring, drug courts, community corrections, pre-sentencing investigations and specialized services for crime victims like dispute resolution and collection of restitution, among many other services; and

WHEREAS, probation and court service professionals work in collaboration with police, prosecutors, the circuit court and community organizations to provide supervision, programs and services to both juvenile and adult offenders; and

WHEREAS, more than 100,000 juvenile and adult offenders are currently sentenced to a continuum of sanctions, receive active probation supervision or are participating in court-ordered programs; and

PROCLAMATIONS

WHEREAS, more than 3,000 dedicated probation, detention and court services officers supervise the vast majority of Illinois' juvenile and adult offenders; and

WHEREAS, these probation, detention and court services officers work in a professional and diligent manner and continuously seek avenues to improve the administration of criminal justice in Illinois and work to improve their job performance with continuing education at the Spring Conference of the Illinois Probation and Court Services Association, which will be held April 22-24 this year in Quincy, Illinois:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 22, 2009 as **PROBATION AND COURT SERVICES OFFICER DAY** in Illinois and welcome the members and friends of the Illinois Probation and Courts Services Association to Quincy.

Issued by the Governor March 30, 2009

Filed by the Secretary of State April 3, 2009

2009-123**Chicago Fire Soccer Day**

WHEREAS, the Chicago Fire is entering its 12th season in Major League Soccer (MLS) as Chicago's most winning major league team by making the playoffs in 10 of its last 11 seasons and winning five national championships, including the MLS Cup in 1998 and four Lamar Hunt U.S. Cup championships; and

WHEREAS, led by Coach Denis Hamlett, the Fire has some of the best players in the league. In total, 21 of 24 players from last year's team are returning in 2009, which gives the Fire an advantage over other teams this season; and

WHEREAS, the Fire prides itself on having the most ethnically and internationally diverse team in the state, with players hailing from everywhere from Mexico, Costa Rica, Columbia and Guatemala to South Africa, Ghana, Bosnia and Mali; and

WHEREAS, since the club's first game in 1998, the Fire played in several different stadiums, including Soldier Field, before landing permanently at the new, state-of-the-art TOYOTA PARK stadium located in Bridgeview at 7000 South Harlem, making the Fire and TOYOTA PARK major economic anchors on the southwest side of the Chicagoland area; and

WHEREAS, the Chicago Fire organization is deeply committed to public service and giving back to the community. The Chicago Fire Foundation has donated more than

PROCLAMATIONS

\$1.2 million to Chicagoland area charities dedicated to improving the lives of its citizens, particularly its youth; and

WHEREAS, Chicago Fire players also participate in over 200 charity, community and youth events each year to help mentor children and youth who have a passion for soccer and to help raise funds and awareness for many worthy causes; and

WHEREAS, soccer is also the fastest growing sport in the country, with more than 3.2 million Americans playing the game. U.S. youth participation has grown rapidly and is now second only to basketball in the number of kids playing the game. The sport has also become a favorite among fans in America; and

WHEREAS, the Fire's first home game in 2009 is set for April 5th at 2 pm against the New York Red Bulls:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 5, 2009 as **CHICAGO FIRE SOCCER DAY** in Illinois, in recognition of the Fire's contributions to our state's communities and economy, and offer my best wishes for a winning season.

Issued by the Governor April 2, 2009

Filed by the Secretary of State April 3, 2009

2009-124**World Autism Awareness Day and Autism Awareness Month**

WHEREAS, autism, a developmental disorder, is the third most common developmental disability in the United States, affecting nearly half a million people; and

WHEREAS, autism is a spectrum disorder where symptoms and characteristics may present themselves in a variety of combinations, from mild to severe. This complex and lifelong developmental disability can result in significant impairment of an individual's ability to learn, develop healthy interactive behaviors, and understand verbal as well as nonverbal communication; and

WHEREAS, the U.S. Centers for Disease Control and Prevention report that one in every 150 children born in the U.S. will be affected by an Autism Spectrum Disorder (ASD); and

WHEREAS, in Illinois, more than 26,000 school-age children and their families will be affected by some form of autism; and

PROCLAMATIONS

WHEREAS, autism is the result of a neurological disorder that affects the normal functioning of the brain, and generally manifests during the first 3 years of life. The disorder is four times more likely in males than in females, but can affect anyone, regardless of race or ethnicity; and

WHEREAS, although autism was first identified in 1943, it remains a relatively unknown disability. A majority of the public, including many professionals in the medical, educational, and vocational fields are still unaware of the best methods to diagnose and treat the disorder; and

WHEREAS, although there is no cure for autism at this time, doctors, therapists, and educators can help children and adults with autism overcome or adjust to many difficulties. Accurate, early diagnosis and the resulting appropriate education and intervention are vital to the future growth and development of individuals afflicted with this disorder; and

WHEREAS, Illinois is honored to take part in the annual observance of World Autism Awareness Day and Autism Awareness Month in the hope that it will lead to a better understanding of the disorder:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 2, 2009 as **WORLD AUTISM AWARENESS DAY and April 2009 as AUTISM AWARENESS MONTH** in Illinois, to raise public awareness of Autism Spectrum Disorders and the myriad of issues surrounding autism, as well to increase knowledge of the programs that have been and are being developed to support individuals with ASDs and their families.

Issued by the Governor April 2, 2009

Filed by the Secretary of State April 3, 2009

2009-125**Teen Appreciation Week**

WHEREAS, teenagers in this state and across the country play a variety of important roles in families and communities; and

WHEREAS, throughout the teenage years, a person undergoes transitional stages in human development between childhood and adulthood; and

WHEREAS, during these transitions, teenagers need and deserve the community's understanding, guidance, and support; and

PROCLAMATIONS

WHEREAS, the creativity, energy, and passion of adolescents often help to refresh our culture and constructively challenge our ideas in a way that benefits our society; and

WHEREAS, negative publicity about teenagers often overshadows community awareness of their overwhelming accomplishments and positive contributions to the life of our community and society:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim August 9 – 15, 2009 as **TEEN APPRECIATION WEEK** in Illinois, and encourage all citizens to join in recognizing the great impact teenagers have on our communities.

Issued by the Governor April 2, 2009

Filed by the Secretary of State April 3, 2009

ILLINOIS ADMINISTRATIVE CODE
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