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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

Issue #	Rules Due Date	Date of Issue
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

23	May 26, 2009	June 5, 2009
Issue #	**Rules Due Date**	**Date of Issue**
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
29	July 6, 2009	July 17, 2009
30	July 13, 2009	July 24, 2009
31	July 20, 2009	July 31, 2009
32	July 27, 2009	August 7, 2009
33	August 3, 2009	August 14, 2009
34	August 10, 2009	August 21, 2009
35	August 17, 2009	August 28, 2009
36	August 24, 2009	September 4, 2009
37	August 31, 2009	September 11, 2009
38	September 8, 2009	September 18, 2009
39	September 14, 2009	September 25, 2009
40	September 21, 2009	October 2, 2009
41	September 28, 2009	October 9, 2009
42	October 5, 2009	October 16, 2009
43	October 13, 2009	October 23, 2009
44	October 19, 2009	October 30, 2009
45	October 26, 2009	November 6, 2009
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 CORRECTIONS

NOTICE OF PROPOSED RULES

1) Heading of the Part: Moms and Babies Program

2) Code Citation: 20 Ill. Adm. Code 475

3)

Section Numbers:	Proposed Action:
475.5	New
475.10	New
475.15	New
475.20	New
475.25	New
475.30	New
475.35	New

4) Statutory Authority: Implementing Sections 3-2-2 and 3-6-2 and authorized by Sections 3-2-2 and 3-6-2 of the Unified Code of Corrections [730 ILCS 5/3-2-2 and 3-6-2]

5) A Complete Description of the Subjects and Issues Involved: In accordance with 730 ILCS 5/3-6-2, the following rulemaking delineates the Department of Corrections' Moms and Babies Program, screening and placement criteria, child health care resources, and removal from the program rationale.

6) Any published studies or reports, along with the sources of underlying data, that were used when composing 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 any incorporation by reference? No

10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand any State mandate.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit written comments during the 45-day First Notice Period which commences on the issue date of this publication of the *Illinois Register* to:

DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED RULES

Beth Kiel, Rules Coordinator
Illinois Department of Corrections
1301 Concordia Court
P. O. Box 19277
Springfield, Illinois 62794-9277

217/558-2200, extension 6511

All written comments received after 45 days from the date of this publication will be considered, time permitting.

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: January 2009

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

DEPARTMENT OF CORRECTIONS

NOTICE OF PROPOSED RULES

TITLE 20: CORRECTIONS, CRIMINAL JUSTICE, AND LAW ENFORCEMENT
CHAPTER I: DEPARTMENT OF CORRECTIONS
SUBCHAPTER d: PROGRAMS AND SERVICES

PART 475
MOMS AND BABIES PROGRAM

Section

475.5 Applicability
475.10 Definitions
475.15 Responsibilities
475.20 Moms and Babies Program
475.25 Screening and Placement
475.30 Child Health Care Resources
475.35 Removal from the Program

AUTHORITY: Implementing and authorized by Sections 3-2-2 and 3-6-2 of the Unified Code of Corrections [730 ILCS 5/3-2-2 and 3-6-2].

SOURCE: Adopted at 33 Ill. Reg. _____, effective _____.

Section 475.5 Applicability

This Part applies to the Moms and Babies Program and to facilities in which this program is housed.

Section 475.10 Definitions

"Chief Administrative Officer" means the highest ranking official of a correctional facility.

"Child Care Provider" means an offender who has been screened and trained to provide care for children within the Moms and Babies Program.

"Child Development Aide" means the individual who assists in coordinating the pregnant mothers programs, infant programs and infant development center programs; delivery of pre-natal and post-natal programming; and monitoring the mothers' program participation and adjustment.

"Department" means the Department of Corrections.

"Director" means the Director of the Department of Corrections.

"Family Services Administrator" means the administrator of the family counseling service in the Moms and Babies Program that promotes and maintains family relationships for female offenders.

"Infant Development Administrator" means an individual who organizes, develops and implements the Moms and Babies Program, infant programs and infant development center programs.

"Mental Health Professional" means a psychiatrist, psychiatric nurse or clinically trained psychologist, or an individual who has clinical training and a master's degree in social work or psychology.

"Moms and Babies Program" or "Program" means the program established under 730 ILCS 5/3-6-2(g) and this Part.

Section 475.15 Responsibilities

a) Unless otherwise specified, the Director or Chief Administrative Officer may delegate responsibilities stated in this Part to another person or persons or designate another person or persons to perform the duties specified.

b) No other individual may routinely perform duties when this Part specifically states the Director or Chief Administrative Officer shall personally perform the duties. However, the Director or Chief Administrative Officer may designate another person or persons to perform the duties during periods of his or her temporary absence or in an emergency.

Section 475.20 Moms and Babies Program

a) Moms and Babies Program sites shall be recommended by the Deputy Director of Women and Family Services and approved by the Director.

b) The Program shall be a voluntary program in female correctional facilities designed to provide healthy pregnant and post-natal offenders the opportunity to

develop and nurture a bond with their infants through programming and a safe supportive living environment.

c) This Program is designed to be a well baby and healthy mom program. If the child requires more than normal well child health care or the offender requires more than normal pre- and post-natal care, the offender may no longer be eligible to be in the program and may be transferred. Medical concerns shall be addressed with the Agency Medical Director.

d) While in this Program, the offender shall remain in the custody of the Department and the baby shall be in the custody of his or her mother.

e) The Program offers programs and services in areas including, but not limited to: pre- and post-release needs, pre-natal and parenting education, caregiver training, including pediatric CPR, education, mental health support, self-improvement, anger management and substance abuse recovery.

f) Offenders who participate in this Program shall be required to:

1) Provide care for their children.

2) Arrange for child care when they are unable to provide the care, such as when the offender is participating in programming, work assignments, classes or writs. Child care shall only be provided by approved child care providers, Child Development Aides, or the Infant Development Administrator.

3) Secure an outside guardian for her child so he or she is cared for if the offender is removed from the program or if the offender can no longer care for the child.

4) Apply for State, federal, county and local social services such as the Illinois Department of Human Services Women, Infant, and Children (WIC) Program, Healthy Families in Illinois, Medicaid program, Food Stamp Program, and Clinic for Indigent Child.

5) Where applicable, obtain approval from the father for the baby to participate in the program.

Section 475.25 Screening and Placement

a) All pregnant offenders shall be screened for eligibility for the Moms and Babies Program.

b) The offender's master file, criminal history and medical file shall be reviewed. Criteria used for consideration of Program eligibility shall include, but not be limited to, the offender's:

1) Sentence, including factors such as the nature and class of the offense, length of sentence, and sentencing orders.

2) History of violence, abuse, criminal neglect, sexual offenses or crimes against children.

3) Outstanding warrants or detainers.

4) Court order prohibiting contact with children.

5) Department of Children and Family Services involvement.

6) Affiliation with organized crime activities or large scale narcotics trafficking.

7) Mandatory supervised release date.

8) Grade, security designation and escape risk.

9) Disciplinary history.

10) Psychological evaluation.

11) Medical or dental health.

12) Known enemies or documented offenders from whom the offender is to be kept separate.

c) If the screening indicates that the offender is eligible for participation in the Program, the offender must:

1) Complete an application.

2) Consent to participate in the Program.

d) Within 30 working days after receipt of the offender's application, the Family Services Administrator shall forward a referral packet that includes the information reviewed, the offender's application and consent, and other pertinent information to the Chief Administrative Officer of the facility operating the Program.

e) Within 15 work days after receipt of the referral packet, the Chief Administrative Officer shall have the Screening Committee review the application. The Screening Committee shall be designated by the Deputy Director of Women and Family Services and shall include, but not be limited to:

1) From the Moms and Babies Program facility:

A) Assistant Chief Administrative Officer of Programs.

B) Infant Development Administrator.

C) Child Development Aide.

D) Mental Health Professional.

2) From the facility housing the offender:

A) Assistant Chief Administrative Officer of Programs.

B) Family Services Administrator.

C) Mental Health Professional.

f) Offenders approved to participate in the Program shall be transferred to a Moms and Babies Unit.

1) If no space is available in the Program, the offender shall be placed on a wait list.

2) Offenders who have not been admitted into the Program prior to the delivery of the child shall not be eligible to participate in the Program and shall be removed from the wait list.

g) Offenders who are not accepted into the Program may grieve the denial in accordance with 20 Ill. Adm. Code 504, Subpart F.

Section 475.30 Child Health Care Resources

a) Except in emergency situations, Department health care staff shall be prohibited from examining or treating sick or injured children.

b) Whenever possible, well child and sick child medical visits shall be provided at the correctional facility by the local public health department.

c) In the event that the public health medical staff cannot come to the facility, the offender shall be placed on a day release in accordance with 20 Ill. Adm. Code 530, Subpart B. The offender, escorted by two unarmed staff members, shall take the child to an outside health care facility for examination and treatment.

Section 475.35 Removal from the Program

An offender may be removed from the Moms and Babies Program by the Chief Administrative Officer based upon matters including, but not limited to: the offender's inability to care for the child, the offender's request, disciplinary reasons, the health of the child, staff recommendations, and safety, security or administrative concerns.

DEPARTMENT OF STATE POLICE

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Testing of Breath, Blood and Urine for Alcohol, other Drugs, and Intoxicating Compounds

2) Code Citation: 20 Ill. Adm. Code 1286

3)

Section Numbers:	Proposed Action:
1286.10	Amendment
1286.75	Amendment
1286.100	Amendment
1286.110	Amendment
1286.170	Amendment
1286.180	Amendment
1286.200	Amendment
1286.210	Amendment
1286.220	Amendment
1286.230	Amendment
1286.240	Amendment
1286.250	Amendment

4) Statutory Authority: Authorized by Section 2605-15 of the Civil Administrative Code of Illinois [20 ILCS 2605/2605-15]. Implementing and authorized by Section 6-106.1a of the Illinois Vehicle Code [625 ILCS 5/6-106.1a]. Implementing and authorized by Section 11-501.2 of the Illinois Vehicle Code [625 ILCS 5/11-501.2]. Implementing Section 11-501.5 of the Illinois Vehicle Code [625 ILCS 5/11-501.5]. Implementing Section 11-501.6 of the Illinois Vehicle Code [625 ILCS 5/11-501.6]. Implementing and authorized by Section 11-501.8 of the Illinois Vehicle Code [625 ILCS 5/11-501.8]. Implementing Section 5-7.5 of the Snowmobile Registration and Safety Act [625 ILCS 40/5-7.5]. Implementing Section 5-16b of the Boat Registration and Safety Act [625 ILCS 45/5-16b]. Implementing and authorized by Section 6-1 of the Boat Registration and Safety Act [625 ILCS 45/6-1]

5) A Complete Description of the Subjects and Issues Involved: The rule is being amended to revise and update procedures and policies relating to the testing of breath, blood and urine for alcohol, drugs, and intoxicating compounds. Updates have been made with respect to logbook entries, training requirements, license renewal, and duration of laboratory technician certification. One instrument that has been added to the listing is evidential instruments approved for obtaining breath analysis readings. In addition, changes were made to the requirements for quantitating a reference sample.

DEPARTMENT OF STATE POLICE

NOTICE OF PROPOSED AMENDMENTS

6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None

7) Will this rulemaking replace any emergency rulemaking currently in effect? No

8) Does this rulemaking contain an automatic repeal date? No

9) Does this rulemaking contain incorporations by reference? No

10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objectives: These rules will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Within 45 days after the publication of this Notice, any interested person may submit comments, data, views or argument regarding the proposed amendments. The submissions must be in writing and directed to:

Mr. John M. Hosteny
Interim Chief Legal Counsel
Illinois State Police
801 South 7th Street, Suite 1000-S
Post Office Box 19461
Springfield, Illinois 62794-9461

217/782-7658

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 which this rulemaking was summarized: January 2009

DEPARTMENT OF STATE POLICE

NOTICE OF PROPOSED AMENDMENTS

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

DEPARTMENT OF STATE POLICE

NOTICE OF PROPOSED AMENDMENTS

TITLE 20: CORRECTIONS, CRIMINAL JUSTICE, AND LAW ENFORCEMENT
CHAPTER II: DEPARTMENT OF STATE POLICE

PART 1286
TESTING OF BREATH, BLOOD AND URINE
FOR ALCOHOL, OTHER DRUGS, AND INTOXICATING COMPOUNDS

SUBPART A: GENERAL PROVISIONS

Section
1286.10 Definitions
1286.20 Grievances
1286.30 Additional Testing
1286.40 Conversion of a Blood Serum or Blood Plasma Alcohol Concentration to a Whole Blood Equivalent
1286.50 Passive Sensors
1286.60 Department Notification
1286.70 Maintenance of Records for Approved Evidentiary Instruments
1286.75 Subpoena Procedure for Evidentiary Instruments
1286.80 Approved Evidentiary Instrument and Logbook Availability
1286.90 Reporting Laboratory Results

SUBPART B: APPROVAL PROCEDURES FOR PERSONS AND LABORATORIES TO PERFORM SPECIFIC FUNCTIONS

Section
1286.100 Licensing BAOs
1286.110 Renewal of BAO License
1286.120 Revocation and Denial of BAO License
1286.130 Authorization of BATs
1286.140 Revocation and Denial of BAT Authorization
1286.150 Accrediting BAIs
1286.160 Revocation and Denial of BAI Accreditation
1286.170 Certification of Laboratories and Laboratory Technicians
1286.180 Revocation and Denial of Laboratory Certification

SUBPART C: EQUIPMENT

Section

DEPARTMENT OF STATE POLICE

NOTICE OF PROPOSED AMENDMENTS

1286.200 Equipment Approval and Accuracy
1286.210 Evidentiary Instrument Approval
1286.220 Checking Approved Evidentiary Instruments for Accuracy
1286.230 Checking Approved Evidentiary Instruments for Continued Accuracy
1286.240 PBT Approval
1286.250 Checking Approved PBTs for Accuracy
1286.260 Operation of PBTs

SUBPART D: SAMPLING PROCEDURES

Section
1286.300 General Sampling Protocol
1286.310 Approved Evidentiary Instrument Operation
1286.320 Blood Collection for Determining the Presence of Alcohol, Other Drugs or Intoxicating Compounds
1286.330 Urine Collection for Determining the Presence of Alcohol, Other Drugs or Intoxicating Compounds
1286.340 Urine Collection for Determining the Concentration of Urine Alcohol (Repealed)
1286.350 Operation of PBTs (Repealed)

AUTHORITY: Authorized by Section 2605-15 of the Civil Administrative Code of Illinois [20 ILCS 2605/2605-15]. Implementing and authorized by Section 6-106.1a of the Illinois Vehicle Code [625 ILCS 5/6-106.1a]. Implementing and authorized by Section 11-501.2 of the Illinois Vehicle Code [625 ILCS 5/11-501.2]. Implementing Section 11-501.5 of the Illinois Vehicle Code [625 ILCS 5/11-501.5]. Implementing Section 11-501.6 of the Illinois Vehicle Code [625 ILCS 5/11-501.6]. Implementing and authorized by Section 11-501.8 of the Illinois Vehicle Code [625 ILCS 5/11-501.8]. Implementing Section 5-7.5 of the Snowmobile Registration and Safety Act [625 ILCS 40/5-7.5]. Implementing Section 5-16b of the Boat Registration and Safety Act [625 ILCS 45/5-16b]. Implementing and authorized by Section 6-1 of the Boat Registration and Safety Act [625 ILCS 45/6-1].

SOURCE: Adopted by emergency rulemaking at 25 Ill. Reg. 239, effective January 1, 2001, for a maximum of 150 days; adopted at 25 Ill. Reg. 3023, effective February 1, 2001; amended at 28 Ill. Reg. 10017, effective June 30, 2004; amended at 31 Ill. Reg. 7305, effective May 1, 2007; emergency amendment at 31 Ill. Reg. 10188, effective July 9, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 15107, effective October 29, 2007; amended at 33 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

DEPARTMENT OF STATE POLICE

NOTICE OF PROPOSED AMENDMENTS

Section 1286.10 Definitions

"Accredited Law Enforcement Training Academy" means a police training organization that is recognized by the Illinois Law Enforcement Training Standards Board and is accredited by Commission on Accreditation for Law Enforcement Agencies (CALEA), 10302 Eaton Place, Suite 100, Fairfax VA 22030-2215.

"Accuracy Check Record" means the data recorded in a logbook or stored in memory when an accuracy check is performed on an approved evidentiary instrument. Accuracy test records will include at least the type of instrument, instrument serial number, test date, reference sample value, and the readings of the two accuracy check tests. Certification check and standard check are synonyms for accuracy check.

"Agency" means a Municipal, Park District, County, State, Federal law enforcement agency or Circuit Court Probation Department involved in the use of approved evidentiary instruments or PBTs.

"Alcohol" means ethanol (commonly referred to as grain alcohol), ethyl alcohol, alcoholic beverage, alcoholic liquor, isopropanol or methanol.

"Alcohol Concentration" means weight in grams of alcohol in a specified volume of blood, breath, or urine.

"Approved Evidentiary Instrument" means an instrument approved for use by the Department to obtain a BrAC pursuant to a breath test as described under Section 6-106.1a of the Illinois Vehicle Code [625 ILCS 5/6-106.1a], Section 11-501 of the Illinois Vehicle Code [625 ILCS 5/11-501], Section 11-501.1 of the Illinois Vehicle Code [625 ILCS 5/11-501.1], Section 11-501.2 of the Illinois Vehicle Code [625 ILCS 5/11-501.2], Section 11-501.6 of the Illinois Vehicle Code [625 ILCS 5/11-501.6], Section 11-501.8 of the Illinois Vehicle Code [625 ILCS 5/11-501.8], and Sections that cross-reference Section 11-501.2 of the Illinois Vehicle Code [625 ILCS 5/11-501.2].

"Approved PBT" means an instrument approved for use by the Department either to obtain a BrAC pursuant to a preliminary breath screening test as described under Section 11-501.5 of the Illinois Vehicle Code [625 ILCS 5/11-501.5],

DEPARTMENT OF STATE POLICE

NOTICE OF PROPOSED AMENDMENTS

Section 5-7.5 of the Snowmobile Registration and Safety Act [625 ILCS 40/5-16b], Section 5-16b of the Boat Registration and Safety Act [625 ILCS 45/5-16b], and Sections that cross-reference Section 11-501.5 of the Illinois Vehicle Code [625 ILCS 5/11-501.5] or to obtain a BrAC pursuant to a breath test as described under Section 11-501.6 of the Illinois Vehicle Code [625 ILCS 5/11-501.6], and Section 11-501.8 of the Illinois Vehicle Code [625 ILCS 5/11-501.8].

"Blood Alcohol Concentration" or "BAC" means grams of alcohol per 100 milliliters of whole blood (Section 11-501.2(a)(5) of the Illinois Vehicle Code [625 ILCS 5/11-501.2(a)(5)]).

"Breath Alcohol Concentration" or "BrAC" means *grams of alcohol per 210 liters of breath* (Section 11-501.2(a)5 of the Illinois Vehicle Code [625 ILCS 5/11-501.2(a)5]).

"Breakdown" means a malfunction that affects the analytical performance of the instrument or its ability to quantitate a BrAC.

"Breath Analysis Instructor" or "BAI" means an individual who is accredited by the Department to instruct breath analysis instrument operations and to train and administer licensing examinations to BAOs.

"Breath Analysis Operator" or "BAO" means an individual licensed by the Department to operate approved evidentiary instruments and to create subject test records. BAOs can print local reports, perform basic maintenance (i.e., replace a fuse), and make minor adjustments (i.e., correct the date/time).

"Breath Analysis Reading" means the numeric value of the first two digits to the right of the decimal point of a BrAC analysis as displayed, printed, or recorded by an instrument.

"Breath Analysis Technician" or "BAT" means an individual who is authorized by the Department to conduct re-certification classes for BAOs and to administer that examination, to install, examine, certify, repair, maintain, check the accuracy of approved evidentiary instruments, and create accuracy check records and service records.

"Central Repository" means the collection and maintenance by the Department of business records, maintained by an agency in the normal course of business, of

subject test records, quick tests, accuracy check records, calibrations, and service records.

"Certified Paramedic" means an individual licensed by the Illinois Department of Public Health as an Emergency Medical Technician (Intermediate) or Emergency Medical Technician (Paramedic) acting under the direction of a licensed physician as a phlebotomist.

"Department" means the Illinois Department of State Police.

"Director" means the Director of State Police.

"Foreign Substance" means any substance not in the subject's body when a 20-minute observation period is commenced, excluding a substance introduced due to normal breathing.

"Ingested" means eaten, chewed, swallowed or consumed by mouth in any other manner; inhaled, sniffed, snorted, sprayed, or introduced into the breathing passages in any other manner; injected or introduced into the body in any manner.

"Instrument" means any item or combination of items of equipment used to quantitate a breath analysis reading.

"Internal Memory" means the digital storage medium that is part of an approved evidentiary instrument that registers subject test records, accuracy check records, quick tests, and calibrations~~and service records~~.

"License" means a permit issued as evidence by the Department to an individual as proof of his or her authority and competence as a BAO, BAT, BAI, or PBT-E.

"Logbook" means a business record, maintained by the agency in the normal course of business, of subject test records and accuracy check records. The logbook does not contain automatic accuracy checks or accuracy checks performed remotely.

"Malfunction" means failure of an instrument to function properly.

"NHTSA's List" means the Conforming Products List of Evidential Breath Measuring Instruments produced by the National Highway Traffic Safety

Administration, United States Department of Transportation.

"Passive Sensor" means a unit that monitors ambient air for the presence of alcohol for an investigative purpose.

"Phlebotomist" means a person trained to collect blood from another individual through venipuncture.

"Preliminary Breath Test Device" or "PBT" means a portable device used to quantitate a breath analysis reading.

"Preliminary Breath Test Examiner" or "PBT-E" means a BAO who is authorized by the Department to perform accuracy checks on preliminary breath test devices.

"Reference Sample" means either a solution for use in a breath simulator, commonly referred to as a wet bath simulator, or a dry gas mixture, commonly referred to as a dry gas evidential standard (DGES), for the purpose of instrument certification, accuracy checks, and/or calibration.

"Service Record" means information concerning an instrument breakdown. Service records will include at least the type of instrument, instrument serial number, date of service, service issue reported, service issue found, probable cause of service issue, corrective action taken, and BAT. Service records do not include information such as a bill for repairs of an approved evidentiary instrument or documentation included with an instrument returned from the manufacturer.

"Subject Test Record" means the data recorded by a BAO in the logbook or printed out or~~and~~ stored by the instrument in memory when a subject is tested with an approved evidentiary instrument. Subject test records will include at least the type of instrument, instrument serial number, name of individual tested, test date, breath analysis reading, and BAO. Subject Test Records do not include information other than that which can be recorded in instrument memory or the central repository.

"Urine Alcohol Concentration" or "UAC" means *the number of grams of alcohol per 67 milliliters of urine* (Section 6-500(2)(C) of the Illinois Vehicle Code [625 ILCS 5/6-500(2)(C)]).

"Whole Blood Equivalent" means the conversion of a blood serum or blood plasma alcohol concentration to an approximate BAC.

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

Section 1286.75 Subpoena Procedure for Evidentiary Instruments

a) Subpoena requests for accuracy checks, subject tests, quick tests, calibrations, and maintenance/repair records will be responded to as quickly as possible. If the response cannot be provided within the timeframe requested, the requesting party shall be notified by telephone. If further information is needed to determine the material requested, the requesting party shall be contacted by telephone to obtain this information and the subpoena response completed.

b) The timeframe for the information provided in response to a subpoena request for accuracy checks, subject tests, quick tests, calibrations, and maintenance/repair records shall be from 62~~60~~ days prior to the subject's arrest date through 62~~60~~ days following the arrest date.

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

SUBPART B: APPROVAL PROCEDURES FOR PERSONS AND LABORATORIES TO PERFORM SPECIFIC FUNCTIONS

Section 1286.100 Licensing BAOs

The Director or his/her designee is authorized to license persons to be BAOs subject to the requirements of this Section. BAOs are licensed to perform all appropriate BAO functions described in this Part. Only licensed BAOs may operate evidential breath testing instruments.

a) To be eligible to be a BAO, the individual must be employed by an agency or an accredited law enforcement training academy. BAO candidates, including those who have previously been licensed as a BAO in another state, must successfully attend the course and pass the written and proficiency examination or successfully complete a computer-based training (CBT) course.

b) Under the direction and control of a BAI, BAO candidates must:

1) Complete a training curriculum approved by the Department that includes

a minimum of 24~~28~~ hours of instruction, which includes the following:

A) Presentation and discussion of the psychological, physiological, and pharmacological effects of alcohol in the human body;

B) Demonstration and discussion of instruments and the analytical processes used to measure BrAC;

C) Practical application and demonstration in the use of an approved evidentiary instrument; and

D) Discussion of current DUI issues, the administrative rules, and case law.

2) Pass the following:

A) The standardized written examination for Breath Analysis Operator provided by the Department with a minimum score of 70 percent.

B) A proficiency examination where the candidate operates approved evidentiary instruments.

c) A license shall be valid for a period of three years after the printed date of issuance. If the license is not renewed as provided for in Section 1286.110, it shall expire three years after the printed date of issuance.

d) Licensing classes will be held in locations approved by the Department based upon appropriate lighting, space, heating, and air conditioning conditions.

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

Section 1286.110 Renewal of BAO License

The Director or his/her designee is authorized to renew BAO licenses subject to the requirements of this Section. An individual with a renewed BAO license is a BAO. A renewed BAO license shall be subject to the same terms and conditions as an original BAO license.

a) BAO license renewal candidates must either successfully attend the renewal

course and pass the written renewal examination or successfully complete the computer-based training course.

1) Under the direction and control of a BAT, BAO renewal candidates attending the renewal course must:

A) Complete a training curriculum approved by the Department that includes the following:

i) Review of theory and practice with an approved evidentiary instrument;

ii) Review of administrative rules as contained in this Part; and

iii) Review of current and related problems in the field.

B) Pass the following:

i) The standardized written examination for Breath Analysis Operator provided by the Department with a minimum score of 70 percent; and

ii) A proficiency examination where the candidate operates an approved evidentiary instrument.

2) The computer-based BAO license renewal course will:

A) Review subject matter similar to the BAO classroom instruction; and

~~B) Provide a practical examination that the BAO license renewal candidate must pass; and~~

B~~C~~) Provide an objective examination that the BAO license renewal candidate must pass with a minimum score of 70 percent.

b) A BAO license that has either been revoked or been expired for more than one year cannot be renewed. To become licensed again, the individual must complete

the initial licensure course. Appeals from this decision may be pursued in accordance with Section 1286.20.

c) The Department will designate sites and dates for renewal courses.

d) Renewal courses will be held in locations approved by the Department based upon appropriate lighting, space, heating, and air conditioning conditions.

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

Section 1286.170 Certification of Laboratories and Laboratory Technicians

The Director or his/her designee is authorized to certify laboratories and laboratory technicians subject to the requirements of this Section.

a) Only laboratories that employ technicians who work under the supervision of a pathologist, toxicologist, or other person who has at least five years experience in the specialty of analytical chemistry may be deemed qualified to detect and/or quantitate alcohol and/or other drugs in human biological fluids will be certified by the Department. The Laboratory Director shall be responsible for the accuracy of all laboratory testing performed in the laboratory. The following conditions must be met by laboratories:

1) Prior to initial laboratory certification, and at least biannually thereafter, the Department shall request the demonstration of proficiency in the performance of the tests by the laboratory through the satisfactory examination of specimens by participation in a program of proficiency testing conducted by an agency or agencies approved by the Department.

A) The Laboratory Director will advise the Department of the proficiency testing program in which it is participating.

B) The laboratory will direct the proficiency testing agency to forward a copy of the laboratory's testing results and evaluations to the Department after each testing cycle.

2) A candidate for certification under this Part shall furnish evidence of competent supervision by a person who meets the qualifications set forth in this Section.

b) Upon evidence that a laboratory has complied with this Section, a letter of certification listing those technicians certified to perform appropriate tests shall be issued, and such certification shall be valid for three~~two~~ calendar years. It may be renewed upon submission by the holder of the certification of evidence that the laboratory continues to perform analyses for alcohol concentration and/or other drug content on human biological fluids under the supervision of a person meeting the qualifications set forth in this Section and upon the Department's determination that the laboratory is complying with subsection (a)(1) of this Section.

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

Section 1286.180 Revocation and Denial of Laboratory Certification

The Director or his/her designee may revoke or deny certification of a laboratory or a laboratory technician. Grounds for revocation or denial of ~~laboratory~~ certification can be, but are not limited to:

a) Change in laboratory accreditation status.

b) Failure to comply with Section 1286.170.

c) Anything deemed by the Director or his/her designee not in the best interest of the program.

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

SUBPART C: EQUIPMENT

Section 1286.200 Equipment Approval and Accuracy

The procedures contained in this Subpart are the only procedures for establishing the accuracy of breath testing instruments. A rebuttable presumption exists that an instrument was accurate at the particular time a subject test was performed when the following four conditions are met.

a) The instrument was approved under this Subpart at the time of the subject test.

b) The performance of the instrument was within the accuracy tolerance described in

this Subpart according to the last accuracy check ~~or verification (whichever is later)~~ prior to the subject test.

c) No accuracy check has been performed subsequent to the subject test or the ~~performance of the instrument on the~~ next accuracy check after the subject test was within the accuracy tolerance described in this Subpart.

d) Accuracy checks have been done in a timely manner, meaning not more than 62 days have passed since the last accuracy check prior to the subject test.

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

Section 1286.210 Evidentiary Instrument Approval

Approved evidentiary instruments shall print and display a breath analysis reading. Approved evidentiary instruments can print and display two or three digits to the right of the decimal point. Whether the approved evidentiary instrument prints and displays two or three digits to the right of the decimal point, the breath analysis reading consists of the first two digits to the right of the decimal point.

a) The Department shall only approve evidentiary instruments enumerated in NHTSA's list. The Department approves the following instruments for obtaining breath analysis readings:

1) Intoximeters EC-IR, manufactured by Intoximeters, Inc.

2) RBT IV, in conjunction with a printer, manufactured by Intoximeters, Inc.

3) Intoximeters EC-IR II, manufactured by Intoximeters, Inc.

4) Intoxilyzer 8000, manufactured by CMI, Inc.

5) Intoxilyzer EC-IR II, with serial numbers 10001 and above, manufactured by Intoximeters, Inc.

b) Should an instrument in subsection (a) be removed from NHTSA's list, the instrument will remain an approved evidentiary instrument under this Part for a period of 18 months subsequent to removal or until this Section is amended.

c) The Department may temporarily approve additional evidential instrumentation from NHTSA's list after conducting a program suitability evaluation. The Department shall maintain a list of evidentiary instruments temporarily approved for breath testing in addition to those provided in subsection (a). Evidentiary instruments may be temporarily approved for a maximum period of 18 months. The list of temporarily approved evidentiary instruments, if any, shall be available to the public upon request to the Alcohol and Substance Testing Section.

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

Section 1286.220 Checking Approved Evidentiary Instruments for Accuracy

The accuracy of all approved evidentiary instruments used to obtain a breath analysis reading from a subject shall be checked by a BAT.

a) Accuracy checks are required:

1) Prior to being placed in operation;

2) After a breakdown has been repaired; and/or

3) When an approved evidentiary instrument fails to quantitate the two required accuracy check tests within ten percent of the reference sample's value~~plus or minus 0.01 BrAC~~.

b) Approved evidentiary instruments must quantitate the reference sample within ten percent of the reference sample's value~~plus or minus 0.01 BrAC~~ to be certified accurate. Accuracy beyond the second digit to the right of the decimal point is not required.

c) Approved evidentiary instruments shall be adjusted by a BAT when necessary to cause the instruments to quantitate the reference sample within ten percent of the reference sample's value~~plus or minus 0.01 BrAC~~.

d) The accuracy check results shall be recorded in the instrument's logbook or internal memory, or in the central repository. The automatic accuracy checks or accuracy checks performed remotely will not be entered in the instrument logbook. If the accuracy check was performed by a BAT at the instrument location, the accuracy check results shall be recorded in the instrument's logbook.

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

Section 1286.230 Checking Approved Evidentiary Instruments for Continued Accuracy

To ensure the continued accuracy of approved evidentiary instruments, a BAT or automated system shall perform accuracy checks.

a) Checks shall be performed at least once every 62 days.

b) Checks shall consist of at least two tests of the instrument in which the instrument quantitates a reference sample.

c) Approved evidentiary instruments must quantitate a reference sample within ten percent~~plus or minus 0.01 BrAC~~ of the reference sample's value. Accuracy beyond the second digit to the right of the decimal point is not required.

d) The accuracy check results shall be recorded in the instrument's logbook or internal memory, or in the central repository. The automatic accuracy checks or accuracy checks performed remotely will not be entered in the logbook. If the accuracy check was performed by a BAT at the instrument location, the accuracy check results shall be recorded in the instrument's logbook.

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

Section 1286.240 PBT Approval

PBTs shall display a breath analysis reading. PBTs can display two or three digits to the right of the decimal point. Whether the PBT displays two or three digits to the right of the decimal point, the breath analysis reading consists of the first two digits to the right of the decimal point.

a) The Department shall only approve PBTs enumerated in NHTSA's list. The Department approves the following PBTs for obtaining breath analysis readings:

1) S-D2, manufactured by CMI, Inc.

2) Alcosensor III, manufactured by Intoximeters, Inc.

3) Alcosensor III (Enhanced with serial numbers above 1,200,000),

manufactured by Intoximeters, Inc.

4) Alcosensor IV, manufactured by Intoximeters, Inc.

5) S-D5, manufactured by CMI, Inc.

6) Alcosensor FST, manufactured by Intoximeters, Inc.

b) The Department may temporarily approve additional PBTs from NHTSA's list after conducting a program suitability evaluation. The Department shall maintain a list of PBTs temporarily approved for screening instrument testing in addition to those provided in subsection (a). PBTs may be temporarily approved for a maximum period of 18 months. The list of temporarily approved PBTs, if any, shall be available to the public upon request to the Alcohol and Substance Testing Section.

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

Section 1286.250 Checking Approved PBTs for Accuracy

PBTs shall be checked for accuracy by a BAT or an individual specially trained to perform PBT accuracy checks at least once every 93 days. To be accurate, the PBT must quantitate a reference sample within ten percent~~plus or minus 0.01 BrAC~~ of the reference sample's value. Accuracy beyond the second digit to the right of the decimal point is not required.

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

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: State Universities Civil Service System

2) Code Citation: 80 Ill. Adm. Code 250

3)

Section Numbers:	Proposed Action:
250.5	Amend
250.60	Amend
250.70	Amend
250.90	Amend
250.110	Amend
250.120	Amend

4) Statutory Authority: 110 ILCS 70

5) A Complete Description of the Subjects and Issues Involved: The proposed revisions to Section 250.60 will reduce the time it takes to refer, interview, and employ applicants to open positions. It also intends to provide some additional flexibility in locally managing applicant registers and pools. The proposed revisions to Section 250.70 combine the previous trainee and learner appointments into trainee appointments. The proposed revisions to Section 250.110 addresses two topics: 1) creating a termination and reemployment option in instances where disability benefits have been terminated and the employee still is not able to return to work, and 2) creating an alternative reinstatement with 60-day suspension order for Merit Board members in discharge cases. Sections 250.5, 250.90, and 250.120 proposed amendments are simply reference or naming changes.

6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None

7) Will this rulemaking replace any emergency rulemaking currently in effect? No

8) Does this rulemaking contain an automatic repeal date? No

9) Does this rulemaking contain incorporations by reference? No

10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objective: These proposed amendments will not create or enlarge a State mandate.

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF PROPOSED AMENDMENTS

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit written comments on these proposed amendments within 45 days after the date of publication to:

Mary C. Follmer
Assistant Legal Counsel
State Universities Civil Service System
1717 Philo Road, Suite 24
Urbana, IL 61802

217/278-3150, ext. 226

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 two most recent regulatory agendas because: The agency did not anticipate this rulemaking when the recent regulatory agenda was published.

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

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF PROPOSED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE A: MERIT EMPLOYMENT SYSTEMS
CHAPTER VI: STATE UNIVERSITIES CIVIL SERVICE SYSTEM

PART 250
STATE UNIVERSITIES CIVIL SERVICE SYSTEM

Section

250.5 Definitions
250.10 Purpose, Adoption, and Amendment of Rules
250.20 The State Universities Civil Service System and its Divisions
250.30 The Classification Plan
250.40 Military Service Preference, Veterans Preference
250.50 Examinations
250.60 Eligible Registers
250.70 Nonstatus Appointments
250.80 Status Appointments
250.90 Probationary Period
250.100 Reassignments and Transfers
250.110 Separations and Demotions
250.120 Seniority
250.130 Review Procedures
250.140 Delegation of Authority and Responsibilities
250.150 Training
250.160 Suspension of Rules

AUTHORITY: Implementing and authorized by the State Universities Civil Service Act [110 ILCS 70].

SOURCE: Rules: State Universities Civil Service System, approved January 16, 1952, effective January 1, 1952; amended at 3 Ill. Reg. 13, p. 68, effective April 1, 1979; amended at 4 Ill. Reg. 10, p. 262, effective February 25, 1980; amended at 6 Ill. Reg. 2620, effective February 22, 1982; amended at 6 Ill. Reg. 7236, effective June 3, 1982; amended at 8 Ill. Reg. 4948 and 4950, effective March 29, 1984; codified at 8 Ill. Reg. 12936; amended at 8 Ill. Reg. 24732, effective December 6, 1984; amended at 9 Ill. Reg. 17422, effective October 23, 1985; amended at 11 Ill. Reg. 8942, effective May 8, 1987; amended at 12 Ill. Reg. 3457, effective February 1, 1988; amended at 12 Ill. Reg. 17079, effective October 7, 1988; amended at 13 Ill. Reg. 7324, effective May 1, 1989; amended at 13 Ill. Reg. 19427, effective February 6, 1990; amended at 18 Ill. Reg. 1901, effective January 21, 1994; amended at 20 Ill. Reg. 4440, effective February 29, 1996;

amended at 30 Ill. Reg. 17384, effective October 23, 2006; amended at 31 Ill. Reg. 15848, effective November 13, 2007; amended at 32 Ill. Reg. 17268, effective October 16, 2008; amended at 33 Ill. Reg. _____, effective _____.

Section 250.5 Definitions

"Act": the State Universities Civil Service Act [110 ILCS 70].

"Allocation": assignment of a position to a class.

"Applicant": a person requesting permission to take an examination.

"Candidate": a person on a register, as qualified by examination, seniority, or service.

"Certification": the act of certifying.

"Certified": referred from a register, in accordance with the Act~~Statute~~, as a candidate for consideration for employment.

"Certify": to refer from a register, in accordance with the Act~~Statute~~, the name of a candidate who shall be considered for employment.

"Class": a group of positions that~~which~~ are so similar in duties, responsibilities, and job worth, and require such similar education and experience, that each position in the group has been given the same job title and is filled by the same tests of ability.

"Classification": assignment of a position to a class.

"Demotion": is defined in Section 250.110(g)~~(f)~~(1) (Note for clarification: If a status employee, on his/her own initiative, requests a reassignment or a transfer to another position in his/her class or applies for, and takes, an examination and thereafter permits his/her name to be certified to a position in a class other than the one in which he/she is currently employed, and, in either case, accepts an appointment that~~which~~ results in a reduction in pay or pay potential, the~~such a~~ reduction shall not be considered a demotion.)

"Employee": a person legally employed to perform the work of a position.

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF PROPOSED AMENDMENTS

"Employer": the governing Board of an institution or agency specified in Section 36e of the Act~~Statute~~; and, for purposes of administration pursuant to this Part, any institution or agency specified in Section 36e of the Act~~Statute~~.

"Executive Director": the Executive Director of the State Universities Civil Service System.

"Lesser Unit": a seniority unit within a class, within an institution or agency as specified in Section 36e of the Act~~Statute~~, as determined by the Merit Board, provided two-thirds of the status employees within the class have agreed to the creation of the~~such~~ lesser unit.

"Merit Board" or "University Civil Service Merit Board": the governing body of the University System as defined in Section 36c of the Act. The 11 members of the Merit Board represent the public universities of the State of Illinois and are appointed by their respective University governing boards. The powers and duties of the Merit Board are defined in Section 36d of the Act.

"Nonstatus Appointment": appointment of a certified candidate to a position that~~which~~ has been classified and approved by the Executive Director~~*~~ as other than a status appointment~~ as herein defined~~.

"Place of Employment": an institution or agency as specified in Section 36e of the Act~~Statute~~, or a unit of the institution or agency~~thereof~~, as determined by the Merit Board, the designation of which has been for the purposes of maintenance of registers, ~~of~~ computation of seniority, ~~of~~ establishment of pay rates or ranges, and ~~of~~ effecting transfers by an employer.

"Position": a group of duties and responsibilities, assigned or delegated by competent authority, requiring the full-time service of one person, or the part-time service of one or more persons.

"Reallocation": reassignment of an existing position to a class that~~which~~ is a part of a different promotional line, or to a class that~~which~~ is not a part of any promotional line.

"Reassignment": moving of an employee by an employer from one position to another in the same class within a place of employment, subject to limitations

imposed by lesser units.

"Reclassification": reassignment of an existing position within a promotional line.

"Register": a list of one or more names of candidates, listed in accordance with the Act~~Statute~~ and this Part.

"Resignation": an act by which an employee voluntarily separates himself/herself from his/her employment.

"Rewrite Examination": an examination for a class that~~which~~ is taken by an applicant subsequent to failing a previous examination for the same class, or that~~which~~ is taken by an applicant subsequent to passing a previous examination for the same class in an attempt to improve his/her examination score.

"Seniority": after completion of the probationary period, a term used to describe time worked in a class or in classes within the same promotional line, computed in accordance with the provisions of the Act~~Statute~~ and this Part.

"Service": a term used to describe time worked in a class under a status appointment by an employee who is serving, but who has not completed, a probationary period in that class.

"Status Appointment": appointment of a certified candidate to a position that~~which~~ has been classified and approved by the Executive Director as a continuing position under the position control record plan of the University System.

"Status Employee": an employee who has successfully completed a probationary period in a class.

"Status Position": a position that~~which~~ has been classified and approved by the Executive Director under the position control record system.

"Termination": discontinuance of services of an employee having a nonstatus appointment; discontinuance of services of an employee in one place of employment~~,~~ who has transferred within the System to another place of employment; failure of a provisional employee to meet certification requirements; and/or death, retirement, or inability of an employee to return from a leave of

absence in accordance with Section 250.110(c)~~(b)(5)~~.

"Transfer": moving of an employee from one position to another in the same class between constituent places of employment.

"University System": the State Universities Civil Service System.

~~AGENCY NOTE: *Director, as used in this Part, refers to the Director of the System.~~

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

Section 250.60 Eligible Registers

a) Establishment of Registers~~.~~

1) The employer shall establish three kinds of registers in each place of employment in accordance with this Part: reemployment, promotional, and original entry.

2) The employer shall file with the office of the Executive Director a list on a quarterly basis containing name, class, date of examination, examination number and score of all candidates, and these records shall constitute the master record of examinations taken by the applicants of the System for that employer.

b) Composition of Registers~~.~~

1) Reemployment registers shall contain names of status employees who have been laid off through reduction in force~~,~~ or who, because of reallocation or reclassification of positions~~,~~ or other causes not prejudicial to the service, have failed to gain eligibility in the new class or who have chosen not to qualify in the new class. The~~Such~~ registers shall have the appropriate names listed according to class and in the order of seniority as earned up to the date of eligibility for a position on the reemployment register.

2) Each lesser unit shall have its own reemployment register.

3) Promotional registers shall be by class and shall contain names in the following categories and order:

A) Listed in order of total service in the class:

i) names of employees with status appointments, after having been certified from the promotional register, who have been laid off during the probationary period through reduction in force, with credit for total service as of date of layoff; or

ii) names of employees with status appointments, after having been certified from the promotional register and who, during the probationary period, have failed to gain eligibility following reallocation or reclassification of positions, with credit for total service as of date of ineligibility; or

iii) names of current employees reinstated by total service in accordance with subsection (j)~~Section 250.60 (k)~~(4).

B) Listed in order of promotional examination scores: names of successful candidates in accordance with Section 250.50(b).

4) Original entry registers shall be by class and shall contain names in the following categories and order:

A) Listed in order of total service to the employer: names of employees who have been, or who may be, separated from status appointments, after completion of at least six months of service to the employer, resulting from a permanent abolishment of a functional service, provided that not later than 90 days after the abolishment of the service, they have qualified for, and have received a passing score on, an original entry examination for the class; or

B) Listed in order of total service in the class:

i) names of employees with status appointments, after having

been certified from the original entry register, who have been laid off during the probationary period through reduction in force, with credit for total service as of date of layoff; or

ii) names of employees with status appointments, after having been certified from the original entry register and who, during the probationary period, have failed to gain eligibility following reallocation or reclassification of positions, with credit for total service as of date of ineligibility; or

iii) names of current employees reinstated by total service in accordance with subsection (j)~~Section 250.60(k)~~(4).

C) Listed in order of total service in the class:

i) names of former employees restored by total service in accordance with subsection (j)~~Section 250.60(k)~~(5)~~ and Section 250.60(k)(6)~~; or

ii) names of employees seeking transfer, listed according to total service as of date of request for transfer.

D) Listed in order of original entry examination scores: names of successful candidates in accordance with Section 250.50(b) and employees seeking transfer in accordance with Section 250.100(c)(3).

c) Precedence of Registers. For appointment purposes, registers shall have precedence in the following order: reemployment, promotional, and original entry.

d) Certification from Registers~~.~~

1) Reemployment in positions shall be made in accordance with the register, with highest seniority taking precedence. From a reemployment register, the employer shall certify only one name for appointment.

2) From the promotional register or original entry register~~registers~~, the employer shall certify the three names standing highest on the register~~register(s)~~ at the time the vacancy is declared, or as otherwise provided under subsection ~~Section 250.60~~(d)(3).

3) When ties in scores exist on an original entry register or promotional register for a class, all candidates with a tie score, and hence of the same relative excellence, shall be equally eligible to be considered as one of the available candidates certified from the register. No person on the register shall be eligible or available for certification as one of the three persons standing highest on the register if three or more persons are eligible at a higher score level as a result of tie scores. The employer shall conduct a personal interview with, and shall consider, all candidates certified from the register in this manner prior to making its~~his~~ recommendation for selection, except that a single selecting official for the employer shall not be required to interview more than once the same candidate, as currently certified from the register, for a position of the same class.

4) If a total of three names is not available from the promotional register and/or original entry register~~registers~~, the employer shall certify those listed, and in addition may refer enough other candidates so that the employing officer has the choice of three candidates for the position. Such additional candidates as are necessary to provide the employing officer with a choice of three must be qualified for the class of the position to which referred and may be employed in accordance with Section 250.70(b)(1) and Section 250.90(b)(6).

5) A promotional register and/or an original entry register becomes closed for the purpose of certification of the names of candidates to a particular vacant position at a time established by the employer. Once this time has been established, it must become a matter of record, and it cannot be changed unless, when this time is reached, the employer is unable to provide to the selecting official three candidates from the promotional register and/or original entry register~~registers~~, and the selecting official wishes to interview three candidates prior to filling a position, whereupon a new date must be established in accordance with the aforementioned procedure. The selecting official shall interview from the~~such~~ registers, for any one vacancy, in accordance with the provisions of subsection ~~Section 250.60~~(d)(3).

6) Candidates on an eligible register may be referred concurrently to more than one vacancy in the appropriate class, if, in the judgment of the employer, the~~such~~ procedure is needed to speed up employment transactions. Total referrals to a vacant position are to be limited to three available candidates, or in accordance with the provisions of subsection ~~Section 250.60~~(d)(3).

7) The name of a candidate on a register, who at the time of induction into military service is an employee of an employer under the University System, shall be placed in suspension until the termination of military~~such~~ service, at which time his/her name shall be reactivated on the appropriate register~~register(s)~~ in the order of his/her score~~score(s)~~ on the original examination~~examination(s)~~, providing the register~~register(s)~~ of the class has not been voided during the period of his/her military leave.

8) In making a selection from among the three names certified from standing highest on the register, and in accordance with the provisions of subsection ~~Section 250.60~~(d)(3), the employer shall not discriminate because of race, color, religious or political affiliation, or because of age or sex, when the reasonable demands of the position do not require such a distinction.

9) The Executive Director may authorize specialized position certification for eligible register candidates who possess special and identified qualifications that~~which~~ previously have been established as job-related requirements for a specific position, as well as being fully qualified for the class. Certification from a register shall be made from the top three scoring~~scores of~~ candidates who possess the established specialized requirements.

e) Acceptance of Candidates. The employer shall record the appointment of the candidate selected, and shall return the names passed over to the appropriate eligible register for future certification.

f) Registers by Places of Employment~~.~~

1) Applicants applying for examinations will be asked to specify places of employment at which they will accept employment, except as provided for

in subsection ~~Section 250.60~~(f)(4), and a statement of that~~such~~ place of employment preference shall constitute a refusal by the candidate of employment at other places of employment. The~~Such~~ statement of limited availability shall not constitute a refusal to accept an offer of employment as defined in subsection (g)(5)~~Section 250.60(h)(3)~~, or employment in the place or places of employment in which the candidate declares himself/herself available for employment. A candidate may amend his/her statements of availability at any time while his/her name is on a register.

2) Following examination, a candidate may request the transfer of an active passing original entry examination score to a place of employment other than the one at which he/she originally wrote the~~his~~ examination.

3) Following examination, a candidate may request the transfer of an active passing promotional examination score to any place of employment within his/her employing institution or agency.

4) In an institution with multi-campus operations, in which a central administrative unit has been established by the Merit Board as a separate place of employment, promotional registers and original entry registers for that place of employment shall be an amalgamation of all promotional registers and original entry registers, respectively, of all places of employment established for that institution.

~~g) Duration of Names on Registers.~~

~~1) Names on original entry registers may be removed when such names have remained on such registers for two consecutive years following date of most recent examination, or following date of restoral on the basis of service or seniority in accordance with Section 250.60(k)(3), (4), (5) or (6), unless a candidate is eligible for referral to a vacancy declared prior to the optional date of removal. A candidate shall be notified in writing of this optional two-year limitation prior to removal.~~

~~2) A candidate under provisions of this Section will be granted a 30-day period of time from the date of notification during which the candidate may make a request in writing to the Designated Employer Representative to remain on the active register.~~

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g)~~h)~~ Mandatory Removal of Names from Registers. The employer shall remove the names of candidates from the reemployment registers, original entry registers and promotional registers for the reasons set forth in subsections (g)~~(h)~~(1) through (9). ~~(6), inclusive, of this Section; and from promotional registers for the reasons set forth in subsections (h)(1) through (7), inclusive, of this Section. Names of candidates shall be removed from reemployment registers for the reasons set forth in subsections (h) (1), (3), (4), (5), (6), and (7) of this Section.~~ The reasons are:

1) Certification from the register to a status position in a specific class and acceptance of a status appointment in that position and class.

2) Death of the candidate. ~~From promotional register(s) at the termination of the leave of absence from a position in his former class when a candidate accepts a position in a class outside the promotional line of the applicable register(s).~~

~~3) Refusal, without reasonable cause, to accept three offers of status appointment by an employer.~~

3)~~4)~~ Receipt of proof or determination by the Merit Board that the candidate lacks any of the required qualifications, or is subject to rejection for any cause specified in Section 250.50(c).

4)~~5)~~ Receipt by an employer of a written request from the candidate to remove his/her name from a register.

~~6) Death.~~

5) Refusal, without reasonable cause, to accept three offers of status appointment by the candidate.

6)~~7)~~ Resignation of the candidate from a status position.

7) Attempt by a candidate to practice any deception or fraud in connection with an examination or application for employment.

8) When a change in class or testing standards or another classification plan change requires removal. In this instance, specific guidelines for the removal of names from registers shall be provided by the University

System.

9) From promotional registers at the termination of the leave of absence from a position in his/her former class when a candidate accepts a position in a class outside the promotional line of the applicable registers.

h)~~i)~~ Permissive Removal of Names from Registers. The employer may remove the names of candidates from ~~promotional and/or~~ original entry registers ~~for the reasons set forth in subsections (1) through (7), inclusive, of this~~ and from promotional registers for the reasons set forth in this subsection (h). Names of candidates may be removed from reemployment registers for the reasons set forth in subsections (h)(1) through (7).~~Section.~~ The reasons include, but are not limited to, the following~~are~~:

1) Failure of a candidate to report for work without good cause within the time prescribed by the employer, after accepting a status or a temporary appointment.

2) Leaving the service of any employer served by the University System by an employee with a status appointment.

3) Failure to reply to the employer within seven calendar days immediately following an offer of a status or a temporary appointment by an employer.

4) Notice by postal authorities of their inability to locate the candidate at his/her last known address, or verbal notice from the owner or occupant of the premises that the candidate is no longer at his/her last known address and that no forwarding address has been provided.

5) Failure of a candidate, upon request, to furnish written evidence of availability for employment. ~~Three failures, without reasonable cause, to appear for an interview in response to three separate notices of vacancy of status positions issued by the employer.~~

6) Failure, without reasonable cause, to reply to the employer or appear for an interview within a reasonable time prescribed by the employer, after a notice of a vacancy in a status or temporary position, or after a letter of interest is mailed to the candidate's last known address.

7) Upon the candidate's acceptance of a promotion.

8) Failure of a candidate to be selected for employment after four referrals for a status appointment in the same class.

9)~~7)~~ When candidates'~~such~~ names have remained on original entry registers for two consecutive years following date of most recent examination, or following date of original entry restoral on the basis of service or seniority in accordance with subsection (j)~~Section 250.60(k)~~(3), (4), or (5)~~, or (6)~~.

i)~~j)~~ Notification of Candidates of Removal of Names from Registers. Candidates whose names are removed from reemployment registers, promotional registers, and/or original entry registers in accordance with subsections (g) and (h) shall be notified in writing by the employer and provided the reason for the removal~~on the basis of Sections 250.50(c), 250.60(h)(2), (3), and (4), and of Section 250.60(i)(1),(2),(3),(5),(6), and (7) shall be notified in writing by the employer of such removal~~.

j)~~k)~~ Restoration of Names to Registers. The employer may return to an appropriate register:

1) Within one year after the~~of~~ date of removal, any name removed from a register for the reasons set forth in subsections (g)(3) or ~~Section 250.60(h)~~(4), ~~(5),~~ or in subsection (h)~~Section 250.60(i)(1),(2),(3),(4),(5),(6), or (7)~~.

2) Any name to a reemployment register as provided for in Section 250.110(b)(3)(G)(i)~~(2)~~.

3) Any name of an employee to an original entry register~~,~~ or to a promotional register~~,~~ who has qualified by examination and who has been laid off during his/her probationary period, in the order of length of service in the class determined in accordance with Section 250.90(b)(4) and (5).

4) The name of a current employee who has been previously employed in a class for which restoral is being requested by service and/or seniority in that former class.

~~5) The name of a former status employee, who resigned because of~~

~~pregnancy, upon her request, to an original entry register within six months following date of resignation and within three months following termination of the pregnancy. Upon approval of the employer, the name of the former employee shall be restored to the original entry register in accordance with total seniority earned as of date of resignation determined in accordance with Sections 250.90(b)(5) and 250.120(e), and subject to eligibility so established, may be reinstated thereafter to the same or similar position, or, if agreeable to the former employee, to a lower position in the promotional line. An employee so reinstated to the same or similar position, or to a lower position in the promotional line, shall have her seniority, earned in the class prior to her date of resignation, restored to her. An employee so reinstated must be physically and mentally capable of filling the position to which she is being reinstated, and may be required to pass physical or other tests to determine current fitness. An employee who did not complete her probationary period shall not be eligible to have her name restored under this Section.~~

5)~~6)~~ The name of a former status employee who resigned or otherwise has been separated from employment in good standing and who, within one year after~~six months of such~~ resignation or ~~such~~ separation from employment, requests restoration~~restoral~~ to a register~~,~~ shall, upon approval of the employer, be restored on the original entry register in accordance with seniority earned as of the date of resignation or ~~of such~~ separation as~~from employment~~ determined in accordance with Sections 250.90(b)(5) and 250.120(e). The former employee may be required to pass physical or other tests to determine fitness at the time of restoral. Seniority earned prior to resignation shall be restored.

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

Section 250.70 Nonstatus Appointments

a) Temporary Appointments~~.~~

1) Temporary appointments are made to any positions ~~which~~ the employer certifies to be emergent, temporary, or transitory. Temporary~~Such~~ appointments shall be for not more than three months. With approval of the Executive Director, they may be renewed in accordance with need up to a maximum of six months less one day.

2) An employer shall fill a temporary position by calling candidates in the same manner as for status appointments, and in accordance with Section 250.60(d). Refusal to accept, or acceptance of, a temporary appointment by a candidate shall in no way affect the candidate's position on the register, regardless of number of refusals or acceptances.

3) A candidate may request that he/she not be called for temporary positions.

b) Provisional Appointments~~.~~

1) In the absence of a register, an employer may make a provisional appointment, in accordance with Section 36n of the Act~~"AN ACT to create the State Universities Civil Service System" (Ill. Rev. Stat. 1987, ch. 24 1/2, par.~~, providing the person so appointed possesses the qualifications for the position ~~as~~ stated in the appropriate class specification. In order to establish eligibility for a status appointment, the provisional appointee must file application for, and pass, the examination for the appropriate class.

2) A provisional employee~~,~~ who has not qualified by examination~~,~~ may continue to be employed, providing no candidate is available for appointment from the appropriate register.

c) Apprentice Appointments~~.~~

1) An apprentice is a nonstatus employee who is employed in an occupation defined as an "apprenticeable occupation"~~*~~ by the United States Department of Labor, Bureau of Apprenticeship and Training, ~~United States Department of Labor,~~ in accordance with registered apprenticeship standards. These standards shall include, but are not necessarily limited to, criteria for screening and selection of apprentices, term of apprenticeship, requirements of related instruction, a schedule of work processes, a progressively increasing schedule of wages, periodic evaluations of the apprentice's progress, recognition for successful completion of the apprenticeship, and other requirements as established by the Joint Apprenticeship Committee governing the program in which the apprentice is enrolled and employed. The standards must meet basic requirements and be registered with the USDOL Bureau of Apprenticeship

and Training~~, United States Department of Labor~~.

AGENCY NOTE: An apprenticeable occupation is a trade or craft that~~which~~ is recognized as apprenticeable by the USDOL~~United States Department of Labor,~~ Bureau of Apprenticeship and Training, ~~which~~ is customarily learned through work experience that~~which~~ requires 4,000 or more hours of work to learn, ~~which~~ requires related instruction or study to supplement the work experience, ~~which~~ is clearly identified and commonly recognized throughout the industry, ~~and which~~ involves the development of skill and knowledge sufficiently broad to be applicable in like occupations throughout an industry, and meets the standards of the area.

2) A program~~,~~ meeting the basic fundamentals for registration~~,~~ will be developed by a joint apprenticeship committee composed of employer, employee representatives, and~~together with~~ a representative from the USDOL Bureau of Apprenticeship and Training~~., for submission~~ The program shall be submitted to, and approved~~approval~~ by, the Executive Director~~ of the State Universities Civil Service System (System)~~. Following the Executive Director's approval, the program will be submitted for approval and registration to the USDOL Bureau of Apprenticeship and Training~~, United States Department of Labor~~. However, no apprentice program will be developed for a job classification for which there is an existing registered area program.

3) Apprentices who are individually registered in the program registered with the USDOL Bureau of Apprenticeship and Training~~, United States Department of Labor~~, may be employed without University Civil Service examination.

4) An apprentice who satisfactorily completes apprenticeship in accordance with the prescribed apprenticeship standards of the program in which registered~~,~~ will have attained the status of journeyman. The incumbent will not be subject to University Civil Service examination and no right to continuation in employment is earned by the satisfactory completion of the~~such~~ apprenticeship. If employment is continued at the journeyman level~~,~~ after satisfactory completion of an apprenticeship, seniority in the promotional line shall be counted from the date that the employee acquires journeyman status.

d) Trainee Appointments~~.~~

1) With the approval of the Executive Director, an employer may appoint a trainee~~An appointment, with Trainee status, may be made by an employer, with approval of the Director,~~ to any position~~ in which the employer indicates acceptability of a Trainee~~, provided all of the following criteria have been met:

A) ~~there are~~ no qualified candidates are available from a reemployment register or promotional register for the class;

~~B)~~ ~~that the applicant lacks one or more of the minimum qualifications for the class;~~

B~~C~~) ~~that~~ a predetermined and scheduled program of development, training or experience has been established and~~, as~~ approved ~~by the Director, is established~~ for the candidate;

C~~D~~) a compensation program has been developed that provides for progressively increasing salary levels payable upon completion of defined phases of training; and~~that whenever the scheduled program has been completed, the applicant must apply for the original entry examination for the class and must pass such examination in order to remain in the position; and~~

D~~E~~) the employer can verify that one of the following factors exists:~~that at no time during the Trainee status period may the Trainee receive a salary which is more than 95% of the minimum of the range or of the minimum rate for the class.~~

i) the candidate lacks one or more of the minimum qualifications for the class;

ii) recruitment efforts have failed to attract qualified candidates;

iii) operating needs warrant ongoing training programs to supplement staffing recruitment efforts;

iv) there is a recognized need for specialized training programs in technical or professional fields.

2) If, in the opinion of the employer, the trainee completes the prescribed training program in accordance with the standards established by that program, he/she shall be certified to a position of the class for which he/she completed his/her training program.

3)~~2)~~ Following successful completion of a training program and probationary period, seniority~~Seniority~~ in the promotional line, or in the class, shall be counted from the date that the employee satisfactorily completes the training program~~ and qualifies for, and passes, the examination required for the class if employment is continued~~.

4) An employer may have one trainee appointment in a class; however, not more than 10% of the total positions in the class having 10 or more positions may be filled by trainee appointments on any day of operation.

~~e) Learner Appointments.~~

~~1) An appointment, with Learner status, may be made by an employer, with approval of the Director, to a position of an entry class, except a recognized trade or craft class, in which the employer indicates acceptability of a Learner, provided~~

~~A) there are no qualified candidates available from a reemployment register for the class;~~

~~B) that a predetermined and scheduled program of training, not in excess of twelve months and as approved by the Director, is established for the Learner;~~

~~C) that the Learner is accepted on the basis of a pre-employment examination provided by the System; and~~

~~D) that at no time during the Learner status period may the Learner receive a salary which is more than 95% of the minimum of the range or of the minimum rate for the class.~~

~~2) If, in the opinion of the employer, the Learner completes the prescribed training program, in accordance with examination standards established by that program, he shall be certified to a position of the class for which he completed his learning program.~~

~~3) When employment is continued on a certified basis following completion of the learning program, with or without interruption of employment by the employer, seniority in the class, following completion of a probationary period in the class, shall be counted from the date of completion of the training program and certification to the position.~~

~~4) An employer may have one Learner appointment in a class, but not more than ten percent of the total positions in a class having ten or more positions, may be filled by Learner appointments on any day of operation.~~

e~~f~~) Student Appointments~~.~~

1) Each employer shall determine which positions shall be designated as student positions, and when so designated, they shall be filled according to this Part and such other regulations as are established by the employer pursuant to this Part, subject to the approval of the Executive Director.

2) A student employee shall not displace a certified Civil Service employee.

3) A student, for purposes of this Part, shall be one who is registered for course work at an institution served by the University System for at least one-half of the normal workload of a regularly enrolled full-time student, as such workload is determined by the employer. Lacking such enrollment during a summer session, or summer quarter, an applicant may be considered a student for the purposes of this Part if he/she was enrolled as a student during the quarter or semester immediately preceding the summer session, or if he/she indicates an~~his~~ intention to be so registered during the quarter or semester immediately following the~~such~~ summer employment. In any case, the possession of a properly authenticated student identification card shall be deemed as providing satisfactory evidence of student status. The Executive Director may approve exceptions to this subsection (e)(3)~~Section~~ when sufficient cause is evidenced; such as, but not limited to, graduating seniors, financial

hardship cases, personal or physical problems, etc.

4) A uniform classification plan for student employees, which shall provide groups of positions sufficiently similar in duties, responsibilities and qualifications~~,~~ as to be given the same class title and to be of a similar level of job worth, shall be established by each employer, subject to the approval of the Executive Director.

5) Each employer shall establish a wage rate or range for each position grouping, taking into account job requirements, rates paid locally for similar work, including rates paid to Civil Service employees, consistency within the student aid program of the employer, and availability of funds. No student employee shall be paid below the minimum rate, or above the maximum rate, as established for the position grouping in which he/she is employed, unless approved by the Director. No maximum rate for student employment shall exceed the maximum rate established for comparable Civil Service classes on the same campus.

6) The employer may give applicants for student employment a screening examination, without Civil Service status, if the~~such an~~ examination is deemed necessary for the selection of employees.

7) No seniority as a Civil Service employee is earned through employment in a position designated as student.

8) A student employee is not eligible for paid vacation, paid holidays, or disability leave, as established by the Benefits Policy approved by the Merit Board and by the governing Boards of the institutions served by the University System.

9) A position designated as student may be terminated at any time at the discretion of the employer.

10) Each employer may make such regulations and policies governing student employment on its respective campuses~~campus(es)~~ as it deems desirable, subject to the Act~~Statute~~ and this Part governing the University~~State Universities Civil Service~~ System.

f)~~g)~~ Extra Help Appointments~~.~~

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1) An Extra Help appointment may be made~~,~~ by an employer to any position for work ~~which~~ the employer attests to be casual or emergent in nature~~,~~ and that~~which~~ meets the following conditions:

A) the amount of time for which the services are needed is not usually predictable;

B) payment for work performed is usually made on an hourly basis; and

C) the work cannot readily be assigned, either on a straight-time or on an overtime basis, to a status employee.

2) Qualification determination shall consist of a review of the employee's application and a verbal interview. Qualifications will be determined to be~~:~~ Acceptable or Not Acceptable. When~~Where~~ skills are required for clerical/secretarial positions, an examination to demonstrate acceptable skills will be administered. The applicant will be required to pass the examination at a standard established by the employer. A listing of those applicants who have been determined to be Acceptable shall be maintained by the employer.

3) An employer shall fill an Extra Help position by referring persons to the employing unit from the Extra Help list of Acceptable candidates.

4) Acceptance or refusal to accept an Extra Help appointment by a candidate shall in no way affect the candidate's position on any Extra Help list, or on any other register maintained by the employer.

5) Classifications will be established in broad categories, such as administrative, professional, technical, clerical, trades, and service.

6) An Extra Help position may be utilized for a maximum of 900 hours of actual work in any consecutive 12 calendar months. The employer shall review the status of the position at least every three calendar months. If at any time it is found that the position has become an appointment that~~which~~ is other than Extra Help, the employer shall terminate the Extra Help appointment. If an Extra Help position has accrued 900 consecutive

hours, the position shall not be reestablished until six ~~(6)~~ months ~~time~~ have elapsed from the date of the termination of the position.

7) Upon working 900 hours, an Extra Help employee cannot resume employment in any Extra Help appointment at a place of employment until ~~thirty (~~30~~)~~ calendar days have elapsed.

8) The employer shall quarterly review its use of Extra Help appointments to ensure compliance with this Section~~these rules~~.

9) Compensation of Extra Help employees shall be within the limits established for comparable service in status employment.

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

Section 250.90 Probationary Period

a) Purpose of Probationary Period. The probationary period is an integral part of the examination process, and shall be utilized by the employer for close observation and evaluation of the employee's work, for obtaining the most effective adjustment of a new employee to his/her position, and to determine whether an employee demonstrates the ability and qualifications necessary to furnish satisfactory service. Periodically, throughout the probationary period, the employer should discuss with the employee his/her progress on the job. An employee who is dismissed during a probationary period shall be given the reasons for his/her dismissal, with the understanding that the reason is not reviewable.

b) Duration of Probationary Period~~.~~

1) Candidates employed from the reemployment register shall not be required to serve a new probationary period.

2) An employee who has accepted a status appointment shall be on probation for no less than six months~~,~~ and no longer than 12~~twelve~~ months. If the probationary period is interrupted by a paid or unpaid leave of absence that exceeds more than five consecutive work days, a layoff, or a suspension, a comparable amount of time shall be added to the probationary period. The probationary period shall begin on the date of

assignment to duty and shall expire at the close of business on the last working day that~~which~~ completes the probationary period for the class, regardless of percentage of time of employment during the probationary period. If the~~such~~ employee is not dismissed during the probationary period, the~~such~~ employee shall become a status employee at its conclusion.

3) An employee reinstated to a register in accordance with Section 250.60(j)~~(k)~~(4)~~,~~ who is subsequently appointed to a position of his/her former class shall complete his/her probationary period in the former class, if he/she has not already done so.

4) An employee who goes on layoff status during the probationary period~~,~~ may, upon written request of the employer, be reinstated by the Executive Director on either the original entry register or promotional register, as appropriate, ~~and~~ in accordance with total service earned as of the date of the layoff~~,~~ and ~~subject to eligibility so established,~~ may be appointed thereafter to the same or similar position. The reinstated~~Such~~ employee~~, so reinstated to the same or similar position,~~ shall complete the probationary period for the class in which eligibility has been established, although his/her~~such~~ service may be interrupted by one or more layoffs.

5) Service in a higher class shall count toward completion of the probationary period in a lower class in the same promotional line. Service in a lower class shall not be counted toward completion of probationary period in a higher class of the same promotional line.

6) A provisional employee shall begin a probationary period on the date of entrance into a status appointment for which the employee is eligible.

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

Section 250.110 Separations and Demotions

a) Resignation. An employee~~,~~ having a nonstatus or status appointment, as described in Sections 250.70 and 250.80, may resign by presenting a signed resignation to his/her employer or by demonstrating to the employer by other means his/her intent to separate from employment. Upon receipt of a signed resignation or other evidence of intent to separate from employment, the

employee will be separated from employment. ~~An employee having a nonstatus appointment, as described in Section 250.70, may be terminated by his/her employer upon completion of the work assignment.~~ The Executive Director of the University System (Executive Director) shall be notified promptly by the employer of all resignations ~~and terminations~~.

b) Leave of Absence

1) Leave of Absence for Classification Changes. A status employee who accepts a position that represents a promotion in a class outside his/her promotional line shall be granted a leave of absence from a position of his/her former class for the duration of any trainee, provisional, and/or probationary period in the new class.

2) Leave of Absence for Disciplinary Actions. An employee placed on a Disciplinary Suspension or on a Suspension Pending Discharge shall be placed on a leave of absence from his/her position.

3) Leave of Absence for Disability Leave

A) If an employee is no longer able to perform the duties and responsibilities of his/her position in the class due to a disability as determined by the employer's medical and/or psychological evaluation procedures, and/or in accordance with State and federal law, the employee will be required to take disability leave in accordance with subsection (b)(3)(B).
~~The Executive Director shall be notified promptly by the employer of all leaves of absence, military, disability, or otherwise, granted, including dates of beginning and completion of such leave which exceeds 30 calendar days of non-pay status.~~

B~~2~~) A status employee~~,~~ who ~~because of disability,~~ becomes eligible for disability benefits to be paid by the employer or, as later determined, by the Illinois State~~state~~ retirement system to which the employee contributed, or becomes eligible for payment benefits as defined by the Workers' Compensation Act [820 ILCS 305], the Illinois Occupational Diseases Act [820 ILCS 310], or a State self-insurance program~~contributes~~, shall be granted a disability leave. The disability leave shall be ~~of absence for~~ the period for which the

employee applies for~~is eligible to receive~~ such benefits, until the time of the expiration of the benefits or a final administrative decision denying or terminating the benefits, including any gap in benefit payments between the expiration of institutional benefits and those available under the approving authority.~~retirement system, and shall be entitled to return to a position in the employee's class without any loss of status due to such disability leave, providing the employee returns upon the expiration of all disability benefits to which entitled. If, within one year following the expiration of all disability benefits, the employee requests reinstatement, with approval of the Executive Director, the employee's name may be placed on the reemployment register in the class in which the employee was employed at the time the disability leave was granted and in accordance with total seniority earned. If, within one year following the expiration of all disability benefits, the employee requests reinstatement, but because of the employee's disability is deemed unable to perform the duties in the class, the employee may be required to pass physical or other tests to determine employability under the System.~~

C~~3~~) The employer may require an employee to take a medical and/or psychological examination prior to returning to work after a disability leave. The examination shall be conducted by a licensed practitioner selected by the employer to determine the physical and/or mental capability to perform the essential duties of the employee's position. The employer may supply the examining practitioner with facts relating to the employee's difficulty or inability to perform the essential functions of the job and may supply additional information, including but not limited to physical and mental requirements of the employee's position, duty statement, job classification specification, and position description. The employee may also present an alternative opinion provided by a licensed practitioner to be selected and paid for by the employee. If there is a difference of opinion, a third outside practitioner shall be selected by the two physicians. The employer shall pay for all examinations, except those initiated by the employee.~~An employer with the concurrence of two licensed physicians, one of whom to be of the employee's choice, may make the following determinations listed in subsection (b)(3)(A) or (B). If there is a~~

~~difference of opinion, a third outside physician will be selected by the two physicians. The employer shall notify the employee and the Executive Director in writing of all of these actions.~~

D) An employee's refusal to submit to an examination as described in subsection (b)(3)(C), the unexcused failure to appear for such an examination, or the refusal to release the results of the examination may be deemed by the employer as an acknowledgement that the employee is not fit for duty and may subject the employee to termination actions as defined in subsection (c).

E) A disability leave may be revoked by the employer upon evidence that the cause for granting the leave was misrepresented.

F) At the expiration of all disability benefits, an employee shall be entitled to return to a position in his/her class without any loss of status due to the disability leave, providing that he/she returns upon the expiration of all disability benefits to which entitled.

G) Reemployment

i) If an employee does not return to work at the expiration of all disability benefits and is terminated in accordance with subsection (c)(2), the employee may, within one year following the expiration of all disability benefits, request reinstatement and, upon approval of the Executive Director, the employee's name may be placed on the reemployment register in the class in which he/she was employed at the time the disability leave was granted and in accordance with total seniority earned.

ii) If, within one year following the expiration of all disability benefits, the employee requests reinstatement, but, because of his/her disability, is deemed unable to perform the duties in the class, the employee may be required to pass physical or other tests to determine employability under the University System.

4) Military Leave of Absence. An employee shall be granted a Military Leave of Absence in accordance with State and federal law and

regulations.

5) The Executive Director shall be notified promptly by the employer of all leaves of absence, including military, disability, or any other leave otherwise granted. The notification shall include the beginning and ending dates of leaves that exceed 30 calendar days of non-pay status.

c) Termination

1) An employee having a non-status appointment, as described in Section 250.70 of this Part, may be terminated by his/her employer at any time during the training period and/or upon completion of the work assignment, except for those status employees eligible for a leave of absence as defined in subsection (b)(1).

2) An employee on disability leave, as defined in subsection (b)(3), who has exhausted all of his/her disability benefits and is unable to resume the duties and responsibilities of a position in his/her class may be terminated from employment, unless the employer and employee agree on employment in a more suitable classification. The alternative employment options shall be subject to standard civil service employment protocols.

3) An employee who fails to report for duty after a disability leave of absence has expired or has been denied, disapproved, revoked, or canceled by the approving authority, or any other failure to report for duty as scheduled after a disability leave of absence, may be terminated from employment.

4) This notification and review process shall only apply to subsection (c)(2) and (c)(3).

A) The employer shall notify the employee that he/she will be terminated from the employer's service to become effective 15 calendar days from the date of mailing of the notification to the employee. The notification must be sent, by certified mail or by overnight delivery service that requires signature upon receipt, to the most recent address of the employee as shown on the employer's records.

B) At any time prior to the effective date of termination, the employee

shall have the opportunity to provide to the employer evidence of the reason for the unauthorized absence. The employer shall revoke the termination if the employee provides satisfactory evidence of the reason for the unauthorized absence. If the employer determines that the evidence is not satisfactory, the employer shall notify the employee that the termination will remain in effect.

C) Within 15 calendar days from the original date of notification of termination, the employee may request a review of the termination decision pursuant to Section 250.130 of this Part. The review is limited to a determination of whether this Section has been properly applied and whether the employer's decision is deemed arbitrary or capricious. In the event a review is not requested within the allotted timeframe, the employee's termination from service shall be effective 15 days after the original notification.

5) The employer shall notify the Executive Director promptly of all terminations of employment, setting forth the reason for the termination.

~~A) If an employee is no longer able to perform the duties and responsibilities of the position in the class due to a disability, the employee will be required to take disability leave; or~~

~~B) If an employee at the time of expiration of a leave for disability has exhausted all potential benefits and is unable to resume the duties and responsibilities of a position in the class, employment may be terminated unless an employer and the employee agree on employment in a more suitable classification; or~~

~~C) If an employee, at the time of expiration of leave for disability, is unwilling to return to the position from which he/she is on leave, the employee may resign or employment may be terminated.~~

~~4) A status employee shall be granted a leave of absence for pregnancy whenever the required duties of the position occupied by the employee are incompatible with the state of pregnancy, as determined by the employer, and such leave shall continue until competent medical opinion indicates that the employee is able to return to work in a position in the class in~~

~~which the employee was employed prior to the leave.~~

~~5)~~ ~~A status employee who accepts a position that represents a promotion in a class outside his/her promotional line shall be granted a leave from a position of his/her former class for the duration of the probationary period in the new class.~~

~~6)~~ ~~An employee placed on Disciplinary Suspension or on Suspension Pending Discharge shall be placed on a leave of absence from his/her position.~~

d~~e~~) Layoff

1) The Executive Director shall be notified promptly of all employees on layoff status, together with the dates~~date~~ of the beginning of layoff~~,~~ and of return to employment from layoff status, when the~~such~~ layoff exceeds 30 consecutive work days. A status employee shall receive a written notice, at least 30 calendar days in advance of the effective date of layoff, when the~~such~~ layoff exceeds 30 consecutive work days; however, the effective date of layoff may be extended up to 15 days without the requirement of further notice.

2) Whenever it becomes necessary to lay off one or more employees, except as provided in subsection (d)~~(c)~~(3), the employee who has the least amount of service in the class shall be laid off first, and additional layoffs shall be made in the ascending order of the place of the employee on the service and seniority lists for that class.

3) An employee~~,~~ who is the incumbent of a position for which the Executive Director has authorized specialized certification under Section 250.60(d)(9), or who is the incumbent of a position that~~which~~ has previously been identified as requiring specialized training or experience as required by the position in accordance with minimum acceptable qualifications for the class, may not be bumped by another employee with greater seniority unless the employee with greater seniority possesses the special and identified qualifications authorized for the incumbent's position.

4) Whenever it becomes necessary to reemploy one or more employees in a

class, the employee last laid off by seniority shall be reemployed first, and further reemployment shall be made in the order of seniority until the reemployment register for that class is exhausted. Work of short duration requiring reemployment of one or more employees will not require a new written 15 day advance notice of layoff if the work period is to be 5 consecutive working days or less and the work is emergent in nature.

5) A status employee who is subject to layoff from a part-time position~~,~~ may bump an employee in a full-time status position, providing the part-time employee's equivalent full-time accrued seniority based on hours in pay status is greater than that of the least senior employee in a full-time position. A full-time status employee~~,~~ who is subject to layoff~~,~~ may bump the least senior full-time employee, who then may bump the part-time employee having the highest percent-time appointment, providing the full-time employee has more accrued seniority.

6) Names of employees laid off during their probationary periods shall be returned to the register from which they were certified to their position in accordance with service in a status appointment earned as of the date of layoff.

e~~d~~) Disciplinary Suspension. An employer may suspend an employee as a disciplinary measure for not more than 30 calendar days.

1) The employer will discuss the specific problem pertaining to contemplated suspension with the employee and the Campus Personnel Director or his/her designee before a suspension notice is served. The employee will be told at that time that suspension is being considered.

2) In imposing a disciplinary suspension, the employer shall serve a written suspension notice on the employee showing reason for the suspension, and shall immediately report the suspension to the Executive Director of the University System and shall send a copy of the notice served on the employee, along with proof of service, to the Executive Director.

3) Causes justifying suspension, not for discharge, shall include, but are not limited to: unauthorized and unexcused absence; leaving work without authority; failure to ring in or out on time card; habitual lateness; punching other time cards; key duplication and/or unauthorized possession of keys;

misrepresentation of absence; falsification of records; refusal to do work assigned; failure to follow work schedules; failure to follow time schedules; insolence; failure to adhere to departmental regulations of appearance; smoking in prohibited areas; disregard of safety regulations; careless workmanship resulting in spoilage, waste, or delay; unauthorized use of institutional property; gambling on institutional property; creating or contributing to unsanitary conditions; horseplay or scuffling; fighting; sleeping during working hours; unauthorized visiting; and "loafing on the job~~.~~".

AGENCY NOTE: It is to be noted that an employee's allegation that a Disciplinary Suspension was unfairly imposed is subject to the grievance procedure established by the employing institution, but is not reviewable by the Civil Service System.

f~~e~~) Discharge Proceedings and Effective Date of Discharge

1) Pre-discharge Proceedings

A) Prior to initiating any proceedings before the Merit Board for the discharge of an employee, the employer shall notify the employee in writing, served upon the employee in person if the employee is present on the job or, otherwise, by certified mail or by overnight delivery service that requires signature upon receipt to the most recent address of the employee as shown on the employer's records, of the employer's intention to initiate the~~such~~ proceedings. The notification shall advise the employee of the substance of the charges proposed to be filed in sufficient detail to inform the employee of the nature of the conduct on which the proposed charges are based. The notification shall also advise the employee that either or both of the following options are available to the employee:

i) within 3 work days after service of the employer's notification, the employee may notify the employer of his/her decision to require the employer to hold a conference with the employee or his/her representative for the purposes of responding to the matters contained in the notification and of attempting to achieve a reconciliation or

understanding; and

ii) within 3 work days after service of notification, the employee may deliver to the employer a written response to the matters contained in the employer's notification; provided that, if the employee elects to require the conference identified in subsection (f)~~(e)~~(1)(A)(i), at that conference the employee may request and receive an opportunity to respond further in writing within 3 work days after the conclusion of the conference.

B) Employer's Decision

i) Within 7 work days after compliance with the provisions of subsection (f)~~(e)~~(1)(A), the employer shall either:

- notify the employee that no further action will be taken to initiate discharge proceedings with the Merit Board against the employee based solely on the matters contained in the employer's notification; or

- initiate proceedings before the Merit Board under this subsection (f)~~(e)~~ seeking discharge of the employee based solely on the matters contained in the employer's notification.

ii) The employer's election not to initiate discharge proceedings with the Merit Board shall not preclude the employer from imposing a suspension in accordance with subsection (e)~~(d)~~ or some lesser penalty.

C) An employee who has been served with an employer's notification as provided in subsection (f)~~(e)~~(1)(A) may be placed on excused absence with pay during all or any part of the period covered by this subsection (f)~~(e)~~(1) to provide the employer an opportunity to investigate serious charges.

2) Actual Discharge Proceedings

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A) Proceedings before the Merit Board seeking the discharge of an employee shall be initiated by the employer filing Written Charges for Discharge with the Merit Board setting forth the causes for discharge in sufficient detail to inform the employee of the nature of the conduct on which the charges are based. The Written Charges for Discharge shall be set forth in separately numbered charges. The Written Charges for Discharge shall contain the dates, names of persons, places, and facts necessary to properly allege cause for discharge. If a breach of a statutory duty, law, or rule of the employer is alleged, the statute, law, or rule shall be cited in connection with the charge.

B) The Written Charges for Discharge shall be accompanied with a certification by the employer that all procedures set forth in subsection (f)~~(e)~~(1) have been followed and that there has been full compliance with any options elected by the employee. At the time the Written Charges for Discharge and the certification are filed with the Merit Board, the employer shall serve copies upon the employee in person if the employee is present on the job; otherwise, service shall be by certified mail or by overnight delivery that requires signature upon receipt to the most recent address of the employee as shown on the employer's records, and the employer shall file a proof of the~~such~~ service with the Merit Board.

C) At any time prior to commencement of the hearing, the Executive Director may direct or authorize the Written Charges for Discharge to be amended to correct technical defects or to set forth additional facts or allegations related to the subject matter of the original charges. The amendments shall relate back to the original date of service of the Written Charges for Discharge. The employer shall serve copies of the Amended Written Charges for Discharge upon the employee in person if the employee is present on the job; otherwise, service shall be by certified mail or by overnight delivery that requires signature upon receipt to the most recent address of the employee as shown on the employer's records, and the employer shall file a proof of the~~such~~ service with the Merit Board.

D) An employee who has been served with Written Charges for Discharge in accordance with subsections (f)~~(e)~~(2)(A) and (B) may be suspended without pay by the employer during all or any part of the period that the discharge proceeding is pending, and until final disposition, if the employer is of the opinion that the employee's presence on the job might constitute a substantial risk of injury to life or property, or might cause a disruptive effect on employer's operations. Any suspension without pay shall become effective on the date the employer serves the Suspension Notice Pending Discharge upon the employee, which may be served with the Written Charges for Discharge or on any date thereafter. Service shall be upon the employee in person if the employee is present on the job; otherwise, service shall be by certified mail or by overnight delivery that requires signature upon receipt to the most recent address of the employee as shown on the employer's records, and the employer shall file with the Merit Board a copy of the Suspension Notice Pending Discharge and proof of service.

3) Hearing Request

A) An employee who has been served with Written Charges for Discharge may request a hearing ~~thereon~~ by filing a written request for hearing with the Secretary for the Merit Board within 15 calendar days after~~of~~ the date of personal delivery or mailing of the Written Charges for Discharge to the employee. The Secretary for the Merit Board shall immediately notify the employer of the filing of the written request by the employee. Thereafter, further proceedings shall be as provided in this subsection (f)~~(e)~~ and any discharge shall be effective on the date of the discharge order of the Merit Board, unless otherwise expressly stated in the order.

B) If the employee does not file a written request for hearing with the Secretary for the Merit Board within 15 calendar days, the employee's discharge shall become effective at the end of the 15-day period without further action by the Merit Board. The Secretary for the Merit Board shall promptly notify the employer of the employee's failure to file a timely written request for hearing.

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NOTICE OF PROPOSED AMENDMENTS

4) Hearing Proceedings

A) Upon receipt of the employee's written request for hearing on the Written Charges for Discharge, the Merit Board shall promptly appoint a Hearing Board or Hearing Officer to hear the charges and the employee's response. All hearings relating to discharge proceedings shall be convened by and conducted under the control of the Executive Director or his/her authorized representative. The Executive Director, the Hearing Board or Hearing Officer, the employee and the employer shall all make good faith efforts to commence the hearing within 10 calendar days after receipt of the employee's written request for hearing, but in no event shall the~~such~~ hearing commence later than 45 days after service of the Written Charges for Discharge, unless a continuance is granted pursuant to subsection (f)~~(e)~~(19)(B). Dilatory tactics or actions will not be permitted and the Executive Director, the Hearing Board or Hearing Officer, the employee and the employer shall all make good faith efforts to conduct the hearings in no more than three~~3~~ hearing days, unless justice, due process, and fundamental fairness require otherwise. All hearings shall be open to the public unless, upon motion of either party, the Hearing Board or Hearing Officer finds it necessary to close the hearing or parts of the hearing in instances where personal safety is of concern or when confidential testimony/exhibits are to be referenced or revealed. There shall be a presumption that hearings will be closed only under extraordinary circumstances. A transcript of the hearing, including exhibits, shall be made and shall be filed with the Secretary for the Merit Board as soon as possible following conclusion of the hearings.

B) Within 15 calendar days after receipt of the transcript from the Secretary for the Merit Board, the Hearing Board or Hearing Officer shall file its findings of fact and any other recommendations with the Secretary for the Merit Board, unless that time is extended by the Executive Director for good cause shown. For the purpose of this Section, good cause shall include, but not be limited to: sickness, attendance at court proceedings, death, weather conditions that~~which~~ prevent the members from

meeting. If by that time the findings of fact have not been received by the Secretary for the Merit Board, the Executive Director will either appoint another approved Hearing Board or Hearing Officer that will then review the record and submit findings of fact within 10 calendar days after the appointment, or the Executive Director will give written notice to all Hearing Board members or the Hearing Officer and to all parties to the proceeding that he or she will, within 10 calendar days, discontinue the hearing and commence a new hearing and the present Hearing Board or Hearing Officer will be dismissed without pay. Within this 10-day period following the Executive Director's notice, the Hearing Board or Hearing Officer can appeal to the Executive Director by showing cause why time should be extended.

C) The Executive Director shall certify as the Hearing Record the Written Charges for Discharge, the Suspension Notice Pending Discharge, the employee's request for hearing, the transcript and exhibits, the Hearing Board's or Hearing Officer's findings of fact and other recommendations, and other documents that have been filed.

D) Upon certification by the Executive Director, the Secretary for the Merit Board shall, by certified mail or by overnight delivery that requires signature upon receipt, immediately forward a copy of the Hearing Record, along with notice that the Hearing Record has been certified, to all parties of record. Any objections to the form or contents of the Hearing Record, or briefs, abstracts, or excerpts from the Hearing Record, or arguments, motions, or recommendations, relating to the hearing proceedings or the Hearing Record, or requests for further hearing or for permission to supplement further the Hearing Record by other evidence, must be filed with the Secretary for the Merit Board within 14 calendar days after~~from~~ the date of the postmark of the certified mail notice or the mailing date of the overnight delivery that the Hearing Record has been certified, with proof of service on all parties. No answer or reply briefs and arguments in response to these~~the above-referenced~~ filings will be permitted unless expressly authorized by the Executive Director or the Merit Board or its Chair.

E) A party requesting oral argument before the Merit Board in cases of discharge must file an appropriate motion with the Secretary for the Merit Board with notice to all parties within 14 calendar days after~~from~~ the date of the postmark of the certified mail notice or the mailing date of the overnight delivery of the certified hearing record, with proof of service on all parties. The motion must specifically state the issues and any relevant law that will be the subject of argument. The Merit Board will grant or deny the motion at the Merit Board meeting at which oral argument is requested. Oral argument in cases of discharge will generally not be allowed unless novel or precedent setting questions of law or policy are at issue.

5) Conduct of Hearing

A) Pre-hearing Conference. In all hearings, it is recommended that the Hearing Board or Hearing Officer hold a pre-hearing conference immediately preceding the hearing on the day of the hearing. The Hearing Board or Hearing Officer will give the parties an opportunity to discuss issues and share information at the pre-hearing conference that will allow them to present their cases in a fair, efficient, and timely manner. Generally, the Hearing Board or Hearing Officer will conduct the pre-hearing conference for the purpose of achieving one or more of the following points, as determined by the Hearing Board or Hearing Officer on a case by case basis:

i) defining and simplification of the issues;

ii) negotiating admissions or stipulations of fact to avoid unnecessary proof;

iii) reviewing each party's witness and exhibit list;

iv) limiting redundant witness testimony or duplication of evidentiary material, if necessary;

v) determining the length of time each party will need to present its case;

vi) exchanging exhibits; and

vii) discussing any matter that may aid in the efficient and timely disposition of the case.

B) Following the Pre-hearing Conference. The Hearing Board or Hearing Officer shall enter into the record any action taken and any agreements made by the parties as to the matters considered. The length and scope of the pre-hearing conference is at the discretion of the Hearing Board or Hearing Officer, but should generally be concluded within a one hour timeframe.

6) Order of Hearing

A) The Executive Director, or authorized representative, shall open and convene the hearing.

B) The Executive Director, or authorized representative, shall request all persons who have been asked to serve as witnesses, other than a party or employer representative, to be excluded from the hearing room while the hearing is in process, except during their own testimony and cross-examination. Except as he/~~ or~~ she might intervene, or be requested to intervene, the Executive Director, or authorized representative, shall empower the Hearing Board or Hearing Officer to proceed with the hearing in such a manner as to provide the employer and the employee a full opportunity to present their positions to the Hearing Board or Hearing Officer.

C) The parties may make a brief opening statement at the beginning of the hearing. The employer will proceed first, followed by the employee. Opening statements may be waived or may be reserved and presented at the commencement of the party's case-in-chief.

D) The employer shall~~will~~ first present its case-in-chief, with an opportunity for the employee to cross-examine the employer's

witnesses. The employee may be called as an adverse witness during the course of the hearing.

E) The employee shall~~will~~ then present his/her~~his or her~~ case-in-chief, with an opportunity for the employer to cross-examine the employee's witnesses.

F) Each party may call rebuttal witnesses if found to be necessary by the Hearing Board or Hearing Officer.

G) At the conclusion of the hearing, each party may make an oral closing argument. The employer may be permitted a brief rebuttal at the end of the employee's closing argument.

H) The hearing shall be closed when the employer and the employee have had a fair and reasonable opportunity to present their positions to the Hearing Board or Hearing Officer.

I) In addition, each party may submit written arguments, summary statements, and/or briefs within 10 calendar days after conclusion of the hearing. A copy of the written closing arguments must be provided to all parties of record and filed with the Executive Director, with proof of service included. Only written materials submitted within the 10 calendar day timeframe will be forwarded with the transcript of evidence and considered by the Hearing Board or Hearing Officer, unless otherwise extended by the Executive Director.

7) Evidence and Motions

A) As a general matter, the rules of evidence and privilege as applied in civil cases in the circuit courts of the State of Illinois shall be followed. However, evidence not admissible under those rules may be admitted (except where precluded by statute) if it is of a type commonly relied upon by reasonably prudent persons in the investigation and conduct of serious matters of this nature. Irrelevant, immaterial, or unduly repetitious evidence shall be excluded.

B) All testimony shall~~will~~ be presented under oath or affirmation. Objections to testimony or evidentiary offers shall~~will~~ be noted in the record. Consistent with these requirements and in order to expedite the hearing, any part of the evidence may be received in written form, provided the interests of the parties are not jeopardized.

C) The standard of proof applied by the Hearing Board or Hearing Officer when evaluating the charges will be the preponderance of the evidence.

D) The Hearing Board or Hearing Officer may, on its own motion or upon motion of one of the parties, take notice of matters of which the circuit courts of the State of Illinois take judicial notice.

E) The Hearing Board or Hearing Officer has the authority to rule on all motions that do not dispose of the proceedings. Examples of motions that can be ruled on by the Hearing Board or Hearing Officer are motions in limine or motions to suppress evidence. Motions directed at the Hearing Board or Hearing Officer shall be presented at the pre-hearing conference, if possible, and actions taken by the Hearing Board or Hearing Officer shall be entered into the record.

F) Motions that dispose of the proceedings must be directed to the Merit Board. Examples of motions that are to be directed to the Merit Board are motions to dismiss, motions to decide a proceeding on the merits, or motions claiming lack of jurisdiction. Motions must be filed with the Secretary for the Merit Board within 14 calendar days after~~from~~ the date of the postmark of the certified Hearing Record. Motions will be ruled on by the Merit Board at the Merit Board meeting in which the case is being considered. The filing of a motion of this nature shall not be allowed to cause any delay in the proceedings.

G) Performance records of the employee or past disciplinary records are admissible and relevant for the purpose of mitigation or aggravation, except if otherwise excluded by a local employer policy or collective bargaining agreement.

8) Stipulations. Parties may agree by stipulation upon any facts involved in the hearing. The facts stipulated shall be considered as evidence in the hearing. It is the policy of the Merit Board to encourage stipulation of facts whenever practicable.

9) Evidence Depositions. Upon request to the Executive Director and upon good cause shown (which shall include, but is not restricted to, potential unavailability of a witness at the time the hearing is scheduled, scheduling or travel arrangement considerations, or agreement of the parties) any party may request a deposition of any witness to be taken for evidence in a hearing. If desired, subpoenas may be requested upon application to the Executive Director in a manner consistent with this Part. The deposition shall proceed in the manner provided by law for depositions in civil actions in the circuit courts of the State of Illinois.

10) Subpoenas. Requests for subpoenas shall be directed to the Executive Director at least five work days before the hearing, unless an exception is granted by the Executive Director. Subpoena requests may be granted if reasonably designed to produce or lead to the production of evidence related to the alleged charges and the terms of compliance are reasonable given the time frames and other circumstances. The party requesting the subpoenas shall be responsible for service and costs related to the subpoena of a witness. The fees of the witnesses for attendance and travel shall be the same as the fees of witnesses before the circuit courts of the State of Illinois. Subpoenas are effective throughout the course of the proceedings. Requests for subpoenas must be submitted in writing and include the following:

A) The name and address of the witnesses sought;

B) Any specific documents the witnesses will be required to bring; and

C) A brief statement of the relevant facts or testimony that the witnesses will be providing.

11) Request for Documents. Prior to the hearing, each party shall serve upon the other party and file a copy with the Secretary for the Merit Board, to

be submitted to the Hearing Board or Hearing Officer, the following information, to the extent available at that time:

A) A list of the names and addresses of the witnesses the party proposes to call; and

B) All documents the party proposes to offer in its case-in-chief.

12) Failure to Appear. Failure of a party to appear on the date set for hearing may result in findings of fact unfavorable to that party and may result in a loss of rights by default.

13) Disqualification of Assigned Hearing Board or Hearing Officer. A Hearing Board or Hearing Officer may be disqualified on grounds of bias or conflict of interest. An adverse ruling, or the fact that a Hearing Board or Hearing Officer has had contact with the University System, by itself, shall not constitute bias or conflict of interest. Whenever any party believes a Hearing Board or Hearing Officer should be disqualified from conducting an assigned proceeding, that party may file a request with the Executive Director to disqualify the Hearing Board or Hearing Officer, setting forth by affidavit the alleged grounds for disqualification, with proof of service on all parties. The Executive Director shall rule and make the final determination on all requests for disqualification.

14) Ex Parte Communications

A) Except in the disposition of matters they are authorized by law to entertain or dispose of on an ex parte basis, the Merit Board, the Executive Director, employees of the University System Office, and the assigned Hearing Board or Hearing Officer shall not, after Notice of Convening of Hearing has been issued, communicate, directly or indirectly, with any party or the party's representative regarding any issue of fact or with any person or party in connection with any other issue regarding the case, except upon notice and opportunity for all parties to participate. However, the Merit Board, the Executive Director, employees of the University System, and the Hearing Board or Hearing Officer may communicate with each other. Also, members of the Merit Board

and the Hearing Board or Hearing Officer may have the aid and advice of one or more personal assistants.

B) Communications regarding procedure, including interpretation and application of Section 36o of the ~~State Universities Civil Service~~ Act, subsection (e), and related procedures, are not considered ex parte communications.

15) Role and Responsibilities of the Hearing Board or Hearing Officer**.** The Hearing Board or Hearing Officer shall be responsible for the following activities:

A) Conduct the pre-hearing conference;

B) Facilitate the timely completion of the hearing process, taking necessary steps to avoid delay;

C) Establish reasonable limits on the duration of witness testimony;

D) Limit repetitive or cumulative testimony;

E) Rule on motions, objections or evidentiary questions;

F) Hear evidence as presented at the hearing by the employer and the employee on behalf of their respective positions (the~~such~~ evidence may include matters in aggravation, mitigation and justification, which may pertain to the question of "just cause" for discharge);

G) Direct questions to witnesses at any time, but restrict questioning to the clarification of the testimony already presented;

H) Prepare a signed findings of fact within 15 calendar days after receipt of the transcript of the hearing proceedings to be transmitted to the Merit Board. The findings of fact shall set forth each of the written charges alleged in the Written Charges for Discharge, including an evaluation of the facts presented by the employer and employee with respect to each charge, and based on this evaluation, a determination as to whether the charges are sufficiently supported by the evidence presented. The findings of

fact shall be based exclusively on the evidence and on matters officially noticed. The findings of fact presented by the Hearing Board or Hearing Officer are advisory only to the Merit Board. It is not the role of the Hearing Board or Hearing Officer to determine whether just cause for discharge exists. The determination of just cause is the sole province of the Merit Board; and

I) Enter any order that further carries out the purpose of this Section.

16) Decision of the Merit Board. In the course of reaching its decision, the Merit Board may request the Executive Director to make recommendations that he/she deems appropriate with respect to the discharge proceedings. Nothing in subsections (f)(16)(A) and (B) is intended to eliminate or limit the Merit Board's discretion to determine the appropriate disposition on a case-by-case basis. The Merit Board shall enter findings of fact and shall order the following decision and order or any other decision and order it deems appropriate:~~discharge or reinstatement of an employee with no loss of compensation, or make such other order as it deems appropriate. In the course of reaching their decision, the Merit Board may request the Executive Director to make such recommendations as he or she may deem appropriate with respect to the discharge proceedings.~~

A) Discharge, if just cause is found to exist. No employee shall be discharged except for just cause. Just cause is defined as some substantial shortcoming that renders the employee's continuance in his/her position in some way detrimental to the discipline and efficiency of the service and that the law and sound public opinion recognize as good cause for the employee no longer holding the position; or~~.~~

B) Reinstatement, if just cause for discharge is found not to exist. An employee shall be reinstated as follows:

i) Reinstatement with no loss of compensation when none of the significant charges are proven.

ii) Reinstatement with a 60-day suspension when the proven charges do not rise to the level of just cause for discharge,

but some disciplinary action is justified based on the severity of the proven charges. If the Merit Board orders reinstatement with a 60-day suspension, any time served while on suspension pending discharge will be applied towards the fulfillment of the 60-day suspension.

17) Decision and Order of the Merit Board. The Secretary for the Merit Board shall immediately forward copies of all Merit Board orders to the employer and the employee by certified mail or by overnight delivery that requires signature upon receipt. Request for a rehearing, or for a reconsideration of a Merit Board order or decision, shall not extend any appeal period for administrative review, except by express order of the Merit Board or its Chair.

18) Administrative Review. All final decisions of the Merit Board shall be subject to appeal by the parties to the proceedings under the Administrative Review Law [735 ILCS 5/Art. III]. A complaint for administrative review must be filed and summons issued within 35 days after~~from~~ the date that a copy of the Merit Board decision has been served upon the party affected. A decision of the Merit Board shall be deemed served either when personally delivered or when deposited in the United States mail in a sealed envelope or package, with postage paid, addressed to the party affected by the decision at his/~~ or~~ her last known residence or place of business.

19) Time Period Proceedings

A) On the motion of either party with notice to the other party, or by independent action of the Chair of the Merit Board or the Executive Director communicated to both parties, any time period set forth in this subsection (f~~e~~) may be extended by the Chair of the Merit Board or by the Executive Director for good cause shown.

B) No extension may be beyond a period established by statute, except for cases in which a written motion for continuance of a scheduled hearing is filed with the Secretary for the Merit Board at least 48 hours prior to the time scheduled for hearing, unless an exception is granted by the Executive Director. The moving party must set forth emergency grounds for a continuance, which are

limited to unforeseen, unavoidable or uncontrollable circumstances, such as an Act of God; the sudden illness or death of the movant, a member of his or her immediate family, or his/ ~~or~~ her legal counsel; or if the movant is able to demonstrate some other real and compelling need for additional time. If there is an arrest or criminal indictment of any employee that resulted from an employee's conduct in the course of employment duties, the Executive Director, at the request of the employee, may grant a continuance of hearing pending some resolution of the criminal charges. Requests for continuances must be preceded by contacting the opposing party and asking for agreement to the continuance.

C) The time periods set forth in this subsection (f)~~(e)~~, except for the 15-day period set forth in subsection (f)~~(e)~~(3)(B) and except for any time period provided for seeking administrative review of a final decision of the Merit Board, shall be deemed directory and not mandatory; and no failure to comply with any of the time periods set forth in this subsection (f)~~(e)~~, except for the 15-day period set forth in subsection (f)~~(e)~~(3)(B) of this Section and except for any time period provided for seeking administrative review of a final decision of the Merit Board, shall cause the Merit Board to lose jurisdiction of any matter.

D) If the last date for filing falls on a weekend or legal holiday, the last date for filing is the first business day following that weekend or legal holiday.

20) Reason for Discharge. Causes justifying discharge and any suspension during the discharge proceedings shall include, but are not limited to: all those listed as cause for suspension if they become recurring offenses; and, in addition, theft; drinking intoxicating liquors on institutional time or property; inability to perform satisfactorily assigned duties as a result of drinking alcoholic beverages; malicious damage to property, tools, or equipment; immoral or indecent conduct that~~which~~ violates common decency or morality; conviction of an offense involving moral turpitude; illegal or excessive use of drugs, narcotics, and/or intoxicants.

21) Hearing Expenses. All customary and reasonable court reporter and

copying expenses incident to the preparation of the Hearing Record and providing copies ~~thereof~~ to parties to the proceedings shall be paid by the employer. The Merit Board shall pay all expenses of the Hearing Board or Hearing Officer and any legal expenses incurred by a Hearing Board or Hearing Officer, to the extent that those~~such~~ expenses have been approved by the Merit Board or its Executive Director.

g~~f~~) Demotion

1) Any of the actions described in this subsection (g)(1) is considered to be a demotion when that action has been initiated by the employer. A demotion may occur when a status employee:

A) is subject to a reduction in salary in his/her current position, or in a position of the same class to which he/she has been reassigned, except when the reduction in pay results from an overall reduction in pay to persons employed in the same class and/or when the Merit Board, on the basis of supporting evidence, determines that the pay potential should be lowered for a class;

B) is subject to a reduction in percentage of time worked;

C) is appointed to a position in a lower class in a promotional line;

D) is appointed to a position in a class outside a promotional line with a lower pay potential;

E) is given a nonstatus appointment.

2) None of the actions described in subsection (g)(1) are considered to be a demotion when the action has been initiated, or willingly accepted, by the employee.~~Actions Constituting Demotion~~

~~A) Any of the actions described in subsection (f)(1) is considered to be a demotion when that action has been initiated by the employer.~~

A~~B~~) ~~Such an action is not considered to be a demotion when such action has been initiated, or has been willingly accepted, by the employee.~~ Evidence of initiation by, or willing acceptance by, an

employee shall be: a statement signed by the employee (to be filed by the employer with the notice of employment) indicating that the new appointment is at his/her request and/or is acceptable to him/her, or the employee applied for, and took, the Civil Service examination, upon the results of which the new appointment is based, after the date of certification to his/her most recent position.

B~~C~~) Without the evidence indicated in subsection (g)~~(f)~~(2)(A~~B~~), the action will be considered to have been initiated by the employer and, therefore, will be considered to be a demotion.

3) Any classification plan changes authorized and implemented by the University System and/or the Merit Board that may result in a lower pay potential will not be considered a demotion.

4~~3~~) An employer may effectuate a demotion by filing a Notice of Demotion with the Merit Board and serving a copy of the~~said~~ Notice of Demotion on the employee by certified mail, by overnight delivery that requires signature upon receipt, or by personally serving the employee. The Notice of Demotion shall designate the position and class to which the employee has been demoted and shall factually state the causes justifying demotion. The effective date of the demotion shall be the date of service of the Notice of Demotion upon the employee. A demotion shall be subject to the same hearing and review procedures as are provided an employee in the case of a discharge. (See subsection (f)~~(e)~~.) During any hearing and review proceedings, the employee shall be paid the approved rate for the class of the position to which he/she has been demoted, as set forth in the Notice of Demotion.

5~~4~~) A status employee~~,~~ who is demoted to a position in a class in which he/she has never been employed on a status appointment~~,~~ may qualify for the position to which he/she is demoted, if his/her name is not already on an eligible register for that class, by taking the examination given to all other applicants for this class as promptly as possible following demotion to the class. The employee must pass the examination as a condition to retaining his/her appointment.

h~~g~~) Dismissal

1) An employer may dismiss an employee whose name has been certified and who has been subsequently employed in a status position~~, except those specified in subsections (h)(2) and (3),~~ at any time during the probationary period of employment in a class, if the employer determines, pursuant to conditions of Section 250.90(a), that the employee has failed to demonstrate the ability and the qualifications necessary to furnish satisfactory service.

2) The employer shall notify the Executive Director promptly of dismissals, setting forth the reasons for the dismissal~~such action~~.

~~h) Termination~~

~~1) A notice of termination of employment shall be used by the employer to report completion of services of a temporary, or provisional employee, retirement of an employee, death of an employee, and/or the determination of the employer that an employee is unable to resume his/her duties at the expiration of a leave of absence in accordance with subsection (b)(3).~~

~~2) An employer may terminate an Apprentice, a Trainee, or a Learner at any time during the period of training.~~

~~3) The employer shall notify the Executive Director promptly of all terminations of employment, setting forth the reasons for such action.~~

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

Section 250.120 Seniority

a) Accumulation of Seniority~~.~~

1) After the completion of the probationary period, the status employee's seniority shall date from the beginning of the probationary period. Seniority is accumulated on the basis of hours in a pay status exclusive of overtime. Seniority may be accumulated in certain types of non-pay status under specified conditions as provided for in subsections (f), (g), (h) and (j).

2) Seniority, once earned in a class, is retained during any period of

continuous employment:

A) Except as provided for in lesser units in accordance with subsection (k)(2).

B) Except an employee does not retain seniority in any class from which he/she has been demoted because of unsatisfactory performance or for disciplinary reasons.

b) Retention of Seniority. Seniority accrued in a class is retained for that class for purposes of retreat rights even though an employee accepts a position in another class outside of the promotional line.

c) Seniority Lists. Each employer shall maintain a public and current seniority list that~~which~~ includes the names of all status employees in each class in order of their seniority.

d) Ties in Seniority Lists~~.~~

1) If two or more employees have the same seniority, their names shall be placed on the seniority list in the order of their scores in the examination for the position; i.e., the person with the highest score shall be first, next highest second, and continuing in descending order of their scores. Seniority between employees who receive the same score on the examination shall be determined in accordance with years of service at the place of employment, then in accordance with date of application for employment.

2) If two or more employees have the same seniority in the same lesser unit, subsection (d)(1) shall apply.

e) Accumulation of Seniority, or Service, in Promotional Line. Seniority~~,~~ or service~~,~~ in a higher class in a promotional line may be added to seniority~~,~~ or service~~,~~ earned in a lower class in the same line to compute total seniority~~,~~ or service~~,~~ in the lower class. Seniority earned in a class shall be counted toward seniority in a lower class in the same promotional line even though the employee may not have served in the lower class. Seniority~~,~~ or service~~,~~ earned in a lower class in a promotional line may not be added to seniority~~,~~ or service~~,~~ earned in a higher class in the same line to compute total seniority~~,~~ or service~~,~~ in the higher class.

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

NOTICE OF PROPOSED AMENDMENTS

f) Accumulation of Seniority during Disability. Subject to limitation imposed by subsection (h), employees accrue seniority while on leave of absence for disability, as defined in Section 250.110(b)(3)~~(2)~~ and for an occupational or work-related disability that becomes the subject of payment of income benefits as defined by the Workers' Compensation Act [820 ILCS 305], the Workers' Occupational Diseases Act [820 ILCS 310], a State self-insurance program, or other appropriate authority.

g) Accumulation of Seniority during Authorized Absence without Pay. An employee shall accrue seniority during approved leaves of absence without pay, not exceeding a total of 30 work days within any calendar year.

h) Accumulation of Seniority during Layoff Status. An employee continues to accrue seniority during layoff occasioned by a break in the academic calendar or during any other layoff period, not in excess of 30 consecutive work days.

i) Accumulation of Seniority during Suspension. Employees do not accrue seniority while on suspension.

j) Accumulation of Seniority during Military Service~~.~~

1) A status employee accrues seniority during leave for military service until the date of separation from active military service and for 90 calendar days after separation~~thereafter~~, if the~~such~~ separation is under conditions other than dishonorable.

2) An employee whose name has been certified and who has not completed the probationary period at the time of approval for leave for military service~~,~~ shall continue to accrue seniority in his/~~or~~ her classification for the entire time of leave for military service until the date of separation from active service and for 90 calendar days after separation~~thereafter~~, provided the employee meets the following conditions:

A) the separation from active military service is under conditions other than dishonorable;~~,~~

B) reemployment occurs in a position of the same class in which~~as that~~ employed at the time of leave for military service;~~,~~ and

C) the probationary period is satisfactorily completed in the class upon reemployment.

k) Effect of Lesser Units on Seniority~~.~~

1) Lesser units, for purposes of determining seniority, may be approved by the Merit Board, provided two-thirds of the status employees within the class involved in the approval of the lesser unit shall agree to the creation of the~~such~~ lesser unit. A lesser unit can be disestablished only by agreement (i.e., election) of two-thirds of all status employees in the class at the place of employment (subject to subsequent approval by the Merit Board).

2) A status employee who accepts a position in a different lesser unit relinquishes seniority acquired in the previous lesser unit, but cannot be required to serve another probationary period, providing there is no change in class.

3) An employee in a lesser unit who accepts a temporary assignment in another lesser unit during a period of layoff does not accrue seniority in the latter unit.

l) Effect of Vacation Time on Seniority at Time of Separation. At the time of separation, seniority shall be accrued only through the period of actual service to the employer. Payment for earned vacation time shall not be included in the seniority computation.

m) Restoration of Seniority after Retirement. If a retired employee is reemployed within 60 days after retirement, seniority earned up to the effective date of retirement shall be restored.

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

HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Processing, Classification Policies and Review Criteria

2) Code Citation: 77 Ill. Adm. Code 1110

3)

Section Numbers:	Adopted Action:
1110.10	Amended
1110.30	Repealed
1110.40	Amended
1110.50	Repealed
1110.55	Repealed
1110.60	Repealed
1110.65	Repealed
1110.110	Repealed
1110.120	Repealed
1110.130	Amended
1110.210	Amended
1110.220	Repealed
1110.230	Amended
1110.234	New
1110.310	Repealed
1110.320	Repealed
1110.410	Repealed
1110.420	Repealed
1110.510	Repealed
1110.520	Repealed
1110.530	Amended
1110.610	Repealed
1110.620	Repealed
1110.630	Amended
1110.710	Repealed
1110.720	Repealed
1110.730	Amended
1110.1410	Repealed
1110.1420	Repealed
1110.1430	Amended
1110.1710	Repealed
1110.1720	Repealed
1110.1730	Amended
1110.2310	Repealed

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1110.2320	Repealed
1110.2330	Amended
1110.2410	Repealed
1110.2420	Repealed
1110.2430	Amended
1110.2510	Amended
1110.2520	Repealed
1110.2540	Amended
1110.2610	Amended
1110.2620	Repealed
1110.2640	Amended
1110.2710	Amended
1110.2720	Repealed
1110.2730	Amended
1110.2740	Amended
1110.2750	Amended
1110.2810	Amended
1110.2820	Repealed
1110.2830	Amended
1110.2930	New
1110.3030	New

4) Statutory Authority: Illinois Health Facilities Planning Act [20 ILCS 3960]

5) Effective Date of Rulemaking: February 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 amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposed Amendments Published in Illinois Register: 32 Ill. Reg. 1575; February 8, 2008

10) Has JCAR issued a Statement of Objection to these amendments? No

11) Differences between proposal and final version:

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The following changes were made in response to comments received during the first notice or public comment period:

1. In Section 1110.40, language was added after subsection (a)(2) to provide further detail concerning the process for emergency applications:
"3) Further detail concerning the process for emergency applications is provided in Section 1130.610.".

2. The table in Section 1110.40(b), was revised to change all references to "Subpart AF" to "77 Ill. Adm. Code 1120". Other changes in this table include:

- "or facility" was added at the end of "Discontinuation of ~~beds or~~ category of service".

- ", merger or consolidation" was added before the closing parenthesis in "Facility conversion (e.g., change of ownership)" and "1110.234" was deleted.

- The type of projects categorized as "Outpatient diagnostic and treatment facilities and space, provided that the cost of all diagnostic and treatment components of the project does not exceed the capital expenditure review threshold" was changed to "Outpatient clinical service areas".

3. In Section 1110.130, introductory language was added to clarify the applicability of the criteria in this section:
"These criteria pertain to categories of service and facilities, as referenced in 77 Ill. Adm. Code 1130.".

4. In Section 1110.130(a)(2), the detailed examples (listed with cited reasons for discontinuation) were deleted:
"and types of medical equipment detailed in Appendix A (e.g., surgery, emergency department, diagnostic imaging, outpatient clinics, etc.)".

5. In Section 1110.130(b), after "more", "of the following" was added; and after "factors", ", such as, but not limited to, the following" was deleted, and "(and other factors, as applicable)" was added.

6. In Section 1110.130(b)(1), the following detailed examples (listed with cited reasons for discontinuation) were deleted:

", indicated by utilization levels that have been below minimum or target occupancy or utilization levels specified in 77 Ill. Adm. Code 1100 or this Subchapter a for a period of at least 24 consecutive months;".

7. In Section 1110.130(b)(2), the following detailed examples (listed with cited reasons for discontinuation) were deleted:

", indicated by a staffing vacancy rate in excess of 10% for licensed health care professional (full time equivalent positions) involved in the provision of the service for a period of at least 24 consecutive months;".

8. In Section 1110.130(b)(3), the following detailed examples (listed with cited reasons for discontinuation) were deleted:

", indicated by operating deficits for the service and for the facility for a period of at least 24 consecutive months;".

9. In Section 1110.130(b)(4), the following detailed examples (listed with cited reasons for discontinuation) were deleted:

", indicated by actions taken by governmental or professional certification agencies that document noncompliance, and the failure or inability of the applicant to correct life safety or other types of deficiencies.".

10. In Section 1110.130(c), the requirements in the "HFPB NOTE" were simplified by eliminating "market area data", as part of the requirement, and clarifying that only planning areas and a 45-minute travel time are considered. The language was changed to:

"HFPB NOTE: The facility's market area, for purposes of this Section, is 45 minutes travel time.".

11. In Section 1110.210(a), "General Purpose and Scope, Master Design, and Facility Conversion Information Requirements and Review Criteria that apply in total or in part to all projects, with the exception of projects solely involving "Discontinuation." was replaced with:

HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS

"This Subpart contains all Information Requirements and Review Criteria that apply in total or in part to all projects, (with the exception of projects solely involving "Discontinuation"), including:

1) "Project Purpose, Background of Applicant and Alternatives – Information Requirements";

2) "Project Scope and Size, Utilization and Unfinished/Shell Space Review Criteria";
3) Additional General Review Criteria for Master Design and Related Projects Only"; and
4) "Conversions (Changes of Ownership, Mergers, and Consolidations)".

12. Throughout the subject amendments to 77 Ill. Adm. Code 1110, all references to "Subpart AF" were replaced with "77 Ill. Adm. Code 1120".

13. In Section 1110.230(a)(1), after "evaluating the", "fitness" was changed to "qualifications, background and character" and ", within the three years preceding the filing of the application," was deleted.

14. In Section 1110.230(b)(1), "should" was changed to "shall", "exciting" was deleted and "including" was changed to "as applicable and appropriate for the project. Examples of such information include:".

15. In Section 1110.230(b)(1)(B), "morality" was changed to "mortality".

16. In Section 1110.230(c)(3), ", as available" was added after "care".

17. The tables in Sections 1110.530(a), 1110.630(a), 1110.730(a), 1110.1430(a), 1110.1730(a), and 1110.2930(a) were revised to change references to "category of service" and/or "bed services" to the actual name of the service.

18. Throughout the subject amendments to 77 Ill. Adm Code 1110, references to "category of service" and "category of bed service" were changed to the actual name of the service.

19. In Sections 1110.530(b)(2)(C) and 1110.1730(b)(2)(C), "for the last six months immediately prior to admission" was deleted.

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20. In Sections 1110.530(b)(3), 1110.630(b)(3), 1110.730(b)(3), 1110.1430(b)(3), 1110.1730(b)(3), and 1110.2930(b)(3), the following statement was added for clarification:

"The applicant shall document subsection (b)(3)(A) and either subsection (b)(3)(B) or (C):"

21. In Sections 1110.530(b)(3), 1110.630(b)(3), 1110.730(b)(3), 1110.1430(b)(3), 1110.1730(b)(3), and 1110.2930(b)(3), the following language was added:

"C) Projected Service Demand – Based on Rapid Population Growth:

If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract.;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year , for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.".

HEALTH FACILITIES PLANNING BOARD

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22. In Sections 1110.530(b)(5)(A)(v), 1110.630(b)(5)(A)(v), 1110.730(b)(5)(A)(v), and 1110.1730(b)(5)(A)(v), "30 minute normal travel time" was changed to "45 minute normal travel time" to reflect a more realistic health planning parameter of other providers, and whether or not high utilization at these facilities demonstrates need for the proposed service .

23. In Sections 1110.530(e), 1110.630(e), 1110.1430(e), 1110.1730(e), and 1110.2930(e), in order to simplify the requirements for "Staffing Availability", the following language was deleted:

"1) An applicant proposing to establish a new hospital or to add beds to an existing hospital shall document that a sufficient supply of personnel will be available to staff the total number of beds proposed. Sufficient staff availability shall be based upon evidence that, for the latest 12-month period prior to submission of the application, those hospitals located in zip code areas that are, in total or in part, within one hour normal travel time

of the applicant facility's site have not experienced a staffing shortage with respect to the categories of service proposed by the project.

2) A staffing shortage is indicated by an average annual vacancy rate of more than 10% for budgeted full-time equivalent staff positions for health care workers who are subject to licensing by the Department of Financial and Professional Regulation.

3) An applicant shall document that a written request for this information was received by all existing facilities within the zip code areas, and that the request included a statement that a written response be provided to the applicant no later than 15 days after receipt. Failure by an existing facility to respond to the applicant's request for information within the prescribed 15-day response period shall constitute an assumption that the existing facility has not experienced staffing vacancy rates in excess of 10%. Copies of any correspondence received from the facilities shall be included in the application.

4) If more than 25% of the facilities contacted indicated an experienced staffing vacancy rate of more than 10%, the applicant shall provide

documentation as to how sufficient staff shall be obtained to operate the proposed project, in accordance with licensing requirements."

and replaced with:

"The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered; and licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available, by providing: letters of interest from prospective staff members; completed applications for employment; or a narrative explanation of how the proposed staffing will be achieved.".

24. In Section 1110.530(f)(1),"75 beds" was changed to "100 beds", as the correction of a typographical error and the subsection was reformatted.

25. In Section 1110.530(f)(1)(E), the following language was deleted:

"E) New Hospital: The minimum bed capacity for the establishment of a new acute care hospital within an MSA, except for federally designated critical access hospitals, is 75 beds."

26. In Sections 1110.530(f), 1110.630(f), 1110.730(f), 1110.1430(f), 1110.1730(f), and 1110.2930(f), the following was deleted, since length-of-stay data is no longer relevant since reimbursement changed:

"2) Length of Stay

A) An applicant proposing to add beds to an existing acute care bed service (Med/Surg, OB, Pediatrics and ICU) shall document that

the average length of stay (ALOS) for the subject service is consistent with the planning area's 3-year ALOS.

B) Documentation shall consist of the 3-year ALOS for all hospitals within the planning area, as reported in the Annual Hospital Questionnaire.

C) An applicant whose existing services have an ALOS exceeding 125% of the ALOS for area providers shall document that the

severity or type of illness treated at the applicant facility is significantly higher than the planning area average. Documentation from CMMS or other objective records shall be provided.

D) An applicant whose existing services have an ALOS that is lower than the planning area ALOS shall submit an explanation as to the reasons for the divergence.".

27. In Sections 1110.530(d)(2)(B), 1110.630(d)(2)(B), 1110.730(b)(2)(B), 1110.1430(d)(2)(B), 1110.1730(f)(2)(B), 1110.2330(d)(2)(B), 1110.2430(d)(2)(B), and 1110.2930(d)(2)(B), "(JCAHO)" was added after "Joint Commission on Accreditation of Healthcare Organization".

28. In Sections 1110.530(b)(2)(C), 1110.630(b)(2)(C), 1110.730(b)(2)(C), 1110.1430(b)(2)(C), 110.1730(b)(2)(C), and 1110.2930(b)(2)(C), ", for the last six months immediately prior to admission" was deleted since verification of the patients' addresses is not possible.

29. In Section 1110.1430(b)(3)(B) and 1110.1430(b)(4)(B), subsection (B)(i)was changed, as indicated below:

"B) Projected Referrals
The applicant shall provide physician referral letters that attest to ~~the following~~:
i) ~~Physician referral letters that attest to~~ T~~t~~he physician's total number of patients (by facility and zip code of residence) who have received care at existing facilities located in the area , as reported to The Renal Network at the end of the year for the most recent three years and the end of the most recent quarter ~~during the 12-month period prior to submission of the application~~;".

30. In Section 1110.1430(b)(3)(B)(ii) and 1110.1430(b)(4)(B), the following requirement was added:

"ii) The number of new patients (by facility and zip code of residence) located in the area, as reported to The Renal Network, that the physician referred for in-center hemodialysis for the most recent year.".

HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS

31. In Section 1110.1430(b)(3)(B)(iii) and 1110.1430(b)(4)(iii), language was changed, as indicated below:

"iii) ~~ii)~~ An estimated number of patients (transfers from existing facilities and pre-ESRD, as well as respective zip codes of residence) that the physician will refer annually to the applicant's facility within a 24-month period after project completion, based upon the physician's practice experience. The anticipated number of referrals cannot exceed the physician's documented historical caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;".

32. In Section 1110.1430(b)(3)(B)(iv), the following data requirements was added:

"iv) An estimated number of existing patients who are not expected to continue requiring in-center hemodialysis services due to a change in health status (e.g., the patients received kidney transplants or expired).".

33. In Section 1110.1430(b)(3)(B)(vii) and 1110.1430(b)(4)(B)(vii), the following language was added:

"vii) Each referral letter shall contain a statement attesting that the information submitted is true and correct, to the best of the physician's belief.".

34. Section 1110.1430(b)(4)(B)(i) was changed to:

B) "Projected Referrals

i) The applicant shall provide physician letters that attest to:

- the physician's total number of patients (by facility and zip code of residence) who have received care at existing facilities located in the area, as reported to The Renal Network at the end of the year for the most recent three years and at the end of the most recent quarter;".

35. In Section 1110.1430(b)(4)(B)(i), a second bullet point was added: "The number of new patients (by facility and zip code of residence) located in the area, as reported to The

Renal Network, that the physician referred for in-center hemodialysis for the most recent year.".

36. In Section 1110.1430(b)(4)(B)(i), the 3rd bullet point reads in part: "An estimated number of patients (transfers from existing facilities and pre-ESRD, as well as respective zip codes of residence) that the physician will refer annually to the applicant's facility within a 24-month period after project completion, based upon the physician's practice experience.".

37. In Section 1110.1430(j), a standard for hemodialysis outcome measures was added, as follows:

"2) An applicant proposing to expand or relocate in-center hemodialysis stations will achieve and maintain compliance with the following adequacy of hemodialysis outcome measures for the latest 12-month period for which data are available:

≥85% of hemodialysis patient population achieve area reduction ratio (URR)≥65% and ≥85% of hemodialysis patient population achieves Kt/V Daugirdas II .1.2.".

38. In Section 1110.1730(b)(3)(A), "and is proposing to establish this category of service" was added after "facility".

39. In Section 1110.1730(b)(4)(A)(ii), the language was changed as follows:

"ii) If prospective residents have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: completed applications that could not be accepted due to lack of the subject service; documentation from referral sources with identification of those patients by name and date.".

40. In Section 1110.1730(b)(4)(B)(i), the language was changed to:

"Letters from referral sources (hospitals, physicians, social services and others) that attest to their total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application; Referral sources shall verify their projections and the methodology used;".

HEALTH FACILITIES PLANNING BOARD

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41. In Section 1110.1730(b)(4)(B)(ii), "An estimated number of patients whom the hospital" was changed to "An estimated number of prospective residents whom the referral sources".

42. Throughout Section 1110.1730, references to "patients" were changed to "prospective residents" and references to "hospitals" were changed to "referral sources".

43. In Section 1110.1730(b)(5)(A) and (B),", as applicable." was added for clarification.

44. In Section 1110.1730(b)(5)(B)(iv), "waiting times" was changed to "a waiting list".

The following changes were made in response to comments and suggestions of JCAR:

1. In Section 1110.130(c)(2), the following language was added: ", which is described in 77 Ill. Adm. Code 1100.70 and found on HFPB's website.".

2. In Sections 1110.530(b)(3)(C)(i) and 1110.630(b)(3)(C)(3), "Applicants proposing to use zip code data to define the project market area shall indicate the source(s) of such information;" was deleted.

3. In Section 1110.730(a)(2), "Modernization" was added after "CMI".

4. In Section 1110.730(b)(2)(C), ", for the last six months immediately prior to admission" was deleted.

5. In Section 1110.1430 in the table following subsection (a)(1), in the row titled "Expansion of Existing Services" in subsection (b)(4), "Stations" was deleted.

6. In Section 1110.1430(e)(1), "1) Availability" was deleted and subsections (e)(2) through (e)(6) were renumbered.

7. In Section 1110.1430(e)(2)(E), the following language was added: "The individual responsible for social services shall have a Master's of Social Work and meet the State of Illinois requirements (see 225 ILCS 20, the Clinical Social Work and Social Work Practice Act).".

8. In Section 1110.1730(b)(2)(C), "general long term care" was added after "existing".

9. In Section 1110.1730(b)(5), "The applicant shall document the following:" was deleted".

10. In Section 1110.2330(b)(4)(B), ", as applicable to cited restrictions," was added after "documentation".

11. In Section 1110.2430(f), "kidney" was added after "one".

12. In Section 1110.2930(b)(5)(B), the following language was added: ", as applicable to cited restrictions.".

13. In Section 1110.2930(b)(6)(D), "not" was added after "will".

In addition, various typographical, grammatical, and form changes were made in response to the comments from JCAR.

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 Rulemaking:

General Applicability and Project Classification:

Section 1110.10 was updated and outlines the responsibilities of the applicant to address all pertinent review criteria when submitting a CON application. In Section 1110.40, there are language changes for clarification and an updated table showing project type and the corresponding applicable review criteria that must be addressed. Sections 1110.30, 1110.50 and 1110.55 are repealed since they are obsolete. Section 1110.60 is repealed, since the definition and review requirements have been incorporated into other sections of HFPB rules; and Section 1110.65 is repealed, since no applications were ever received under this Section, and revisions to the statute concerning non-clinical care areas and a higher capital expenditure threshold have reduced the need for this option.

HEALTH FACILITIES PLANNING BOARD

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Discontinuation:

In Section 1110.130, amendments add and clarify information requirements, including the disposition and relocation of medical records; certification that all required data will be submitted to HFPB/IDPH no later than 60 days following the date of discontinuation; and documentation that the proposed discontinuation will not have an adverse impact on access to care for residents of the facility's market area.

Definitions:

Amendments consolidate all definitions in Part 1100 and Part 1110 to Section 1100.220 – General Definitions. The relocation and consolidation of definitions provides a central source for all review-based definitions. This will simplify the process of searching for definitions related to project review subjects and criteria.

Sections 1110.220; 1110.520; 1110.620; 1110.720; 1110.920; 1110.1420; 1110.1720; 1110.2320; 1110.2420; 1110.2520; 1110.2620; 1110.2720; and 1110.2820 have been repealed.

General Requirements:

Sections 1110.210 and 1110.230 change "Review Criteria" to "Information Requirements". The "Information Requirements" present an overview of the applicant, the proposed project, and all options considered and rejected, in favor of the proposed project. The three "Information Requirements" to be addressed are Background of Applicant, Purpose of Project, and Alternatives to the Proposed Project.

Two of the redundant existing review criteria are incorporated into "Category of Service" review criteria in Sections F through AE of Part 1110. Existing criterion "Project Scope and Size" has been relocated to Section 1110.232.

"Project Scope and Size, Utilization and Unfinished/Shell Space":

In the new Section 1110.232, review criteria for both "Size of Project" and "Project Services Utilization" are relocated to a new Section 1110.234, which incorporates criteria concerning the physical aspects of a project, as well as "utilization" for projects that involve services, functions or equipment for which HFPB has not established utilization or occupancy standards in Part 1100.

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In addition, this rule includes a new criterion for the review of "Unfinished/Shell Space". HFPB is required to consider shell space or unfinished space proposed in a project, per a mandate of the Health Facilities Planning Act.

"Category of Service" Rules:

A new format has been developed for all "Category of Service" review criteria. The new format reflects the intent and purposes of the Health Facilities Planning Act, and since the format will be applied to all "Category of Service" review criteria, it provides a uniform approach to the review and assessment of proposed projects.

The new format retains most of the existing requirements, and also incorporates "Need" and "Location" requirements from the existing "General Review Criteria" in Section 1110.230. Subparts D and E have been repealed, since the requirements have been incorporated into the "Category of Service" review criteria.

A new Section was added for one (1) new Category of Service: "Long Term Acute Care Hospital – Review Criteria". In addition, another new Section was added containing review criteria for "Clinical Service Areas Other than Categories of Service".

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

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Division of Legal Services
Department of Public Health
535 West Jefferson, 5th Floor
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217/782-2403

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

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TITLE 77: PUBLIC HEALTH
CHAPTER II: HEALTH FACILITIES PLANNING BOARD
SUBCHAPTER a: ILLINOIS HEALTH CARE FACILITIES PLAN

PART 1110
PROCESSING, CLASSIFICATION POLICIES AND REVIEW CRITERIA

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AUTHORITY: Implementing and authorized by the Illinois Health Facilities Planning Act [20 ILCS 3960].

SOURCE: Fourth Edition adopted at 3 Ill. Reg. 30, p. 194, effective July 28, 1979; amended at 4 Ill. Reg. 4, p. 129, effective January 11, 1980; amended at 5 Ill. Reg. 4895, effective April 22, 1981; amended at 5 Ill. Reg. 10297, effective September 30, 1981; amended at 6 Ill. Reg. 3079, effective March 8, 1982; emergency amendments at 6 Ill. Reg. 6895, effective May 20, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11574, effective September 9, 1982; Fifth Edition adopted at 7 Ill. Reg. 5441, effective April 15, 1983; amended at 8 Ill. Reg. 1633, effective January 31, 1984; codified at 8 Ill. Reg. 18498; amended at 9 Ill. Reg. 3734, effective March 6, 1985; amended at 11 Ill. Reg. 7333, effective April 1, 1987; amended at 12 Ill. Reg. 16099, effective September 21, 1988; amended at 13 Ill. Reg. 16078, effective September 29, 1989; emergency amendments at 16 Ill. Reg. 13159, effective August 4, 1992, for a maximum of 150 days; emergency expired January 1, 1993; amended at 16 Ill. Reg. 16108, effective October 2, 1992; amended at 17 Ill. Reg. 4453, effective March 24, 1993; amended at 18 Ill. Reg. 2993, effective February 10, 1994; amended at 18 Ill. Reg. 8455, effective July 1, 1994; amended at 19 Ill. Reg. 2991, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 7981, effective May 31, 1995, for a maximum of 150 days; emergency expired October 27, 1995; emergency amendment at 19 Ill. Reg. 15273, effective October 20, 1995, for a maximum of 150 days;

recodified from the Department of Public Health to the Health Facilities Planning Board at 20 Ill. Reg. 2600; amended at 20 Ill. Reg. 4734, effective March 22, 1996; amended at 20 Ill. Reg. 14785, effective November 15, 1996; amended at 23 Ill. Reg. 2987, effective March 15, 1999; amended at 24 Ill. Reg. 6075, effective April 7, 2000; amended at 25 Ill. Reg. 10806, effective August 24, 2001; amended at 27 Ill. Reg. 2916, effective February 21, 2003; amended at 32 Ill. Reg. 12332, effective July 18, 2008; amended at 33 Ill. Reg. 3312, effective February 6, 2009.

SUBPART A: GENERAL APPLICABILITY AND PROJECT CLASSIFICATION

Section 1110.10 Introduction and Applicability~~to Part 1110~~

An application for permit *shall be made to HFPB* and shall *contain such information as HFPB deems necessary* [20 ILCS 3960/6]. The applicant is responsible for addressing all pertinent review criteria that relate to the scope of a construction or modification project or to a project for the acquisition of major medical equipment. Applicable review criteria may include, but are not limited to, general review criteria, discontinuation, modernization, category of service criteria, and financial and economic feasibility criteria. Applications for permit shall be processed, classified and reviewed in accordance with all applicable HFPB rules. HFPB shall consider a project's conformance with all applicable review criteria in evaluating applications and in determining whether a permit should be issued. Definitions pertaining to this Part are contained in the Act and in 77 Ill. Adm. Code 1100 and 1130. HFPB's procedural rules relating to the processing and review of applications for permit are contained in 77 Ill. Adm. Code 1130.~~This Part of the Plan addresses activities and requirements utilized in the submission of an application for permit, its subsequent processing and the criteria applied in the review of a proposed project.~~

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.30 Processing and Reviewing Applications (Repealed)

~~The procedures for processing and reviewing all applications for permit are specified in 77 Ill. Adm. Code 1130 (Health Facilities Planning Procedural Rules).~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.40 Classification of Projects and Applicable Review Criteria

When an application for permit has been received by HFPB~~the State Board~~, the Executive Secretary shall classify the project into one of the following classifications:

a) Emergency Review Classification

1) An emergency review classification applies only to~~Emergency projects are subject to the review process and are~~ those construction or modification projects that affect the inpatient operation of a health care facility and are necessary because ~~there exists~~ one or more of the following conditions exist:

A) An imminent threat to the structural integrity of the building; or

B) An imminent threat to the safe operation and functioning of the mechanical, electrical~~,~~ or comparable systems of the building.

2) Applications classified as emergency will be reviewed for conformance~~Since the State Board recognizes that applications for emergency projects must be processed as expeditiously as possible, all applications will be reviewed in accordance~~ with the following review criteria:

A) Documentation has been provided that verifies the existence of one or both of the conditions specified~~the project is indeed an emergency project as defined~~ in subsection (a)(1)(A) or (B); and

B) Failure~~failure~~ to proceed immediately with the project would result in closure or impairment of the inpatient operation of the facility; and

C) The~~the~~ emergency conditions did not exist longer than 30 days prior to the receipt of the application for permit~~requesting the emergency classification~~.

3) Further detail concerning the process for emergency applications is provided in 77 Ill. Adm. Code 1130.610.

b) Non-Substantive Review Classification~~.~~
Non-substantive projects are those construction or modification projects that are solely and entirely limited in scope to the type of project detailed in the following table. Applications classified as non-substantive will be reviewed for

conformance with the applicable review criteria detailed in the following table for the type of project specified.establishment, construction, modification or equipment projects which consist solely of the characteristics detailed in this subsection. Applications shall be evaluated only against the following applicable review criteria of the Sections or Parts specified.

Type of ProjectApplicable Project Type	Applicable Review Criteria
Establishment of long-term care facilities licensed by the Department of Children and Family Services	Section 1110.230 and Part 1120
Discontinuation of beds or category of service or facility	Section 1110.130 and 77 Ill. Adm. Code 1120Part 1120
Facility conversion (e.g., change of ownership, merger or consolidation)Changes of ownership	Sections 1110.230(b), 1110.240, and 77 Ill. Adm. Code 1120Part 1120
Long-term care for the Developmentally Disabled (Adults and Children) Categories of Service	SectionsSection 1110.230,; Section 1110.234,1110.320(b); Section 1110.1830,; and 77 Ill. Adm. Code 1120Part 1120
Acute Care Beds Certified for Extended Care Category of Service as defined by the Centers for Medicare and Medicaid ServicesHealth Care Financing Administration (42 CFR 405.471 (1987))	SectionsSection 1110.230, 1110.234,(a), (c), (e); and 77 Ill. Adm. Code 1120 Part 1120
In-Center HemodialysisChronic Renal Dialysis Category of Service	SectionsSection 1110.230,; 1110.234,Part 1110.1430,; and 77 Ill. Adm. Code 1120Part 1120
Projects intended solely to provide care to patients suffering from Acquired Immunodeficiency Syndrome (AIDS) or related disorders	SectionsSection 1110.230,; 234,Section 1110.320; Section 1110.420; and 77 Ill. Adm. Code 1120Part 1120

~~Replacement of diagnostic or therapeutic equipment with comparable equipment to be utilized for a similar purpose~~	~~Section 1110.420(b); and Part 1120~~
Master design projects	Sections 1110.230, 1110.234, 1110.235, 77 Ill. Adm. Code 1120 and Sections pertaining to any category of service proposed in the Master Plan Projects
Outpatient clinical service areas~~Medical office buildings, fitness centers, and other non-inpatient space~~	Sections~~Section~~ 1110.230, 1110.234,~~(c), (d) and e);~~ and 77 Ill. Adm. Code 1120~~Part 1120~~
Fitness centers	Sections 1110.230, 1110.234, and 77 Ill. Adm. Code 1120
Community-Based Residential Rehabilitation Center Alternative Health Care Model	Section 1110.2830

c) Substantive Review Classification~~.~~
Substantive projects are those projects that are not classified as either emergency or non-substantive. Applications classified as substantive will be reviewed for conformance with all applicable review criteria contained in this Part.~~All projects that do not include components specified in subsection (b) shall be subject to review and shall be classified substantive unless they are found to be emergency projects as delineated in subsection (a).~~

~~d)~~ ~~Classification of projects with both non-substantive and substantive components. Projects which include both substantive and non-substantive components shall be classified as substantive.~~

d~~e~~) Classification Appeal~~.~~
Appeal of any classification may be made to HFPB~~the State Board~~ at the next scheduled ~~State Board~~ meeting following the date of the Executive Secretary's determination.

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

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Section 1110.50 Recognition of Services which Existed Prior to Permit Requirements (Repealed)

~~Upon the expiration of thirty days following the effective date of this regulation, the State Board will no longer accept petitions from any person seeking to prove that a particular category of service was in existence at a health care facility prior to the effective date of Board regulations requiring a permit for establishment of that service. As of that date, persons seeking recognition of a category of service must file an application for permit and receive approval for establishment of that service unless a specific provision exists within this Part regarding recognition of the category of service by the State Board.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.55 Recognition of Non-hospital Based Ambulatory Surgery Category of Service (Repealed)

~~a) Due to revisions in 77 Ill. Adm. Code 205.110 of the Agency's licensure standards for ambulatory surgical treatment centers (effective November 1, 1989), the State Board shall recognize the existence of the non-hospital based ambulatory surgery category of service for unlicensed facilities which become subject to such licensure requirements if the following documentation is submitted to the State Board:~~

~~1) verification that outpatient surgery had been performed at the facility prior to January 1, 1989; and~~

~~2) verification that due to revisions in 77 Ill. Adm. Code 205.110, effective November 1, 1989, the facility must obtain a license as an ambulatory surgical treatment center; or~~

~~3) verification that the facility was certified for reimbursement under Title XVIII of the Social Security Act (42 U.S.C.A. 1395x) for ambulatory surgery on or before January 1, 1989.~~

~~b) Documentation must be in the form of copies of medical records indicating the date of performance of surgical procedures at the facility, letter(s) from the Agency's licensure program stating that a license must be obtained, or a copy of the approval letter for participation in Title XVIII.~~

~~c) Recognition by the State Board of the non-hospital based ambulatory surgery category of service exempts the facility from the requirement of obtaining a permit for establishment of a health care facility and establishment of the service. Such exemption shall be valid and remain in effect provided that the following requirements are met:~~

~~1) the procedures and scope of services provided at the facility remain restricted to the medical specialty(ies) (e.g. podiatry, ophthalmology, plastic surgery) in operation on or before January 1, 1989; and~~

~~2) the facility has obtained a license from the Agency no later than January 1, 1991; and~~

~~3) the facility has petitioned the State Board for recognition of the service no later than 90 days after the effective date of the revisions to Part 205.110.~~

~~d) Upon issuance of a license by the Agency, the ambulatory surgical treatment center shall be subject to the provisions of the Act regarding subsequent transactions which require permit. Failure to comply with any of the requirements of Section 1110.55(b) or subsequent discontinuation of the facility will void the recognition and exemption, and a permit will be required to establish the category of service.~~

~~e) The provisions of this Section became effective November 1, 1989.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.60 Master Design Projects (Repealed)

~~a) Definition~~
~~Master Design Project means a proposed project solely for the planning and/or design costs associated with an institutional master plan or with one or more future construction or modification projects. Project costs include: preplanning costs, site survey and soil investigation costs, architects fees, consultant fees and other fees related to planning or design. The master design project is for planning and design only and shall not contain any construction elements.~~

~~b) Review Coverage~~

~~Master design projects shall be classified as substantive. Such projects shall be reviewed to determine the financial and economic feasibility of the master design project itself, the need for the proposed master plan or for the future construction or modification projects, and the financial and economic feasibility of the proposed master plan or of the future construction or modification projects. Findings concerning the need for beds and services and financial feasibility made during the review of the master design project are applicable only for the master design project. Approval by the State Board of a master design project does not obligate approval or positive findings on future construction or modification projects implementing the design. Future applications including those involving the replacement or addition of beds are subject to the review criteria and bed need in effect at the time of State Board review.~~

~~e) Applicable Review Standards~~

~~1) The estimated project costs of a master design project shall be subject to review only under the applicable review criteria of 77 Ill. Adm. Code 1120.~~

~~2) The master plan or the future construction or modification projects proposed pursuant to the master design project shall be subject to the applicable review criteria of 77 Ill. Adm. Code 1120 and the following review criteria found in this Part:~~

~~Section 1110.230(a) Location~~

~~Section 1110.230(b) Background of Applicant~~

~~Section 1110.230(c) Alternatives to the Proposed Project~~

~~Section 1110.235 Additional General Review Criteria for Master Design and Related Projects Only~~

~~Section 1110.320(a) Establishment of Additional Hospitals~~

~~Section 1110.320(b) Allocation of Additional Beds~~

~~Section 1110.420(b) Modern Facilities~~

~~Section 1110.530(a) Unit Size~~

~~Section 1110.630(a) Facility Size~~

~~Section 1110.730(a) Unit Size~~

~~Section 1110.1230(b) Establishment of Open Heart Surgery~~

~~Section 1110.1330(b) Establishment or Expansion of Cardiac Catheterization Service~~

~~Section 1110.1330(d) Modernization of Existing Cardiac Catheterization Equipment~~

~~Section 1110.1430(b) Minimum Size of Renal Dialysis Center or Renal Dialysis Facilities~~

~~Section 1110.1730(a) Facility Size~~

~~Section 1110.1730(c) Zoning~~

~~Section 1110.1830(a) Facility Size~~

~~Section 1110.1830(d) Recommendation from State Department~~

~~Section 1110.1830(f) Zoning~~

~~Section 1110.2330(a) Establishment of a Program~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.65 Master Plan or Capital Budget Projects (Repealed)

~~a) Definition~~

~~Master Plan or Capital Budget Project means a series of proposed capital expenditures and other transactions that are to be initiated by or on behalf of a health care facility over a given period of time that does not exceed 24 consecutive calendar months. The expenditures or transactions may or may not be~~

~~related or interdependent and may be undertaken by one or more construction contracts, leases, or other forms of obligation.~~

~~b) Review Coverage~~
~~Master Plan or Capital Budget projects shall be classified as substantive and be reviewed for conformance with the applicable review criteria of this Part and 77 Ill. Adm. Code 1120.~~

~~c) Submission of Application for Permit~~
~~The submission of an application for permit for a Master Plan or Capital Budget project is optional. An applicant may submit separate applications for permit for any individual project or transaction that in and of itself requires a permit.~~

~~d) Obligation, Completion, Alteration~~
~~All expenditures or transactions that are components of a Master Plan or Capital Budget shall be considered obligated upon receipt of the notarized certification of obligation described at 77 Ill. Adm. Code 1130.140. All components of the Master Plan or Capital Budget project must be completed in accordance with the time frames specified in the application for permit unless a renewal has been granted by the State Board. Alterations to a Master Plan or Capital Budget project are subject to the provisions of 77 Ill. Adm. Code 1130.750.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART B: REVIEW CRITERIA – DISCONTINUATION

Section 1110.110 Introduction (Repealed)

~~When discontinuation as defined in Section 1110.120 is proposed, an application for permit is required. It is the intent of the State Board that all applications for permit for discontinuation be processed promptly. The review shall include opportunity for a public hearing.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.120 Discontinuation – Definition (Repealed)

~~"Discontinuation" means to cease operation of an entire health care facility or to cease operation of a category of service and is further defined in 77 Ill. Adm. Code 1130.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.130 Discontinuation – Review Criteria

These criteria pertain to categories of service and facilities, as referenced in 77 Ill. Adm. Code 1130.

a) Information Requirements − Review Criterion
The applicant shall provide at least the following information:

1) Identification of the categories of service and the number of beds, if any, that are to be discontinued;

2) Identification of all other clinical services that are to be discontinued;

3) The anticipated date of discontinuation for each identified service or for the entire facility;

4) The anticipated use of the physical plant and equipment after discontinuation occurs;

5) The anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be retained;

6) For applications involving discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFPB or IDPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.

b) Reasons for Discontinuation − Review Criterion
The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued:

1) Insufficient volume or demand for the service;

2) Lack of sufficient staff to adequately provide the service;

3) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability;

4) The facility or the service is not in compliance with licensing or certification standards.

c) Impact on Access − Review Criterion
The applicant shall document that the discontinuation of each service or of the entire facility will not have an adverse impact upon access to care for residents of the facility's market area. The applicant shall provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination. Factors that indicate an adverse impact upon access to service for the population of the facility's market area include, but are not limited to, the following:

1) The service will no longer exist within 45 minutes travel time of the applicant facility;

2) Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities, which is described in 77 Ill. Adm. Code 1100.70 and found on HFPB's website;

3) Facilities or a shortage of other categories of service at determined by the provisions of 77 Ill. Adm. Code 1100 or other Sections of this Part.

HFPB NOTE: The facility's market area, for purposes of this Section, is 45 minutes travel time. The applicant must document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those proposed for discontinuation) located within 45 minutes travel time of the applicant facility. The request for an impact statement must be received by the facilities at least 30 days prior to submission of the application for permit. The applicant's request for an impact statement must include at least the following: the anticipated date of discontinuation of the service; the total number of patients that have received care or the number of

treatments that have been provided (as applicable) for the latest 24 month period; whether the facility being contacted has or will have available capacity to accommodate a portion or all of the applicant's experienced caseload; and whether any restrictions or limitations preclude providing service to residents of the applicant's market area. The request shall allow 15 days after receipt for a written response from the contacted facility. Failure by an existing or approved facility to respond to the applicant's request for an impact statement within the prescribed 15-day response period shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for that facility.

~~a) The applicant must provide the following:~~

~~1) the reasons for the discontinuation;~~

~~2) the anticipated or actual date of discontinuation or the date the last person was or will be discharged or treated, as applicable;~~

~~3) the availability of other services or facilities in the planning area that are available and willing to assume the applicant's workload without conditions, limitations, or discrimination;~~

~~4) a closure plan indicating the process used to provide alternative services or facilities for the patients prior to or upon discontinuation; and~~

~~5) the anticipated use of the physical plant and equipment after discontinuation has occurred and the anticipated date of such use.~~

~~b) Each application for discontinuation will be analyzed to determine:~~

~~1) that the stated reasons for the proposed discontinuation are valid and are of such a nature to warrant discontinuation;~~

~~2) that the discontinuation project will not adversely affect the services needed by the planning area as calculated in the appropriate Appendix of this Subchapter;~~

~~3) that the discontinuation project will not have an adverse affect on the health delivery system by creating demand for services which cannot be met by existing area facilities;~~

~~4) that the discontinuation project is in the public interest and would not cause planning area residents unnecessary hardship by the limitation of access to needed services including the effect of the proposed discontinuation on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, the elderly and other underserved groups to obtain needed health care;~~

~~5) that (in every project for discontinuation except the discontinuation of a total health care facility) the anticipated use to which the physical plant and equipment will be put once the discontinuation takes place and the date such action will occur is appropriate.~~

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART C: GENERAL PURPOSE, MASTER DESIGN, AND FACILITY CONVERSION − INFORMATION REQUIREMENTS AND~~CHANGES OF OWNERSHIP~~ REVIEW CRITERIA

Section 1110.210 Introduction

a) This Subpart contains all Information Requirements and Review Criteria that apply in total or in part to all projects, (with the exception of projects solely involving "Discontinuation"), including:

1) Project Purpose, Background of Applicant and Alternatives − Information Requirements;

2) Project Scope and Size, Utilization and Unfinished/Shell Space Review Criteria;

3) Additional General Review Criteria for Master Design and Related Projects Only; and

4) Conversions (Changes of Ownership, Mergers, and Consolidations).

b) Each required point of information is intended to provide HFPB with an overview of the need for a proposed project. HFPB shall consider a project's conformance with the applicable information requirements contained in this Subpart, as well as

a project's conformance with all applicable review criteria indicated in subsection (c), to determine whether sufficient project need has been documented to issue a Certificate of Need (CON) permit.

c) The review criteria to be addressed (as required) are contained in the following Parts and Subparts:

1) Subpart C, Section 1110.232 contains review criteria concerning "Project Scope and Size", "Utilization" and "Unfinished Shell Space", and Section 1110.3030 contains review criteria concerning "Clinical Service Areas Other Than Categories of Service";

2) Subparts F through AE of this Part contain service specific review criteria that shall be addressed, as applicable, to the Category of Service included in a proposed project;

3) 77 Ill. Adm. Code 1120 contains review criteria pertaining to financial and economic feasibility;

4) 77 Ill. Adm. Code 1130 contains the CON procedural requirements that may be applicable to a proposed project; and

5) *An application for a permit or exemption shall be made to HFPB upon forms provided by HFPB. This application shall contain such information as HFPB deems necessary.* [20 ILCS 3960/6] The application shall include affirmative evidence on which the Director may make the findings required under this Section and upon which HFPB may make its decision on the approval or denial of the permit or exemption.

d) Definitions for Subpart C and Subparts F through AE (service specific) are contained in the Act and in 77 Ill. Adm. Code 1100.220.

~~This Subpart C contains all General, Master Design, and Changes of Ownership Review Criteria that apply in total or in part to all projects except discontinuation and certain non-substantive projects.~~

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.220 Definitions – General Review Criteria (Repealed)

~~a) "Board Certified or Board Eligible Physician" means a physician who has satisfactorily completed an examination (or is "eligible" to take such examination) in a medical specialty and has taken all of the specific training requirements for certification by a specialty board. For purposes of this definition, "medical specialty" shall mean a specific area of medical practice by health care professionals. A listing of specialty boards may be found in Appendix A of this Part.~~

~~b) "Health Services" means diagnostic, treatment or rehabilitative services which are grouped, for purposes of review, into clinically related Categories of Service based upon level or type of support functions, equipment or treatment provided to patients/residents. Categories of Service, when established or discontinued, are subject to review regardless of cost.~~

~~c) "Level of Care" means a specific degree of, type of, or approach to patient/resident care within a defined category of service.~~

~~d) "Surgery" means a category of service pertaining to the performance of any type of surgical operation(s). Surgical areas include but are not limited to:~~

~~1) Operating Rooms;~~

~~2) Nurses Station;~~

~~3) Nurses' Lockers and Lounge;~~

~~4) Doctor's Lockers and Lounge;~~

~~5) Scrub Areas;~~

~~6) General Storage Space;~~

~~7) Linen Storage Area;~~

~~8) Circulation Space;~~

~~9) Patient Holding Area; and~~

~~10) Recovery.~~

~~e) "Distinct Unit" means a physically distinct area comprising all beds served by a nursing station in which a particular category of service is provided and which utilizes a nursing staff assigned exclusively to the distinct area.~~

~~f) "DRG" means diagnostic related groups utilized in the Medicare program for health care reimbursement.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.230 Project Purpose, Background and Alternatives − Information Requirements~~General Review Criteria~~

The information requirements contained in this Section are applicable to all projects except projects that are solely for discontinuation. An applicant shall document the *qualifications, background, character and financial resources to adequately provide a proper service for the community* and also demonstrate that the project promotes the *orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of facilities* or service. [20 ILCS 3960/2]

a) Background of Applicant – Information Requirements

1) An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character, to adequately provide a proper standard of health care service for the community.* [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFPB shall consider whether adverse action has been taken against the applicant, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by such person or entity (refer to 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

2) Examples of facilities owned or operated by an applicant include:

A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ, which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.

B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter Ambulatory Surgical Treatment Center (ASTC), its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.

C) Dr. Wellcare is the applicant. His wife is the director of a corporation that owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.

D) Drs. Faith, Hope and Charity own 40%, 35% and 10%, respectively, of the shares of Healthfair, Inc., a corporation, that is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.

3) The applicant shall submit the following information:

A) A listing of all health care facilities currently owned and/or operated by the applicant, including licensing, certification and accreditation identification numbers, as applicable;

B) A certified listing from the applicant of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application;

C) Authorization permitting HFPB and Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide the authorization shall constitute an

abandonment or withdrawal of the application without any further action by HFPB.

4) If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed to update and/or clarify data.

b) Purpose of the Project – Information Requirements
The applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other, per the applicant's definition.

1) The applicant shall address the purpose of the project, i.e., identify the issues or problems that the project is proposing to address or solve. Information to be provided shall include, but is not limited to, identification of existing problems or issues that need to be addressed, as applicable and appropriate for the project. Examples of such information include:

A) The area's demographics or characteristics (e.g., rapid area growth rate, increased aging population, higher or lower fertility rates) that may affect the need for services in the future;

B) The population's morbidity or mortality rates;

C) The incidence of various diseases in the area;

D) The population's financial ability to access health care (e.g., financial hardship, increased number of charity care patients, changes in the area population's insurance or managed care status);

E) The physical accessibility to necessary health care (e.g., new highways, other changes in roadways, changes in bus/train routes or changes in housing developments).

2) The applicant shall cite the source of the information (e.g., local health department Illinois Project for Local Assessment of Need (IPLAN) documents, Public Health Futures, local mental health plans, or other health assessment studies from governmental or academic and/or other independent sources).

3) The applicant shall detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being. Further, the applicant shall provide goals with quantified and measurable objectives with specific time frames that relate to achieving the stated goals.

4) For projects involving modernization, the applicant shall describe the conditions being upgraded. For facility projects, the applicant shall include statements of age and condition and any regulatory citations. For equipment being replaced, the applicant shall also include repair and maintenance records.

c) Alternatives to the Proposed Project – Information Requirements
The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

1) Alternative options shall be addressed. Examples of alternative options include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Other considerations.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.

3) The applicant shall provide empirical evidence, including quantified outcome data, that verifies improved quality of care, as available.

~~a) Location – Review Criterion~~
~~An applicant who proposes to establish a new health care facility or a new category of service or who proposes to acquire major medical equipment that is not located in a health care facility and that is not being acquired by or on behalf of a health care facility must document the following:~~

~~1) that the primary purpose of the proposed project will be to provide care to the residents of the planning area in which the proposed project will be physically located. Documentation for existing facilities shall include patient origin information for all admissions for the last 12 months. Patient origin information must be presented by zip code and be based upon the patient's legal residence other than a health care facility for the last six months immediately prior to admission. For all other projects for which referrals are required to support the project, patient origin information for the referrals is required. Each referral letter must contain a certification by the health care worker physician that the representations contained therein are true and correct. A complete set of the referral letters with original notarized signatures must accompany the application for permit.~~

~~2) that the location selected for a proposed project will not create a maldistribution of beds and services. Maldistribution is typified by such factors as: a ratio of beds to population (population will be based upon the most recent census data by zip code), within 30 minutes travel time under~~

~~normal driving conditions of the proposed facility, which exceeds one and one half times the State average; an average utilization rate for the last 12 months for the facilities providing the proposed services within 30 minutes travel time under normal driving conditions of the proposed project which is below the Board's target occupancy rate; or the lack of a sufficient population concentration in an area to support the proposed project.~~

~~b) Background of Applicant – Review Criterion~~

~~1) The applicant shall demonstrate that it is fit, willing and able, and *has the qualifications, background and character to adequately provide a proper standard of health care service for the community*. [20 ILCS 3960/6] In evaluating the fitness of the applicant, the State Board shall consider whether adverse action has been taken against the applicant, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.~~

~~2) For purposes of this subsection:~~

~~A) "Adverse action" means conviction of any felony or any misdemeanor involving fraud or dishonesty; any supervision, probation, suspension, revocation, termination, or denial of a license or certificate or registration; imposition of a conditional license; termination or suspension from participation in any program involving payment authorized under Title XVIII (Medicare) or Title XIX (Medicaid) of the Social Security Act, as amended; or denial, suspension, revocation or termination of accreditation by an nationally recognized organization.~~

~~B) A health care facility is considered "owned or operated" by every person or entity which, within the three years preceding the filing of the application, owns, directly or indirectly, an ownership interest as specified in this subsection (b)(2).~~

~~C) "Ownership interest" means any legal or equitable interest, including any interest arising from a lease or management agreement, which gives rise to participation in profits or losses, or which gives rise to the exercise or implementation of any decision-~~

~~making authority respecting the operations or finances of the health care facility.~~

~~i) In the case of an individual, "ownership interest" includes any interest owned or exercised, directly or indirectly, by or for the individual's spouse or children.~~

~~ii) In the case of a partnership, "ownership interest" includes any interest owned or exercised, directly or indirectly, by or for any general partner, and the partnership is considered to be owned by all of its general partners.~~

~~iii) In the case of a limited liability company, "ownership interest" includes any interest owned, directly or indirectly, by or for any member or partner, and the limited liability company is considered to be owned by all of its members or partners.~~

~~iv) In the case of an estate, "ownership interest" includes any interest owned or exercised, directly or indirectly, by any beneficiary, and the estate is considered to be owned by all of its beneficiaries.~~

~~v) In the case of a trust, "ownership interest" includes any interest owned or exercised, directly or indirectly, by any beneficiary, and the trust is considered to be owned by all of its beneficiaries.~~

~~vi) In the case of a corporation, "ownership interest" includes any interest owned, directly or indirectly, by or for any principal shareholder, member, director or officer, and the corporation is considered to be owned by its principal shareholders, members, directors and officers.~~

~~D) "Principal shareholder" means:~~

~~i) In the case of a corporation having 30 or more shareholders, a person who, directly or indirectly,~~

~~beneficially owns, holds or has the power to vote 5% or more of any class of securities issued by the corporation.~~

~~ii) In the case of a corporation having fewer than 30 shareholders, a person who, directly or indirectly, beneficially owns, holds or has the power to vote 50% or more of any class of securities issued by the corporation, or any member of any group of five or fewer shareholders which, directly or indirectly, beneficially own, hold or have the power to vote 80% or more of any class of securities issued by the corporation.~~

~~E) If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by such person or entity.~~

~~3) Examples of facilities owned or operated by the applicant:~~

~~A) The applicant, Partnership ABC, owns 60% of the shares of Corporation XYZ which manages the Good Care Nursing Home under a management agreement. The applicant, Partnership ABC, owns or operates Good Care Nursing Home.~~

~~B) The applicant, Healthy Hospital, a corporation, is a subsidiary of Universal Health, the parent corporation of Healthcenter ASTC, its wholly-owned subsidiary. The applicant, Healthy Hospital, owns and operates Healthcenter ASTC.~~

~~C) Dr. Wellcare is the applicant. His wife is the director of a corporation which owns a hospital. The applicant, Dr. Wellcare, owns or operates the hospital.~~

~~D) Drs. Faith, Hope and Charity own 40%, 35%, and 10%, respectively, of the shares of Healthfair, Inc., a corporation, which is the applicant. Dr. Charity owns 45% and Drs. Well and Care each own 25% of the shares of XYZ Nursing Home, Inc. The applicant, Healthfair, Inc., owns and operates XYZ Nursing Home, Inc.~~

~~4) Documentation to be submitted shall include:~~

~~A) A listing of all health care facilities owned or operated by the applicant, including licensing, certification and accreditation identification numbers, if applicable;~~

~~B) proof of current licensure and, if applicable, certification and accreditation of all health care facilities owned or operated by the applicant;~~

~~C) a certification from the applicant listing any adverse action taken against any facility owned or operated by the applicant during the three years prior to the filing of the application;~~

~~D) authorizations permitting the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection (b)(4) or to obtain any additional documentation or information which the State Board or IDPH finds pertinent to this subsection (b)(4). Failure to provide the authorization shall constitute an abandonment or withdrawal of the application without any further action by the State Board.~~

~~5) If during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior application may be utilized to fulfill the data requirements of this Part. In these cases, applicant must state that the information has been previously provided to IDPH, cite the project for the prior application, and certify that no changes have occurred regarding the information which has been previously provided.~~

~~6) In addition to documentation submitted by the applicant, the State Board and IDPH shall review the official records of IDPH, other State agencies, and, where applicable, those of other states, respecting licensure and certification, and shall review the records of nationally recognized accreditation organizations to determine compliance with the requirements of this subsection (b).~~

~~c) Alternatives to the Proposed Project – Review Criterion. The applicant must document that the proposed project is the most effective or least costly alternative.~~

~~Documentation shall consist of a comparison of the proposed project to alternative options. Such a comparison must address issues of cost, patient access, quality, and financial benefits in both the short and long term. If the alternative selected is based solely or in part on improved quality of care, the applicant shall provide empirical evidence including quantifiable outcome data that verifies improved quality of care. Alternatives must include, but are not limited to: purchase of equipment, leasing or utilization (by contract or agreement) of other facilities, development of freestanding settings for service and alternate settings within the facility.~~

~~d) Need For the Project – Review Criterion. The project must be needed.~~

~~1) If the State Board has determined need pursuant to Part 1100, the proposed project shall not exceed additional need determined unless the applicant meets the criterion for a variance.~~

~~2) If the State Board has not determined need pursuant to Part 1100, the applicant must document that it will serve a population group in need of the services proposed and that insufficient service exists to meet the need. Documentation shall include but not be limited to:~~

~~A) area studies (which evaluate population trends and service use factors);~~

~~B) calculation of need based upon models of estimating need for the service (all assumptions of the model and mathematical calculations must be included);~~

~~C) historical high utilization of other area providers; and~~

~~D) identification of individuals likely to use the project.~~

~~3) If the project is for the acquisition of major medical equipment that does not result in the establishment of a category of service, the applicant must document that the equipment will achieve or exceed any applicable target utilization levels specified in Appendix B within 12 months after acquisition.~~

~~e) Size of Project – Review Criterion. The applicant must document that the size of a proposed project is appropriate.~~

~~1) The proposed project cannot exceed the norms for project size found in Appendix B of this Part unless the additional square footage beyond the norm can be justified by one of the following:~~

~~A) the proposed project requires additional space due to the scope of services provided;~~

~~B) the proposed project involves an existing facility where the facility design places impediments on the architectural design of the proposed project;~~

~~C) the proposed project involves the conversion of existing bed space and the excess square footage results from that conversion; or~~

~~D) the proposed project includes the addition of beds and the historical demand over the last five year period for private rooms has generated a need for conversion of multiple bed rooms to private usage.~~

~~2) When the State Board has established utilization targets for the beds or services proposed, the applicant must document that in the second year of operation the annual utilization of the beds or service will meet or exceed the target utilization. Documentation shall include, but not be limited to, historical utilization trends, population growth, expansion of professional staff or programs (demonstrated by signed contracts with additional physicians) and the provision of new procedures which would increase utilization.~~

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.234 Project Scope and Size, Utilization and Unfinished/Shell Space − Review Criteria

a) Size of Project – Review Criterion
The applicant shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF)

cannot exceed the GSF standards of Appendix B, unless the additional GSF can be justified by documenting one of the following:

1) Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

2) The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

3) The project involves the conversion of existing bed space that results in excess square footage.

b) Project Services Utilization − Review Criterion
This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFPB has not established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100. The applicant shall document that, in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in Appendix B.

c) Unfinished or Shell Space − Review Criterion
If the project includes unfinished space (i.e., shell space) that is to meet an anticipated future demand for service, the applicant must document that the amount of shell space proposed for each department or area is justified, and that such space will not exceed the GSF standards of Appendix B unless the amount of space is mandated by a governmental or certification agency. The applicant shall provide the following information:

1) The total gross square footage of the proposed shell space;

2) The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;

3) Evidence that the shell space is being constructed due to:

A) Requirements of governmental or certification agencies; or

B) Experienced increases in the historical occupancy or utilization of those departments, areas or functions proposed to occupy the shell space. The applicant shall provide the historical utilization for the department, area or function for the latest five-year period for which data are available, and, based upon the average annual percentage increase for that period, project the future utilization of the department, area or function through the anticipated date when the shell space will be placed into operation.

d) Assurances
The applicant shall submit the following:

1) Verification that the applicant will submit to HFPB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at that time or the categories of service involved;

2) The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3) The anticipated date when the shell space will be completed and placed into operation.

(Source: Added at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART D: REVIEW CRITERIA RELATING TO ALL PROJECTS INVOLVING ESTABLISHMENT OF ADDITIONAL BEDS OR SUBSTANTIAL CHANGE IN BED CAPACITY

Section 1110.310 Introduction (Repealed)

~~Subpart D contains all Bed Related Review Criteria. These criteria apply only to projects proposing the addition of inpatient beds to a Category of Service and are utilized in addition to the General Review Criteria outlined in Subpart C.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.320 Bed Related Review Criteria (Repealed)

HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS

a) Establishment of Additional Hospitals – Review Criterion. A proposed general hospital to be located within a Metropolitan Statistical Area (M.S.A.*) must contain a minimum of 100 MS beds.
AGENCY NOTE: *M.S.A.'s are defined and named in the U.S. Bureau of the Census publication, Metropolitan Statistical Areas: 1984, available from the U.S. Government Printing Office, Washington, D.C. 20402.

b) Allocation of Additional Beds – Review Criterion. The applicant proposing to establish a category of service must document that access to the service will be improved. Documentation shall consist of at least one of the following:

1) the proposed service is not available within the planning area;

2) existing facilities have restricted admission policies resulting in access limitations;

3) existing service providers are experiencing occupancy levels in excess of the category of service target levels;

4) the travel time to existing service providers is excessive (exceeds 45 minutes) for area residents to be served by the project.

c) Addition of Beds to Existing Facilities – Review Criterion

1) The applicant must document that the addition of beds is necessary. Documentation shall consist of evidence that:

A) existing inpatient bed services over the latest 12 month period have averaged at or above the target occupancy; or

B) when occupancy levels over that period fall below the target occupancy the services affected cannot be converted to provide the needed bed space due to architectural or programmatic considerations.

2) An applicant proposing to add beds while operating an acute care service (for purposes of this subsection, acute care services means: M-S, OB, Pediatrics, ICU, Acute Mental Illness, and Burn services) must document the appropriateness of the length of stay in existing services.

~~Documentation shall consist of a comparison of patient length of stay with other providers within the planning area. An applicant whose existing services have a length of stay longer than that of other area providers must document that the severity or type of illness treated at the applicant facility is greater.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART E: MODERNIZATION REVIEW CRITERIA

Section 1110.410 Introduction (Repealed)

~~Subpart E contains all Modernization Review Criteria. These criteria apply only to modernization projects and are utilized in addition to the General Review Criteria outlined in Subpart C.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.420 Modernization Review Criteria (Repealed)

~~a) Modernization of Beds – Review Criterion. The applicant must document that the number of beds proposed in each category of service affected does not exceed the number of beds needed to support the facility's utilization in each service proposed at the appropriate modernization target as found in Part 1100. (Utilization shall be based upon the latest 12 month period for which data are available.)~~

~~b) Modern Facilities – Review Criterion. The applicant must document that the proposed project meets one of the following:~~

~~1) The proposed project will result in the replacement of equipment or facilities which have deteriorated and need replacement. Documentation shall consist of, but is not limited to: historical utilization data, downtime or time spent out-of-service due to operational failures, upkeep and annual maintenance costs, and licensure or fire code deficiency citations involving the proposed project.~~

~~2) The proposed project is necessary to provide expansion for diagnostic treatment, ancillary training, or other support services to meet the~~

~~requirements of existing services or services previously approved to be added or expanded. Documentation shall consist of but is not limited to: historical utilization data, evidence of changes in industry standards, changes in the scope of services offered, and licensure or fire code deficiency citations involving the proposed project.~~

~~c) Major Medical Equipment – Review Criterion~~
~~Proposed projects for the acquisition of major medical equipment must document that the equipment will achieve or exceed any applicable target utilization levels specified in Appendix B within 12 months after acquisition.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART F: CATEGORY OF SERVICE REVIEW CRITERIA – MEDICAL/SURGICAL, OBSTETRIC, PEDIATRIC AND INTENSIVE CARE

Section 1110.510 Introduction (Repealed)

~~Subpart F contains Review Criteria which pertain to the Medical/Surgical, Obstetric, Pediatric and Intensive Care categories of service. These Review Criteria are utilized in addition to the "General Review Criteria" outlined in Subpart C and any other applicable Review Criteria outlined in Subparts D and E.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.520 Medical/Surgical, Obstetric, Pediatric and Intensive Care – Definitions (Repealed)

~~a) Medical/Surgical~~

~~1) "Medical-Surgical Service" means a category of service pertaining to the medical-surgical care performed at the direction of a physician in behalf of patients by physicians, dentists, nurses and other professional and technical personnel. For purposes of this Subchapter, the medical-surgical category of service includes such subcategories of service as medical, surgical, ophthalmology, intermediate intensive care, tuberculosis, gynecology (outside obstetric (OB) department), research, eyes-ears-nose and throat, orthopedic, neurology, cardio-thoracic-vascular, trauma, inpatient renal dialysis, special care units, substance abuse/addiction~~

~~treatment, dental and urology. The medical-surgical category of service does not include the following categories of service and their subcategories:~~

~~A) Obstetric Service;~~

~~B) Pediatric Service;~~

~~C) Intensive Care Service;~~

~~D) Rehabilitation Service;~~

~~E) Acute Mental Illness Treatment Service;~~

~~F) Neonatal Intensive Care Service;~~

~~G) Burn Treatment Service;~~

~~H) General Long-Term Care Categories of Service; and~~

~~I) Specialized Long-Term Care Categories of Service.~~

~~2) "Medical-Surgical Unit" means an assemblage of inpatient beds and related facilities in which medical-surgical services are provided to a defined and limited class of patients according to their particular medical care needs.~~

~~b) Obstetrics~~

~~1) "Combined Maternity and Gynecological Unit" means an entire facility or a distinct part of a facility which provides both a program of maternity care (as defined in subsection (b)(3) below) and a program of obstetric gynecological care (as defined in subsection (b)(5) below) and which is designed, equipped, organized and operated in accordance with the requirements of the Hospital Licensing Act [210 ILCS 85].~~

~~2) "Fertility Rate" means projections of population fertility based upon resident birth occurrence as provided by IDPH.~~

~~3) "Maternity Care" means a subcategory of obstetric service related to the medical care of the patient prior to and during the act of giving birth either to a living child or to a dead fetus and to the continuing medical care of both patient and newborn infant under the direction of a physician in behalf of the patient by physicians, nurses, and other professional and technical personnel.~~

~~4) "Maternity Facility or Unit" means an entire facility or a distinct part of a facility which provides a program of maternity and newborn care and which is designed, equipped, organized, and operated in accordance with the requirements of the Hospital Licensing Act.~~

~~5) "Obstetric Gynecological Care" means a subcategory of obstetric service where medical care is provided to clean gynecological, surgical, or medical cases which are admitted to a postpartum section of an obstetric unit in accordance with the requirements of the Hospital Licensing Act.~~

~~6) "Obstetric Service" means a category of service pertaining to the medical or surgical care of maternity and newborn patients or medical or surgical cases which may be admitted to a postpartum unit.~~

~~e) Pediatrics~~

~~1) "Designated Pediatric Beds" means beds within the facility which are primarily used for pediatric patients and are not a component part of a distinct pediatric unit as defined in subsection (c)(2) below.~~

~~2) "Pediatric Facility or Distinct Pediatric Unit" means an entire facility or a distinct unit of a facility, where the nurses' station services only that unit, which provides a program of pediatric service and is designed, equipped, organized and operated to render medical-surgical care to the 0-14 age population.~~

~~3) "Pediatric Service" means a category of service for the delivery of treatment pertaining to the non-intensive medical-surgical care of a pediatric patient (0-14 years in age) performed at the direction of a physician in behalf of the patient by physicians, dentists, nurses, and other professional and technical personnel.~~

~~d) Intensive Care~~

~~1) "Intensive Care Service" means a category of service providing the coordinated delivery of treatment to the critically ill patient or to patients requiring continuous care due to special diagnostic considerations requiring extensive monitoring of vital signs through mechanical means and through direct nursing supervision. This service is given at the direction of a physician in behalf of patients by physicians, dentists, nurses, and other professional and technical personnel. The intensive care category of service includes the following subcategories; medical Intensive Care Unit (ICU), surgical ICU, coronary care, pediatric ICU, and combinations of such ICU. This category of service does not include intermediate intensive or coronary care and special care units which are included in the medical-surgical category of service.~~

~~2) "Intensive Care Unit" means a distinct part of a facility which provides a program of intensive care service and which is designed, equipped, organized and operated to deliver optimal medical care for the critically ill or for patients with special diagnostic conditions requiring specialized equipment, procedures and staff, and which is under the direct visual supervision of a qualified professional nurses' staff. Effective February 15, 2003, the repeal of 77 Ill. Adm. Code 1110.1010, 1110.1020 and 1110.1030, the beds and corresponding utilization for the Burn Treatment category of service will be included in the Intensive Care category of service.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.530 Medical/Surgical, Obstetric, Pediatric and Intensive Care – Review Criteria

a) Introduction

1) This Section applies to projects involving the following categories of hospital bed services: Medical/Surgical; Obstetrics; Pediatrics; and Intensive Care. Applicants proposing to establish, expand or modernize a category of hospital bed service shall comply with the applicable subsections of this Section, as follows:

HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
Establishment of Services or Facility	(b)(1) –	Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(b)(2) –	Planning Area Need – Service to Planning Area Residents
	(b)(3) –	Planning Area Need – Service Demand – Establishment of Category of Service
	(b)(5) –	Planning Area Need – Service Accessibility
	(c)(1) –	Unnecessary Duplication of Services
	(c)(2) –	Maldistribution
	(c)(3) –	Impact of Project on Other Area Providers
	(e)(1) –	Staffing Availability
	(f) –	Performance Requirements
	(g) –	Assurances
Expansion of Existing Services	(b)(2) –	Planning Area Need – Service to Planning Area Residents
	(b)(4) –	Planning Area Need – Service Demand – Expansion of Existing Category of Service
	(e)(1) –	Staffing Availability
	(f) –	Performance Requirements
	(g) –	Assurances
Category of Service Modernization	(d)(1) –	Deteriorated Facilities
	(d)(2) & (3) –	Documentation
	(d)(4) –	Occupancy
	(f) –	Performance Requirements

2) If the proposed project involves the replacement of a hospital or service onsite, the applicant shall comply with the requirements listed in subsection (a)(1) for "Category of Service Modernization" plus subsection (g) (Assurances).

3) If the proposed project involves the replacement of a hospital or service on a new site, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility".

4) If the proposed project involves the replacement of a hospital or service (onsite or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years, unless additional beds can be justified per the criteria for "Expansion of Existing Services".

b) Planning Area Need − Review Criterion
The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (formula calculation)

A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

2) Service to Planning Area Residents

A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

B) Applicants proposing to add beds to an existing category of service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

C) Applicants proposing to expand an existing category of service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

3) Service Demand – Establishment of Bed Category of Service
The number of beds proposed to establish a new category of service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (b)(3)(A) and either subsection (b)(3)(B) or (C):

A) Historical Referrals
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.

B) Projected Referrals
An applicant proposing to establish a category of service or establish a new hospital shall submit the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;

iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address, and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Project Service Demand − Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths, and net migration for a period of time equal to, or in excess of, the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

4) Service Demand – Expansion of Existing Category of Service
The number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (b)(4)(A) and either subsection (b)(4)(B) or (C):

A) Historical Service Demand

i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years;

ii) If patients have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest two years.

B) Projected Referrals
The applicant shall provide the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's experienced caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share within a 24-month period after project completion;

iii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Projected Service Demand – Based on Rapid Population Growth: If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

5) Service Accessibility
The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions
The applicant shall document that at least one of the following factors exists in the planning area:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (b)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation
The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

ii) Patient location information by zip code;

iii) Independent time-travel studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist; and

vii) Most recently published IDPH Hospital Questionnaire.

c) Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and

C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:

A) A ratio of beds to population that exceeds one and one-half times the State average;

B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

d) Category of Service Modernization

1) If the project involves modernization of a category of hospital bed service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

A) High cost of maintenance;

B) Non-compliance with licensing or life safety codes;

C) Changes in standards of care (e.g., private versus multiple bedrooms); or

D) Additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent:

A) IDPH Centers for Medicare and Medicaid Services (CMMS) inspection reports; and

B) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

B) Copies of citations for life safety code violations; and

C) Other pertinent reports and data.

4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

e) Staffing Availability − Review Criterion
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

f) Performance Requirements − Bed Capacity Minimum

1) Medical-Surgical
The minimum bed capacity for a medical-surgical category of service within a Metropolitan Statistical Area (MSA) is 100 beds.

2) Obstetrics

A) The minimum unit size for a new obstetric unit within an MSA is 20 beds.

B) The minimum unit size for a new obstetric unit outside an MSA is 4 beds.

3) Intensive Care
The minimum unit size for an intensive care unit is 4 beds.

4) Pediatrics
The minimum size for a pediatric unit within an MSA is 4 beds.

g) Assurances
The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

~~a) Unit Size – Review Criterion~~

~~1) Obstetrics~~

~~A) The minimum unit size for a new obstetric unit within a Metropolitan Statistical Area is 20 beds.~~

~~B) The minimum unit size for a new obstetric unit outside a Metropolitan Statistical Area is 7 beds.~~

~~2) Intensive Care. The minimum unit size for an intensive care unit is 4 beds.~~

~~3) Pediatrics. The minimum size for a pediatric unit within a Metropolitan Statistical Area is 16 beds.~~

~~b) Variances to Bed Need – Review Criterion. The applicant must document one or more of the following.~~

~~1) High Occupancy Variance~~

~~A) The applicant must document that the applicant facility has experienced high occupancy. Documentation shall consist of evidence that the historical average annual occupancy rate has equaled or exceeded the target occupancy for the prior 24-month period.~~

~~B) The applicant must also document that the number of beds proposed will not exceed the number needed to reduce the facility's high occupancy to the target occupancy, or if the number of beds proposed exceeds the number of beds justified by the applicant's historical workload, then projections may be used. Utilization projections must be based upon the following:~~

~~i) projections shall be based upon population projections from the U.S. Bureau of the Census;~~

~~ii) projections shall be for a maximum period of 5 years from the date the application is submitted;~~

~~iii) projections shall be zip code and age-specific; and~~

~~iv) projections shall be based upon the applicant's service area as defined by historical patient origin, and shall not include projected changes in market share.~~

~~The projections provided must also demonstrate that the proposed number of beds will not exceed the number of beds needed to meet the target occupancy rate over the next 5 years.~~

~~2) Medically Underserved Variance~~

~~A) The applicant must document that access to the proposed service is restricted in the planning area as documented by:~~

~~i) the absence of the service within the planning area;~~

~~ii) limitations on governmentally funded or charity patients;~~

~~iii) restrictive admission policies of existing providers;~~

~~iv) the area population and existing care system exhibit indicators of median care problems such as an average family income level below the State average poverty level, high infant mortality or designation as a Health Manpower Shortage Area; or~~

~~v) the project will provide service for a portion of the population who must currently travel over 45 minutes to receive service.~~

~~B) Documentation shall consist of location and utilization of other planning area service providers; patient location information and all applicable time-travel studies; a certification of waiting times and scheduling or admission restrictions that exist in area providers; and an assessment of area population characteristics which would indicate an access problem.~~

~~C) The applicant must also document that the number of beds proposed will not exceed the number needed at the target occupancy rate to meet the health care needs of the population identified as having restricted access.~~

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART G: CATEGORY OF SERVICE REVIEW CRITERIA
– COMPREHENSIVE PHYSICAL REHABILITATION

Section 1110.610 Introduction (Repealed)

~~Subpart G contains Review Criteria which pertain to the Comprehensive Physical Rehabilitation category of service. These Review Criteria are utilized in addition to the "General Review Criteria" outlined in Subpart C and any other applicable Review Criteria outlined in Subparts D and E.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.620 Comprehensive Physical Rehabilitation--Definitions (Repealed)

~~a) "Comprehensive Physical Rehabilitation" means a category of service provided in a comprehensive physical rehabilitation facility providing the coordinated interdisciplinary team approach to physical disability under a physician licensed to practice medicine in all its branches, who directs a plan of management of one or more of the classes of chronic disabling disease or injury. Comprehensive physical rehabilitation must include but is not limited to the services of: elements as specified in the federal regulations defining "a rehabilitation unit - distinct part" (42 CFR 405.471(i) (1986)). Comprehensive physical rehabilitation services can only be provided by a comprehensive physical rehabilitation facility.~~

~~b) "Comprehensive Physical Rehabilitation Facility" means a distinct bed unit of a hospital or a special referral hospital which provides a program of comprehensive physical rehabilitation and which is designed, equipped, organized and operated to deliver inpatient rehabilitation services; and which is licensed by the Department of Public Health under the "Hospital Licensing Act" or is a facility operated or maintained by the State or a state agency.~~

~~c) There are two types of comprehensive physical rehabilitation facilities:~~

~~1) Freestanding comprehensive physical rehabilitation facility means a specialty hospital dedicated to the provision of comprehensive rehabilitation; and~~

~~2) Hospital/based comprehensive physical rehabilitation facility means a distinct unit, located in a hospital, dedicated to the provision of comprehensive physical rehabilitation.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.630 Comprehensive Physical Rehabilitation Beds − Review Criteria

a) Introduction

1) This Section applies to projects involving the Comprehensive Physical Rehabilitation (CPR) category of service. Applicants proposing to establish, expand or modernize CPR shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA

Establishment of Services or Facility	(b)(1) –	Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(b)(2) –	Planning Area Need – Service to Planning Area Residents
	(b)(3) –	Planning Area Need – Service Demand – Establishment of CPR
	(b)(5) –	Planning Area Need – Service Accessibility
	(c)(1) –	Unnecessary Duplication of Services
	(c)(2) –	Maldistribution
	(c)(3) –	Impact of Project on Other Area Providers
	(e)(1) –	Staffing Availability
	(f) –	Performance Requirements
	(g) –	Assurances
Expansion of Existing Services	(b)(2) –	Planning Area Need – Service to Planning Area Residents
	(b)(4) –	Planning Area Need – Service Demand – Expansion of CPR
	(e)(1) –	Staffing – Availability
	(f) –	Performance Requirements
	(g) –	Assurances
Comprehensive Physical Rehabilitation Modernization	(d)(1) –	Deteriorated Facilities
	(d)(2) & (3) –	Documentation
	(d)(4) –	Occupancy
	(f) –	Performance Requirements

2) If the proposed project involves the replacement of a hospital or service on-site, the applicant shall comply with the requirements listed in subsection (a)(1) for "Comprehensive Physical Rehabilitation Modernization" plus subsection (g) (Assurances).

3) If the proposed project involves the replacement of a hospital or service on a new site, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility".

4) If the proposed project involves the replacement of a hospital or service (on-site or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years, unless additional beds can be justified per the criteria for "Expansion of Existing Services".

b) Planning Area Need − Review Criterion
The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (formula calculation)

A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

2) Service to Planning Area Residents

A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

B) Applicants proposing to add beds to an existing CPR service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

C) Applicants proposing to expand an existing CPR service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

3) Service Demand – Establishment of Comprehensive Physical Rehabilitation
The number of beds proposed to establish CPR service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (b)(3)(A) and either subsection (b)(3)(B) or (C).

A) Historical Referrals
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of hospital bed service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.

B) Projected Referrals
An applicant proposing to establish CPR or to establish a new hospital shall submit the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients whom the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;

iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Projected Service Demand − Based on Rapid Population Growth
If a projected demand for services is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to, or in excess of, the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

4) Service Demand – Expansion of Comprehensive Physical Rehabilitation
The number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (b)(4)(A) and either subsection (b)(4)(B) or (C):

A) Historical Service Demand

i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.

ii) If patients have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest two years.

B) Projected Referrals
The applicant shall provide the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's experienced caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical

percentage of applicant market share, within a 24-month period after project completion;

iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Projected Service Demand – Based on Rapid Population Growth If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

5) Service Accessibility
The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions
The applicant shall document that at least one of the following factors exists in the planning area:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (b)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation
The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

ii) Patient location information by zip code;

iii) Independent time-travel studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist; and

vii) Most recently published IDPH Hospital Questionnaire.

c) Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and

C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:

A) A ratio of beds to population that exceeds one and one-half times the State average;

B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

d) Comprehensive Physical Rehabilitation Modernization

1) If the project involves modernization of a CPR service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

A) High cost of maintenance;

B) Non-compliance with licensing or life safety codes;

C) Changes in standards of care (e.g., private versus multiple bed rooms); or

D) Additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent:

A) IDPH CMMS inspection reports; and

B) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

B) Copies of citations for life safety code violations; and

C) Other pertinent reports and data.

4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

e) Staffing

1) Availability – Review Criterion
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

2) Personnel Qualifications
The applicant shall document that personnel possessing proper credentials in the following categories are available to staff the service:

A) Medical Director – Medical direction of the facility shall be vested in a physician who is a doctor of medicine licensed to practice in all of its branches and who has had three years of post-graduate specialty training in the medical management of inpatients requiring rehabilitation services.

B) Rehabilitation Nursing – Supervisors, for all nurses participating as part of the rehabilitation team, must be available on staff and shall have documented education in rehabilitation nursing and at least one year of rehabilitation nursing experience.

C) Allied Health – The following allied health specialists shall be available on staff:

i) Physical Therapist – Graduate of a program in physical therapy approved by the American Physical Therapy Association is licensed to practice in the State of Illinois.

ii) Occupational Therapist – Registered by the American Occupational Therapy Association or graduate of an approved educational program, with the experience needed for registration. Educational programs are approved by the American Medical Association's Council on Medical Education in collaboration with the American Occupational Therapy Association. The therapist shall be licensed to practice in the State of Illinois.

iii) Social Worker − The individual responsible for social services shall have a Master's of Social Work and meet the State of Illinois requirements (see 225 ILCS 20, the Clinical Social Work and Social Work Practice Act).

D) Other Specialties – The following personnel shall be available on staff or on a consulting basis:

i) Speech Pathologist;

ii) Psychologist;

iii) Vocational Counselor or Specialist;

iv) Dietitian;

v) Pharmacist;

vi) Audiologist; and

vii) Prosthetist and Orthotist.

E) Documentation shall consist of:

i) Medical Director
Curriculum Vitae of Medical Director

ii) Other Personnel

- Letters of interest from potential employees
- Applications filed with the applicant for a position
- Signed contracts with required staff
- Narrative explanation of how other positions will be filled

f) Performance Requirements − Bed Capacity Minimums

1) The minimum freestanding facility size for comprehensive physical rehabilitation is a minimum facility capacity of 100 beds.

2) The minimum hospital unit size for comprehensive physical rehabilitation is 16 beds.

g) Assurances
The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and

maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

~~a) Facility Size – Review Criterion~~

~~1) The minimum freestanding facility size for comprehensive physical rehabilitation is a minimum facility capacity of 100 beds.~~

~~2) The minimum hospital unit size for comprehensive physical rehabilitation is 15 beds.~~

~~b) Access Variance to Bed Need – Review Criterion~~

~~1) The applicant must document that access to the proposed service is restricted in the planning area as documented by:~~

~~A) the absence of the service within the planning area;~~

~~B) limitations on governmentally funded or charity patients;~~

~~C) restrictive admission policies of existing providers; or~~

~~D) the project will provide service for a portion of the population who must currently travel over 45 minutes to receive service.~~

~~2) The applicant must also document that the number of beds proposed will not exceed the number needed to meet the health care needs of the population identified as having restricted access at the target occupancy rate.~~

~~c) Staffing Requirements – Review Criterion~~

~~1) The applicant must document that personnel possessing proper credentials in the following categories are available to staff the service:~~

~~A) Medical Director – Medical direction of the facility shall be vested in a physician who is a doctor of medicine licensed to practice in all of its branches and who has had three year of post-graduate~~

~~specialty training in the medical management of inpatients requiring rehabilitation services.~~

~~B) Rehabilitation Nursing – Supervisors, for all nurses participating as part of the rehabilitation team, must be available on staff and shall have documented education in rehabilitation nursing and at least one year of rehabilitation nursing experience.~~

~~C) Allied Health – The following allied health specialists must be available on staff:~~

~~i) Physical Therapist – Graduate of a program in physical therapy approved by the American Physical Therapy Association.~~

~~ii) Occupational Therapist – Registered by the American Occupational Therapy Association or graduate of an approved educational program, with the experience needed for registration. Educational programs are approved by the American Medical Association's council on Medical Education in collaboration with the American Occupational Therapy Association.~~

~~iii) Social Worker~~

~~D) Other Specialties – The following personnel must be available on staff or on a consulting basis:~~

~~i) Speech Pathologist;~~

~~ii) Psychologist;~~

~~iii) Vocational Counselor or Specialist;~~

~~iv) Dietician;~~

~~v) Pharmacist;~~

~~vi) Audiologist;~~

~~vii) Prosthetist and Orthotist; and~~

~~viii) Dentist.~~

~~2) Documentation shall consist of:~~

~~A) letters of interest from potential employees;~~

~~B) applications filed with the applicant for a position;~~

~~C) signed contracts with required staff; or~~

~~D) a narrative explanation of how other positions will be filled.~~

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART H: CATEGORY OF SERVICE REVIEW CRITERIA – ACUTE MENTAL ILLNESS AND CHRONIC MENTAL ILLNESS

Section 1110.710 Introduction (Repealed)

~~Subpart H contains Review Criteria which pertain to the Acute Mental Illness category of service. These Review Criteria are utilized in addition to the "General Review Criteria" outlined in Subpart C and any other applicable Review Criteria outlined in Subparts D and E.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.720 Acute Mental Illness – Definitions (Repealed)

~~"Acute Mental Illness" means a crisis state or an acute phase of one of more specific psychiatric disorders in which a person displays one or more specific psychiatric symptoms of such severity as to prohibit effective functioning in any community setting. Persons who are acutely mentally ill may be admitted to an acute mental illness facility or unit under the provisions of the Mental Health and Developmental Disabilities Code [405 ILCS 5] which determines the specific requirements for admission by age and type of admission.~~

~~"Acute Mental Illness Facility or Unit" means a facility or a distinct unit in a~~

~~facility which provides a program of acute mental illness treatment service (as defined below) and which is designed, equipped, organized, and operated to deliver inpatient and supportive acute mental illness treatment services; and which is licensed by the Department of Public Health under the Hospital Licensing Act [210 ILCS 85] or is a facility operated or maintained by the State or a State agency.~~

~~"Acute Mental Illness Treatment Service" means a category of service which provides a program of care for those persons suffering from acute mental illness. Such services are provided in a highly structured setting in a distinct psychiatric unit of a general hospital, in a private psychiatric hospital, or in a state-operated facility, to individuals who are severely mentally ill and in a state of acute crisis, in an effort to stabilize the individual and either effect his quick placement in a less restrictive setting or to reach a determination that extended treatment is needed. Acute mental illness is typified by an average length of stay of 45 days or less for adults and 60 days or less for children and adolescents.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.730 Acute Mental Illness – Review Criteria

a) Introduction

1) This Section applies to projects involving Acute Mental Illness (AMI) and Chronic Mental Illness (CMI). Applicants proposing to establish, expand or modernize AMI and CMI categories of service shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
Establishment of Services or Facility	(b)(1) –	Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(b)(2) –	Planning Area Need – Service to Planning Area Residents
	(b)(3) –	Planning Area Need – Service Demand – Establishment of AMI and/or CMI
	(b)(5) –	Planning Area Need – Service Accessibility

	(c)(1) –	Unnecessary Duplication of Services
	(c)(2) –	Maldistribution
	(c)(3) –	Impact of Project on Other Area Providers
	(e) –	Staffing Availability
	(f) –	Performance Requirements
	(g) –	Assurances
Expansion of Existing Services	(b)(2) –	Planning Area Need – Service to Planning Area Residents
	(b)(4) –	Planning Area Need – Service Demand – Expansion of AMI and/or CMI
	(e) –	Staffing Availability
	(f) –	Performance Requirements
	(g) –	Assurances
Category of Service Modernization	(d)(1) –	Deteriorated Facilities
	(d)(2) & (3) –	Documentation
	(d)(4) –	Occupancy
	(f) –	Performance Requirements

2) If the proposed project involves the replacement of a hospital or service onsite, the applicant shall comply with the requirements listed in subsection (a)(1) for "AMI and/or CMI Modernization" plus subsection (g) (Assurances).

3) If the proposed project involves the replacement of a hospital or service offsite, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility".

4) If the proposed project involves the replacement of a hospital or service (onsite or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years, unless additional beds can be justified per the criteria for "Expansion of Existing Services".

b) Planning Area Need – Review Criterion

The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (formula calculation)

A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

2) Service to Planning Area Residents

A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

B) Applicants proposing to add beds to an existing AMI and/or CMI service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

C) Applicants proposing to expand an existing AMI and/or CMI service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

3) Service Demand – Establishment of AMI and/or CMI
The number of beds proposed to establish a new AMI and/or CMI service is necessary to accommodate the service demand experienced by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish

a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (b)(3)(A) and subsection (b)(3)(B) or (C).

A) Historical Referrals
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of hospital bed service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.

B) Projected Referrals
An applicant proposing to establish a new AMI and/or CMI service or establish a new hospital shall submit the following:

i) Physician referral and/or DHS-funded mental health provider (59 Ill. Adm. Code 132) letters that attest to the total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients the physician and/or DHS-funded mental health provider will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's and/or mental health provider's documented historical caseload;

iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Projected Service Demand − Based on Rapid Population Growth

If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract. Applicants proposing to use zip code data to define the project market area shall indicate the sources of that information;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projection shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to, or in excess of, the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

D) Patient Type
The applicant shall identify the type of patients that will be served by the project by providing the clinical conditions anticipated (e.g.,

eating disorder, borderline personality disorder, dementia) and age groups (e.g., childhood, adolescent, geriatric) targeted.

4) Service Demand – Expansion of AMI and/or CMI Service
The number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (b)(4)(A) and either subsection (b)(4)(B) or (C):

A) Historical Service Demand

i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.

ii) If patients have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest two years.

B) Projected Referrals
The applicant shall provide the following:

i) physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) an estimated number of patients the physician will refer to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;

iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Projected Service Demand – Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

5) Service Accessibility
The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions
The applicant shall document that at least one of the following factors exists in the planning area:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (b)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation
The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

ii) Patient location information by zip code;

iii) Independent time-travel studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist;

vii) Most recently published IDPH Hospital Questionnaire.

c) Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and

C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified

area (within the planning area) has an excess supply of facilities, bed and services characterized by such factors as, but not limited to:

A) A ratio of beds to population that exceeds one and one-half times the State average;

B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

d) AMI and/or CMI Modernization

1) If the project involves modernization of an AMI and/or CMI service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

A) High cost of maintenance;

B) Non-compliance with licensing or life safety codes;

C) Changes in standards of care (e.g., private versus multiple bed rooms); or

D) Additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent:

A) IDPH CMMS inspection reports; and

B) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

B) Copies of citations for life safety code violations; and

C) Other pertinent reports and data.

4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

e) Staffing Availability − Review Criterion
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

f) Performance Requirements − Bed Capacity Minimums

1) The minimum unit size for a new AMI unit within an MSA is 20 beds.

2) The minimum unit size for a new AMI unit outside an MSA is 10 beds.

g) Assurances
The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second

year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

~~a) Unit Size – Review Criterion. The minimum unit size for acute mental illness beds is 20 beds for facilities within a metropolitan statistical area. The minimum unit size for acute mental illness beds is 10 beds for facilities within nonmetropolitan statistical areas.~~

~~b) Supportive Mental Health Services – Review Criterion. The applicant must document that the proposed project is or will be a component of an integrated community mental health system, as indicated by the existence of formal multi-institutional service agreements with non-hospital providers. The formal agreements must include:~~

~~1) A specific process for linking of patients to needed aftercare services;~~

~~2) A specific process for the exchange of information concerning the patient; and~~

~~3) Designated staff members or points of contact between the facilities and/or professionals.~~

~~c) Variance to Bed Need – Review Criterion~~

~~1) High Occupancy – The applicant must document that the number of beds proposed will not exceed the number needed to reduce the facility's high occupancy to the target occupancy.~~

~~2) Access – The applicant must document that the proposed project will be providing the acute mental illness category of service that is not readily accessible to the general population of the given planning area. Factors affecting accessibility include, but are not limited to:~~

~~A) Restrictive admission policies by facilities currently providing the service in the area; and/or~~

~~B) Location of existing services requires an excessive amount of travel time (more than 45 minutes under normal driving conditions) for planning area residents to receive service.~~

~~In addition, the applicant must provide documentation that the proposed project will achieve, within the first year of operation, the target occupancy for the service and that there is an available number of patients needing the facility's services to meet this level.~~

~~Type of Admissions – Review Criterion. The applicant must document that the acute mental illness service will annually achieve the target occupancy beginning in the second year of operation. Documentation shall consist of statistical evidence that there is an available number of patients suffering from psychiatric disorders as referenced in the Diagnostic and Statistical Manual of Mental Disorders, IV Edition (1980), DMS-111, American Psychiatric Association, which would utilize the acute mental illness service.~~

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART O: CATEGORY OF SERVICE REVIEW CRITERIA – IN-CENTER HEMODIALYSIS~~CHRONIC RENAL DIALYSIS~~

Section 1110.1410 Introduction (Repealed)

~~Subpart O contains Review Criteria which pertain to the Chronic Renal Dialysis category of service. These Review Criteria are utilized in addition to the "General Review Criteria" outlined in Subpart C and any other applicable Review Criteria outlined in Subparts D and E.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.1420 Chronic Renal Dialysis Service – Definitions (Repealed)

~~"Acute Dialysis" is dialysis given on an intensive care, inpatient basis to patients suffering from (presumably reversible) acute renal failure, or to patients with chronic renal failure with serious complications.~~

~~"Chronic Renal Dialysis" is a category of service in which dialysis is performed on a regular long-term basis in patients with chronic irreversible renal failure. The~~

~~maintenance and preparation of patients for kidney transplantation (including the immediate post-operative period and in case of organ rejection) or other acute conditions within a hospital does not constitute a chronic renal dialysis category of service.~~

~~"Dialysis" is a process by which dissolved substances are removed from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane. The two types of dialysis which are recognized in classical practice are hemodialysis and peritoneal dialysis.~~

~~"Hematocrit" means a measure of the packed cell volume of red blood cells expressed as a percentage of total blood volume.~~

~~"Hemodialysis" is a type of dialysis that involves the use of artificial kidney through which blood is circulated on one side of a semipermeable membrane while the other side is bathed by a salt dialysis solution. The accumulated toxic products diffuse out of the blood into the dialysate bath solution. The concentration and total amount of water and salt in the body fluid is adjusted by appropriate alternations in composition of the dialysate fluid.~~

~~"Peritoneal Dialysis" is a type of dialysis in which the dialysate fluid is injected slowly into the peritoneum, causing dialysis of water and waste products to occur through the peritoneal sac which acts as a semipermeable membrane. The fluid and waste, after accumulating for a period of time (1 hour), is drained from the abdomen and the process is repeated. This procedure is much slower than hemodialysis, requiring the patient to be immobilized for a long period of time.~~

~~"Renal Dialysis Facility" means a freestanding facility or a unit within an existing health care facility that furnishes routine chronic dialysis service(s) to chronic renal disease patients. Such types of services are: self-dialysis, training in self-dialysis, dialysis performed by trained professional staff and chronic maintenance dialysis including peritoneal dialysis.~~

~~"Self-Care Dialysis Training" is a program which trains Chronic Renal Disease patients or their helpers, or both, to perform self-care dialysis.~~

~~"Self-Dialysis" or "Self-Care Dialysis" is maintenance dialysis performed by a trained patient at home or in a special facility with or without the assistance of a family member or other helper.~~

~~"Urea" means the chief product of urine and the final product of protein metabolism in the body.~~

~~"Urea Reduction Ratio (URR)" means the amount of blood cleared of urea during dialysis. It is reflected by the ratio of the measured level of urea before dialysis and urea remaining after dialysis. The larger the URR, the greater the amount of urea removed during the dialysis treatment.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.1430 In-Center Hemodialysis Projects~~Chronic Renal Dialysis~~ – Review Criteria

a) Introduction

1) This Section applies to projects involving the In-Center Hemodialysis category of service. Applicants proposing to establish, expand or modernize this category of service shall comply with the applicable subsections of this Section as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
Establishment of Services or Facility	(b)(1) –	Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(b)(2) –	Planning Area Need – Service to Planning Area Residents
	(b)(3) –	Planning Area Need – Service Demand – Establishment of In-Center Hemodialysis
	(b)(5) –	Planning Area Need – Service Accessibility
	(c)(1) –	Unnecessary Duplication of Services
	(c)(2) –	Maldistribution
	(c)(3) –	Impact of Project on Other Area Providers
	(e) –	Staffing
	(f) –	Support Services
	(g) –	Minimum Number of Stations

	(h) −	Continuity of Care
	(j) −	Assurances
Expansion of Existing Services	(b)(2) −	Planning Area Need – Service to Planning Area Residents
	(b)(4) −	Planning Area Need – Service Demand – Expansion of In-Center Hemodialysis
	(e)(1) −	Staffing − Availability
	(f) −	Support Services
	(j) −	Assurances
In-Center Hemodialysis Modernization	(d)(1) −	Deteriorated Facilities
	(d)(2) & (3) −	Documentation
	(f) −	Support Services

2) If the proposed project involves the relocation of an existing facility or service, the applicant shall comply with the requirements listed in subsection (a)(1) for "Establishment of Services or Facility", as well as requirements in Section 1110.130 (Discontinuation) and subsection (i) (Relocation of Facilities).

3) If the proposed project involves the replacement of a facility or service (onsite or new site), the number of stations being replaced shall not exceed the number justified by historical utilization rates for each of the latest two years, unless additional stations can be justified per the criteria for "Expansion of Existing Services".

b) Planning Area Need − Review Criterion
The applicant shall document that the number of stations to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (formula calculation)

A) The number of stations to be established for in-center hemodialysis is in conformance with the projected station deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of stations proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the utilization standard specified in 77 Ill. Adm. Code 1100.

2) Service to Planning Area Residents

A) Applicants proposing to establish or add stations shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

B) Applicants proposing to add stations to an existing in-center hemodialysis service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

C) Applicants proposing to expand an existing in-center hemodialysis service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

3) Service Demand – Establishment of In-Center Hemodialysis Service
The number of stations proposed to establish a new in-center hemodialysis service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new facility, the applicant shall submit projected referrals The applicant shall document subsection (b)(3)(A) and either subsection (b)(3)(B) or (C).

A) Historical Referrals

i) If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for

each proposed category of service, for each of the latest two years.

ii) Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient facility.

B) Projected Referrals
The applicant shall provide physician referral letters that attest to:

i) The physician's total number of patients (by facility and zip code of residence) who have received care at existing facilities located in the area, as reported to The Renal Network at the end of the year for the most recent three years and the end of the most recent quarter;

ii) The number of new patients (by facility and zip code of residence) located in the area, as reported to The Renal Network, that the physician referred for in-center hemodialysis for the most recent year;

iii) An estimated number of patients (transfers from existing facilities and pre-ESRD, as well as respective zip codes of residence) that the physician will refer annually to the applicant's facility within a 24-month period after project completion, based upon the physician's practice experience. The anticipated number of referrals cannot exceed the physician's documented historical caseload;

iv) An estimated number of existing patients who are not expected to continue requiring in-center hemodialysis services due to a change in health status (e.g., the patients received kidney transplants or expired);

v) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty;

vi) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services; and

vii) Each referral letter shall contain a statement attesting that the information submitted is true and correct, to the best of the physician's belief.

C) Projected Service Demand − Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

4) Service Demand – Expansion of In-Center Hemodialysis Service
The number of stations to be added for each category of service is necessary to reduce the facility's experienced high utilization and to meet a projected demand for service. The applicant shall document subsection (b)(4)(A) and either (b)(4)(B) or (C):

A) Historical Service Demand

i) An average annual utilization rate that has equaled or exceeded utilization standards for in-center hemodialysis service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.

ii) If patients have been referred to other facilities in order to receive the subject service, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient facility, for each of the latest two years.

B) Projected Referrals

i) The applicant shall provide physician letters that attest to:

- the physician's total number of patients (by facility and zip code of residence) who have received care at existing facilities located in the area, as reported to The Renal Network at the end of the year for the most recent three years and the end of the most recent quarter;

- the number of new patients (by facility and zip code of residence) located in the area, as reported to The Renal Network, that the physician referred for in-center hemodialysis for the most recent year;

- an estimated number of patients (transfers from existing facilities and pre-ESRD, as well as respective zip codes of residence) that the physician will refer annually to the applicant's facility within a 24-month period after project completion, based upon the physician's practice experience. The anticipated number of referrals cannot exceed the physician's documented historical caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;

ii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty;

iii) The physician shall verify that the patient referrals have not been used to support another pending or approved CON application for the subject services; and

iv) Each referral letter shall contain a statement attesting that the information submitted is true and correct, to the best of the physician's belief.

C) Projected Service Demand – Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year,

for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

5) Service Accessibility
The number of stations being established or added for the subject category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions
The applicant shall document that at least one of the following factors exists in the planning area:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (b)(5) only, all services within the 30-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation
The applicant shall provide the following documentation concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

ii) Patient location information by zip code;

iii) Independent time-travel studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist;

vii) Most recently published IDPH Hospital Questionnaire.

c) Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and

C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of station service that are proposed by the project.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, stations and services characterized by such factors as, but not limited to:

A) A ratio of stations to population that exceeds one and one-half times the State average;

B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the utilization standard established pursuant to 77 Ill. Adm. Code 1100; or

C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

d) Category of Service Modernization

1) If the project involves modernization of an in-center hemodialysis service, the applicant shall document that the areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

A) High cost of maintenance;

B) Non-compliance with licensing or life safety codes;

C) Changes in standards of care (e.g., private versus multiple bed rooms); or

D) Additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent:

A) IDPH CMMS inspection reports; and

B) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

B) Copies of citations for life safety code violations; and

C) Other pertinent reports and data.

4) Projects involving the relocation or modernization of in-center hemodialysis or a facility shall meet or exceed the utilization standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

e) Staffing
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

1) Qualifications

A) Medical Director – Medical direction of the facility shall be vested in a physician who has completed a board-approved training program in nephrology and has at least 12 months experience providing care to patients receiving dialysis.

B) Registered Nurse – The nurse responsible for nursing services in the unit shall be a registered nurse (RN) who meets the practice requirements of the State of Illinois and has at least 12 months experience in providing nursing care to patients on maintenance dialysis.

C) Dialysis Technician – This individual shall meet all applicable State of Illinois requirements (see 210 ILCS 62, the End Stage Renal Disease Facility Act). In addition, the applicant shall document its requirements for training and continuing education.

D) Dietitian – This individual shall be a registered dietitian with the Commission on Dietetic Registration, meet the practice requirements of the State of Illinois (see the Dietetic and Nutrition Services Practice Act [225 ILCS 30]) and have a minimum of one year of professional work experience in clinical nutrition as a registered dietitian.

E) Social Worker – The individual responsible for social services shall have a Master's of Social Work and meet the State of Illinois requirements (see 225 ILCS 20, the Clinical Social Work and Social Work Practice Act).

2) Documentation shall consist of:

A) Medical Director
Curriculum vitae of Medical Director, including a list of all in-center hemodialysis facilities where the position of Medical Director is held.

B) All Other Personnel

i) Letters of interest from potential employees;

ii) Applications filed with the applicant for a position;

iii) Signed contracts with required staff; or

iv) A narrative explanation of how other positions will be filled.

3) Training
The applicant proposing to establish an in-center hemodialysis category of service shall document that an ongoing program of training in dialysis techniques for nurses and technicians will be provided at the facility.

4) Staffing Plan
The applicant proposing to establish an in-center hemodialysis category of service shall document that at least one RN will be on duty when the unit is in operation and will maintain a ratio of at least one direct patient care provider to every four patients.

5) Medical Staff
The applicant shall provide a letter certifying whether the facility will or will not maintain an open medical staff.

f) Support Services – Review Criterion
An applicant proposing to establish an in-center hemodialysis category of service must submit a certification from an authorized representative that attests to each of the following:

1) Participation in a dialysis data system;

2) Availability of support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric and social services; and

3) Provision of training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training provided at the proposed facility, or the existence of a signed, written agreement for provision of these services with another facility.

g) Minimum Number of Stations
The minimum number of in-center hemodialysis stations for an End Stage Renal Disease (ESRD) facility is:

1) Four dialysis stations for facilities outside an MSA;

2) Eight dialysis stations for a facility within an MSA.

h) Continuity of Care
An applicant proposing to establish an in-center hemodialysis category of service shall document that a signed, written affiliation agreement or arrangement is in effect for the provision of inpatient care and other hospital services. Documentation shall consist of copies of all such agreements.

i) Relocation of Facilities – Review Criterion
This criterion may only be used to justify the relocation of a facility from one location in the planning area to another in the same planning area and may not be used to justify any additional stations. A request for relocation of a facility requires the discontinuation of the current category of service at the existing site and the establishment of a new category of service at the proposed location. The applicant shall document the following:

1) That the existing facility has met the utilization targets detailed in 77 Ill. Adm. Code 1100.630 for the latest 12-month period for which data is available; and

2) That the proposed facility will improve access for care to the existing patient population.

j) Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that:

1) By the second year of operation after the project completion, the applicant will achieve and maintain the utilization standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal; and

2) An applicant proposing to expand or relocate in-center hemodialysis stations will achieve and maintain compliance with the following adequacy of hemodialysis outcome measures for the latest 12-month period for which data are available:

≥ 85% of hemodialysis patient population achieves area reduction ratio (URR) ≥ 65% and ≥ 85% of hemodialysis patient population achieves Kt/V Daugirdas II .1.2.

~~a) Data System – Review Criterion. An applicant proposing to establish a renal dialysis facility must document that a chronic renal dialysis data system exists or will be established. This criterion shall not be applicable to existing renal dialysis facilities that are relocating or adding stations.~~

~~b) Minimum Size of Renal Dialysis Center or Renal Dialysis Facilities -- Review Criterion. The minimum facility size for establishment of a renal dialysis facility is:~~

~~1) three dialysis stations within the facility in areas not included in an MSA or in an MSA of less than 500,000 people;~~

~~2) six dialysis stations in MSA's of over 500,000 population.~~

~~c) Variance to Station Need – Review Criterion~~
~~An applicant proposing to establish a renal dialysis facility or to add stations when no need for additional stations exists in the planning area must document one of the following:~~

~~1) a new facility will improve access in a geographic area that is within 30 minutes travel time of the proposed facility site as evidenced by documentation that verifies:~~

~~A) all existing renal dialysis facilities in the area are operating at or in excess of the target utilization level for the latest 12 month period for which data is available; and~~

~~B) a sufficient number of patients is experiencing an access problem to justify the proposed number of stations at the minimum utilization level detailed in 77 Ill. Adm. Code 1100; and~~

~~C) the caseload at all existing renal dialysis facilities in the area will not be adversely affected; or~~

~~2) additional stations are needed to reduce high utilization of an existing facility as evidenced by documentation that verifies that the number of proposed stations will reduce the facility's experienced utilization level for the latest 12 month period for which data is available to the minimum utilization level detailed in 77 Ill. Adm. Code 1100.~~

~~d) Support Services – Review Criterion. The applicant proposing to establish a renal dialysis facility must document that clinical and pathological laboratory services, blood bank, nutrition, rehabilitation, psychiatric and social services, and self-care dialysis support services, will be available. Documentation shall consist of a narrative as to how such services will be provided. This criterion shall not be applicable to existing renal dialysis facilities that are relocating or adding stations.~~

~~e) Affiliation Agreements – Review Criterion. The applicant proposing to establish a renal dialysis facility must document that a written affiliation agreement or arrangement is in effect for the provision of inpatient care and other hospital services. Documentation shall consist of copies of all such agreements. This criterion shall not be applicable to existing renal dialysis facilities that are relocating or adding stations.~~

~~f) Self-Care and Home Dialysis Training – Review Criterion. The applicant proposing to establish a renal dialysis facility must document that self-care dialysis, self-care instruction, home dialysis and home training will be provided at the applicant facility or that a written agreement with another facility for the provision of these services exists. Documentation shall consist of a certification that services are provided by the applicant or copies of all agreements for~~

~~provision of such services. This criterion shall not be applicable to existing renal dialysis facilities that are relocating or adding stations.~~

~~g) Relocation of Facilities – Review Criterion. This criterion may only be used to justify the relocation of a facility from one location in the planning area to another in the same planning area and may not be used to justify any additional stations. The applicant must document the following:~~

~~1) that the existing facility has met the occupancy targets detailed in 77 Ill. Adm. Code 1100.630 for the latest 12 month period for which data is available;~~

~~2) that the proposed facility will improve access for care to the existing patient population; and~~

~~3) that the existing facility needs to be replaced in order to comply with Section 1110.420(b).~~

~~h) Addition of Stations – Review Criterion. This criterion applies to an existing facility which proposes the addition of stations at the existing site. The applicant must document the following:~~

~~1) that the existing facility has met the occupancy targets set forth in 77 Ill. Adm. Code 1100.630 for the latest 12 month period for which data is available;~~

~~2) that the proposed project will not adversely impact the workload at any other existing facility within 30 minutes travel time of the applicant facility; and~~

~~3) that a need for additional stations exists in the planning area based upon the update to the Inventory of Health Care Facilities in effect at the time of State Board consideration; or that the proposed project is in conformance with the variance set forth in subsection (c) of this Section.~~

~~i) Quality of Care – Review Criterion. The applicant must demonstrate the following:~~

~~1) that greater than 65% of its patients achieve a urea reduction ratio (URR) of 0.65 or better; and~~

~~2) that greater than 65% of its patients achieve a hematocrit level of 31% or better.~~

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART R: CATEGORY OF SERVICE REVIEW CRITERIA – GENERAL LONG TERM~~LONG-TERM~~ CARE

Section 1110.1710 Introduction (Repealed)

~~Subpart R contains Review Criteria which pertain to the General Long-Term Care category of service. These Review Criteria are utilized in addition to the "General Review Criteria" outlined in Subpart C and any other applicable Review Criteria outlined in Subparts D and E.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.1720 General Long Term~~Long-Term~~ Care – Definitions (Repealed)

~~a) "General Long-Term Care" means a classification of categories of service that provides inpatient levels of care primarily for convalescent or chronic disease adult patients/residents who do not require specialized long-term care services.~~

~~b) The General Long-Term Care Classification includes the nursing category of service. The nursing category of service provides inpatient treatment for convalescent or chronic disease patients/residents and includes the skilled nursing level of care and/or the intermediate nursing level of care (both as defined in IDPH's Long-Term Care Facilities Minimum Standards, Rules and Regulations).~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.1730 General Long Term~~Long-Term~~ Care – Review Criteria

a) Introduction

1) This Section applies to projects involving General Long Term Care. Applicants proposing to establish, expand or modernize General Long

HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS

Term Care category of service shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
Establishment of Services or Facility	(b)(1) –	Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(b)(2) –	Planning Area Need – Service to Planning Area Residents
	(b)(3) –	Planning Area Need – Service Demand – Establishment of General Long Term Care
	(b)(5) –	Planning Area Need – Service Accessibility
	(e)(1) –	Unnecessary Duplication of Services
	(e)(2) –	Maldistribution
	(e)(3) –	Impact of Project on Other Area Providers
	(g) –	Staffing Availability
	(h) –	Facility Size
	(i) –	Community Related Functions
	(j) –	Zoning
	(k) –	Assurances
Expansion of Existing Services	(b)(2) –	Planning Area Need – Service to Planning Area Residents
	(b)(4) –	Planning Area Need – Service Demand – Expansion of General Long Term Care
	(g) –	Staffing Availability
	(h) –	Facility Size
	(k) –	Assurances
General Long Term Care Modernization	(f)(1) –	Deteriorated Facilities
	(f)(2) & (3) –	Documentation
	(f)(4) –	Utilization
	(h) –	Facility Size
	(i) –	Community Related Functions
	(j) –	Zoning

Continuum of Care − Establishment or Expansion	(c)(1) & (2) −	Description of Continuum of Care Components
	(c)(3) −	Documentation
	(g) −	Staffing Availability
	(h) −	Facility Size
	(i) −	Community Related Functions
	(j) −	Zoning
	(k) −	Assurances
Defined Population − Establishment or Expansion	(d)(1) −	Description of Defined Population to be Served
	(d)(2) −	Documentation of Need
	(g) −	Staffing Availability
	(h) −	Facility Size
	(i) −	Community Related Functions
	(j) −	Zoning
	(k) −	Assurances

2) If the proposed project involves the replacement of a facility or service onsite, the applicant shall comply with the requirements listed in subsection (a)(1) for "Category of Service Modernization" plus subsection (k) (Assurances).

3) If the proposed project involves the replacement of a facility or service on a new site, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility".

4) If the proposed project involves the replacement of a facility or service (onsite or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years, unless additional beds can be justified per the criteria for "Expansion of Existing Services".

b) Planning Area Need − Review Criterion
The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (formula calculation)

A) The number of beds to be established for general long term care is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

2) Service to Planning Area Residents

A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

B) Applicants proposing to add beds to an existing general long term care service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

C) Applicants proposing to expand an existing general long term care service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

3) Service Demand – Establishment of General Long Term Care
The number of beds proposed to establish a new general long term care service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new long term care (LTC) facility, the applicant shall submit projected referrals. The applicant shall document subsection (b)(3)(A) and subsection (b)(3)(B) or (C).

A) Historical Referrals

If the applicant is an existing facility and is proposing to establish this category of service, the applicant shall document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient LTC facility.

B) Projected Referrals
An applicant proposing to establish a category of service or establish a new LTC facility shall submit the following:

i) Hospital referral letters that attest to the number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients the hospital will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the hospital's experienced LTC caseload;

iii) Each referral letter shall contain the Chief Executive Officer's notarized signature, the typed or printed name of the referral resources, and the referral resource's address; and

iv) Verification by the hospital that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Projected Service Demand − Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

4) Service Demand – Expansion of Bed Category of Service
The number of beds to be added at an existing facility is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (b)(4)(A) and either subsection (b)(4)(B) or (C):

A) Historical Service Demand

i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service,

as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.

ii) If prospective residents have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including completed applications that could not be accepted due to lack of the subject service and documentation from referral sources, with identification of those patients by initials and date.

B) Projected Referrals
The applicant shall provide the following:

i) Letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used;

ii) An estimated number of prospective residents whom the referral sources will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the referral sources' documented historical LTC caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;

iii) Each referral letter shall contain the referral source's Chief Executive Officer's notarized signature, the typed or printed name of the referral source, and the referral source's address; and

iv) Verification by the referral sources that the prospective resident referrals have not been used to support another

pending or approved CON application for the subject services.

C) Projected Service Demand – Based on Rapid Population Growth If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

5) Service Accessibility

The number of beds being established or added for each category of service is necessary to improve access for planning area residents.

A) Service Restrictions
The applicant shall document that at least one of the following factors exists in the planning area, as applicable:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (b)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation
The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

ii) Patient location information by zip code;

iii) Independent time-travel studies;

iv) A certification of a waiting list;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist;

vii) Most recently published IDPH Long Term Care Questionnaire.

c) Continuum of Care
The applicant proposing a continuum of care project shall provide the following:

1) The project will provide a continuum of care for a geriatric population that includes independent living and/or congregate housing (such as unlicensed apartments, high rises for the elderly and retirement villages) and related health and social services. The housing complex shall be on the same site as the health facility component of the project.

2) Such a proposal shall be for the purposes of and serve only the residents of the housing complex and shall be developed either after the housing complex has been established, or as a part of a total housing construction program, provided that the entire complex is one inseparable project, that there is a documented demand for the housing, and that the licensed beds will not be built first, but will be built concurrently with or after the residential units.

3) The applicant shall provide the following:

A) That the proposed number of beds is needed. Documentation shall consist of a list of available patients/residents needing the proposed project. The proposed number of beds shall not exceed one licensed LTC bed for every five apartments or independent living units;

B) Provision in the facility's written operational policies assuring that a resident of the retirement community who is transferred to the

LTC facility will not lose his/her apartment unit or be transferred to another LTC facility solely because of the resident's altered financial status or medical indigency; and

C) That admissions to the long term care unit will be limited to current residents of the independent living units and/or congregate housing.

d) Defined Population
The applicant proposing a project for a defined population shall provide the following:

1) The applicant shall document that the proposed project will service a defined population group of a religious, fraternal or ethnic nature from throughout the entire health service area or from a larger geographic service area (referred to in this subsection (d) as the GSA) proposed to be served and that includes, at a minimum, the entire health service area in which the facility is or will be physically located.

2) The applicant shall document each of the following:

A) A description of the proposed religious, fraternal or ethnic group proposed to be served;

B) The boundaries of the GSA;

C) The number of individuals in the defined population who live within the proposed GSA, including the source of the figures;

D) That the proposed services do not exist in the GSA where the facility is or will be located;

E) That the services cannot be instituted at existing facilities within the GSA in sufficient numbers to accommodate the group's needs. The applicant shall specify each proposed service that is not available in the GSA's existing facilities and the basis for determining why that service could not be provided.

F) That at least 85% of the residents of the facility will be members of the defined population group. Documentation shall consist of a written admission policy insuring that the requirements of this subsection (d)(2)(F) will be met.

G) That the proposed project is either directly owned, sponsored or affiliated with the religious, fraternal or ethnic group that has been defined as the population to be served by the project. The applicant shall provide legally binding documents that prove ownership, sponsorship or affiliation.

e) Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and

C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:

A) A ratio of beds to population that exceeds one and one-half times the State average;

B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services

that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area facilities that are currently (during the latest 12-month period) operating below the occupancy standards.

f) Category of Service Modernization

1) If the project involves modernization of a category of hospital facility bed service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

A) High cost of maintenance;

B) Non-compliance with licensing or life safety codes;

C) Changes in standards of care (e.g., private versus multiple bed rooms); or

D) Additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent:

A) IDPH CMMS inspection reports; and

B) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

B) Copies of citations for life safety code violations; and

C) Other pertinent reports and data.

4) Projects involving the replacement or modernization of a category of service or facility shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

g) Staffing Availability − Review Criterion
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

h) Performance Requirements − Facility Size
The maximum size of a general long term care facility is 250 beds, unless the applicant documents that a larger facility would provide personalization of patient care and documents provision of quality care based on the experience of the applicant and compliance with IDPH's licensure standards (77 Ill. Adm. Code: Chapter I, Subchapter c − Long-Term Care Facilities) over a two-year period of time.

i) Community Related Functions – Review Criterion
The applicant shall document cooperation with and the receipt of the endorsement of community groups in the town or municipality where the facility is or is proposed to be located, such as, but not limited to, social, economic or governmental organizations or other concerned parties or groups. Documentation shall consist of copies of all letters of support from such organizations.

j) Zoning – Review Criterion
The applicant shall document one of the following:

1) The property to be utilized has been zoned for the type of facility to be developed;

2) Zoning approval has been received; or

3) A variance in zoning for the project is to be sought.

k) Assurances

1) The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

2) For beds that have been approved based upon representations for continuum of care (subsection (c)) or defined population (subsection (d)), the facility shall provide assurance that it will maintain admissions limitations as specified in those subsections for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFPB will be required.

~~a) Facility Size – Review Criterion. The maximum size of a general long-term care facility is 250 beds, unless the applicant documents that a larger facility would provide personalization of patient care and documents provision of quality care based on the experience of the applicant and compliance with IDPH's licensure standards (77 Ill. Adm. Code: Chapter I, Subchapter c) (Long-Term Care Facilities) over a 2 year period of time.~~

~~b) Community Related Functions – Review Criterion. The applicant must document cooperation with and the receipt of the endorsement of community groups in the town or municipality where the facility is or is proposed to be located, such as, but not limited to, social, economic or governmental organizations or other concerned parties or groups. Documentation shall consist of copies of all letters of support from such organizations.~~

~~c) Zoning – Review Criterion. The applicant must document one of the following:~~

~~1) the property to be utilized has been zoned for the type of facility to be developed;~~

~~2) zoning approval has been received; or~~

~~3) a variance in zoning for the project is to be sought.~~

~~d) Variances to Computed Nursing Care Bed Need – Review Criterion~~

~~1) Defined Population Variance.~~

~~A) The applicant must document that the proposed project will service a defined population group of a religious, fraternal or ethnic nature from throughout the entire health service area or from a larger geographic area (hereinafter referred to as the GA) proposed to be served and which includes, at a minimum, the entire health service area in which the facility is or will be physically located. Documentation shall consist of the following:~~

~~i) a description of the proposed religious, fraternal or ethnic group proposed to be served;~~

~~ii) the boundaries of the GA; and~~

~~iii) the number of individuals in the defined population which lives within the proposed GA, including the source of the figures.~~

~~B) In addition, the applicant must document each of the following:~~

~~i) the proposed services do not exist in the GA where the facility is or will be located; and~~

~~ii) the services cannot be instituted at existing facilities within the GA in sufficient number to accommodate the group's needs. The applicant must enumerate each specific service the proposed facility will provide which could not be provided in any of the existing facilities in the GA; the~~

~~basis for determining why such service could not be provided.~~

~~C) The application must document that the proposed number of beds is needed based upon the target occupancy rate. Documentation shall consist of an identification of the defined population volume; the patient origin of the proposed patients; and a rationale for the utilization projections.~~

~~D) The applicant must document that at least 85% of the residents of the facility will be members of the defined population group. Documentation shall consist of written admission policy which insures that the requirements of this subsection will be met.~~

~~E) The applicant must document that the proposed project is either directly owned, sponsored or affiliated with the religious, fraternal or ethnic group that has been defined as the population to be served by the project. The applicant must provide legally-binding documents which prove ownership, sponsorship or affiliation.~~

~~2) Continuum of Care Variance~~

~~A) The applicant must document that the project will provide a continuum of care for a geriatric population which includes independent living and/or congregate housing (such as unlicensed apartments, high rises for the elderly, and retirement villages) and related health and social services. Such housing complex must be on the same site as the health facility component of the project. Such a proposal must be for the purposes of and serve only the residents of the housing complex and may be developed in one of the following ways:~~

~~i) The proposal may be developed after the housing complex has been established; or~~

~~ii) The proposal may be developed as a part of a total housing construction program, provided that, the entire complex is one inseparable project and that there is a documented demand for the housing and that the licensed beds will not~~

~~be built first, but will be built concurrently with or after the residential units.~~

~~B) The applicant must also document the following:~~

~~i) That the proposed number of beds are needed. Documentation shall consist of a list of available patients/residents needing the proposed project. The proposed number of beds may not exceed one licensed long-term care bed for every five apartments or independent living units; and~~

~~ii) That its written policies of operation provide that if a resident of the retirement community is transferred to the long-term care unit, the resident will not lose his or her apartment unit or be transferred to another long-term care facility solely because of the resident's altered financial status or medical indigency.~~

~~e) Staffing – Review Criterion~~

~~Applicants must document that the supply of manpower currently available in the area is sufficient to meet the health service needs in that area. Documentation should include, but is not limited to, letters from employment services in the area indicating the number of potential health care employees on their rolls; letters from local health departments, in whose jurisdiction the applicant is located, indicating the availability of personnel in the planning area; actual applications for employment on file with the applicant; and surveys performed by persons other than the applicant regarding the availability of manpower.~~

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART X: CATEGORY OF SERVICE REVIEW CRITERIA – SELECTED ORGAN TRANSPLANTATION

Section 1110.2310 Introduction (Repealed)

~~Subpart X contains review criteria which pertain to the selected organ transplantation category of service. These review criteria are utilized in addition to the "General Review Criteria" outlined in Subpart C and any other applicable Review Criteria outlined in Subparts D and E.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.2320 Selected Organ Transplantation – Definitions (Repealed)

~~a) The selected organ transplantation service means a category of service relating to the surgical transplantation of any of the following human organs: heart, lung, heart-lung, liver, pancreas, or intestine and small bowel. It does not include bone marrow or cornea transplants.~~

~~b) A selected organ transplantation center means a hospital which provides staffing and other adult or pediatric medical and surgical specialty services required for the care of a transplant patient.~~

~~c) "Teaching Institution" for the purpose of this Subpart means a hospital having a major relationship with a medical school as defined and listed in the current "Directory of Residency Training Programs" developed by the American Medical Association, 535 Dearborn, Chicago, Illinois 60610 and the National Organ Procurement and Transplantation Network.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.2330 Selected Organ Transplantation – Review Criteria

a) Introduction

1) This Section applies to projects involving the following category of service: Selected Organ Transplantation. Applicants proposing to establish or modernize this category of service shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA
Establishment of Services or Facility	(b)(1) – Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(b)(2) – Planning Area Need – Service to Planning Area Residents
	(b)(3) – Planning Area Need – Service Demand – Establishment of Category

		of Service
	(b)(4) −	Planning Area Need − Service Accessibility
	(c)(1) −	Unnecessary Duplication of Services
	(c)(2) −	Maldistribution
	(c)(3) −	Impact of Project on Other Area Providers
	(e) −	Staffing Availability
	(f) −	Surgical Staff
	(g) −	Collaborative Support
	(h) −	Support Services
	(i) −	Performance Requirements
	(j) −	Assurances
Category of Service Modernization	(d)(1) −	Deteriorated Facilities
	(d)(2) & 3 −	Documentation
	(d)(4) −	Utilization
	(i) −	Performance Requirements
	(j) −	Assurances

2) If the proposed project involves the replacement of a facility or service on site, the applicant shall comply with the requirements listed in subsection (a)(1) for "Category of Service Modernization" plus subsection (j) (Assurances).

3) If the proposed project involves the relocation of an existing facility or service, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility", as well as requirements in Section 1110.130 (Discontinuation) and Section 1110.1430(i) (Relocation of Facilities).

4) If the proposed project involves the replacement of a hospital or service (onsite or new site), the number of key rooms being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years.

b) Planning Area Need − Review Criterion

The applicant shall document that the proposed category of service is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (formula calculation)
No formula need for this category of service has been established.

2) Service to Planning Area Residents
Applicants proposing to establish this category of service shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable) for each category of service included in the project.

3) Service Demand – Establishment of Category of Service
The establishment of this category of service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals.

A) Historical Referrals
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for this category of service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.

B) Projected Referrals
An applicant proposing to establish this category of service shall submit the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period

after project completion. The anticipated number of referrals cannot exceed the physician's experienced caseload;

iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

4) Service Accessibility
The establishment of this category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions
The applicant shall document that at least one of the following factors exists in the planning area:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (b)(4) only, all services within the three-hour normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation
The applicant shall provide the following documentation, as applicable to cited restrictions, concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

ii) Patient location information by zip code;

iii) Independent time-travel studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist;

vii) Most recently published IDPH Hospital Questionnaire.

c) Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within three hours normal travel time of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and

C) The names and locations of all existing or approved health care facilities located within three hours normal travel time from the project site that provide this category of service.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:

A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

B) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

d) Category of Service Modernization

1) If the project involves modernization of this category of service, the applicant shall document that the inpatient areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

A) High cost of maintenance;

B) Non-compliance with licensing or life safety codes;

C) Changes in standards of care (e.g., private versus multiple bed rooms); or

D) Additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent:

A) IDPH CMMS inspection reports; and

B) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

B) Copies of citations for life safety code violations; and

C) Other pertinent reports and data.

4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the utilization standards for the category of service, as specified in 77 Ill. Adm. Code 1100.

e) Staffing Availability − Review Criterion
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

f) Surgical Staff – Review Criterion
The applicant shall document that the facility has at least one transplant surgeon certified in the applicable specialty on staff and that each has had a minimum of one year of training and experience in transplant surgery, post-operative care, long term management of organ recipients and the immunosuppressive management of transplant patients. Documentation shall consist of curricula vitae

of transplant surgeons on staff and certification by an authorized representative that the personnel with the appropriate certification and experience are on the hospital staff.

g) Collaborative Support – Review Criterion
The applicant shall document collaboration with experts in the fields of hepatology, cardiology, pediatrics, infectious disease, nephrology with dialysis capability, pulmonary medicine with respiratory therapy support, pathology, immunology, anesthesiology, physical therapy and rehabilitation medicine. Documentation of collaborate involvement shall include, but not be limited to, a plan of operation detailing the interaction of the transplant program and the stated specialty areas.

h) Support Services – Review Criterion
An applicant shall submit a certification from an authorized representative that attests to each of the following:

1) Availability of on-site access to microbiology, clinical chemistry, radiology, blood bank and resources required to monitor use of immunosuppressive drugs;

2) Access to tissue typing services; and

3) Ability to provide psychiatric and social counseling for the transplant recipients and for their families.

i) Performance Requirements

1) The applicant shall document that the proposed category of service will be provided at a teaching institution.

2) The applicant shall document that the proposed category of service will be performed in conjunction with graduate medical education.

3) The applicant shall provide proof of membership in the Organ Procurement and Transplantation Network (OPTN) and a federally designated organ procurement organization (OPO).

j) Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

~~a) Establishment of a Program – Review Criterion~~

~~1) The applicant must document the following:~~

~~A) the applicant is a teaching institution; and~~

~~B) the transplantation program will be performed in conjunction with graduate medical education.~~

~~2) Documentation shall consist of a written agreement between the applicant and the medical school detailing the relationship of the transplantation program to graduate medical education.~~

~~b) Physical Facilities – Review Criterion. The applicant must document sufficient operating and recovery room resources, intensive care resources and personnel to operate the transplant program as reflected in the norms found in Appendix B of this Part.~~

~~c) Access to Donor Organs – Review Criterion. The applicant must document access to donor organs. This must be accomplished by membership in the National Organ Procurement and Transplantation Network and in a Regional Organ Procurement Agency.~~

~~d) Recipient Selection – Review Criterion. The applicant must provide a copy of its procedures for selecting transplant candidates and distribution of organs.~~

~~e) Surgical Staff – Review Criterion. The applicant must document that the facility has on staff transplant surgeon(s) certified in the applicable specialty and that each has had a minimum of one year of training and experience in transplant surgery, post-operative care, long-term management of organ recipients and the immunosuppressive management of transplant patients. Documentation shall consist of certification by the hospital administrator that the personnel with the appropriate certification and experience are on the hospital staff.~~

~~f) Collaborative Support – Review Criterion. The applicant must document collaboration with experts in the fields of hepatology, cardiology, pediatrics, infectious disease, nephrology with dialysis capability, pulmonary medicine with respiratory therapy support, pathology, immunology, anesthesiology, physical therapy, and rehabilitation medicine. Documentation of collaborate involvement shall include, but not be limited to, a plan of operation detailing the interaction of the transplant program and the stated specialty areas.~~

~~g) Ancillary Services – Review Criterion. The applicant must document on site access to microbiology, clinical chemistry, radiology, blood bank and resources required to monitor use of immunosuppressive drugs. The applicant must also have access to tissue typing services and be able to provide psychiatric and social counseling for the transplant recipient and for their families.~~

~~h) Data – Review Criterion. The applicant must document that information on finances (cost and charges) and patient outcomes will be provided to the Department of Public Health.~~

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART Y: CATEGORY OF SERVICE REVIEW CRITERIA – KIDNEY TRANSPLANTATION

Section 1110.2410 Introduction (Repealed)

~~Subpart Y contains Review Criteria which pertain to the Kidney Transplantation category of service. These review criteria are utilized in addition to the "General Review Criteria" outlined in Subpart C and any other applicable Review Criteria outlined in Subparts D and E.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.2420 Kidney Transplantation – Definitions (Repealed)

~~a) Kidney Transplantation is a category of service which involves the surgical replacement of a nonfunctioning human kidney with a donor kidney in order to restore renal function to the patient.~~

~~b) Kidney Transplantation Center means a hospital which directly furnishes~~

~~transplantation and other medical and surgical specialty services required for the care of the kidney transplant patient, including inpatient dialysis furnished directly or under arrangement.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.2430 Kidney Transplantation – Review Criteria

a) Introduction

1) This Section applies to projects involving the following category of service: Kidney Transplantation. Applicants proposing to establish or modernize this category of service shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
Establishment of Services or Facility	(b)(1) –	Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(b)(2) –	Planning Area Need – Service to Planning Area Residents
	(b)(3) –	Planning Area Need – Service Demand – Establishment of Category of Service
	(b)(4) –	Planning Area Need – Service Accessibility
	(c)(1) –	Unnecessary Duplication of Services
	(c)(2) –	Maldistribution
	(c)(3) –	Impact of Project on Other Area Providers
	(e) –	Staffing Availability
	(f) –	Surgical Staff
	(g) –	Support Services
	(h) –	Performance Requirements
	(i) –	Assurances
Category of Service Modernization	(d)(1) –	Deteriorated Facilities
	(d)(2) & 3 –	Documentation
	(d)(4) –	Occupancy

(h) − Performance Requirements

2) If the proposed project involves the replacement of a facility or service onsite, the applicant shall comply with the requirements listed in subsection (a)(i) for "Category of Service Modernization" plus subsection (i) (Assurances).

3) If the proposed project involves the relocation of an existing facility or service, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility", as well as requirements in Section 1110.130 (Discontinuation) and Section 1110.1430(i) (Relocation of Facilities).

4) If the proposed project involves the replacement of a facility or service (onsite or new site), the number of beds shall be replaced on a 1:1 basis. If the applicant proposes to add beds to the replacement service or facility, the applicant shall also comply with the requirements listed in subsection (a)(1) for "Expansion of Existing Services".

b) Planning Area Need − Review Criterion
The applicant shall document that the proposed category of service is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (formula calculation)
No formula need for this category of service has been established.

2) Service to Planning Area Residents
Applicants proposing to establish this category of service shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

3) Service Demand – Establishment of Category of Service
The establishment of this category of service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals.

A) Historical Referrals
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for this category of service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.

B) Projected Referrals
An applicant proposing to establish this category of service shall submit the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;

ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;

iii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

4) Service Accessibility
The establishment of this category of service is necessary to improve access for planning area residents. The applicant shall document subsection (b)(4)(A) and either subsection (b)(4)(B) or (C):

A) Service Restrictions

The applicant shall document that at least one of the following factors exists in the planning area:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (b)(4) only, all services within the three-hour normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation
The applicant shall provide the following documentation concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

ii) Patient location information by zip code;

iii) Independent time-travel studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist;

vii) Most recently published IDPH Hospital Questionnaire.

c) Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within three hours normal travel time of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and

C) The names and locations of all existing or approved health care facilities located within three hours normal travel time from the project site that provide this category of service.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:

A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

B) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

d) Category of Service Modernization

1) If the project involves modernization of this category of service, the applicant shall document that the areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

A) High cost of maintenance;

B) Non-compliance with licensing or life safety codes;

C) Changes in standards of care (e.g., private versus multiple bed rooms); or

D) Additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent:

A) IDPH CMMS inspection reports; and

B) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

B) Copies of citations for life safety code violations; and

C) Other pertinent reports and data.

4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

e) Staffing Availability – Review Criterion
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

f) Surgical Staff – Review Criterion
The applicant shall document that the facility has at least one kidney transplant surgeon certified in the applicable specialty on staff and that each has had a minimum of one year of training and experience in transplant surgery, post-operative care, long-term management of organ recipients and the immunosuppressive management of transplant patients. Documentation shall consist of curricula vitae of transplant surgeons on staff and certification by an authorized representative that the personnel with the appropriate certification and experience are on the hospital staff.

g) Support Services – Review Criterion
The applicant must document that the following are available on premises: laboratory services, social services, dietetic services, self-care dialysis support services, inpatient dialysis services, pharmacy and specialized blood facilities (including tissue typing). The applicant must also document participation of the center in a recipient registry. Documentation shall consist of a certification as to the availability of such services and participation in a recipient registry.

h) Performance Requirements
The applicant shall document that:

1) The proposed category of service will be provided at a teaching institution;

2) The proposed category of service will be performed in conjunction with graduate medical education;

3) The applicant renal transplantation center has membership in the Organ Procurement and Transplantation Network (OPTN) and a federally designated organ procurement organization (OPO); and

4) The subject renal transplantation center is performing 25 or more transplants per year.

i) Assurances
The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

~~a) Establishment of Facilities – Review Criterion. The applicant must document that each existing renal transplantation center is serving a population base of more than two million people with the performance of 25 or more transplants per year and that an unserved population of at least two million people exists within three hours travel time. Documentation shall consist of travel time studies involving all existing service providers.~~

~~b) Kidney Transplantation Center – Review Criterion. The applicant must document that the following are available on premises: laboratory services, social services, dietetic services and self-care dialysis support services, inpatient dialysis services, pharmacy, specialized blood facilities (including tissue typing). The applicant must also document participation of the center in a recipient registry. Documentation shall consist of a certification as to the availability of such services and participation in a recipient registry.~~

~~c) Affiliation Agreements – Review Criterion. The applicant must document that the transplantation center is a teaching institution (see Section 1110.2320(c)).~~

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART Z: CATEGORY OF SERVICE REVIEW CRITERIA –
SUBACUTE CARE HOSPITAL MODEL

Section 1110.2510 Introduction

a) Subpart Z of this Part contains review criteria that~~which~~ pertain to the subacute care hospital model category of service. Definitions pertaining to this Subpart are contained in the Act, in 77 Ill. Adm. Code 1100 and 1130, and in the Alternative Health Care Delivery Act [210 ILCS 3]. The subacute care hospital model category of service is a demonstration program that~~which~~ is authorized by the Alternative Health Care Delivery Act [210 ILCS 3]. These subacute care hospital model review criteria are utilized in addition to the applicable review criteria of Subpart C and 77 Ill. Adm. Code 1120~~General Review Criteria contained in Subpart C of this Part and in addition to the Financial and Economic Feasibility Review Criteria contained in 77 Ill. Adm. Code 1120~~. This Subpart also contains the methodology the State Board shall utilize in evaluating competing applications, if any, for the establishment of any subacute care hospital models.

b) A facility at any time may be caring for subacute patients. A permit must be obtained to establish a subacute care hospital model. Existing hospitals and long-term care facilities providing subacute care are not required to obtain a permit *provided, however, that the facilities shall not hold themselves out to the public as subacute care hospitals* (Section 15 of the Alternative Health Care Delivery Act [210 ILCS 3/15]). Establishment of a subacute care hospital model category of service occurs when a facility holds itself out to the general public as a subacute care hospital. In such instances failure to obtain a permit will result in the application of sanctions as provided for in the Illinois Health Facilities Planning Act [20 ILCS 3960].

c) As the purpose of the demonstration project is to evaluate the subacute care hospital model for quality factors, access and the impact on health care costs, each applicant approved for the category of service will be required to periodically submit data necessary for evaluating the model's effectiveness.

d) Applications received for the subacute care hospital model shall be deemed complete upon receipt by IDPH. Due to the comparative nature of the subacute care hospital model review, applicants will not be allowed to amend the application or provide additional supporting documentation during the review process. The application as submitted to IDPH shall serve as the basis for all standard and prioritization evaluation.

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.2520 Subacute Care Hospital Model-Definitions (Repealed)

~~a) "Subacute Care Hospital" *is a designated site which provides medical specialty care for patients who need a greater intensity or complexity of care than generally provided in a skilled nursing facility but who no longer require acute hospital care. The average length of stay for patients treated in subacute care hospitals shall not be less than 20 days, and for individual patients, the expected length of stay at the time of admission shall not be less than 10 days. A subacute care hospital is either a freestanding building or a distinct physical and operational entity within a hospital or nursing home building. A subacute care hospital shall only consist of beds currently existing in licensed hospitals or skilled nursing facilities.* (Section 35 of the Alternative Health Care Delivery Act [210 ILCS 3/35])~~

~~b) "Subacute Care" means the provision of *medical specialty care for patients who need a greater intensity or complexity of care than generally provided in a skilled nursing facility but who no longer require acute hospital care. Subacute care includes physician supervision, registered nursing, and physiological monitoring on a continual basis.* (Section 35 of the Alternative Health Care Delivery Act [210 ILCS 3/35])~~

~~c) "Subacute Care Hospital Model" means a category of service for the provision of subacute care.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.2540 Subacute Care Hospital Model – HFPB~~State Board~~ Review

a) State Board Evaluation. The State Board shall evaluate each application for the subacute care hospital model category of service based upon compliance with the conditions set forth in subsections (b), (c) and (d) of this Section.

b) State Board Prioritization of Hospital Applications

1) All hospital applications for each planning area shall be rank ordered based on points awarded as follows:

HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS

A) Compliance with all applicable review criteria of Subpart C~~ of this Part (General Review Criteria)~~ – 10 Points.

B) Compliance with all review criteria of Section 1110.2530 (Subacute Care Hospital Model Review Standards) – 10 Points.

C) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120~~77 Ill. Adm. Code 1120 (Financial Review Criteria)~~ – 10 Points.

D) In rural areas an applicant shall be awarded 25 Points if documentation is provided that the subacute care hospital model will provide the necessary financial support for the facility to provide continued acute care services. The~~Such~~ documentation shall consist of:

i) Factors within the facility or area ~~that, within the next two years,~~ will prevent the facility from complying with the minimum financial ratios established in 77 Ill. Adm. Code 1120~~Part 1120 concerning facility financial viability (a current ratio exceeding 1.5, a net margin percentage greater than 3%, a percent debt to total capitalization ratio of less than 80% and a projected debt service coverage ratio greater than 1.5)~~ within the next two years; and

ii) Historical documentation that the facility has failed to comply with the minimum financial ratios ~~referenced above,~~ in each of the last three calendar years; and

iii) Projected revenue from the:

- subacute hospital care model and the positive impact of that~~such~~ revenue on the financial position of the applicant facility. The applicant must explain how the~~such~~ revenue will impact the facility's financial position such that the facility will comply with the financial viability ratios of 77 Ill. Adm. Code 1120~~Part 1120 referenced above~~; or ~~iv)Projected revenue from the~~

- subacute hospital model will be sufficient to operate the~~such~~ subacute care hospital care model in compliance with the financial viability ratios of 77 Ill. Adm. Code 1120~~Part 1120 referenced above~~, or that the applicant facility has entered into a binding agreement with another institution that~~which~~ guarantees the financial viability of the subacute hospital care model in accordance with the ratios established in 77 Ill. Adm. Code 1120~~Part 1120 referenced above~~ for a period of at least five ~~(5)~~ years, regardless of the financial ratios of the applicant facility.

E) Location in a medically underserved area (as defined by the Department of Health and Human Services (Section 332 of the Public Health Service Act) (42 USC~~U.S.C.~~ 254E) as a health professional shortage area) – 3 Points.

F) A multi-institutional system arrangement exists for the referral of subacute patients where the applicant facility serves as the receiving facility for the~~such a~~ system. A multi-institutional system consists of a network of licensed hospitals and long-term care facilities located within the planning area and within 60 minutes travel time of the applicant that~~which~~ are inter-related by contractual agreement that~~which~~ provides for an exclusive best effort arrangement concerning the transfer of patients between facilities. Best effort arrangement means that the referring facility will encourage and recommend to its medical staff that patients requiring subacute care will ~~only~~ be transferred only to the applicant facility~~.~~ – 1 Point per each additional facility in the multi-institutional system, to a maximum of 10 Points~~ten points~~.

G) The existence of Medicare and Medicaid certification at the applicant facility and historic volume at the applicant facility. The following point allocation will be applied:

i) In the last calendar or fiscal year Medicare/Medicaid patient days were between 10% and 25% of total facility

patient days – 2 Points.

ii) In the last calendar or fiscal year Medicare/Medicaid patient days were between 26% and 50% of total facility patient days – 4 Points.

iii) In the last calendar or fiscal year Medicare/Medicaid patient days exceeded 50% of total facility patient days – 6 Points.

H) If, in each of the last five calendar years, the applicant facility documents a case mix consisting of: ventilator cases, head trauma cases, rehabilitation patients including spinal cord injuries, amputees and patients with orthopaedic problems requiring subacute care or patients with multiple complex diagnoses that~~which~~ included physiological monitoring on a continual basis, of such magnitude that if placed in the proposed subacute facility these patients would have constituted an annual occupancy exceeding 75% in each past year. If a multi-institutional system, as defined in subsection (b)(1)(F) of this Section, has an exclusive best efforts agreement, then each of the cases listed in this subsection (b)(1)(H) from such signatory facilities may be counted in computing the 75% annual occupancy threshold~~.~~ – 5 Points.

I) The applicant institution has documented that, during the last calendar year, at least 25% of all patient days of the applicant facility were reimbursed through contractual relationships with preferred provider organizations or HMOs~~HMO's.~~ – 3 Points.

J) If the applicant institution, over the last five calendar year period, has been issued a notice of revocation of license from IDPH~~the Department of Public Health~~ or has been decertified from the federal Title XVIII or XIX programs~~.~~ – Loss of 25 Points.

K) The applicant institution is accredited by the Joint Commission on Accreditation of Healthcare Organizations – 3 Points and 1 additional Point if accreditation is "with commendation~~.~~".

L) Staff support for the subacute care hospital model:

i) Full time Medical Director~~medical director~~ exclusively for the model – 1 Point,

ii) Physical therapist, 2 full-time equivalents (FTEs~~FTE's~~) or more – 1 Point,

iii) Occupational therapist, 1 FTE or more – 1 Point,

iv) Speech therapist, 1 FTE or more – 1 Point.

M) In areas where competing applications have been filed, 3 Points will be allocated to the applicant with the lowest positive mean net margin over the last three fiscal years. Each applicant must submit copies of the audited financial reports of the applicant facility for the latest three fiscal years.

2) Required Point Totals – Hospital Applications
A hospital application for the development of a subacute care hospital model must obtain a minimum of 50 points for approval. The applicant within the planning area receiving the most points shall be granted the permit for the category of service if the minimum point total has been exceeded. In the case of tie scores, HFPB ~~the State Board~~ shall base its decision on considerations relating to location, scope of service and access.

c) State Board Prioritization – Long-term Care Facilities

1) All long-term care applications for each planning area shall be rank ordered based on points awarded as follows:

A) Compliance with all applicable review criteria of Subpart C ~~(General Review Criteria)~~ – 10 Points

B) Compliance with all review criteria of Section 1110.2530 (Subacute Care Hospital Model Review Criteria) – 10 Points

C) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120~~Part 1120 (Financial and Economic Review Criteria)~~ –

10 Points

D) The applicant has had an Exceptional Care Contract with the Illinois Department of Healthcare and Family Services~~Public Aid~~ for at least two years in the past four years~~.~~ – 3 Points

E) Location in a medically underserved area (as defined by the federal Department of Health and Human Services (Section 332 of the Public Health Service Act) (42 USC~~U.S.C.~~ 254E) as a health professional shortage area) – 3 Points

F) The existence of Medicare and Medicaid certification at the applicant facility and historic volume at the facility. The following point allocation will be applied:

i) In the last calendar year or fiscal year Medicare/Medicaid patient days were between 10% and 25% of total facility patient days~~.~~ – 3 Points

ii) In the last calendar or fiscal year Medicare/Medicaid patient days were between 26% and 50% of total facility patient days~~.~~ – 6 Points

iii) In the last calendar or fiscal year Medicare/Medicaid patient days exceeded 50% of total facility patient days~~.~~ – 9 Points

G) If in each of the last two calendar years the applicant institution documents a casemix consisting of: ventilator cases, head trauma cases, rehabilitation patients including stroke cases, spinal cord injury, amputees and patients with orthopaedic problems requiring subacute care or patients with multiple complex diagnoses that~~which~~ included physiological monitoring on a continual basis, of such magnitude that, if placed in the proposed subacute facility, these patients would have constituted an annual occupancy exceeding 50% in each past year. If a multi-institutional system, as defined in subsection (c)(1)(M) of this Section, has an exclusive best efforts agreement, then each of the cases listed in this subsection (c)(1)(G)from such signatory facilities may be counted

in computing the 50% annual occupancy threshold~~.~~ – 5 Points

H) The applicant has documented that, during the last calendar year, at least 20% of all patient days of the applicant facility were reimbursed through contractual relationships with preferred provider organizations or HMOs~~HMO's.~~ – 3 Points

I) If the applicant, over the last five year period, has been issued a notice of revocation of license from IDPH~~the Department of Public Health~~ or decertified from the federal Title XVIII or XIX programs~~.~~ – Loss of 25 Points

J) Staff support for the subacute care hospital model:

i) Full time Medical Director~~medical director~~ exclusively for the model~~.~~ – 1 Point

ii) Physical therapist, 2 FTEs~~full time equivalents (FTE's)~~ or more~~.~~ – 1 Point

iii) Occupational therapist, 1 FTE or more~~.~~ – 1 Point

iv) Speech therapist, 1 FTE or more – 1 Point~~.~~

K) In areas where competing applications have been filed, 3 Points will be allocated to the application with the lowest positive mean net margin over the last three fiscal years. Each applicant must submit copies of the audited financial reports of the applicant facility for the latest three fiscal years.

L) The applicant institution is accredited by the Joint Commission on Accreditation of Healthcare Organizations – 3 Points and 1 additional Point if accreditation is "with commendation~~.~~".

M) A multi-institutional system arrangement exists for the referral of subacute patients where the applicant facility serves as the receiving facility for the~~such a~~ system. A multi-institutional system consists of a network of licensed hospitals and long-term care facilities located within the planning area and within 60

minutes travel time of the applicant that~~which~~ are inter-related by contractual agreement that~~which~~ provides for an exclusive best effort arrangement concerning the transfer of patients between facilities. Best effort arrangement means the referring facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility. – 1 Point per each additional facility in the multi-institutional system to a maximum of 10 Points~~ten points~~.

2) A long-term application for the development of a subacute care hospital model must obtain a minimum of 50 Points~~points~~ for approval. The applicant within the planning area receiving the most points shall be granted the permit for the category of service if the minimum point total has been exceeded. In the case of tie scores, HFPB~~the State Board~~ shall base its selection on considerations relating to location, scope of service and access.

d) HFPB~~State Board~~ Prioritization of Previously Licensed Hospital Applications in Chicago

1) All applications for sites previously licensed as hospitals in Chicago shall be rank ordered based upon points awarded as follows:

A) Compliance with all applicable review criteria of Subpart C~~ of this Part (General Review Criteria)~~ – 10 Points.

B) Compliance with all review criteria of Section 1110.2530 (Subacute Care Hospital Model Review Standards) – 10 Points.

C) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120~~ (Financial Review Criteria)~~ – 10 Points.

D) Documentation that the proposed number of beds will be utilized at an occupancy rate of 75% or more within two years after permit approval. Documentation shall consist of historical subacute caseload from one or more referral facilities where such caseload would in the future be transferred to the subacute model for care, anticipated caseload from physician referrals to the unit and demographic studies projecting the need for subacute service

within the primary market of the proposed subacute hospital care model~~.~~ – 10 Points

2) Required Point Totals – Previously Licensed Hospitals
The applicant within the planning area receiving the most points shall be granted the permit for the category of service. In the case of tie scores, HFPB ~~the State Board~~ shall base its selection on considerations relating to location, scope of service and access.

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART AA: CATEGORY OF SERVICE REVIEW CRITERIA – POSTSURGICAL RECOVERY CARE CENTER ALTERNATIVE HEALTH CARE MODEL

Section 1110.2610 Introduction

a) Subpart AA of this Part contains review criteria that~~which~~ pertain to the postsurgical recovery care center alternative health care model category of service. Definitions pertaining to this Subpart are contained in the Act, in 77 Ill. Adm. Code 1100 and 1130, and in the Alternative Health Care Delivery Act [210 ILCS 3]. The postsurgical recovery care center alternative health care model category of service is a demonstration program that~~which~~ is authorized by the Alternative Health Care Delivery Act. These postsurgical recovery care center alternative health care model review criteria are utilized in addition to the applicable review criteria of Subpart C and 77 Ill. Adm. Code 1120~~General Review Criteria contained in Subpart C of this Part and in addition to the Financial and Economic Feasibility Review Criteria contained in 77 Ill. Adm. Code 1120~~. This Subpart also contains the methodology HFPB~~the State Board~~ shall utilize in evaluating competing applications, if any, for the establishment of any postsurgical recovery care center alternative health care models.

b) A postsurgical recovery care center alternative health care model must obtain a CON~~certificate of need~~ permit to establish the category of service prior to receiving a license for the service. Failure to obtain a~~such~~ permit will result in the application of sanctions as provided for in the Illinois Health Facilities Planning Act [20 ILCS 3960].

c) As the purpose of the demonstration project is to evaluate the model for quality factors, access and the impact on health care cost, each applicant approved for the

category of service will be required to periodically submit data necessary for evaluating the model's effectiveness. All data requests of this type shall be a component of the semi-annual progress reports required of all permit holders. Data collected shall be provided to IDPH ~~the Department of Public Health~~ and the Illinois State Board of Health for use in their evaluation of the model.

d) Applications received for the postsurgical recovery care center alternative health care model shall be deemed complete upon receipt by IDPH~~the State Agency~~. All postsurgical recovery care center alternative health care models for the purposes of review shall be considered the establishment of a category of service rather than an addition of beds. ~~Therefore, the 60 day review requirement of 77 Ill. Adm. Code 1130.610(b) for bed projects shall not apply to applications of this type.~~ Due to the comparative nature of the postsurgical recovery care center alternative health care model review applicants will not be allowed to amend the application or provide additional supporting documentation during the review process prior to the initial HFPB~~State Board~~ decision. The application, as submitted to IDPH, shall serve as the basis for all standard and prioritization evaluation.

~~e) Applications received for the postsurgical recovery care center alternative health care model must be received by IDPH between 8:30 and 5:00 p.m.~~

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.2620 Postsurgical Recovery Care Center Alternative Health Care Model – Definitions (Repealed)

~~a) "Postsurgical Recovery Care Center" *is a designated site which provides postsurgical recovery care for generally health patients undergoing surgical procedures that require overnight nursing care, pain control, or observation that would otherwise be provided in an inpatient setting.* Such a center may be either freestanding or a defined unit of an ambulatory surgical treatment center or hospital. The maximum length of stay for patients in a postsurgical recovery care center is not to exceed 72 hours. (Section 35 of the Alternative Health Care Delivery Act [210 ILCS 3/35])~~

~~b) "Postsurgical Recovery Care Center Alternative Health Care Model" means a category of service for the provision of postsurgical recovery care within a postsurgical recovery care center.~~

~~c) "Surgical Referral Site" means an ambulatory surgical treatment center or hospital in which surgery will be performed and the surgical patient then transferred to the recovery care center.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.2640 Postsurgical Recovery Care Center Alternative Health Care Model – HFPB~~State Board~~ Review

a) HFPB~~State Board~~ Evaluation~~.~~
HFPB~~The State Board~~ shall evaluate each application for the postsurgical recovery care center alternative health care model category of service (refer to 77 Ill. Adm. Code 1100.750(c) for development restrictions) based upon compliance with the conditions set forth in subsection (b)~~ below~~.

b) HFPB~~State Board~~ Prioritization

1) An application for the category of service must meet the development restrictions specified in 77 Ill. Adm. Code 1100.750(c).

2) All applications for each planning area shall be rank ordered based on points awarded as follows:

A) Compliance with all applicable review criteria of Subpart C~~ of this Part (General Review Criteria)~~ – 10 Points.

B) Compliance with all review criteria of Section 1110.2630 (Postsurgical Recovery Care Center Alternative Health Care Model Review Standards) – 10 Points.

C) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120~~ (Financial Review Criteria)~~ – 10 Points.

D) Location in a medically underserved area (as defined by the federal Department of Health and Human Services (Section 332 of the Public Health Service Act) as a health professional shortage area) – 3 Points.

E) To ensure~~insure~~ that the model evaluates a wide range of surgical cases, an applicant shall be awarded an additional point for each designated surgical specialty area beyond the required three areas from which patients are referred to the postsurgical recovery care center~~ (refer to Section 1110.2630(c) for surgical specialties)~~.

F) Historical Medicare and Medicaid surgical revenue at the surgical referral sites. 10% to 25%~~Ten to twenty-five percent~~ – 3 Points, 26% to 50%~~twenty-six to fifty percent~~ – 6 Points and over 50%~~fifty percent~~ – 9 Points

G) Accreditation of the applicant facility or facilities by the Joint Committee on Accreditation of Healthcare Organizations (JCAHO) or the Accreditation Association for Ambulatory Healthcare (AAAHC)~~.~~ – 3 Points~~.~~

3) A postsurgical recovery care center alternative health care model must obtain a minimum of 30 Points~~points~~ to be considered for approval. Competing applications within a planning area that~~which~~ have obtained the points necessary for permit consideration shall be evaluated by the HFPB~~State Board~~ to determine which application best implements the goals of the Health Facilities Planning Act and the Alternative Health Care Delivery Act.

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART AB: CATEGORY OF SERVICE REVIEW CRITERIA – CHILDREN'S COMMUNITY-BASED HEALTH~~RESPITE~~ CARE CENTER ALTERNATIVE HEALTH CARE MODEL

Section 1110.2710 Introduction

a) Subpart AB of this Part contains review criteria that~~which~~ pertain to the Children's Community-Based Health ~~Respite~~ Care Center Alternative Health Care Model category of service. Definitions pertaining to this Subpart are contained in the Act, in 77 Ill. Adm. Code 1100 and 1130, and in the Alternative Health Care Delivery Act [210 ILCS 3]. The Children's Community-Based Health~~Respite~~ Care Center Alternative Health Care Model category of service is a demonstration program that~~which~~ is authorized by the Alternative Health Care Delivery Act.

HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS

These Children's Community-Based Health~~Respite~~ Care Center Alternative Health Care Model review criteria are utilized in addition to the General Review Criteria contained in Subpart C of this Part and in addition to the applicable review criteria of Subpart C and 77 Ill. Adm. Code 1120~~Financial and Economic Feasibility Review Criteria contained in 77 Ill. Adm. Code 1120~~. This Subpart also contains the methodology HFPB~~the State Board~~ shall utilize in evaluating competing applications, if any, for the establishment of any Children's Respite Care Alternative Health Care Models. *The provisions of the Act concerning children's respite care centers shall not apply to any facility licensed under the Hospital Licensing Act, the Nursing Home Care Act, or the University of Illinois Hospital Act that provides respite care services to children* (Section 15 of the Alternative Health Care Delivery Act [210 ILCS 3/15]).

b) A Children's Community-Based Health~~Respite~~ Care Center Alternative Health Care Model must obtain a certificate of need permit to establish the category of service prior to receiving a license for the service. Failure to obtain a~~such~~ permit will result in the application of sanctions as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960].

c) As the purpose of the demonstration project is to evaluate the model for quality factors, access and the impact on health care costs, each applicant approved for the category of service will be required to periodically submit data necessary for evaluating the model's effectiveness. Data collected shall be provided to IDPH~~the Department of Public Health~~ and the Illinois State Board of Health for use in their evaluation of the model.

d) Applications received for the Children's Community-Based Health~~Respite~~ Care Center Alternative Health Care Model shall be deemed complete upon receipt by HFPB~~the State Agency~~. All Children's Community-Based Health~~Respite~~ Care Center Alternative Health Care Models for purposes of review shall be considered the establishment of a category of service rather than the addition of beds. ~~Therefore, the 60 day review requirement of 77 Ill. Adm. Code 1130.610(b) for bed projects shall not apply to applications of this type.~~ Due to the comparative nature of the Children's Community-Based Health~~Respite~~ Care Center Alternative Health Care Model review, applicants will not be allowed to amend the application or provide additional supporting documentation during the review process prior to the initial HFPB~~State Board~~ decision. The application, as submitted to HFPB~~the State Agency~~, shall serve as the basis for all standard and prioritization evaluations.

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.2720 Children's Respite Care Center Alternative Health Care Model – Definitions (Repealed)

~~a) "Children's Respite Care Alternative Health Care Model" means a category of service for the provision of respite care to medically frail or technologically dependent children within a children's respite care center. Children cannot exceed age 18 and length of stay must be 14 days or less.~~

~~b) "Children's Respite Care Center" means a facility physically separate and apart from any other facility licensed by the Department of Public Health under the Alternative Health Care Delivery Act or any other Act and which is established and designed to provide a home-like environment to medically frail/technologically dependent children who are placed within the facility for short durations in order to provide a respite for the caregiver(s). The facility must provide *at a minimum, out- of-home respite care, hospital to home training for families and caregivers; short term transitional care to facilitate placement and training for foster care parents; parent and family support groups* (Section 35 of the Alternative Health Care Delivery Act [210 ILCS 3/35]).~~

~~c) "Medically Frail or Medically Fragile Child" means a child who requires a particular medical device to compensate for the use of a body function and who must be constantly assessed and monitored and have the necessary health care readily available to avert death or further disability.~~

~~d) "Out-of-Home Respite Care" means care provided in a facility setting to a clinically stable individual whose medical condition does not require major diagnostic procedures or therapeutic interventions and who normally receives such care in a home environment for the purposes of providing a respite to the caregiver from the responsibilities of providing such care.~~

~~e) "Short Term Transitional Care" means care provided to an individual on an interim basis to allow for the training of the home caregiver or to allow the relocation of the patient from one care environment to another.~~

~~f) "Technologically Dependent or Technology Dependent Child" means a child who has a chronic health-related condition and whose survival and quality of life is~~

~~dependent upon medical technology whether it be mechanical, biological or technical.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.2730 Children's Community-Based Health~~Respite~~ Care Center Alternative Health Care Model – Review Criteria

a) Admission Policies – Review Criterion
The applicant shall~~must~~ document that the Children's Community-Based Health~~Respite~~ Care Center Alternative Health Care Model will not restrict admissions due to age, race, diagnosis, or source of payment. Documentation shall consist of copies of all admission policies to be in effect at the facility and a signed statement that no restrictions on admissions due to these~~the~~ factors ~~indicated above~~ will occur.

b) Staffing – Review Criterion
The applicant shall~~must~~ document that the children's community-based health~~respite~~ care center will have a Medical Director~~medical director~~ who has expertise in chronic diseases of children. The applicant must also provide a staffing plan that will provide for nursing coverage as required by licensure. Documentation shall consist of: identification of the number and type of staff positions dedicated to the model; how special staffing circumstances will be handled; and identification of the facility Medical Director~~medical director~~ and a description of his or her responsibilities.

c) Mandated Services – Review Criterion
The applicant shall~~must~~ document that the children's community-based health~~respite~~ care center has the capability of providing the minimum range of services required under the Act, as referenced in Section 1110.2720(b). Documentation shall consist of a narrative explaining how ~~such~~ services will be provided.

d) Acute Care Backup – Review Criterion
The applicant shall~~must~~ document that an agreement has been signed with an acute care facility for the referral of emergency patients. The acute care facility shall~~must~~ be located within 15 minutes travel time of the children's community-based health~~respite~~ care center and have an organized pediatric department.

e) Patient Screening/Emergency Care – Review Criterion
The applicant shall~~must~~ document that an admission protocol will be established for the screening of potential residents for the severity of medical conditions associated with the required care for the child. Facilities of this type are not intended to provide diagnosis or treatment or care to the chronic child whose medical condition would warrant placement in a facility when more sophisticated medical intervention is required. Documentation shall include a narrative description of all protocols developed for the medical screening of potential admissions. The applicant shall~~must~~ also document that, for each child admitted, a care plan has been developed that~~which~~ identifies the medical needs of the child and identifies a physician who~~that~~ can be contacted in case of emergency. The applicant shall~~must~~ submit a copy of the facility's protocols dealing with the required components of individual care plans and how emergency situations will be handled.

f) Education – Review Criterion
The applicant shall~~must~~ document that children who participate in educational programs will continue to receive ~~such~~ services during their stay at the facility. Documentation shall detail who has the responsibility for maintaining these services and how ~~such~~ services will be provided.

g) Age Specific Needs – Review Criterion
The needs of the medically frail child differ due to medical condition and to the age of the patient. The applicant shall~~must~~ document that, if the center will admit children of all age groups, ~~that~~ the appropriate staff expertise exists to deal with the care needs of all age groups admitted to the facility. Documentation shall consist of a narrative description of staff expertise as it pertains to the specific care needs required of the various age groups that will be admitted.

h) Project Costs – Review Criterion
An applicant shall~~must~~ document that the project cost to establish a~~such~~ model will not exceed $800,000. Documentation shall be based on 77 Ill. Adm. Code 1120~~the Part 1120 financial~~ data submissions that~~which~~ detail the itemized costs of the project.

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.2740 Children's Community-Based Health~~Respite~~ Care Center Alternative Health Care Model – HFPB~~State Board~~ Review

HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS

a) HFPB~~State Board~~ Evaluation~~.~~
HFPB~~The State Board~~ shall evaluate each application for the Children's Community-Based Health~~Respite~~ Care Center Alternative Health Care Model category of service (refer to 77 Ill. Adm. Code 1100.760(c) for development restrictions) based upon compliance with the conditions set forth in subsection (b).

b) HFPB~~State Board~~ Prioritization

1) An application for the category of service shall~~must~~ meet the development restrictions specified in 77 Ill. Adm. Code 1100.760(c).

2) All applications for each planning area shall be evaluated by HFPB~~the State Board~~ and awarded points as follows:

A) Compliance with all applicable review criteria of Subpart C~~General Review Criteria~~ – 10 Points~~.~~

B) Compliance with all review criteria of Section 1110.2730 (Children's Community-Based Health~~Respite~~ Care Center Alternative Health Care Model Review Criteria) – 10 Points~~.~~

C) Compliance with all applicable review criteria of 77 Ill. Adm. Code 1120~~ (Financial Review Criteria)~~ – 10 Points~~.~~

D) Location of the proposed model in a residential community under single family or group home zoning requirements – 5 Points~~.~~

E) Location in a health professional shortage area (as defined by the federal Department of Health and Human Services (Section 332 of the Public Health Service Act~~,~~ (42 USC 254(e))) – 3 Points~~.~~

3) A proposed Children's Community-Based Health~~Respite~~ Care Center Alternative Health Care Model shall~~must~~ comply with the development restrictions specified in 77 Ill. Adm. Code 1100.760(c) and shall~~must~~ obtain a minimum of 20 Points~~points~~ to be considered for approval. Competing applications within a planning area that~~which~~ have obtained the points necessary for permit consideration shall be evaluated by

HFPB~~the State Board~~ to determine which application best implements the goals of the Health Facilities Planning Act and the Alternative Health Care Delivery Act, including the extent to which the model will provide care in a home-like environment and be located in a residential community.

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.2750 Children's Community-Based Health~~Respite~~ Care Center Alternative Health Care Model – Project Completion

a) Since the purpose for establishment of this category of service is to evaluate the alternative delivery model for effectiveness, such projects are not complete until such time as the model is evaluated and the decision made to adopt or not adopt the model as an ongoing licensed level of service separate from an alternative delivery model. A permit will not be required of a Children's Respite Care Alternative Health Care Model which proposes to cease participation in the demonstration program. If the facility proposes to discontinue the model, written notice containing the reasons for the discontinuation must be received by HFPB~~the State Board~~ at least 90 days prior to the anticipated discontinuation. The project shall be considered abandoned as of the date IDPH~~the Agency~~ receives notice of the actual discontinuation or the date the last patient is discharged, whichever is later and the facility should be removed from the inventory.

b) All assurances for service presented in the application shall be in effect until the demonstration program has been completed, unless altered pursuant to the approval of HFPB~~the State Board~~.

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART AC: CATEGORY OF SERVICE REVIEW CRITERIA – COMMUNITY-BASED RESIDENTIAL REHABILITATION CENTER ALTERNATIVE HEALTH CARE MODEL

Section 1110.2810 Introduction

a) Subpart AC of this Part contains review criteria that pertain to the community-based residential rehabilitation center category of service. Definitions pertaining to this Subpart are contained in the Act, in 77 Ill. Adm. Code 1100 and 1130, and

in the Alternative Health Care Delivery Act [210 ILCS 3]. The community-based residential rehabilitation category of service is a demonstration program that is authorized by the Alternative Health Care Delivery Act ~~[210 ILCS 3]~~.

b) As the purpose of the demonstration project is to evaluate the community-based residential rehabilitation model for quality factors, access and the impact on health care costs, the model approved for the category of service will be required to periodically submit data necessary for evaluating the model's effectiveness. Data collected shall be provided to IDPH~~the Department of Public Health~~ and the Illinois State Board of Health for use in their evaluation of the model.

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.2820 Community-Based Residential Rehabilitation Center Alternative Health Care Model – Definitions (Repealed)

~~a) "Community-Based Residential Rehabilitation Center" *is a designated site that provides rehabilitation or support, or both, for persons who have experienced severe brain injury, who are medically stable, and who no longer require acute rehabilitative care or intense medical or nursing services. The average length of stay in a community-based residential rehabilitation center shall not exceed 4 months.* [210 ILCS 3/35]~~

~~b) Community-Based Residential Rehabilitation" *services include, but are not limited to, case management, training and assistance with activities of daily living, nursing consultation, traditional therapies (physical, occupational, speech), functional interventions in the residence and community (job placement, shopping, banking, recreation), counseling, self-management strategies, productive activities, and multiple opportunities for skill acquisition and practice throughout the day.* [210 ILCS 3/35]~~

~~c) "Model" means a category of service for the provision of community-based residential rehabilitation care and services.~~

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

Section 1110.2830 Community-Based Residential Rehabilitation Center Alternative Health Care Model – Review Criteria

HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS

a) Staffing – Review Criterion
The applicant shall~~must~~ furnish a detailed staffing plan that provides: staff qualifications; identification of the number and type of staff positions dedicated to the model; how special staffing circumstances will be handled; staffing patterns for the proposed community-based residential rehabilitation center; and the manner in which non-dedicated staff services will be provided.

b) Mandated Services – Review Criterion
The applicant shall~~must~~ document that the community-based residential rehabilitation center has the capability of providing the minimum range of services required under the Alternative Health Care Delivery Act [210 ILCS 3/35]~~Act as referenced in Section 1110.2820(b)~~. Documentation shall consist of a narrative of how ~~such~~ services will be provided.

c) Unit Size – Review Criterion
The applicant shall~~must~~ document the number and location of all beds in the model. The applicant shall~~must~~ also document that the number of community-based residential rehabilitation beds shall not exceed 12 beds in any one residence, as defined in Section 35 of the Alternative Health Care Delivery Act ~~[210 ILCS 3/35]~~. No community-based residential rehabilitation center alternative health care delivery model shall exceed 100 beds.

d) Utilization – Review Criterion
The applicant shall~~must~~ document that the target utilization for this model (as defined at 77 Ill. Adm. Code 1100.770(c)) will be achieved by the second year of the model's operation. Documentation shall include, but not be limited to, historical utilization trends, population growth, expansion of professional staff or programs and the provision of new procedures that increase utilization.

e) Background of Applicant – Review Criterion
The applicant shall~~must~~ demonstrate experience in providing the services required by the model. Additionally, the applicant shall~~must~~ document that the programs provided in the~~this~~ model have been accredited by the Commission on Accreditation of Rehabilitation Facilities as a Brain Injury Community-Integrative Program for at least three of the last five years.

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART AD: CATEGORY OF SERVICE REVIEW CRITERIA –

HEALTH FACILITIES PLANNING BOARD

NOTICE OF ADOPTED AMENDMENTS

LONG TERM ACUTE CARE HOSPITAL BED PROJECTS

Section 1110.2930 Long Term Acute Care Hospital Bed Projects – Review Criteria

a) Introduction

1) This Section applies to projects involving Long Term Acute Care Hospital (LTACH) services. Applicants proposing to establish, expand or modernize an LTACH category of service shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
Establishment of Services or Facility	(b)(1) –	Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(b)(2) –	Planning Area Need – Service to Planning Area Residents
	(b)(3) –	Planning Area Need – Service Demand – Establishment of Category of Service
	(b)(5) –	Planning Area Need – Service Accessibility
	(c)(1) –	Unnecessary Duplication of Services
	(c)(2) –	Maldistribution
	(c)(3) –	Impact of Project on Other Area Providers
	(e) –	Staffing Availability
	(f) –	Performance Requirements
	(g) –	Assurances
Expansion of Existing Services	(b)(2) –	Planning Area Need – Service to Planning Area Residents
	(b)(4) –	Planning Area Need – Service Demand – Expansion of Category of Service
	(e) –	Staffing Availability
	(f) –	Performance Requirements
	(g) –	Assurances
Category of Service Modernization	(d)(1) –	Deteroriated Facilities
	(d)(2)	Documentation

	& 3 −
	(d)(4) − Occupancy
	(f) − Performance Requirements

2) If the proposed project involves the replacement of a hospital or service on-site, the applicant shall comply with the requirements listed in subsection (a)(1) for "Category of Service Modernization" plus subsection (g) (Assurances).

3) If the proposed project involves the replacement of a hospital or service on a new site, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility".

4) If the proposed project involves the replacement of a hospital or service (onsite or new site), the number of beds being replaced shall not exceed the number justified by historical occupancy rates for each of the latest two years, unless additional beds can be justified per the criteria for "Expansion of Existing Services".

5) If the proposed project involves the conversion of existing acute care beds to LTACH services, the applicant shall comply with the requirements of subsection (a)(1) for "Establishment of Services or Facility", as well as requirements in subsection (b)(6) (Conversion of Existing General Acute Care Beds).

b) Planning Area Need − Review Criterion
The applicant shall document that the number of LTACH beds to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (formula calculation)

A) The number of LTACH beds to be established is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of LTACH beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the

population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

2) Service to Planning Area Residents

A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

B) Applicants proposing to add beds to an existing LTACH service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 75% of admissions were residents of the area. For all other projects, applicants shall document that at least 75% of the projected patient volume will be from residents of the area.

C) Applicants proposing to expand an existing LTACH service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

3) Service Demand – Establishment of LTACH Service
The number of beds proposed to establish a new category of hospital bed service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (b)(3)(A) and either subsection (b)(3)(B) or (C).

A) Historical Referrals
If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of hospital service, for each of the latest two years. Documentation of the referrals shall include patient origin by zip code, name and specialty of referring physician, and name and location of the recipient hospital.

B) Projected Referrals
An applicant proposing to establish a category of service or establish a new hospital shall submit the following:

i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing LTACH facilities located in the area or had a length of stay of over 25 days in a general acute care hospital and were considered to be LTACH candidates, annually over the latest two year period prior to submission of the application; and an estimate as to the number of patients that will be referred to the applicant's facility;

ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;

iii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Projected Service Demand − Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to, or in excess of, the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

D) Type of Patients
The applicant shall identify the type of patients that will be served by the project by providing the anticipated diagnosis (by DRG classification) for anticipated admissions to the facility. The applicant shall also indicate the types of service (e.g., ventilator care, etc.) to be provided by the project.

4) Service Demand – Expansion of Bed Category of Service
The number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (b)(4)(A) and either subsection (b)(4)(B) or (C):

A) Historical Service Demand

i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.

ii) If patients have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest two years.

B) Projected Referrals
The applicant shall provide the following:

i) Physician referral letters that attest to the number of patients (by zip code of residence) that have received care at existing LTACH facilities located in the area or had a length of stay of over 25 days in a general acute care hospital and were considered to be LTACH candidates, during the 12-month period prior to submission of the application;

ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;

iii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) Projected Service Demand – Based on Rapid Population Growth
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and

vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

5) Service Accessibility
The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions
The applicant shall document that at least one of the following factors exists in the planning area:

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

iii) Restrictive admission policies of existing providers;

iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

v) For purposes of this subsection (b)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation
The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

ii) Patient location information by zip code;

iii) Independent time-travel studies;

iv) A certification of waiting times;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist;

vii) Most recently published IDPH Hospital Questionnaire.

6) Conversion of Existing General Acute Care Beds – Review Criterion
An applicant proposing to establish a Long-Term Acute Care Hospital category of service through the conversion of existing general acute care beds shall:

A) Address Section 1110.130 for discontinuation of categories of service;

B) Identify modifications in scope of services or elimination of clinical service areas, not covered in Section 1110.130 (e.g., Emergency Department Classification, Surgical Services, Outpatient Services, etc.);

C) Submit a statement as to whether the following clinical service areas are to be available to the general population (non-LTACH): operating rooms, surgical procedure rooms, diagnostic services, therapy services (physical, occupational, speech, respiratory) and other outpatient services; and

D) Document that changes in clinical service areas will not have an adverse impact upon the health care delivery system. An applicant shall document that a written request for information on any adverse impact was received by all hospitals within the 45-minute normal travel time, and that the request included a statement that a written response be provided to the applicant no later than 15 days after receipt. Failure by an existing facility to respond to the applicant's request for information within the prescribed 15-day response period shall constitute a non-rebuttable assumption that the existing facility will not be adversely impacted.

c) Unnecessary Duplication/Maldistribution − Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within 45 minutes normal travel time of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and

C) The names and locations of all existing or approved health care facilities located within 45 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:

A) A ratio of beds to population that exceeds one and one-half times the State average;

B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

d) LTACH Modernization

1) If the project involves modernization of an LTACH category of service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized due to such factors as, but not limited to:

A) High cost of maintenance;

B) Non-compliance with licensing or life safety codes;

C) Changes in standards of care (e.g., private versus multiple bed rooms); or

D) Additional space for diagnostic or therapeutic purposes.

2) Documentation shall include the most recent:

A) IDPH CMMS inspection reports; and

B) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports.

3) Other documentation shall include the following, as applicable to the factors cited in the application:

A) Copies of maintenance reports;

B) Copies of citations for life safety code violations; and

C) Other pertinent reports and data.

4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

e) Staffing Availability − Review Criterion
The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

f) Performance Requirements

1) Bed Capacity Minimum
An applicant shall document that the project will result in a facility capacity of at least 50 Long Term Acute Care Hospital beds located in an MSA and 25 Long Term Acute Care Hospital beds in a non-MSA.

2) Length of Stay

A) An applicant proposing to add beds to an existing service shall document that the average length of stay (ALOS) for the subject service is consistent with the planning area's 3-year ALOS.

B) Documentation shall consist of the 3-year ALOS for all hospitals within the planning area (as reported in the Annual Hospital Questionnaire).

C) An applicant whose existing services have an ALOS exceeding 125% of the ALOS for area providers shall document that the severity or type of illness treated at the applicant facility is significantly higher than the planning area average. Documentation shall be provided from CMMS or other objective records.

D) An applicant whose existing services have an ALOS lower than the planning area ALOS shall submit an explanation as to the reasons for the divergence.

3) Be certified by Medicare as a Long-Term Acute Care Hospital within 12 months after the date of project completion.

g) Assurances
The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, within 30 months of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

(Source: Added at 33 Ill. Reg. 3312, effective February 6, 2009)

SUBPART AE: CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE – REVIEW CRITERIA

Section 1110.3030 – Clinical Service Areas Other Than Categories of Service – Review Criteria

a) Introduction

1) These criteria are applicable only to those projects or components of projects (including major medical equipment), concerning Clinical Service Areas (CSAs) that are not "Categories of Service", but for which utilization standards are listed in Appendix B, including:

A) Surgery

B) Emergency Services and/or Trauma

C) Ambulatory Care Services (organized as a service)

D) Diagnostic and Interventional Radiology/Imaging (by modality)

E) Therapeutic Radiology

F) Laboratory

G) Pharmacy

H) Occupational Therapy/Physical Therapy

I) Major Medical Equipment

2) The applicant shall also comply with requirements of the review criterion in Section 1110.234(a) (Size of Project), as well as all other applicable requirements in 77 Ill. Adm. Code 1100, 1110 and 1130. Applicants proposing to establish, expand or modernize CSAs shall comply with the applicable subsections of this Section, as follows:

PROJECT TYPE	REQUIRED REVIEW CRITERIA
New Services or Facility or Equipment	(b) − Need Determination − Establishment
Service Modernization	(c)(1) − Deteriorated Facilities and/or (c)(2) − Necessary Expansion PLUS (c)(3)(A) − Utilization − Major Medical Equipment or (c)(3)(B) − Utilization − Service or Facility

3) If the proposed project involves the replacement of a facility or service onsite, the applicant shall comply with the requirements listed in subsection (a)(2) for "Service Modernization".

4) If the proposed project involves the replacement of a facility or service on a new site, the applicant shall comply with the requirements of subsection (a)(2) for "New Services or Facility or Equipment".

5) Projects involving the replacement of a service or facility shall meet or exceed the utilization standards for the service, as specified in Appendix B.

6) The number of key rooms proposed in a replacement or modernization project shall be justified by the historical utilization for each of the latest two years, per utilization standards cited in Appendix B.

b) Need Determination − Establishment
The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

1) Service to the Planning Area Residents

A) Either:

i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located; or

ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to residents of the service area; and

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical and projected incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

2) Service Demand
To demonstrate need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections (b)(2)(A) through (D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base
For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum two-

year historical and two-year projected number of inpatients requiring the subject CSA.

B) Physician Referrals
For CSAs that require physician referrals to create and maintain a patient base volume, the applicant shall document patient origin information for the referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true and correct.

C) Historical Referrals to Other Providers
If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service needed; patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

D) Population Incidence
The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

3) Impact of the Proposed Project on Other Area Providers
The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

4) Utilization
Projects involving the establishment of CSAs shall meet or exceed the utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its

anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

c) Service Modernization
The applicant shall document that the proposed project meets one of the following:

1) Deteriorated Equipment or Facilities
The proposed project will result in the replacement of equipment or facilities that have deteriorated and need replacement. Documentation shall consist of, but is not limited to: historical utilization data, downtime or time spent out of service due to operational failures, upkeep and annual maintenance costs, and licensure or fire code deficiency citations involving the proposed project.

2) Necessary Expansion
The proposed project is necessary to provide expansion for diagnostic treatment, ancillary training or other support services to meet the requirements of patient service demand. Documentation shall consist of, but is not limited to: historical utilization data, evidence of changes in industry standards, changes in the scope of services offered, and licensure or fire code deficiency citations involving the proposed project.

3) Utilization

A) Major Medical Equipment
Proposed projects for the acquisition of major medical equipment shall document that the equipment will achieve or exceed any applicable target utilization levels specified in Appendix B within 12 months after acquisition.

B) Service or Facility
Projects involving the modernization of a service or facility shall meet or exceed the utilization standards for the service, as specified in Appendix B. The number of key rooms being modernized shall not exceed the number justified by historical utilization rates for each of the latest two years, unless additional key rooms can be justified per subsection (c)(2) (Necessary Expansion).

C) If no utilization standards exist, the applicant shall document in detail its anticipated utilization in terms of incidence of disease or conditions, or population use rates.

(Source: Added at 33 Ill. Reg. 3312, effective February 6, 2009)

HUMAN RIGHTS COMMISSION

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Joint Rules of the Department of Human Rights and the Human Rights Commission: Disability Discrimination in Employment

2) Code Citation: 56 Ill. Adm. Code 5200

3)

Section Numbers:	Adopted Action:
5200.10	Amendment
5200.20	Amendment
5200.30	Amendment
5200.40	Amendment
5200.60	Amendment

4) Statutory Authority: Implementing Sections 1-103(I) and Article 8 of the Illinois Human Rights Act [775 ILCS 5/1-103(I) and Art. 8] and authorized by Section 8-102(E) of the Illinois Human Rights Act [775 ILCS 5/8-102(E)]

5) Effective Date of Amendments: February 5, 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 amendments, 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. 16672; October 17, 2008

10) Has JCAR issued a Statement of Objection to these amendments? No

11) Differences between proposal and final version: A typographical error was corrected in the heading of the Part.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No changes were necessary.

13) Will these amendments replace any emergency rulemaking currently in effect? No

14) Are there any amendments pending on this Part? No

HUMAN RIGHTS COMMISSION

NOTICE OF ADOPTED AMENDMENTS

15) Summary and Purpose of Amendments: Pursuant to Public Act 95-668, reference to "handicap" discrimination is stated as "disability" discrimination. References to "afflicted" and "affliction" are also removed. These amendments are adopted jointly by the Department of Human Rights and the Human Rights Commission.

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

Harriet Parker, General Counsel
Human Rights Commission
100 W. Randolph, Suite 5-100
Chicago, IL 60601

312/814-6269 or
312/814-4760 (TDD)

The full text of the Adopted Amendments may be found in this issue of the *Illinois Register* at Department of Human Rights' Amendments for Part 2500 because this is a joint rulemaking with that agency.

DEPARTMENT OF HUMAN RIGHTS

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Joint Rules of the Department of Human Rights and the Human Rights Commission: Disability Discrimination in Employment

2) Code Citation: 56 Ill. Adm. Code 2500

3)

Section Numbers:	Adopted Action:
2500.10	Amendment
2500.20	Amendment
2500.30	Amendment
2500.40	Amendment
2500.60	Amendment

4) Statutory Authority: Implementing Sections 2-102(A), 7-101(A), and 7-105(A) and authorized by Sections 7-101(A) and 7-105(A) of the Illinois Human Rights Act [775 ILCS 5/2-102(A), 7-101(A) and 7-105(A)]

5) Effective Date of Amendments: February 5, 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 amendments, 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. 16674; October 17, 2008

10) Has JCAR issued a Statement of Objection to this rulemaking? No

11) Differences between proposal and final version: A typographical error was corrected in the heading of the Part.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No changes were necessary.

13) Will this rulemaking replace any emergency rulemaking currently in effect? No

14) Are there any amendments pending on this Part? No

DEPARTMENT OF HUMAN RIGHTS

NOTICE OF ADOPTED AMENDMENTS

15) Summary and Purpose of Amendments: Pursuant to Public Act 95-668, reference to "handicap" discrimination is stated as "disability" discrimination. References to "afflicted" and "affliction" are also removed. These amendments are adopted jointly by the Department of Human Rights and the Human Rights Commission.

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

David T. Rothal
Staff Attorney
Illinois Department of Human Rights – Legal Division
100 W. Randolph St., Ste. 10-100
Chicago, IL 60601

312/814-6257 or 312/263-1579 (TTY)

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

DEPARTMENT OF HUMAN RIGHTS

NOTICE OF ADOPTED AMENDMENTS

TITLE 56: LABOR AND EMPLOYMENT
CHAPTER II: DEPARTMENT OF HUMAN RIGHTS

PART 2500
JOINT RULES OF THE DEPARTMENT OF HUMAN RIGHTS
AND THE HUMAN RIGHTS COMMISSION:
DISABILITY~~HANDICAP~~ DISCRIMINATION IN EMPLOYMENT

Section
2500.10 Purpose and Coverage
2500.20 What Constitutes a "Disability~~Handicap~~"
2500.30 Who is Protected Against Disability~~Handicap~~ Discrimination
2500.40 Reasonable Accommodation
2500.50 Bona Fide Occupational Qualification
2500.60 Pre-Employment Inquiries and Examinations

AUTHORITY: Implementing Section 7-106(B) and authorized by Sections 7-101(A) and 8-102(E) of the Illinois Human Rights Act [775 ILCS 5/7-101(A), 7-106(B) and 8-102(E)].

SOURCE: Adopted at 6 Ill. Reg. 11489, effective September 15, 1982; codified at 8 Ill. Reg. 17502; amended at 33 Ill. Reg. 3506, effective February 5, 2009.

Section 2500.10 Purpose and Coverage

This~~The regulations in this~~ Part interprets~~interpret~~ the provisions of Section 2-102 of the Illinois Human Rights Act (~~"~~Act~~"~~) prohibiting discrimination in employment against persons with disabilities~~the handicapped~~. For purposes of the prohibition against disability~~handicap~~ discrimination, Section 2-102 applies to all units of State and local government in Illinois, to all private firms employing one or more individuals, and to all employment agencies and labor organizations (see Section 2-101(B), (C) and (D) of the Act).

(Source: Amended at 33 Ill. Reg. 3506, effective February 5, 2009)

Section 2500.20 What Constitutes a "Disability~~Handicap~~"

a) Statutory Definition – According to Section 1-103(I) of the Act, the term "disability~~handicap~~" in employment contexts *means a determinable physical or mental characteristic of a person, including but not limited to a determinable physical characteristic which necessitates the person's use of a guide or hearing*

dog, the history of such characteristic, or the perception of such characteristic by the person complained against, which may result from disease, injury, congenital condition of birth or functional disorder and which characteristic is unrelated to the person's ability to perform the duties of a particular job or position. This Section~~The following paragraphs~~, together with Section 2500.30, interprets~~interpret~~ the various clauses within this definition.

b) *Determinable Physical or Mental Characteristic*

1) The definition is not confined to only those physical and mental conditions that~~which~~ are grave or extreme in nature. However, it is interpreted as excluding:

A) conditions that~~which~~ are transitory and insubstantial;~~,~~ and

B) conditions that~~which~~ are not significantly debilitating or disfiguring.

2) To be covered, a condition must be "determinable" by recognized clinical or laboratory diagnostic techniques.

c) *Resulting~~Result(ing)~~ from Disease, Injury, Congenital Condition of Birth or Functional Disorder*~~—~~
If a dispute arises as to whether a condition constitutes a disablity~~handicap~~, it is the burden of the person claiming the disability~~handicap~~ to establish that the condition results from disease, injury, congenital condition of birth or functional disorder. For example, the conditions of obesity and drug or alcohol abuse shall not be deemed "disabilities~~handicaps~~" unless the person can demonstrate that the condition arises from or constitutes the equivalent of a disease or functional disorder. (Even when~~where~~ alcohol or drug dependence is established as constituting a disease or functional disorder, see subsection~~paragraph~~ (d) of this Part~~below~~ regarding whether the condition is "unrelated to the person's ability".)

d) *Unrelated to the Person's Ability to Perform the Duties of a Particular Job or Position*~~. . .~~

1) Under this language, the real or suspected implications of a person's physical or mental condition are irrelevant, and therefore cannot justify discrimination against the person, if those implications do not affect the

person's ability to acceptably perform the particular job in question. ~~Such~~ Irrelevant~~irrelevant~~ implications include the preferences of co-workers, clients and customers; the expense of providing fringe benefits such as group insurance; and potential workers'~~workers~~ compensation liability. Moreover, a condition is "unrelated to a person's ability to perform the duties of a particular job or position" if it merely affects the person's ability to perform tasks or engage in activities that are apart from or only incidental to the job in question.

2) On the other hand, a person's condition is related to his/her ability if it would make employment of the person in the particular position demonstrably hazardous to the health or safety of the person or others, or if it is manifested or results in behavior (e.g., absenteeism, poor quality or quantity of production~~,~~ or disruptiveness) that~~which~~ fails to meet acceptable standards. Reasonable accommodation of a person's physical or mental limitations must be explored, in accordance with Section 2500.40, to determine whether the condition prevents acceptable or safe performance of the activities necessary to the job. However, a person's alcoholism or drug dependence, ~~which is~~ manifested in intoxication or excessive absence or tardiness~~, or intoxication~~ at work, is presumptively related to the person's ability to perform.

(Source: Amended at 33 Ill. Reg. 3506, effective February 5, 2009)

Section 2500.30 Who is Protected Against Disability~~Handicap~~ Discrimination

a) Section 1-103(I) of the Act provides that a person is protected against discrimination if he/she

1) is currently exhibiting~~afflicted with~~ a condition that~~which~~ constitutes a "disability~~handicap~~";~~, or~~

2) has a history of exhibiting~~affliction with~~ such a condition; or

3) is perceived by an employer, employment agency or labor organization as being or having exhibited such a condition~~been so afflicted~~.

b) An individual has a "history" of a disabling~~handicapping~~ condition if he/she is restored or recovered from a prior disability~~affliction~~ or if the individual's

symptoms are in remission. For example, persons~~The mentally restored, those~~ who have had heart attacks or cancer~~, and persons with orthopedic findings may be examples; they~~ are protected against discrimination ~~which is~~ based upon their medical histories. The "perception" of a disabling~~handicapping~~ condition may occur with regard to an individual who has been misdiagnosed, misclassified, or erroneously viewed as one who is disabled or as having had a history of disability~~has been so afflicted~~; the~~such an~~ individual similarly is protected against discrimination based upon that erroneous perception. The~~Such a~~ perception may also occur in connection with a person whose current non-disabling condition, e.g., hypertension, is viewed as creating the potential for future disability.

(Source: Amended at 33 Ill. Reg. 3506, effective February 5, 2009)

Section 2500.40 Reasonable Accommodation

a) Requirement – Employers and labor organizations must make reasonable accommodation of the known physical or mental limitations of otherwise qualified disabled~~handicapped~~ applicants or employees, unless the employer or labor organization can demonstrate that ~~such~~ accommodation would be prohibitively expensive or would unduly disrupt the ordinary conduct of business. Whether an accommodation would be prohibitively expensive or disruptive will involve weighing its cost and inconvenience against the immediate and potential benefits of providing it, when~~where~~ the immediate benefit is facilitation of the disabled~~handicapped~~ person's employment and the potential benefits include facilitating access by other disabled employees, applicants, clients and customers. Accommodation may include: alteration of the facility or work site; modification of work schedules or leave policy; acquisition of equipment; job restructuring; provision of readers or interpreters; and other similar actions.

b) Exceptions – Accommodations of a personal nature (e.g., eyeglasses or hearing aids) need not be provided, nor is it necessary to provide any superfluous accommodation (e.g., provision of a chauffeur to accommodate a blind person's traveling difficulties). No employer is required to hire two full time employees to perform one job in order to accommodate a disabled~~handicapped~~ individual.

c) Employee's Burden – It is the duty of the individual seeking an accommodation to apprise the employer or labor organization involved of the employee's disabling ~~his handicapping~~ condition and submit any necessary medical documentation. The ~~handicapped~~ individual must ordinarily initiate the request for

accommodation~~,~~ and must cooperate in any ensuing discussion and evaluation aimed at determining the possible or feasible accommodations.

d) Employer's or Labor Organization's Burden – Once a disabled~~handicapped~~ individual has initiated a request for accommodation, or if a potential accommodation is obvious in the circumstances, it is the duty of the employer or labor organization involved to provide the necessary accommodation in conformance with subsection~~paragraph~~ (a)~~above~~. In response to a discrimination charge involving a refusal to provide an accommodation, an employer or labor organization must show that the disabled~~handicapped~~ individual would be unqualified even with accommodation, that the accommodation would be prohibitively expensive or would unduly disrupt the conduct of business, or that the accommodation would constitute an exception as described in subsection~~paragraph~~ (b)~~above~~.

(Source: Amended at 33 Ill. Reg. 3506, effective February 5, 2009)

Section 2500.60 Pre-Employment Inquiries and Examinations

a) Inquiries – An employer, employment agency or labor organization may not require a job applicant to list or disclose all disabling conditions that~~with which~~ the applicant is exhibiting~~afflicted~~. However, it is not a violation of the Act for an employer, employment agency or labor organization to inquire,~~require~~ uniformly of all applicants for employment, referral or admission to an apprenticeship or other training program, whether they have physical or mental disabilities~~handicaps~~ that~~which~~ may impair their abilities to acceptably perform the required duties~~in the positions applied for,~~ or to successfully complete the apprenticeship or training programs~~ to which admission is sought~~.

b) Examinations – An employer, employment agency or labor organization may require all applicants who have been found otherwise qualified for selection to submit to pre-employment physical or psychological examinations~~,~~ for the purpose of determining whether ~~such~~ applicants are capable of acceptably performing the activities necessary to the job or training at issue. Examinations~~Such examinations~~ may also be utilized to ascertain the nature of any accommodation ~~which may be~~ needed to enable the applicant to perform acceptably, but not to disqualify applicants who are revealed as having a condition or characteristic presenting~~which merely presents~~ a risk of future injury. Pre-employment physical or psychological examinations may be conducted prior

to the stage at which applicants are evaluated as otherwise fully qualified if the practice is followed consistently with all applicants, and if it can be demonstrated that each subsequent evaluative procedure is more expensive or burdensome than the physical or psychological examination. In all events, however, the results of any ~~such~~ pre-employment examination must be made available to the applicant, upon request.

(Source: Amended at 33 Ill. Reg. 3506, effective February 5, 2009)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEAL OF PEREMPTORY AMENDMENTS

1) Heading of the Part: Food Stamps

2) Code Citation: 89 Ill. Adm. Code 121

3)

Section Numbers:	Emergency Action:
121.94	Repeal
121.96	Repeal
121.150	Repeal

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) Effective Date of Rulemaking: February 5, 2009

6) If this emergency repealer is to expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency repeal of peremptory amendments will expire at the end of 150 days or when the permanent rulemaking is adopted, whichever is sooner.

7) Date Filed with the Index Department: February 5, 2009

8) A copy of the emergency repealer, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: The emergency repeal of the peremptory amendments is in compliance with the recommendation of the Joint Committee on Administrative Rules regarding the Suspension of the peremptory amendments published at 32 Ill. Reg. 16905; October 16, 2008, effective October 1, 2008.

10) Complete Description of the Subjects and Issues Involved: This emergency repeal of peremptory amendments repeals Sections 121.94(c), 121.96(d) and 121.150(b) of the peremptory rulemaking that was filed at 32 Ill. Reg. 16905, effective October 1, 2008. JCAR suspended and objected to the use of peremptory amendments to adopt these subsections because it violated the Illinois Administrative Procedure Act (IAPA) Section 5-50 requirement that adoption of federal changes by peremptory rule occur within 30 days after the federal action. The Department has agreed to adopt an emergency repealer repealing Sections 121.94(c), 121.96(d)(2) and 121.150(b) of the peremptory rule upon JCAR lifting the Suspension.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEAL OF PEREMPTORY AMENDMENTS

11) Are there any rulemakings pending to this Part? No

12) Statement of Statewide Policy Objectives: This emergency repealer neither creates nor expands any State mandate affecting units of local government.

13) Information and questions regarding this emergency repealer shall be directed 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

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEAL OF PEREMPTORY AMENDMENTS

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

PART 121
FOOD STAMPS

SUBPART A: APPLICATION PROCEDURES

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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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEAL OF PEREMPTORY AMENDMENTS

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
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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
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SUBPART E: HOUSEHOLD CONCEPT

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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 Households Receiving AFDC, SSI, Interim Assistance and/or GA – Categorical Eligibility

SUBPART F: MISCELLANEOUS PROGRAM PROVISIONS

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEAL OF PEREMPTORY AMENDMENTS

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
EMERGENCY
121.95 Restoration of Lost Benefits
121.96 Uses For Food Coupons~~Benefits~~
EMERGENCY
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
EMERGENCY
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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEAL OF PEREMPTORY AMENDMENTS

121.154 Court Imposed Disqualification

SUBPART H: FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY REPEAL OF PEREMPTORY AMENDMENTS

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

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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, effective October 1, 1984; peremptory 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; peremptory 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; peremptory 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; peremptory amendment at 10 Ill. Reg. 7387, effective April 21, 1986; peremptory amendment at 10 Ill. Reg. 7941, effective May 1, 1986; amended at 10 Ill. Reg. 14692, effective August 29, 1986; peremptory 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; peremptory 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; peremptory amendment at 11 Ill. Reg. 11391, effective July 1, 1987; peremptory 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; peremptory 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; peremptory amendment at 12 Ill. Reg. 15704, effective October 1, 1988; peremptory 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; peremptory 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; peremptory 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; peremptory 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 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; peremptory 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; peremptory 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; peremptory amendment at 19 Ill. Reg. 13595, effective October 1, 1995; amended at 20 Ill. Reg. 1593, effective January 11, 1996; peremptory 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 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; peremptory 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; peremptory 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; peremptory 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; peremptory 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; peremptory 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; peremptory 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; peremptory 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; peremptory amendment at 32 Ill. Reg. 16905, effective October 1, 2008; peremptory amendment to Sections 121.94(c), 121.96(d)(2) and 121.150(b) of the peremptory amendment 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; peremptory amendment repealed by emergency rulemaking at 33 Ill. Reg.

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3514, effective February 5, 2009, for a maximum of 150 days; peremptory amendment at 32 Ill. Reg. 18092, effective November 15, 2008.

SUBPART F: MISCELLANEOUS PROGRAM PROVISIONS

Section 121.94 Replacement of the EBT Card or Food Stamp Benefits
EMERGENCY

a) Replacement of the EBT Card

1) The EBT card (benefit access device) will be replaced if lost, stolen or damaged.

2) The loss, theft or damage of the EBT card must be immediately reported to the EBT contractor.

3) The client shall contact the Client Help Desk toll-free at (800)678-5465, by TTY at (877)765-3459 or via the internet at http://www.Link.Illinois.gov for replacement of the EBT card and selection of a Personal Identification Number (PIN). A replacement card my be issued by the local office with administrative approval.

4) Administrative remedies, as described in subsection (c) of this Section, may be imposed following the loss, theft or damage of the EBT card or the loss of food stamp benefits.

b) For households receiving food stamp benefits via the EBT system, lost benefits resulting from the loss or theft of the EBT card and PIN will not be replaced due to the client's mismanagement or presumed fraud, collusion or cooperation in fraud.

c) For households receiving food stamp benefits via food stamp coupons not through the EBT system, the following rules will apply:

1) When a household reports the non-receipt of coupons issued through the mail, the Department shall authorize a replacement issuance only if the coupons were validly issued, the household has not been issued more than one replacement in the previous five months and if sufficient time, up to five post office working days, has elapsed for delivery. The replacement

coupons will be sent to the local office address and thereafter, for the next two months following the replacement, each month's regular issuance of coupons will be sent to the local office address.

2) Replacement coupons shall not be issued when a participant claims that the envelope received in the mail contained less than the authorized allotment unless the coupon loss was due to damage in the mail before delivery or the Direct Mail Issuance Center inventory is incorrect. Additionally, replacement coupons shall not be issued for coupons that are received but subsequently are lost or misplaced.

3) If a household requests replacement of food stamp coupons which were received by the household but which were improperly manufactured or were subsequently damaged or mutilated, the Section 121.94(c)(3) continued Department shall replace the coupons in an amount equal to the value of the improperly manufactured or mutilated coupons. A coupon cannot be replaced if less than three-fifths of the coupon is presented by the household.

4) If a household requests replacement of food stamp coupons which were received but subsequently destroyed in a household disaster and the request is made within ten days after the disaster, the Department shall replace the coupons in an amount not to exceed one month's worth of coupons within ten days after the date destruction was reported to the local office. The disaster must be verified. Replacement of destroyed coupons is limited to twice in a six-month period.

5) Replacement food stamp coupons shall not be issued for coupons that are lost, misplaced or stolen.

d~~e~~) Administrative Remedies

The Department may employ any of the administrative remedies listed in this subsection (d~~e~~) to deter multiple claims of benefit loss or multiple EBT card replacements, subject to notice to and appeal by the client. Which remedy would be applied will be determined by such elements as the type of situation that gives rise to the need for the remedy and the effectiveness of previously utilized remedies.

1) Charge for Replacement Card or Cards – The Department may assess a fee

for replacement of the EBT card. Such fees may increase for subsequent replacement cards.

2) Telephone Approval – The Department may require the client to obtain time and amount-limited telephonic approval for use of the EBT card. The client would be required to place a call to the EBT contractor and positively identify himself or herself. The preauthorization would be time-limited and for a specific, preauthorized amount. The client would be able to use the card for a period of two hours or for some other period designated by the Department. The amount of the transaction could not exceed the preauthorized amount and must be accomplished electronically (manual authorization or voucher processing). Key-entered transactions or exception processing may not be used.

3) Transaction Withdrawals – To assist a client in managing his or her funds or to reduce the potential for fraud, the Department may limit the amount of benefits that may be withdrawn or used per transaction per day. The amount would not exceed $50.00 and may be lowered, as determined by the Department to be necessary under the individual circumstances.

4) Use of Specific POS Terminals – The Department may notify a client that it has restricted benefit access points available to the client. The client may be restricted to accessing benefits at one or two locations, designated by the Department. The merchant or retailer would have to obtain telephone authorization of the transaction. Use of exception processing or key-entered transactions would not be allowed. This determination can only be imposed for a period not to exceed 24 months and is designed to address situations of mismanagement, fraud, multiple replacement requests and intentional program violations.

5) Use of Protective or Alternate Payee – Repeated loss of the EBT card and PIN is a basis for a determination of client mismanagement and authorization of a Protective Payment Plan (PPP).

e~~d~~) Other Remedies
The Department may use other remedies to reduce future claims and to address fraud, abuse, collusion or intentional program violations, as warranted by the individual case circumstances. Those remedies may include, but shall not be limited to:

1) disqualification;

2) penalties, fines and/or imprisonment consistent with federal and State law and regulations; and

3) referrals to federal law enforcement authorities, when appropriate.

(Source: Amended by peremptory rulemaking at 32 Ill. Reg. 16905, effective October 1, 2008; peremptory amendment to Section 121.94(c) suspended at 32 Ill. Reg. 18908, effective November 19, 2008; suspension withdrawn at 33 Ill. Reg. 200, effective February 5, 2009; peremptory amendment repealed by emergency rulemaking at 33 Ill. Reg. 3514, effective February 5, 2009, for a maximum of 150 days)

Section 121.96 Uses For Food Coupons~~Benefits~~
EMERGENCY

a) Food stamps shall be used to purchase eligible food from food retailers and/or wholesalers authorized by the United States Department of Agriculture (USDA) to accept food stamps.

b) Food stamps may be used to purchase seeds and plants for use in gardens to produce food for personal consumption.

c) Food stamps may not be used to:

1) purchase alcoholic beverages and tobacco

2) pay back grocery bills (incurred prior to receipt of food stamps.)

3) purchase hot foods or hot food products which can be eaten immediately and that are sold in retail food stores.

d)

1) Households that do not reside in permanent dwellings or have no fixed mailing address may use their food stamps to purchase meals prepared for and served by USDA authorized public or private nonprofit establishments which feed such individuals and public or private nonprofit shelters which

provide temporary residence (except that such establishments and shelters may only request voluntary use of food stamps by such individuals and may not request such households to pay more than the average cost of the food contained in a meal served by the establishment or shelter. "Average cost" refers to direct costs, through purchases of food used in preparation of meals. For purposes of this rule, "average cost" shall be determined by averaging costs over a period of one calendar month.).

2) However, in the case of homeless food stamp households, neither cash change no credit slips shall be returned for coupons used for the purchase of prepared meals from authorized establishments and shelters. Such establishments and shelters may use uncancelled and unmarked $1.00 coupons which were previously accepted for meals served to food stamp recipients when change is required for $5.00 and $10.00 coupons.

AGENCY NOTE: In accordance with 7 CFR 272.9, the Department shall approve public and private nonprofit establishments and shelters serving the homeless if the establishment shelter serves meals to the homeless. The Food and Nutrition Service of USDA shall authorize as retail food stores, those establishments and shelters which apply and qualify for authorization to accept food stamps from homeless recipients in accordance with 7 CFR 278.1 and 278.2.

(Source: Amended by peremptory rulemaking at 32 Ill. Reg. 16905, effective October 1, 2008; peremptory amendment to Section 121.96(d)(2) suspended at 32 Ill. Reg. 18908, effective November 19, 2008; suspension withdrawn at 33 Ill. Reg. 200, effective February 5, 2009; peremptory amendment repealed by emergency rulemaking at 33 Ill. Reg. 3514, effective February 5, 2009, for a maximum of 150 days)

SUBPART G: INTENTIONAL VIOLATIONS OF THE PROGRAM

Section 121.150 Definition of Intentional Violation of the Program
EMERGENCY

Intentional violation of the Food Stamp program occurs when an individual intentionally:

a) Makes a false or misleading statement.

b) Misrepresents, conceals or witholds~~withholds~~ facts, or Commits~~commits~~ any act that constitutes a violation of the Food Stamp Act~~and Nutrition Act of 2008~~, the

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Food Stamp program regulations, or any state statute regarding the use, presentation, transfer, acquisition, receipt, or possession of Food Stamp coupons or ATP's~~benefits~~.

(Source: Amended by peremptory rulemaking at 32 Ill. Reg. 16905, effective October 1, 2008; peremptory amendment to Section 121.150(b) suspended at 32 Ill. Reg. 18908, effective November 19, 2008; suspension withdrawn at 33 Ill. Reg. 200, effective February 5, 2009; peremptory amendment repealed by emergency rulemaking at 33 Ill. Reg. 3514, effective February 5, 2009, for a maximum of 150 days)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

1) Heading of the Part: Pay Plan

2) Code Citation: 80 Ill. Adm. Code 310

3)

Section Numbers:	Peremptory Action:
310.47	Amendment
310.APPENDIX A TABLE L	Amendment
310.APPENDIX A TABLE W	Amendment
310.APPENDIX A TABLE AA	Amendment

4) Reference to the Specific State or Federal Court Order, Federal Rule or Statute which Requires this Peremptory Rulemaking: The Department of Central Management Services (CMS) is amending the Pay Plan (80 Ill. Adm. Code 310) Section 310.Appendix A Table L. The Agreement between CMS and the International Brotherhood of Boiler Makers – Iron Shipbuilders, Blacksmiths, Forgers, and Helpers was signed December 6, 2004. The contract agreement states that the Illinois Department of Labor shall notify CMS of the Prevailing Rate. On January 8, 2009, the Illinois Department of Labor notified CMS of the Boiler Safety Specialist rates effective January 1, 2009 in the central and southern regions. The contract agreement also states that effective January 1, 2006 Boiler Safety Specialist title shall be paid an additional 4.00% above the prevailing rate of wages for the employees on the standard pension formula.

CMS is amending Section 310.Appendix A Table W to reflect the Memorandum of Understanding (MOU) between CMS and the American Federation of State, County and Municipal Employees (AFSCME) that was signed January 8, 2009. The MOU assigns the Human Resources Specialist title to the RC-062 bargaining unit and pay grade RC-062-20 effective December 15, 2008.

CMS is amending Sections 310.47 and 310.Appendix A Table AA. The Agreement between the Teamsters Local 916 and the Departments of Central Management Services, Transportation and Natural Resources signed January 6, 2009. Effective July 1, 2008, pay rates for all bargaining unit classes shall be raised by 0.50%. Effective January 1, 2009, pay rates for all bargaining unit classes shall be raised by 1.50%. Effective January 1, 2009, employees covered by this agreement shall receive a 3.00% increase if the employee has been in the title for five years or more and paid below the mid-range of pay.

5) Statutory Authority: Authorized by Sections 8 and 8a of the Personnel Code [20 ILCS 415/8 and 20 ILCS 415/8a]

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

6) Effective Date: February 6, 2009

7) A Complete Description of the Subjects and Issues Involved: In Section 310.47, the in-hiring rates for titles represented by the NR-916 bargaining unit are updated.

In Section 310.Appendix A Table L, the central and southern region rates effective January 1, 2009 are added to the table.

In Section 310.Appendix A Table W, Human Resources Specialist, title code 19693 and pay grade RC-062-20 are added to the title table.

In Section 310.Appendix A Table AA, the table of salary ranges effective January 1, 2009 is added.

8) Does this rulemaking contain an automatic repeal date? No

9) Date filed with the Index Department: February 6, 2009

10) This and other Pay Plan amendments are available in the Division of Technical Services of the Bureau of Personnel.

11) Is this in compliance with Section 5-50 of the Illinois Administrative Procedure Act? Yes

12) Are there any other proposed amendments pending on this Part? No

13) Statement of Statewide Policy Objectives: These amendments to the Pay Plan affect only the employees subject to the Personnel Code and do not set out any guidelines that affect local or other jurisdictions in the State.

14) Information and questions regarding these peremptory amendments shall be directed to:

Mr. Jason Doggett
Manager
Compensation Section
Division of Technical Services and Agency Training and Development
Bureau of Personnel
Department of Central Management Services

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

504 William G. Stratton Building
Springfield IL 62706

217/782-7964
Fax: 217/524-4570
CMS.PayPlan@Illinois.gov

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

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND POSITION CLASSIFICATIONS
CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 310
PAY PLAN

SUBPART A: NARRATIVE

Section
310.20 Policy and Responsibilities
310.30 Jurisdiction
310.40 Pay Schedules
310.45 Comparison of Pay Grades or Salary Ranges Assigned to Classifications
310.47 In-Hiring Rate
310.50 Definitions
310.60 Conversion of Base Salary to Pay Period Units
310.70 Conversion of Base Salary to Daily or Hourly Equivalents
310.80 Increases in Pay
310.90 Decreases in Pay
310.100 Other Pay Provisions
310.110 Implementation of Pay Plan Changes
310.120 Interpretation and Application of Pay Plan
310.130 Effective Date
310.140 Reinstitution of Within Grade Salary Increases (Repealed)
310.150 Fiscal Year 1985 Pay Changes in Schedule of Salary Grades, effective July 1, 1984 (Repealed)

SUBPART B: SCHEDULE OF RATES

Section
310.205 Introduction
310.210 Prevailing Rate
310.220 Negotiated Rate
310.230 Part-Time Daily or Hourly Special Services Rate (Repealed)
310.240 Daily or Hourly Rate Conversion
310.250 Member, Patient and Inmate Rate
310.260 Trainee Rate

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310.270 Legislated and Contracted Rate
310.280 Designated Rate
310.290 Out-of-State Rate (Repealed)
310.295 Foreign Service Rate (Repealed)
310.300 Educator Schedule for RC-063 and HR-010
310.310 Physician Specialist Rate
310.320 Annual Compensation Ranges for Executive Director and Assistant Executive Director, State Board of Elections (Repealed)
310.330 Excluded Classes Rate (Repealed)

SUBPART C: MERIT COMPENSATION SYSTEM

Section
310.410 Jurisdiction
310.415 Merit Compensation Salary Range Assignments
310.420 Objectives
310.430 Responsibilities
310.440 Merit Compensation Salary Schedule
310.450 Procedures for Determining Annual Merit Increases and Bonuses
310.455 Intermittent Merit Increase
310.456 Merit Zone (Repealed)
310.460 Other Pay Increases
310.470 Adjustment
310.480 Decreases in Pay
310.490 Other Pay Provisions
310.495 Broad-Band Pay Range Classes
310.500 Definitions
310.510 Conversion of Base Salary to Pay Period Units (Repealed)
310.520 Conversion of Base Salary to Daily or Hourly Equivalents
310.530 Implementation
310.540 Annual Merit Increase and Bonus Guidechart
310.550 Fiscal Year 1985 Pay Changes in Merit Compensation System, effective July 1, 1984 (Repealed)

310.APPENDIX A Negotiated Rates of Pay
310.TABLE A RC-104 (Conservation Police Supervisors, Laborers' – ISEA Local #2002)
310.TABLE B VR-706 (Assistant Automotive Shop Supervisors, Automotive Shop Supervisors and Meat and Poultry Inspector Supervisors, Laborers' –

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NOTICE OF PEREMPTORY AMENDMENTS

	ISEA Local #2002)
310.TABLE C	RC-056 (Site Superintendents and Natural Resource, Historic Preservation and Agriculture Managers, IFPE)
310.TABLE D	HR-001 (Teamsters Local #726)
310.TABLE E	RC-020 (Teamsters Local #330)
310.TABLE F	RC-019 (Teamsters Local #25)
310.TABLE G	RC-045 (Automotive Mechanics, IFPE)
310.TABLE H	RC-006 (Corrections Employees, AFSCME)
310.TABLE I	RC-009 (Institutional Employees, AFSCME)
310.TABLE J	RC-014 (Clerical Employees, AFSCME)
310.TABLE K	RC-023 (Registered Nurses, INA)
310.TABLE L	RC-008 (Boilermakers)
310.TABLE M	RC-110 (Conservation Police Lodge)
310.TABLE N	RC-010 (Professional Legal Unit, AFSCME)
310.TABLE O	RC-028 (Paraprofessional Human Services Employees, AFSCME)
310.TABLE P	RC-029 (Paraprofessional Investigatory and Law Enforcement Employees, IFPE)
310.TABLE Q	RC-033 (Meat Inspectors, IFPE)
310.TABLE R	RC-042 (Residual Maintenance Workers, AFSCME)
310.TABLE S	VR-704 (Corrections, Juvenile Justice and State Police Supervisors, Laborers' – ISEA Local #2002)
310.TABLE T	HR-010 (Teachers of Deaf, IFT)
310.TABLE U	HR-010 (Teachers of Deaf, Extracurricular Paid Activities)
310.TABLE V	CU-500 (Corrections Meet and Confer Employees)
310.TABLE W	RC-062 (Technical Employees, AFSCME)
310.TABLE X	RC-063 (Professional Employees, AFSCME)
310.TABLE Y	RC-063 (Educators, AFSCME)
310.TABLE Z	RC-063 (Physicians, AFSCME)
310.TABLE AA	NR-916 (Department of Natural Resources, Teamsters)
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310.APPENDIX B	Schedule of Salary Grade Pay Grades – Monthly Rates of Pay
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310.APPENDIX D	Merit Compensation System Salary Schedule
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AUTHORITY: Implementing and authorized by Sections 8 and 8a of the Personnel Code [20

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ILCS 415/8 and 8a].

SOURCE: Filed June 28, 1967; codified at 8 Ill. Reg. 1558; emergency amendment at 8 Ill. Reg. 1990, effective January 31, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 2440, effective February 15, 1984; emergency amendment at 8 Ill. Reg. 3348, effective March 5, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 4249, effective March 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 5704, effective April 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 7290, effective May 11, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 11299, effective June 25, 1984; emergency amendment at 8 Ill. Reg. 12616, effective July 1, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 15007, effective August 6, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15367, effective August 13, 1984; emergency amendment at 8 Ill. Reg. 21310, effective October 10, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21544, effective October 24, 1984; amended at 8 Ill. Reg. 22844, effective November 14, 1984; emergency amendment at 9 Ill. Reg. 1134, effective January 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 1320, effective January 23, 1985; amended at 9 Ill. Reg. 3681, effective March 12, 1985; emergency amendment at 9 Ill. Reg. 4163, effective March 15, 1985, for a maximum of 150 days; emergency amendment at 9 Ill. Reg. 9231, effective May 31, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9420, effective June 7, 1985; amended at 9 Ill. Reg. 10663, effective July 1, 1985; emergency amendment at 9 Ill. Reg. 15043, effective September 24, 1985, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 3325, effective January 22, 1986; amended at 10 Ill. Reg. 3230, effective January 24, 1986; emergency amendment at 10 Ill. Reg. 8904, effective May 13, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 8928, effective May 13, 1986; emergency amendment at 10 Ill. Reg. 12090, effective June 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 13675, effective July 31, 1986; peremptory amendment at 10 Ill. Reg. 14867, effective August 26, 1986; amended at 10 Ill. Reg. 15567, effective September 17, 1986; emergency amendment at 10 Ill. Reg. 17765, effective September 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 19132, effective October 28, 1986; peremptory amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill. Reg. 648, effective December 22, 1986; peremptory amendment at 11 Ill. Reg. 3363, effective February 3, 1987; peremptory amendment at 11 Ill. Reg. 4388, effective February 27, 1987; peremptory amendment at 11 Ill. Reg. 6291, effective March 23, 1987; amended at 11 Ill. Reg. 5901, effective March 24, 1987; emergency amendment at 11 Ill. Reg. 8787, effective April 15, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 11830, effective July 1, 1987, for a maximum of 150 days; peremptory amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; peremptory amendment at 11 Ill. Reg. 15273, effective September 1, 1987; peremptory amendment at 11 Ill. Reg. 17919, effective October 19, 1987; peremptory amendment at 11 Ill. Reg. 19812, effective November

19, 1987; emergency amendment at 11 Ill. Reg. 20664, effective December 4, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20778, effective December 11, 1987; peremptory amendment at 12 Ill. Reg. 3811, effective January 27, 1988; peremptory amendment at 12 Ill. Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; peremptory amendment at 12 Ill. Reg. 7783, effective April 14, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; peremptory amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; peremptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; peremptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; peremptory amendment at 13 Ill. Reg. 8970, effective May 26, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; emergency amendment expired on November 17, 1989; amended at 13 Ill. Reg. 11451, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days; corrected at 13 Ill. Reg. 12647; peremptory amendment at 13 Ill. Reg. 12887, effective July 24, 1989; amended at 13 Ill. Reg. 16950, effective October 20, 1989; amended at 13 Ill. Reg. 19221, effective December 12, 1989; amended at 14 Ill. Reg. 615, effective January 2, 1990; peremptory amendment at 14 Ill. Reg. 1627, effective January 11, 1990; amended at 14 Ill. Reg. 4455, effective March 12, 1990; peremptory amendment at 14 Ill. Reg. 7652, effective May 7, 1990; amended at 14 Ill. Reg. 10002, effective June 11, 1990; emergency amendment at 14 Ill. Reg. 11330, effective June 29, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14361, effective August 24, 1990; emergency amendment at 14 Ill. Reg. 15570, effective September 11, 1990, for a maximum of 150 days; emergency amendment expired on February 8, 1991; corrected at 14 Ill. Reg. 16092; peremptory amendment at 14 Ill. Reg. 17098, effective September 26, 1990; amended at 14 Ill. Reg. 17189, effective October 2, 1990; amended at 14 Ill. Reg. 17189, effective October 19, 1990; amended at 14 Ill. Reg. 18719, effective November 13, 1990; peremptory amendment at 14 Ill. Reg. 18854, effective November 13, 1990; peremptory amendment at 15 Ill. Reg. 663, effective January 7, 1991; amended at 15 Ill. Reg. 3296, effective February 14, 1991; amended at 15 Ill. Reg. 4401, effective March 11, 1991; peremptory amendment at 15 Ill. Reg. 5100, effective March 20, 1991; peremptory amendment at 15 Ill. Reg. 5465, effective April 2, 1991; emergency amendment at 15 Ill. Reg. 10485, effective July 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 11080, effective July 19, 1991; amended at 15 Ill. Reg. 13080, effective August 21, 1991; amended at 15 Ill. Reg. 14210, effective September 23, 1991; emergency amendment at 16 Ill. Reg. 711, effective December 26, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3450, effective

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February 20, 1992; peremptory amendment at 16 Ill. Reg. 5068, effective March 11, 1992; peremptory amendment at 16 Ill. Reg. 7056, effective April 20, 1992; emergency amendment at 16 Ill. Reg. 8239, effective May 19, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 8382, effective May 26, 1992; emergency amendment at 16 Ill. Reg. 13950, effective August 19, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14452, effective September 4, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 238, effective December 23, 1992; peremptory amendment at 17 Ill. Reg. 498, effective December 18, 1992; amended at 17 Ill. Reg. 590, effective January 4, 1993; amended at 17 Ill. Reg. 1819, effective February 2, 1993; amended at 17 Ill. Reg. 6441, effective April 8, 1993; emergency amendment at 17 Ill. Reg. 12900, effective July 22, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 13409, effective July 29, 1993; emergency amendment at 17 Ill. Reg. 13789, effective August 9, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 14666, effective August 26, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19103, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 21858, effective December 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 22514, effective December 15, 1993; amended at 18 Ill. Reg. 227, effective December 17, 1993; amended at 18 Ill. Reg. 1107, effective January 18, 1994; amended at 18 Ill. Reg. 5146, effective March 21, 1994; peremptory amendment at 18 Ill. Reg. 9562, effective June 13, 1994; emergency amendment at 18 Ill. Reg. 11299, effective July 1, 1994, for a maximum of 150 days; peremptory amendment at 18 Ill. Reg. 13476, effective August 17, 1994; emergency amendment at 18 Ill. Reg. 14417, effective September 9, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16545, effective October 31, 1994; peremptory amendment at 18 Ill. Reg. 16708, effective October 28, 1994; amended at 18 Ill. Reg. 17191, effective November 21, 1994; amended at 19 Ill. Reg. 1024, effective January 24, 1995; peremptory amendment at 19 Ill. Reg. 2481, effective February 17, 1995; peremptory amendment at 19 Ill. Reg. 3073, effective February 17, 1995; amended at 19 Ill. Reg. 3456, effective March 7, 1995; peremptory amendment at 19 Ill. Reg. 5145, effective March 14, 1995; amended at 19 Ill. Reg. 6452, effective May 2, 1995; peremptory amendment at 19 Ill. Reg. 6688, effective May 1, 1995; amended at 19 Ill. Reg. 7841, effective June 1, 1995; amended at 19 Ill. Reg. 8156, effective June 12, 1995; amended at 19 Ill. Reg. 9096, effective June 27, 1995; emergency amendment at 19 Ill. Reg. 11954, effective August 1, 1995, for a maximum of 150 days; peremptory amendment at 19 Ill. Reg. 13979, effective September 19, 1995; peremptory amendment at 19 Ill. Reg. 15103, effective October 12, 1995; amended at 19 Ill. Reg. 16160, effective November 28, 1995; amended at 20 Ill. Reg. 308, effective December 22, 1995; emergency amendment at 20 Ill. Reg. 4060, effective February 27, 1996, for a maximum of 150 days; peremptory amendment at 20 Ill. Reg. 6334, effective April 22, 1996; peremptory amendment at 20 Ill. Reg. 7434, effective May 14, 1996; amended at 20 Ill. Reg. 8301, effective June 11, 1996; amended at 20 Ill. Reg. 8657, effective June 20, 1996; amended at 20 Ill. Reg. 9006, effective June 26, 1996; amended at 20 Ill. Reg. 9925, effective July 10, 1996; emergency amendment at 20 Ill. Reg. 10213, effective July 15, 1996, for a maximum of 150 days; amended

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at 20 Ill. Reg. 10841, effective August 5, 1996; peremptory amendment at 20 Ill. Reg. 13408, effective September 24, 1996; amended at 20 Ill. Reg. 15018, effective November 7, 1996; peremptory amendment at 20 Ill. Reg. 15092, effective November 7, 1996; emergency amendment at 21 Ill. Reg. 1023, effective January 6, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 1629, effective January 22, 1997; amended at 21 Ill. Reg. 5144, effective April 15, 1997; amended at 21 Ill. Reg. 6444, effective May 15, 1997; amended at 21 Ill. Reg. 7118, effective June 3, 1997; emergency amendment at 21 Ill. Reg. 10061, effective July 21, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 12859, effective September 8, 1997, for a maximum of 150 days; peremptory amendment at 21 Ill. Reg. 14267, effective October 14, 1997; peremptory amendment at 21 Ill. Reg. 14589, effective October 15, 1997; peremptory amendment at 21 Ill. Reg. 15030, effective November 10, 1997; amended at 21 Ill. Reg. 16344, effective December 9, 1997; peremptory amendment at 21 Ill. Reg. 16465, effective December 4, 1997; peremptory amendment at 21 Ill. Reg. 17167, effective December 9, 1997; peremptory amendment at 22 Ill. Reg. 1593, effective December 22, 1997; amended at 22 Ill. Reg. 2580, effective January 14, 1998; peremptory amendment at 22 Ill. Reg. 4326, effective February 13, 1998; peremptory amendment at 22 Ill. Reg. 5108, effective February 26, 1998; peremptory amendment at 22 Ill. Reg. 5749, effective March 3, 1998; amended at 22 Ill. Reg. 6204, effective March 12, 1998; peremptory amendment at 22 Ill. Reg. 7053, effective April 1, 1998; peremptory amendment at 22 Ill. Reg. 7320, effective April 10, 1998; peremptory amendment at 22 Ill. Reg. 7692, effective April 20, 1998; emergency amendment at 22 Ill. Reg. 12607, effective July 2, 1998, for a maximum of 150 days; peremptory amendment at 22 Ill. Reg. 15489, effective August 7, 1998; amended at 22 Ill. Reg. 16158, effective August 31, 1998; peremptory amendment at 22 Ill. Reg. 19105, effective September 30, 1998; peremptory amendment at 22 Ill. Reg. 19943, effective October 27, 1998; peremptory amendment at 22 Ill. Reg. 20406, effective November 5, 1998; amended at 22 Ill. Reg. 20581, effective November 16, 1998; amended at 23 Ill. Reg. 664, effective January 1, 1999; peremptory amendment at 23 Ill. Reg. 730, effective December 29, 1998; emergency amendment at 23 Ill. Reg. 6533, effective May 10, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 7065, effective June 3, 1999; emergency amendment at 23 Ill. Reg. 8169, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 11020, effective August 26, 1999; amended at 23 Ill. Reg. 12429, effective September 21, 1999; peremptory amendment at 23 Ill. Reg. 12493, effective September 23, 1999; amended at 23 Ill. Reg. 12604, effective September 24, 1999; amended at 23 Ill. Reg. 13053, effective September 27, 1999; peremptory amendment at 23 Ill. Reg. 13132, effective October 1, 1999; amended at 23 Ill. Reg. 13570, effective October 26, 1999; amended at 23 Ill. Reg. 14020, effective November 15, 1999; amended at 24 Ill. Reg. 1025, effective January 7, 2000; peremptory amendment at 24 Ill. Reg. 3399, effective February 3, 2000; amended at 24 Ill. Reg. 3537, effective February 18, 2000; amended at 24 Ill. Reg. 6874, effective April 21, 2000; amended at 24 Ill. Reg. 7956, effective May 23, 2000; emergency amendment at 24 Ill. Reg. 10328, effective July 1, 2000, for a maximum of 150 days; emergency expired November 27,

2000; peremptory amendment at 24 Ill. Reg. 10767, effective July 3, 2000; amended at 24 Ill. Reg. 13384, effective August 17, 2000; peremptory amendment at 24 Ill. Reg. 14460, effective September 14, 2000; peremptory amendment at 24 Ill. Reg. 16700, effective October 30, 2000; peremptory amendment at 24 Ill. Reg. 17600, effective November 16, 2000; amended at 24 Ill. Reg. 18058, effective December 4, 2000; peremptory amendment at 24 Ill. Reg. 18444, effective December 1, 2000; amended at 25 Ill. Reg. 811, effective January 4, 2001; amended at 25 Ill. Reg. 2389, effective January 22, 2001; amended at 25 Ill. Reg. 4552, effective March 14, 2001; peremptory amendment at 25 Ill. Reg. 5067, effective March 21, 2001; amended at 25 Ill. Reg. 5618, effective April 4, 2001; amended at 25 Ill. Reg. 6655, effective May 11, 2001; amended at 25 Ill. Reg. 7151, effective May 25, 2001; peremptory amendment at 25 Ill. Reg. 8009, effective June 14, 2001; emergency amendment at 25 Ill. Reg. 9336, effective July 3, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 9846, effective July 23, 2001; amended at 25 Ill. Reg. 12087, effective September 6, 2001; amended at 25 Ill. Reg. 15560, effective November 20, 2001; peremptory amendment at 25 Ill. Reg. 15671, effective November 15, 2001; amended at 25 Ill. Reg. 15974, effective November 28, 2001; emergency amendment at 26 Ill. Reg. 223, effective December 21, 2001, for a maximum of 150 days; amended at 26 Ill. Reg. 1143, effective January 17, 2002; amended at 26 Ill. Reg. 4127, effective March 5, 2002; peremptory amendment at 26 Ill. Reg. 4963, effective March 15, 2002; amended at 26 Ill. Reg. 6235, effective April 16, 2002; emergency amendment at 26 Ill. Reg. 7314, effective April 29, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 10425, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 10952, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13934, effective September 10, 2002; amended at 26 Ill. Reg. 14965, effective October 7, 2002; emergency amendment at 26 Ill. Reg. 16583, effective October 24, 2002, for a maximum of 150 days; emergency expired March 22, 2003; peremptory amendment at 26 Ill. Reg. 17280, effective November 18, 2002; amended at 26 Ill. Reg. 17374, effective November 25, 2002; amended at 26 Ill. Reg. 17987, effective December 9, 2002; amended at 27 Ill. Reg. 3261, effective February 11, 2003; expedited correction at 28 Ill. Reg. 6151, effective February 11, 2003; amended at 27 Ill. Reg. 8855, effective May 15, 2003; amended at 27 Ill. Reg. 9114, effective May 27, 2003; emergency amendment at 27 Ill. Reg. 10442, effective July 1, 2003, for a maximum of 150 days; emergency expired November 27, 2003; peremptory amendment at 27 Ill. Reg. 17433, effective November 7, 2003; amended at 27 Ill. Reg. 18560, effective December 1, 2003; peremptory amendment at 28 Ill. Reg. 1441, effective January 9, 2004; amended at 28 Ill. Reg. 2684, effective January 22, 2004; amended at 28 Ill. Reg. 6879, effective April 30, 2004; peremptory amendment at 28 Ill. Reg. 7323, effective May 10, 2004; amended at 28 Ill. Reg. 8842, effective June 11, 2004; peremptory amendment at 28 Ill. Reg. 9717, effective June 28, 2004; amended at 28 Ill. Reg. 12585, effective August 27, 2004; peremptory amendment at 28 Ill. Reg. 13011, effective September 8, 2004; peremptory amendment at 28 Ill. Reg. 13247, effective September 20, 2004; peremptory amendment at 28 Ill. Reg. 13656, effective September 27, 2004; emergency amendment at 28 Ill. Reg. 14174, effective October 15, 2004, for a

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maximum of 150 days; emergency expired March 13, 2005; peremptory amendment at 28 Ill. Reg. 14689, effective October 22, 2004; peremptory amendment at 28 Ill. Reg. 15336, effective November 15, 2004; peremptory amendment at 28 Ill. Reg. 16513, effective December 9, 2004; peremptory amendment at 29 Ill. Reg. 726, effective December 15, 2004; amended at 29 Ill. Reg. 1166, effective January 7, 2005; peremptory amendment at 29 Ill. Reg. 1385, effective January 4, 2005; peremptory amendment at 29 Ill. Reg. 1559, effective January 11, 2005; peremptory amendment at 29 Ill. Reg. 2050, effective January 19, 2005; peremptory amendment at 29 Ill. Reg. 4125, effective February 23, 2005; amended at 29 Ill. Reg. 5375, effective April 4, 2005; peremptory amendment at 29 Ill. Reg. 6105, effective April 14, 2005; peremptory amendment at 29 Ill. Reg. 7217, effective May 6, 2005; peremptory amendment at 29 Ill. Reg. 7840, effective May 10, 2005; amended at 29 Ill. Reg. 8110, effective May 23, 2005; peremptory amendment at 29 Ill. Reg. 8214, effective May 23, 2005; peremptory amendment at 29 Ill. Reg. 8418, effective June 1, 2005; amended at 29 Ill. Reg. 9319, effective July 1, 2005; peremptory amendment at 29 Ill. Reg. 12076, effective July 15, 2005; peremptory amendment at 29 Ill. Reg. 13265, effective August 11, 2005; amended at 29 Ill. Reg. 13540, effective August 22, 2005; peremptory amendment at 29 Ill. Reg. 14098, effective September 2, 2005; amended at 29 Ill. Reg. 14166, effective September 9, 2005; amended at 29 Ill. Reg. 19551, effective November 21, 2005; emergency amendment at 29 Ill. Reg. 20554, effective December 2, 2005, for a maximum of 150 days; peremptory amendment at 29 Ill. Reg. 20693, effective December 12, 2005; peremptory amendment at 30 Ill. Reg. 623, effective December 28, 2005; peremptory amendment at 30 Ill. Reg. 1382, effective January 13, 2006; amended at 30 Ill. Reg. 2289, effective February 6, 2006; peremptory amendment at 30 Ill. Reg. 4157, effective February 22, 2006; peremptory amendment at 30 Ill. Reg. 5687, effective March 7, 2006; peremptory amendment at 30 Ill. Reg. 6409, effective March 30, 2006; amended at 30 Ill. Reg. 7857, effective April 17, 2006; amended at 30 Ill. Reg. 9438, effective May 15, 2006; peremptory amendment at 30 Ill. Reg. 10153, effective May 18, 2006; peremptory amendment at 30 Ill. Reg. 10508, effective June 1, 2006; amended at 30 Ill. Reg. 11336, effective July 1, 2006; emergency amendment at 30 Ill. Reg. 12340, effective July 1, 2006, for a maximum of 150 days; peremptory amendment at 30 Ill. Reg. 12418, effective July 1, 2006; amended at 30 Ill. Reg. 12761, effective July 17, 2006; peremptory amendment at 30 Ill. Reg. 13547, effective August 1, 2006; peremptory amendment at 30 Ill. Reg. 15059, effective September 5, 2006; peremptory amendment at 30 Ill. Reg. 16439, effective September 27, 2006; emergency amendment at 30 Ill. Reg. 16626, effective October 3, 2006, for a maximum of 150 days; peremptory amendment at 30 Ill. Reg. 17603, effective October 20, 2006; amended at 30 Ill. Reg. 18610, effective November 20, 2006; peremptory amendment at 30 Ill. Reg. 18823, effective November 21, 2006; peremptory amendment at 31 Ill. Reg. 230, effective December 20, 2006; emergency amendment at 31 Ill. Reg. 1483, effective January 1, 2007, for a maximum of 150 days; peremptory amendment at 31 Ill. Reg. 2485, effective January 17, 2007; peremptory amendment at 31 Ill. Reg. 4445, effective February 28, 2007; amended at 31 Ill. Reg. 4982, effective March 15, 2007; peremptory amendment at 31 Ill.

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Reg. 7338, effective May 3, 2007; amended at 31 Ill. Reg. 8901, effective July 1, 2007; emergency amendment at 31 Ill. Reg. 10056, effective July 1, 2007, for a maximum of 150 days; peremptory amendment at 31 Ill. Reg. 10496, effective July 6, 2007; peremptory amendment at 31 Ill. Reg. 12335, effective August 9, 2007; emergency amendment at 31 Ill. Reg. 12608, effective August 16, 2007, for a maximum of 150 days; emergency amendment at 31 Ill. Reg. 13220, effective August 30, 2007, for a maximum of 150 days; peremptory amendment at 31 Ill. Reg. 13357, effective August 29, 2007; amended at 31 Ill. Reg. 13981, effective September 21, 2007; peremptory amendment at 31 Ill. Reg. 14331, effective October 1, 2007; amended at 31 Ill. Reg. 16094, effective November 20, 2007; amended at 31 Ill. Reg. 16792, effective December 13, 2007; peremptory amendment at 32 Ill. Reg. 598, effective December 27, 2007; amended at 32 Ill. Reg. 1082, effective January 11, 2008; peremptory amendment at 32 Ill. Reg. 3095, effective February 13, 2008; peremptory amendment at 32 Ill. Reg. 6097, effective March 25, 2008; peremptory amendment at 32 Ill. Reg. 7154, effective April 17, 2008; expedited correction at 32 Ill. Reg. 9747, effective April 17, 2008; peremptory amendment at 32 Ill. Reg. 9360, effective June 13, 2008; amended at 32 Ill. Reg. 9881, effective July 1, 2008; peremptory amendment at 32 Ill. Reg. 12065, effective July 9, 2008; peremptory amendment at 32 Ill. Reg. 13861, effective August 8, 2008; peremptory amendment at 32 Ill. Reg. 16591, effective September 24, 2008; peremptory amendment at 32 Ill. Reg. 16872, effective October 3, 2008; peremptory amendment at 32 Ill. Reg. 18324, effective November 14, 2008; peremptory amendment at 33 Ill. Reg. 98, effective December 19, 2008; amended at 33 Ill. Reg. 2148, effective January 26, 2009; peremptory amendment at 33 Ill. Reg. 3530, effective February 6, 2009.

SUBPART A: NARRATIVE

Section 310.47 In-Hiring Rate

a) Request – An agency head may request in writing that the Director of Central Management Services approve an in-hiring rate. The rate is a Step or dollar amount depending on whether the classification title is assigned to a negotiated pay grade, salary grade pay grade, merit compensation pay range or broad-band pay range. The rate may be for the classification title or limited within the classification title to the agency, facilities, counties or other criteria. The supporting justifications for the requested in-hiring rate and the limitations are included in the agency request. An effective date may be included in the request.

b) Review – The Director of Central Management Services shall review the supporting justifications, the turnover rate, length of vacancies, and the currently

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filled positions for the classification title, and the market starting rates for similar classes, and consult with other agencies using the classification title.

c) Approval – The Director of Central Management Services indicates in writing the approved in-hiring rate and effective date, which is either the date requested by the agency or the beginning of the next pay period after the approval.

d) Implementation – In the classification title or within the limitations of the classification title, an employee paid below the in-hiring rate receives the in-hiring rate on the approved effective date. The in-hiring rate remains in effect for any employee entering the title or the limits within the title until the title is abolished or an agency request to rescind the in-hiring rate is approved by the Director of Central Management Services.

e) Approved In-Hiring Rates –

Effective January 1, 2008

Title	Pay Grade or Range	In-Hiring Rate
Accounting & Fiscal Administration Career Trainee	RC-062-12	Step 3
Actuarial Examiner Trainee	RC-062-13	Step 4
Children & Family Services Intern, Option 2	RC-062-15	Step 1b
Civil Engineer I	RC-063-15	Step 2
Civil Engineer II	RC-063-17	Step 1
Civil Engineer Trainee	NR-916	To minimum monthly rate for appointee with bachelor's degree in accredited civil engineering program, add $40/quarter work experience up to 8, add $60 if passed Engineering Intern exam, and master's degree adds to experience~~add $40/quarter master's program~~ up to 2 years~~8~~

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Commerce Commission Police Officer Trainee	MS-10	$2,943
Correctional Officer	RC-006-09	Step 2
Correctional Officer Trainee	RC-006-05	Step 4
Engineering Technician I	NR-916	See Note
Engineering Technician II	NR-916	See Note
Engineering Technician III	NR-916	See Note
Engineering Technician IV	NR-916	See Note
Environmental Engineer I	RC-063-15	Step 2
Environmental Engineer II	RC-063-17	Step 1
Environmental Protection Engineer I	RC-063-15	Step 5
Environmental Protection Engineer II	RC-063-17	Step 4
Financial Institutions Examiner Trainee	RC-062-13	Step 2
Forensic Scientist Trainee	RC-062-15	Step 2, and Step 3 if completed Forensic Science Residency Program at the U of I-Chicago
Information Services Intern	RC-063-15	See Note
Information Services Specialist I	RC-063-17	Step 1a for Outside Cook County and Step 2 for Cook County
Information Services Specialist II	RC-063-19	Step 1a for Cook County
Insurance Company Financial Examiner Trainee	RC-062-13	Step 4
Internal Auditor Trainee	MS-09	$2,854
Juvenile Justice Specialist	RC-006-14	Step 1 for a bachelor's degree and Step 2 for a master's degree
Juvenile Justice Specialist Intern	RC-006-11	Step 1 for a bachelor's degree and Step 2 for a master's degree
Meat & Poultry Inspector Trainee	RC-033	Step 3 for Regions 1 and 6
Physician Specialist, Option C	RC-063-MD-C	Step 5 for Singer, McFarland, Zeller, Choate, Chester, Alton, Murray, and Mabley facilities

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Physician Specialist, Option D	RC-063-MD-D	Step 5 for Singer, McFarland, Zeller, Choate, Chester, Alton, Murray, and Mabley facilities
Police Lieutenant	MC-09	$3,450
Products & Standards Inspector Trainee	MS-09	$3,057 for Cook, Dupage, Lake, Kane, and Will counties; and $2,854 for all other counties
Revenue Auditor Trainee	RC-062-12 (IL); RC-062-15 (CA or NJ); and RC-062-13 (states other than IL, CA, or NJ)	Step 5
Revenue Special Agent Trainee	RC-062-14	Step 2
Security Therapy Aide Trainee	RC-009-13	Step 5 for the Joliet Treatment and Detention Facility
State Mine Inspector	RC-062-19	Step 1
Telecommunicator	RC-014-12	Step 2 for District 2
Telecommunicator Trainee	RC-014-10	Step 3 for Kane County and Step 7 for Cook County
Terrorism Research Specialist Trainee	RC-062-14	Step 2

Note: The Engineering Technician series has the following in-hiring rates –

Education Level	
Completion of 2 years of college in civil engineering or job related technical/science curriculum (60 semester/90 quarter hours credit)	$2,485~~$2,435~~
Completion of 3 years of college in areas other than civil engineering or job related technical/scientific curriculum (90 semester/135 quarter hours credit)	$2,390~~$2,340~~
An Associate Degree from an accredited 2 year civil engineering technology program	$2,600~~$2,545~~
Completion of 3 years of college courses in civil engineering or	$2,600~~$2,545~~

job related technical/scientific curriculum (90 semester/135 quarter hours credit)	
Completion of 4 years of college courses in areas other than civil engineering or job related technical/scientific curriculum (120 semester/180 quarter hours credit)	$2,485~~$2,435~~
Completion of 4 years of college in civil engineering or job related technical/scientific curriculum (120 semester/180 quarter hours credit includes appointees from unaccredited engineering programs and those who have not yet obtained a degree)	$2,705~~$2,650~~
Bachelor of Science Degree from an accredited 4 year program in civil engineering technology, industrial technology, and construction technology	$3,070~~$3,005~~

The Information Services Intern title has the following in-hiring rates –

Education	Outside Cook County	Cook County
Computer Science degree at 4-year college	Step 4	Step 6
Computer Science degree at 2-year technical school	Step 2	Step 4
Non-Computer Science degree at 4-year college	Step 1	Step 3

(Source: Amended by peremptory rulemaking at 33 Ill. Reg. 3530, effective February 6, 2009)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Section 310.APPENDIX A Negotiated Rates of Pay

Section 310.TABLE L RC-008 (Boilermakers)

Title	Title Code	Region	Effective Date	Monthly Salary
Boiler Safety Specialist	04910	Northern	July 1, 2008	7461.12
Boiler Safety Specialist	04910	Central	April 28, 2008	5893.38
Boiler Safety Specialist	04910	Central	January 1, 2009	5945.58
Boiler Safety Specialist	04910	Southern	January 1, 2008	5428.80
Boiler Safety Specialist	04910	Southern	January 1, 2009	5481.00

Northern Region: Boone, Cook, DeKalb, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, Will, and Winnebago Counties.

Central Region: Bureau, Carroll, Champaign, DeWitt, Ford, Fulton, Hancock, Henderson, Henry, Iroquois, JoDaviess, Knox, LaSalle, Lee, Livingston, Logan, Marshall, Mason, McDonough, McLean, Mercer, Ogle, Peoria, Putnam, Rock Island, Schuyler, Stark, Stephenson, Tazewell, Vermilion, Warren, Whiteside, and Woodford Counties.

Southern Region: Adams, Alexander, Bond, Brown, Calhoun, Cass, Christian, Clark, Clay, Clinton, Coles, Crawford, Cumberland, Douglas, Edgar, Edwards, Effingham, Fayette, Franklin, Gallatin, Greene, Hamilton, Hardin, Jackson, Jasper, Jefferson, Jersey, Johnson, Lawrence, Macon, Macoupin, Madison, Marion, Massac, Menard, Monroe, Montgomery, Morgan, Moultrie, Perry, Piatt, Pike, Pope, Pulaski, Randolph, Richland, St. Clair, Saline, Sangamon, Scott, Shelby, Union, Wabash, Washington, Wayne, White, and Williamson Counties.

(Source: Amended by peremptory rulemaking at 33 Ill. Reg. 3530, effective February 6, 2009)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Section 310.APPENDIX A Negotiated Rates of Pay

Section 310.TABLE W RC-062 (Technical Employees, AFSCME)

Title	Title Code	Bargaining Unit	Pay Grade
Accountant	00130	RC-062	14
Accountant Advanced	00133	RC-062	16
Accountant Supervisor	00135	RC-062	18
Accounting and Fiscal Administration Career Trainee	00140	RC-062	12
Activity Therapist	00157	RC-062	15
Activity Therapist Coordinator	00160	RC-062	17
Actuarial Assistant	00187	RC-062	16
Actuarial Examiner	00195	RC-062	16
Actuarial Examiner Trainee	00196	RC-062	13
Actuarial Senior Examiner	00197	RC-062	19
Actuary I	00201	RC-062	20
Actuary II	00202	RC-062	24
Agricultural Market News Assistant	00804	RC-062	12
Agricultural Marketing Generalist	00805	RC-062	14
Agricultural Marketing Reporter	00807	RC-062	18
Agricultural Marketing Representative	00810	RC-062	18
Agriculture Land and Water Resource Specialist I	00831	RC-062	14
Agriculture Land and Water Resource Specialist II	00832	RC-062	17
Agriculture Land and Water Resource Specialist III	00833	RC-062	20
Aircraft Pilot I	00955	RC-062	19
Aircraft Pilot II	00956	RC-062	22
Aircraft Pilot II – Dual Rating	00957	RC-062	23
Appraisal Specialist I	01251	RC-062	14
Appraisal Specialist II	01252	RC-062	16
Appraisal Specialist III	01253	RC-062	18
Arts Council Associate	01523	RC-062	12
Arts Council Program Coordinator	01526	RC-062	18
Arts Council Program Representative	01527	RC-062	15
Assignment Coordinator	01530	RC-062	20
Bank Examiner I	04131	RC-062	16
Bank Examiner II	04132	RC-062	19
Bank Examiner III	04133	RC-062	22
Behavioral Analyst Associate	04355	RC-062	15

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Behavioral Analyst I	04351	RC-062	17
Behavioral Analyst II	04352	RC-062	19
Business Administrative Specialist	05810	RC-062	16
Business Manager	05815	RC-062	18
Buyer	05900	RC-062	18
Capital Development Board Account Technician	06515	RC-062	11
Capital Development Board Art in Architecture Technician	06533	RC-062	12
Capital Development Board Construction Support Analyst	06520	RC-062	11
Capital Development Board Project Technician	06530	RC-062	12
Chemist I	06941	RC-062	16
Chemist II	06942	RC-062	19
Chemist III	06943	RC-062	21
Child Protection Advanced Specialist	07161	RC-062	19
Child Protection Associate Specialist	07162	RC-062	16
Child Protection Specialist	07163	RC-062	18
Child Support Specialist I	07198	RC-062	16
Child Support Specialist II	07199	RC-062	17
Child Support Specialist Trainee	07200	RC-062	12
Child Welfare Associate Specialist	07216	RC-062	16
Child Welfare Staff Development Coordinator I	07201	RC-062	17
Child Welfare Staff Development Coordinator II	07202	RC-062	19
Child Welfare Staff Development Coordinator III	07203	RC-062	20
Child Welfare Staff Development Coordinator IV	07204	RC-062	22
Children and Family Service Intern – Option I	07241	RC-062	12
Children and Family Service Intern – Option II	07242	RC-062	15
Clinical Laboratory Technologist I	08220	RC-062	18
Clinical Laboratory Technologist II	08221	RC-062	19
Clinical Laboratory Technologist Trainee	08229	RC-062	14
Communications Systems Specialist	08860	RC-062	23
Community Management Specialist I	08891	RC-062	15
Community Management Specialist II	08892	RC-062	17
Community Management Specialist III	08893	RC-062	19
Community Planner I	08901	RC-062	15
Community Planner II	08902	RC-062	17
Community Planner III	08903	RC-062	19
Conservation Education Representative	09300	RC-062	12
Conservation Grant Administrator I	09311	RC-062	18
Conservation Grant Administrator II	09312	RC-062	20
Conservation Grant Administrator III	09313	RC-062	22

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Construction Program Assistant	09525	RC-062	12
Correctional Counselor I	09661	RC-062	15
Correctional Counselor II	09662	RC-062	17
Correctional Counselor III	09663	RC-062	19
Corrections Apprehension Specialist	09750	RC-062	19
Corrections Industries Marketing Representative	09803	RC-062	17
Corrections Leisure Activities Specialist I	09811	RC-062	15
Corrections Leisure Activities Specialist II	09812	RC-062	17
Corrections Leisure Activities Specialist III	09813	RC-062	19
Corrections Parole Agent	09842	RC-062	17
Corrections Senior Parole Agent	09844	RC-062	19
Criminal Intelligence Analyst I	10161	RC-062	18
Criminal Intelligence Analyst II	10162	RC-062	20
Criminal Intelligence Analyst Specialist	10165	RC-062	22
Criminal Justice Specialist I	10231	RC-062	16
Criminal Justice Specialist II	10232	RC-062	20
Criminal Justice Specialist Trainee	10236	RC-062	13
Curator of the Lincoln Collection	10750	RC-062	16
Day Care Licensing Representative I	11471	RC-062	16
Developmental Disabilities Council Program Planner I	12361	RC-062	12
Developmental Disabilities Council Program Planner II	12362	RC-062	16
Developmental Disabilities Council Program Planner III	12363	RC-062	18
Dietitian	12510	RC-062	15
Disability Appeals Officer	12530	RC-062	22
Disability Claims Adjudicator I	12537	RC-062	16
Disability Claims Adjudicator II	12538	RC-062	18
Disability Claims Adjudicator Trainee	12539	RC-062	13
Disability Claims Analyst	12540	RC-062	21
Disability Claims Specialist	12558	RC-062	19
Disaster Services Planner	12585	RC-062	19
Document Examiner	12640	RC-062	22
Economic Development Representative I	12931	RC-062	17
Economic Development Representative II	12932	RC-062	19
Educator – Provisional	13105	RC-062	12
Employment Security Manpower Representative I	13621	RC-062	12
Employment Security Manpower Representative II	13622	RC-062	14
Employment Security Program Representative	13650	RC-062	14
Employment Security Program Representative – Intermittent	13651	RC-062	14H
Employment Security Service Representative	13667	RC-062	16

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Employment Security Specialist I	13671	RC-062	14
Employment Security Specialist II	13672	RC-062	16
Employment Security Specialist III	13673	RC-062	19
Employment Security Tax Auditor I	13681	RC-062	17
Employment Security Tax Auditor II	13682	RC-062	19
Energy and Natural Resources Specialist I	13711	RC-062	15
Energy and Natural Resources Specialist II	13712	RC-062	17
Energy and Natural Resources Specialist III	13713	RC-062	19
Energy and Natural Resources Specialist Trainee	13715	RC-062	12
Environmental Health Specialist I	13768	RC-062	14
Environmental Health Specialist II	13769	RC-062	16
Environmental Health Specialist III	13770	RC-062	18
Environmental Protection Associate	13785	RC-062	12
Environmental Protection Specialist I	13821	RC-062	14
Environmental Protection Specialist II	13822	RC-062	16
Environmental Protection Specialist III	13823	RC-062	18
Environmental Protection Specialist IV	13824	RC-062	22
Equal Pay Specialist	13837	RC-062	17
Executive I	13851	RC-062	18
Executive II	13852	RC-062	20
Financial Institutions Examiner I	14971	RC-062	16
Financial Institutions Examiner II	14972	RC-062	19
Financial Institutions Examiner III	14973	RC-062	22
Financial Institutions Examiner Trainee	14978	RC-062	13
Flight Safety Coordinator	15640	RC-062	22
Forensic Scientist I	15891	RC-062	18
Forensic Scientist II	15892	RC-062	20
Forensic Scientist III	15893	RC-062	22
Forensic Scientist Trainee	15897	RC-062	15
Guardianship Representative	17710	RC-062	17
Habilitation Program Coordinator	17960	RC-062	17
Handicapped Services Representative I	17981	RC-062	11
Health Facilities Surveyor I	18011	RC-062	16
Health Facilities Surveyor II	18012	RC-062	19
Health Facilities Surveyor III	18013	RC-062	20
Health Services Investigator I – Opt. A	18181	RC-062	19
Health Services Investigator I – Opt. B	18182	RC-062	20
Health Services Investigator II – Opt. A	18185	RC-062	22
Health Services Investigator II – Opt. B	18186	RC-062	22

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Health Services Investigator II – Opt. C	18187	RC-062	25
Health Services Investigator II – Opt. D	18188	RC-062	25
Historical Documents Conservator I	18981	RC-062	13
Historical Exhibits Designer	18985	RC-062	15
Historical Research Editor II	19002	RC-062	14
Human Relations Representative	19670	RC-062	16
Human Resources Representative	19692	RC-062	17
Human Resources Specialist	19693	RC-062	20
Human Rights Investigator I	19774	RC-062	16
Human Rights Investigator II	19775	RC-062	18
Human Rights Investigator III	19776	RC-062	19
Human Rights Specialist I	19778	RC-062	14
Human Rights Specialist II	19779	RC-062	16
Human Rights Specialist III	19780	RC-062	18
Human Services Caseworker	19785	RC-062	16
Human Services Grants Coordinator I	19791	RC-062	14
Human Services Grants Coordinator II	19792	RC-062	17
Human Services Grants Coordinator III	19793	RC-062	20
Human Services Grants Coordinator Trainee	19796	RC-062	12
Human Services Sign Language Interpreter	19810	RC-062	16
Iconographer	19880	RC-062	12
Industrial and Community Development Representative I	21051	RC-062	17
Industrial and Community Development Representative II	21052	RC-062	19
Industrial Services Consultant I	21121	RC-062	14
Industrial Services Consultant II	21122	RC-062	16
Industrial Services Consultant Trainee	21125	RC-062	11
Industrial Services Hygienist	21127	RC-062	19
Industrial Services Hygienist Technician	21130	RC-062	16
Industrial Services Hygienist Trainee	21133	RC-062	12
Information Technology/Communication Systems Specialist I	21216	RC-062	19
Information Technology/Communication Systems Specialist II	21217	RC-062	24
Instrument Designer	21500	RC-062	18
Insurance Analyst III	21563	RC-062	14
Insurance Analyst IV	21564	RC-062	16
Insurance Company Claims Examiner II	21602	RC-062	19
Insurance Company Field Staff Examiner	21608	RC-062	16
Insurance Company Financial Examiner Trainee	21610	RC-062	13
Insurance Performance Examiner I	21671	RC-062	14
Insurance Performance Examiner II	21672	RC-062	17

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Insurance Performance Examiner III	21673	RC-062	20
Intermittent Unemployment Insurance Representative	21689	RC-062	12H
Internal Auditor I	21721	RC-062	17
Internal Security Investigator I, not Department of Corrections	21731	RC-062	18
Internal Security Investigator II, not Department of Corrections	21732	RC-062	21
Labor Conciliator	22750	RC-062	20
Laboratory Equipment Specialist	22990	RC-062	18
Laboratory Quality Specialist I	23021	RC-062	19
Laboratory Quality Specialist II	23022	RC-062	21
Laboratory Research Specialist I	23027	RC-062	19
Laboratory Research Specialist II	23028	RC-062	21
Land Acquisition Agent I	23091	RC-062	15
Land Acquisition Agent II	23092	RC-062	18
Land Acquisition Agent III	23093	RC-062	21
Land Reclamation Specialist I	23131	RC-062	14
Land Reclamation Specialist II	23132	RC-062	17
Liability Claims Adjuster I	23371	RC-062	14
Liability Claims Adjuster II	23372	RC-062	18
Library Associate	23430	RC-062	12
Life Sciences Career Trainee	23600	RC-062	12
Liquor Control Special Agent II	23752	RC-062	15
Local Historical Services Representative	24000	RC-062	17
Local Housing Advisor I	24031	RC-062	14
Local Housing Advisor II	24032	RC-062	16
Local Housing Advisor III	24033	RC-062	18
Local Revenue and Fiscal Advisor I	24101	RC-062	15
Local Revenue and Fiscal Advisor II	24102	RC-062	17
Local Revenue and Fiscal Advisor III	24103	RC-062	19
Lottery Regional Coordinator	24504	RC-062	19
Lottery Sales Representative	24515	RC-062	16
Management Operations Analyst I	25541	RC-062	18
Management Operations Analyst II	25542	RC-062	20
Manpower Planner I	25591	RC-062	14
Manpower Planner II	25592	RC-062	17
Manpower Planner III	25593	RC-062	20
Manpower Planner Trainee	25597	RC-062	12
Medical Assistance Consultant I	26501	RC-062	13
Medical Assistance Consultant II	26502	RC-062	16
Medical Assistance Consultant III	26503	RC-062	19

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Mental Health Specialist I	26924	RC-062	12
Mental Health Specialist II	26925	RC-062	14
Mental Health Specialist III	26926	RC-062	16
Mental Health Specialist Trainee	26928	RC-062	11
Meteorologist	27120	RC-062	18
Methods and Procedures Advisor I	27131	RC-062	14
Methods and Procedures Advisor II	27132	RC-062	16
Methods and Procedures Advisor III	27133	RC-062	20
Methods and Procedures Career Associate I	27135	RC-062	11
Methods and Procedures Career Associate II	27136	RC-062	12
Methods and Procedures Career Associate Trainee	27137	RC-062	09
Metrologist Associate	27146	RC-062	15
Microbiologist I	27151	RC-062	16
Microbiologist II	27152	RC-062	19
Natural Resources Advanced Specialist	28833	RC-062	20
Natural Resources Coordinator	28831	RC-062	15
Natural Resources Specialist	28832	RC-062	18
Oral Health Consultant	30317	RC-062	18
Paralegal Assistant	30860	RC-062	14
Pension and Death Benefits Technician II	30962	RC-062	19
Police Training Specialist	32990	RC-062	17
Program Integrity Auditor I	34631	RC-062	16
Program Integrity Auditor II	34632	RC-062	19
Program Integrity Auditor Trainee	34635	RC-062	12
Property Consultant	34900	RC-062	15
Public Aid Appeals Advisor	35750	RC-062	18
Public Aid Family Support Specialist I	35841	RC-062	17
Public Aid Investigator	35870	RC-062	19
Public Aid Investigator Trainee	35874	RC-062	14
Public Aid Lead Casework Specialist	35880	RC-062	17
Public Aid Program Quality Analyst	35890	RC-062	19
Public Aid Quality Control Reviewer	35892	RC-062	17
Public Aid Quality Control Supervisor	35900	RC-062	19
Public Aid Staff Development Specialist I	36071	RC-062	15
Public Aid Staff Development Specialist II	36072	RC-062	17
Public Health Educator Associate	36434	RC-062	14
Public Health Program Specialist I	36611	RC-062	14
Public Health Program Specialist II	36612	RC-062	16
Public Health Program Specialist III	36613	RC-062	19

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Public Health Program Specialist Trainee	36615	RC-062	12
Public Information Coordinator	36750	RC-062	18
Public Information Officer I	37001	RC-062	12
Public Information Officer II	37002	RC-062	14
Public Information Officer III	37003	RC-062	19
Public Information Officer IV	37004	RC-062	21
Public Safety Inspector	37007	RC-062	16
Public Safety Inspector Trainee	37010	RC-062	10
Public Service Administrator, Options 8B and 8Y	37015	RC-062	23
Railroad Safety Specialist I	37601	RC-062	19
Railroad Safety Specialist II	37602	RC-062	21
Railroad Safety Specialist III	37603	RC-062	23
Railroad Safety Specialist IV	37604	RC-062	25
Real Estate Investigator	37730	RC-062	19
Real Estate Professions Examiner	37760	RC-062	22
Recreation Worker I	38001	RC-062	12
Recreation Worker II	38002	RC-062	14
Rehabilitation Counselor	38145	RC-062	17
Rehabilitation Counselor Senior	38158	RC-062	19
Rehabilitation Counselor Trainee	38159	RC-062	15
Rehabilitation Services Advisor I	38176	RC-062	20
Rehabilitation Workshop Supervisor I	38194	RC-062	12
Rehabilitation Workshop Supervisor II	38195	RC-062	14
Reimbursement Officer I	38199	RC-062	14
Reimbursement Officer II	38200	RC-062	16
Research Economist I	38207	RC-062	18
Research Scientist I	38231	RC-062	13
Research Scientist II	38232	RC-062	16
Research Scientist III	38233	RC-062	20
Resource Planner I	38281	RC-062	17
Resource Planner II	38282	RC-062	19
Resource Planner III	38283	RC-062	22
Retirement System Disability Specialist	38310	RC-062	19
Revenue Audit Supervisor (IL)	38369	RC-062	25
Revenue Audit Supervisor (states other than IL, CA or NJ)	38369	RC-062	27
Revenue Audit Supervisor (CA or NJ)	38369	RC-062	29
Revenue Auditor I (IL)	38371	RC-062	16
Revenue Auditor I (states other than IL, CA or NJ)	38371	RC-062	19

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Revenue Auditor I (CA or NJ)	38371	RC-062	21
Revenue Auditor II (IL)	38372	RC-062	19
Revenue Auditor II (states other than IL, CA or NJ)	38372	RC-062	22
Revenue Auditor II (CA or NJ)	38372	RC-062	24
Revenue Auditor III (IL)	38373	RC-062	22
Revenue Auditor III (states other than IL, CA or NJ)	38373	RC-062	24
Revenue Auditor III (CA or NJ)	38373	RC-062	26
Revenue Auditor Trainee (IL)	38375	RC-062	12
Revenue Auditor Trainee (states other than IL, CA or NJ)	38375	RC-062	13
Revenue Auditor Trainee (CA or NJ)	38375	RC-062	15
Revenue Collection Officer I	38401	RC-062	15
Revenue Collection Officer II	38402	RC-062	17
Revenue Collection Officer III	38403	RC-062	19
Revenue Collection Officer Trainee	38405	RC-062	12
Revenue Computer Audit Specialist (IL)	38425	RC-062	23
Revenue Computer Audit Specialist (states other than IL, CA or NJ)	38425	RC-062	25
Revenue Computer Audit Specialist (CA or NJ)	38425	RC-062	27
Revenue Senior Special Agent	38557	RC-062	23
Revenue Special Agent	38558	RC-062	19
Revenue Special Agent Trainee	38565	RC-062	14
Revenue Tax Specialist I	38571	RC-062	12
Revenue Tax Specialist II (IL)	38572	RC-062	14
Revenue Tax Specialist II (states other than IL, CA or NJ)	38572	RC-062	17
Revenue Tax Specialist II (CA or NJ)	38572	RC-062	19
Revenue Tax Specialist III	38573	RC-062	17
Revenue Tax Specialist Trainee	38575	RC-062	10
Site Assistant Superintendent I	41071	RC-062	15
Site Assistant Superintendent II	41072	RC-062	17
Site Interpretive Coordinator	41093	RC-062	13
Site Services Specialist I	41117	RC-062	15
Site Services Specialist II	41118	RC-062	17
Social Service Consultant I	41301	RC-062	18
Social Service Consultant II	41302	RC-062	19
Social Service Program Planner I	41311	RC-062	15
Social Service Program Planner II	41312	RC-062	17
Social Service Program Planner III	41313	RC-062	20
Social Service Program Planner IV	41314	RC-062	22

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Social Services Career Trainee	41320	RC-062	12
Social Worker I	41411	RC-062	16
Staff Development Specialist I	41771	RC-062	18
Staff Development Technician I	41781	RC-062	12
Staff Development Technician II	41782	RC-062	15
State Mine Inspector	42230	RC-062	19
State Police Field Specialist I	42001	RC-062	18
State Police Field Specialist II	42002	RC-062	20
Statistical Research Specialist I	42741	RC-062	12
Statistical Research Specialist II	42742	RC-062	14
Statistical Research Specialist III	42743	RC-062	17
Storage Tank Safety Specialist	43005	RC-062	18
Telecommunications Specialist	45295	RC-062	15
Telecommunications Systems Analyst	45308	RC-062	17
Telecommunications Systems Technician I	45312	RC-062	10
Telecommunications Systems Technician II	45313	RC-062	13
Terrorism Research Specialist I	45371	RC-062	18
Terrorism Research Specialist II	45372	RC-062	20
Terrorism Research Specialist III	45373	RC-062	22
Terrorism Research Specialist Trainee	45375	RC-062	14
Unemployment Insurance Adjudicator I	47001	RC-062	11
Unemployment Insurance Adjudicator II	47002	RC-062	13
Unemployment Insurance Adjudicator III	47003	RC-062	15
Unemployment Insurance Revenue Analyst I	47081	RC-062	15
Unemployment Insurance Revenue Analyst II	47082	RC-062	17
Unemployment Insurance Revenue Specialist	47087	RC-062	13
Unemployment Insurance Special Agent	47096	RC-062	18
Veterans Educational Specialist I	47681	RC-062	15
Veterans Educational Specialist II	47682	RC-062	17
Veterans Educational Specialist III	47683	RC-062	21
Veterans Employment Representative I	47701	RC-062	14
Veterans Employment Representative II	47702	RC-062	16
Volunteer Services Coordinator I	48481	RC-062	13
Volunteer Services Coordinator II	48482	RC-062	16
Volunteer Services Coordinator III	48483	RC-062	18
Wage Claims Specialist	48770	RC-062	09
Weatherization Specialist I	49101	RC-062	14
Weatherization Specialist II	49102	RC-062	17
Weatherization Specialist III	49103	RC-062	20

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Weatherization Specialist Trainee	49105	RC-062	12
Workers Compensation Insurance Compliance Investigator	49640	RC-062	20

NOTE: For the Revenue Audit Supervisor, Revenue Auditor I, II and III and Revenue Auditor Trainee, Revenue Computer Audit Specialist and Revenue Tax Specialist II position classification titles only – The pay grade assigned to the employee is based on the location of the position and the residence held by the employee. In the same position classification, the employee holding a position and residence outside the boundaries of the State of Illinois is assigned to a different pay grade than the pay grade assigned to the employee holding a position within the boundaries of the State of Illinois. The pay grade assigned to the employee holding a position located within the boundaries of the State of Illinois is the pay grade with the (IL) indication next to the position classification. The pay grade assigned to the employee holding the position located outside the boundaries of the State of Illinois is determined by the location of the employee's residence (e.g., IL, CA or NJ or a state other than IL, CA or NJ). If the employee's residence moves to another state while the employee is in the same position located outside the boundaries of the State of Illinois, or moves into another position located outside the boundaries of the State of Illinois in the same position classification, the base salary may change depending on the location of the employee's new residence. If the employee remains in the position located outside the boundaries of the State of Illinois and moves residence from or into the boundaries of the State of Illinois, the base salary will change. In all cases, change in base salary shall be on a step for step basis (e.g., if the original base salary was on Step 5 in one pay grade, the new base salary will also be on Step 5 of the newly appropriate pay grade).

Effective January 1, 2008
Bargaining Unit: RC-062

Pay Grade	Pay Plan Code	STEPS 1c	1b	1a	1	2	3	4	5	6	7	8
09	B	2554	2617	2682	2749	2834	2925	3015	3112	3204	3355	3489
09	Q	2657	2721	2789	2860	2948	3044	3137	3239	3336	3496	3636
09	S	2718	2785	2851	2920	3010	3105	3202	3304	3401	3563	3705
10	B	2638	2701	2769	2837	2941	3028	3128	3227	3327	3497	3637
10	Q	2743	2808	2878	2952	3058	3152	3258	3361	3466	3650	3797
10	S	2802	2871	2940	3013	3120	3216	3322	3425	3535	3719	3868

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

11	B	2731	2799	2871	2942	3042	3140	3253	3361	3465	3648	3795
11	Q	2841	2911	2984	3060	3169	3273	3390	3503	3614	3810	3962
11	S	2904	2974	3046	3121	3232	3335	3454	3569	3683	3877	4032
12	B	2838	2909	2982	3060	3172	3277	3399	3510	3640	3835	3988
12	Q	2954	3026	3103	3186	3303	3413	3544	3665	3798	4005	4165
12	S	3015	3088	3167	3248	3367	3478	3612	3734	3869	4077	4239
12H	B	17.46	17.90	18.35	18.83	19.52	20.17	20.92	21.60	22.40	23.60	24.54
12H	Q	18.18	18.62	19.10	19.61	20.33	21.00	21.81	22.55	23.37	24.65	25.63
12H	S	18.55	19.00	19.49	19.99	20.72	21.40	22.23	22.98	23.81	25.09	26.09
13	B	2942	3016	3093	3175	3292	3418	3545	3675	3813	4024	4185
13	Q	3060	3139	3221	3307	3429	3564	3703	3838	3979	4205	4373
13	S	3121	3203	3286	3370	3495	3632	3773	3906	4052	4278	4449
14	B	3062	3140	3226	3311	3437	3571	3727	3864	4010	4244	4414
14	Q	3188	3273	3360	3451	3583	3729	3891	4038	4192	4435	4612
14	S	3250	3335	3424	3516	3654	3797	3962	4108	4264	4505	4685
14H	B	18.84	19.32	19.85	20.38	21.15	21.98	22.94	23.78	24.68	26.12	27.16
14H	Q	19.62	20.14	20.68	21.24	22.05	22.95	23.94	24.85	25.80	27.29	28.38
14H	S	20.00	20.52	21.07	21.64	22.49	23.37	24.38	25.28	26.24	27.72	28.83
15	B	3180	3263	3352	3442	3595	3743	3889	4048	4198	4451	4629
15	Q	3312	3400	3494	3592	3750	3906	4063	4233	4388	4649	4836
15	S	3376	3463	3561	3659	3820	3974	4136	4303	4458	4723	4911
16	B	3321	3410	3503	3604	3765	3932	4095	4267	4436	4699	4886
16	Q	3459	3556	3657	3762	3932	4109	4281	4457	4636	4912	5109
16	S	3528	3626	3726	3833	4003	4182	4355	4529	4709	4980	5179
17	B	3468	3566	3669	3776	3950	4132	4307	4482	4664	4941	5139
17	Q	3618	3722	3831	3940	4129	4318	4499	4682	4873	5163	5370
17	S	3685	3791	3900	4011	4201	4392	4573	4754	4944	5238	5447

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

18	B	3645	3750	3858	3973	4165	4360	4558	4743	4934	5228	5437
18	Q	3806	3915	4031	4152	4357	4557	4765	4959	5156	5465	5684
18	S	3874	3983	4104	4221	4426	4629	4835	5031	5230	5535	5757
19	B	3836	3948	4064	4188	4401	4609	4823	5026	5235	5554	5776
19	J	3836	3948	4064	4188	4401	4609	4823	5026	5235	5554	5776
19	Q	4006	4126	4250	4376	4600	4814	5043	5253	5473	5803	6035
19	S	4078	4199	4323	4450	4673	4888	5114	5326	5547	5875	6110
20	B	4052	4174	4298	4425	4648	4865	5096	5318	5538	5874	6109
20	Q	4236	4362	4491	4625	4857	5086	5327	5556	5788	6141	6386
20	S	4305	4433	4563	4698	4929	5156	5398	5628	5859	6210	6458
21	B	4277	4406	4537	4672	4913	5150	5390	5636	5871	6237	6486
21	U	4277	4406	4537	4672	4913	5150	5390	5636	5871	6237	6486
21	Q	4470	4605	4740	4883	5136	5380	5634	5891	6137	6518	6778
21	S	4541	4676	4812	4956	5205	5453	5706	5963	6207	6590	6854
22	B	4520	4657	4798	4940	5197	5451	5708	5973	6221	6608	6873
22	Q	4725	4867	5013	5161	5432	5699	5966	6241	6503	6905	7181
22	S	4797	4938	5085	5235	5501	5770	6035	6314	6577	6979	7258
23	B	4798	4940	5087	5239	5517	5800	6076	6356	6632	7048	7331
23	Q	5013	5161	5317	5479	5768	6064	6349	6642	6931	7365	7659
23	S	5085	5235	5390	5550	5838	6134	6421	6714	7001	7436	7733
24	B	5104	5257	5414	5576	5873	6181	6477	6776	7082	7526	7827
24	J	5104	5257	5414	5576	5873	6181	6477	6776	7082	7526	7827
24	Q	5333	5492	5659	5830	6140	6459	6769	7080	7401	7866	8180
24	S	5405	5564	5730	5901	6209	6529	6840	7153	7474	7937	8254
25	B	5440	5602	5771	5944	6269	6600	6929	7258	7588	8075	8399
25	J	5440	5602	5771	5944	6269	6600	6929	7258	7588	8075	8399
25	Q	5685	5856	6029	6210	6552	6895	7242	7587	7931	8439	8777
25	S	5760	5926	6105	6284	6624	6966	7312	7657	8000	8511	8852
26	B	5749	5920	6101	6343	6690	7044	7402	7747	8096	8618	8963

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

26	U	5749	5920	6101	6343	6690	7044	7402	7747	8096	8618	8963
27	B	6077	6258	6447	6770	7139	7516	7898	8267	8638	9197	9565
27	J	6077	6258	6447	6770	7139	7516	7898	8267	8638	9197	9565
27	U	6077	6258	6447	6770	7139	7516	7898	8267	8638	9197	9565
28	B	6377	6567	6765	7105	7491	7887	8288	8675	9064	9651	10037
29	U	6692	6892	7100	7456	7861	8276	8698	9103	9512	10127	10532

Effective January 1, 2009
Bargaining Unit: RC-062

Pay Grade	Pay Plan Code	STEPS 1c	1b	1a	1	2	3	4	5	6	7	8
9	B	2592	2656	2722	2790	2877	2969	3060	3159	3252	3405	3541
9	Q	2697	2762	2831	2903	2992	3090	3184	3288	3386	3548	3691
9	S	2759	2827	2894	2964	3055	3152	3250	3354	3452	3616	3761
10	B	2678	2742	2811	2880	2985	3073	3175	3275	3377	3549	3692
10	Q	2784	2850	2921	2996	3104	3199	3307	3411	3518	3705	3854
10	S	2844	2914	2984	3058	3167	3264	3372	3476	3588	3775	3926
11	B	2772	2841	2914	2986	3088	3187	3302	3411	3517	3703	3852
11	Q	2884	2955	3029	3106	3217	3322	3441	3556	3668	3867	4021
11	S	2948	3019	3092	3168	3280	3385	3506	3623	3738	3935	4092
12	B	2881	2953	3027	3106	3220	3326	3450	3563	3695	3893	4048
12	Q	2998	3071	3150	3234	3353	3464	3597	3720	3855	4065	4227
12	S	3060	3134	3215	3297	3418	3530	3666	3790	3927	4138	4303
12H	B	17.73	18.17	18.63	19.11	19.82	20.47	21.23	21.93	22.74	23.96	24.91
12H	Q	18.45	18.90	19.38	19.90	20.63	21.32	22.14	22.89	23.72	25.02	26.01
12H	S	18.83	19.29	19.78	20.29	21.03	21.72	22.56	23.32	24.17	25.46	26.48

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

13	B	2986	3061	3139	3223	3341	3469	3598	3730	3870	4084	4248
13	Q	3106	3186	3269	3357	3480	3617	3759	3896	4039	4268	4439
13	S	3168	3251	3335	3421	3547	3686	3830	3965	4113	4342	4516
14	B	3108	3187	3274	3361	3489	3625	3783	3922	4070	4308	4480
14	Q	3236	3322	3410	3503	3637	3785	3949	4099	4255	4502	4681
14	S	3299	3385	3475	3569	3709	3854	4021	4170	4328	4573	4755
14H	B	19.13	19.61	20.15	20.68	21.47	22.31	23.28	24.14	25.05	26.51	27.57
14H	Q	19.91	20.44	20.98	21.56	22.38	23.29	24.30	25.22	26.18	27.70	28.81
14H	S	20.30	20.83	21.38	21.96	22.82	23.72	24.74	25.66	26.63	28.14	29.26
15	B	3228	3312	3402	3494	3649	3799	3947	4109	4261	4518	4698
15	Q	3362	3451	3546	3646	3806	3965	4124	4296	4454	4719	4909
15	S	3427	3515	3614	3714	3877	4034	4198	4368	4525	4794	4985
16	B	3371	3461	3556	3658	3821	3991	4156	4331	4503	4769	4959
16	Q	3511	3609	3712	3818	3991	4171	4345	4524	4706	4986	5186
16	S	3581	3680	3782	3890	4063	4245	4420	4597	4780	5055	5257
17	B	3520	3619	3724	3833	4009	4194	4372	4549	4734	5015	5216
17	Q	3672	3778	3888	3999	4191	4383	4566	4752	4946	5240	5451
17	S	3740	3848	3959	4071	4264	4458	4642	4825	5018	5317	5529
18	B	3700	3806	3916	4033	4227	4425	4626	4814	5008	5306	5519
18	Q	3863	3974	4091	4214	4422	4625	4836	5033	5233	5547	5769
18	S	3932	4043	4166	4284	4492	4698	4908	5106	5308	5618	5843
19	B	3894	4007	4125	4251	4467	4678	4895	5101	5314	5637	5863
19	J	3894	4007	4125	4251	4467	4678	4895	5101	5314	5637	5863
19	Q	4066	4188	4314	4442	4669	4886	5119	5332	5555	5890	6126
19	S	4139	4262	4388	4517	4743	4961	5191	5406	5630	5963	6202
20	B	4113	4237	4362	4491	4718	4938	5172	5398	5621	5962	6201
20	Q	4300	4427	4558	4694	4930	5162	5407	5639	5875	6233	6482
20	S	4370	4499	4631	4768	5003	5233	5479	5712	5947	6303	6555

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

21	B	4341	4472	4605	4742	4987	5227	5471	5721	5959	6331	6583
21	U	4341	4472	4605	4742	4987	5227	5471	5721	5959	6331	6583
21	Q	4537	4674	4811	4956	5213	5461	5719	5979	6229	6616	6880
21	S	4609	4746	4884	5030	5283	5535	5792	6052	6300	6689	6957
22	B	4588	4727	4870	5014	5275	5533	5794	6063	6314	6707	6976
22	Q	4796	4940	5088	5238	5513	5784	6055	6335	6601	7009	7289
22	S	4869	5012	5161	5314	5584	5857	6126	6409	6676	7084	7367
23	B	4870	5014	5163	5318	5600	5887	6167	6451	6731	7154	7441
23	Q	5088	5238	5397	5561	5855	6155	6444	6742	7035	7475	7774
23	S	5161	5314	5471	5633	5926	6226	6517	6815	7106	7548	7849
24	B	5181	5336	5495	5660	5961	6274	6574	6878	7188	7639	7944
24	J	5181	5336	5495	5660	5961	6274	6574	6878	7188	7639	7944
24	Q	5413	5574	5744	5917	6232	6556	6871	7186	7512	7984	8303
24	S	5486	5647	5816	5990	6302	6627	6943	7260	7586	8056	8378
25	B	5522	5686	5858	6033	6363	6699	7033	7367	7702	8196	8525
25	J	5522	5686	5858	6033	6363	6699	7033	7367	7702	8196	8525
25	Q	5770	5944	6119	6303	6650	6998	7351	7701	8050	8566	8909
25	S	5846	6015	6197	6378	6723	7070	7422	7772	8120	8639	8985
26	B	5835	6009	6193	6438	6790	7150	7513	7863	8217	8747	9097
26	U	5835	6009	6193	6438	6790	7150	7513	7863	8217	8747	9097
27	B	6168	6352	6544	6872	7246	7629	8016	8391	8768	9335	9708
27	J	6168	6352	6544	6872	7246	7629	8016	8391	8768	9335	9708
27	U	6168	6352	6544	6872	7246	7629	8016	8391	8768	9335	9708
28	B	6473	6666	6866	7212	7603	8005	8412	8805	9200	9796	10188
29	U	6792	6995	7207	7568	7979	8400	8828	9240	9655	10279	10690

(Source: Amended by peremptory rulemaking at 33 Ill. Reg. 3530, effective February 6, 2009)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Section 310.APPENDIX A Negotiated Rates of Pay

Section 310.TABLE AA NR-916 (Department of Natural Resources, Teamsters)

				Effective January 1, 2008	
Title	**Title Code**	**Bargaining Unit**	**Pay Plan Code**	**Minimum Salary**	**Maximum Salary**
Cartographer III	06673	NR-916	B	3905	6945
Civil Engineer I	07601	NR-916	B	3795	5865
Civil Engineer II	07602	NR-916	B	4050	6725
Civil Engineer III	07603	NR-916	B	4455	7530
Civil Engineer Trainee	07607	NR-916	B	3575	4990
Engineering Technician I	13731	NR-916	B	2205	3960
Engineering Technician II	13732	NR-916	B	2645	4755
Engineering Technician III	13733	NR-916	B	3205	5665
Engineering Technician IV	13734	NR-916	B	3925	7345
Technical Manager I	45261	NR-916	B	3010	5350

				Effective January 1, 2009	
Title	**Title Code**	**Bargaining Unit**	**Pay Plan Code**	**Minimum Salary**	**Maximum Salary**
Cartographer III	06673	NR-916	B	3985	7085
Civil Engineer I	07601	NR-916	B	3875	5985
Civil Engineer II	07602	NR-916	B	4135	6860
Civil Engineer III	07603	NR-916	B	4545	7685
Civil Engineer Trainee	07607	NR-916	B	3650	5090
Engineering Technician I	13731	NR-916	B	2250	4040
Engineering Technician II	13732	NR-916	B	2700	4855
Engineering Technician III	13733	NR-916	B	3270	5780
Engineering Technician IV	13734	NR-916	B	4005	7495
Technical Manager I	45261	NR-916	B	3075	5460

(Source: Amended by peremptory rulemaking at 33 Ill. Reg. 3530, effective February 6, 2009)

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 February 3, 2009 through February 9, 2009 and have been scheduled for review by the Committee at its February 18, 2009 or March 17, 2009 meetings. 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.

Second Notice Expires	Agency and Rule	Start Of First Notice	JCAR Meeting
2/28/09	Secretary of State, Illinois State Library, Acquisitions Division, Illinois Documents Section (23 Ill. Adm. Code 3020)	7/7/08 32 Ill. Reg. 9576	2/18/09
3/19/09	Department of Healthcare and Family Services, Illinois Cares Rx Program (89 Ill. Adm. Code 119)	12/5/08 32 Ill. Reg. 18470	3/17/09
3/20/09	Department of Financial and Professional Regulation, Auction License Act (68 Ill. Adm. Code 1440)	12/19/08 32 Ill. Reg. 19235	3/17/09
3/20/09	Auditor General, Americans With Disabilities Act Grievance Procedure (4 Ill. Adm. Code 1125)	12/5/08 32 Ill. Reg. 18458	3/17/09
3/21/09	Department of Transportation, Airport Hazard Zoning (92 Ill. Adm. Code 16)	12/19/08 32 Ill. Reg. 19462	3/17/09
3/21/09	Department of Transportation, Aurora Municipal Airport Hazard Zoning (Repealer) (92 Ill. Adm. Code 18)	12/19/08 32 Ill. Reg. 19470	3/17/09
3/21/09	Department of Transportation, Casey Municipal Airport Hazard Zoning (Repealer) (92 Ill. Adm.	12/19/08 32 Ill. Reg.	3/17/09

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

	Code 27)	19493	
3/21/09	Department of Transportation, Civic Memorial Airport Zoning Regulations (Repealer) (92 Ill. Adm. Code 30)	12/19/08 32 Ill. Reg. 19516	3/17/09
3/21/09	Department of Transportation, Flora Airport Hazard Zoning Regulations (Repealer) (92 Ill. Adm. Code 42)	12/19/08 32 Ill. Reg. 19530	3/17/09
3/21/09	Department of Transportation, Greater Kankakee Airport Hazard Zoning Regulations (Repealer) (92 Ill. Adm. Code 46)	12/19/08 32 Ill. Reg. 19550	3/17/09
3/21/09	Department of Transportation, Mt. Carmel Municipal Airport Hazard Zoning Regulations (Repealer) (92 Ill. Adm. Code 68)	12/19/08 32 Ill. Reg. 19569	3/17/09
3/21/09	Department of Transportation, Mt. Vernon-Outland Airport Hazard Zoning Regulations (Repealer) (92 Ill. Adm. Code 70)	12/19/08 32 Ill. Reg. 19588	3/17/09
3/21/09	Department of Transportation, Quincy Municipal Airport Hazard Zoning Regulations (Repealer) (92 Ill. Adm. Code 75)	12/19/08 32 Ill. Reg. 19607	3/17/09
3/21/09	Department of Transportation, Rochelle Municipal Airport Hazard Zoning Regulations (Repealer) (92 Ill. Adm. Code 76)	12/19/08 32 Ill. Reg. 19630	3/17/09
3/21/09	Department of Transportation, Shelby County Airport Hazard Zoning Regulations (Repealer) (92 Ill. Adm. Code 78)	12/19/08 32 Ill. Reg. 19650	3/17/09

JOINT COMMITTEE ON ADMINISTRATIVE RULES

NOTICE OF PUBLICATION ERROR

DEPARTMENT OF HUMAN SERVICES

1) Heading of the Part: Food Stamps

2) Code Citation: 89 Ill. Adm. Code 121

3) Register citation of proposed rulemaking and other pertinent action: October 17, 2008; 32 Ill. Reg. 16905

Date Suspension Became Effective: November 19, 2008

Date Suspension Published in Illinois Register: December 15, 2008; 32 Ill. Reg. 18908

Date Suspension Withdrawn: December 16, 2008; 33 Ill. Reg. 200

4) Explanation: JCAR made withdrawal of its Suspension of 3 Sections of this rulemaking contingent upon the Department's repeal of Sections 121.94(c), 121.96(d)(2), and 121.150(b). DHS has now repealed these Sections, effective February 5, 2009, and the repealer appears in this week's issue of the *Illinois Register*. Therefore, the JCAR withdrawal also is effective February 5, 2009. This effective date could not be included in the Suspension withdrawal notice that was published in the *Illinois Register* at 33 Ill. Reg. 200 because the repeal date was not known at that time.

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC INFORMATION

1. Statute requiring agency to publish information concerning Private Letter Rulings and General Information Letters in the Illinois Register:

   Name of Act: Illinois Department of Revenue Sunshine Act
   Citation: 20 ILCS 2515/1 et seq.

2. Summary of information:

   Index of Department of Revenue income tax Private Letter Rulings and General Information Letters issued for the Fourth Quarter of 2008. Private letter rulings are issued by the Department in response to specific taxpayer inquiries concerning the application of a tax statute or rule to a particular fact situation. Private letter rulings are binding on the Department only as to the taxpayer who is the subject of the request for ruling. (See 2 Ill. Adm. Code 1200.110) General information letters are issued by the Department in response to written inquiries from taxpayers, taxpayer representatives, business, trade, industrial associations or similar groups. General information letters contain general discussions of tax principles or applications. General information letters are designed to provide general background information on topics of interest to taxpayers. General information letters do not constitute statements of agency policy that apply, interpret, or prescribe tax laws administered by the Department. *General information letters may not be relied upon by taxpayers in taking positions with reference to tax issues and create no rights for taxpayers under the Taxpayers' Bill of Rights Act.* (See 2 Ill. Adm. Code 1200.120)

   The letters are listed numerically, are identified as either a General Information Letter or a Private Letter Ruling and are summarized with a brief synopsis under the following subjects:

   Alternative Apportionment
   Apportionment – Sales Factor
   Apportionment – Transportation Services
   Base Income
   Bingo, Pull Tabs and Charitable Games
   Business Income
   Composite Returns
   Credits – Replacement Tax Investment
   Estimated Tax
   Public Law 86-272/Nexus

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC INFORMATION

Copies of the ruling letters themselves are available for inspection and may be purchased for a minimum of $1.00 per opinion plus 50 cents per page for each page over one. Copies of the ruling letters may be downloaded free of charge from the Department's World Wide Web site at www.tax.illinois.gov.

The indexes of Income Tax letter rulings for 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006 and 2007 are available for $3.00. A cumulative Income Tax Sunshine Index of 1981 through 1989 letter rulings may be purchased for $4.00.

3. Name and address of person to contact concerning this information:

Linda Settle
Illinois Department of Revenue
Legal Services Office
101 West Jefferson Street
Springfield, Illinois 62794

217/782-7055

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC INFORMATION

ALTERNATIVE APPORTIONMENT

IT 08-0037-GIL 12/09/2008 Grant of alternative apportionment petition in IT 05-0002-PLR and IT 05-0007-PLR is revoked due to change in law for tax years ending on or after December 31, 2008.

APPORTIONMENT – SALES FACTOR

IT 08-0034-GIL 10/15/2008 Services performed on or with respect to tangible personal property located in Illinois are, as a general rule, received in Illinois.

IT 08-0041-GIL 12/29/2008 Under sales factor statute in effect for taxable years ending on or after December 31, 2008, income from rental of advertising space on sides of buses in Illinois will be sourced to Illinois.

APPORTIONMENT – TRANSPORTATION SERVICES

IT 08-0040-GIL 12/29/2008 The new apportionment formula, as amended by Public Act 95-0707, applies to taxable years ending on or after December 31, 2008.

BASE INCOME

IT 08-0039-GIL 12/15/2008 Per diem travel allowances are included in base income to the extent included in federal adjusted gross income.

BINGO, PULL TABS AND CHARITABLE GAMES

IT 08-0029-GIL 10/02/2008 Casino games played solely for amusement and without charge or prizes are not "charitable gaming events."

BUSINESS INCOME

IT 08-0032-GIL 10/09/2008 Election to treat all income as business income will apply to gains on sale of division.

DEPARTMENT OF REVENUE

NOTICE OF PUBLIC INFORMATION

COMPOSITE RETURNS

IT 08-0042-GIL 12/29/2008 The IITA authorizes composite returns to be filed only for the immediate, individual owners of a Subchapter S corporation or partnership.

IT 08-0043-GIL 12/31/2008 The IITA authorizes composite returns to be filed only for the immediate, individual owners of a Subchapter S corporation or partnership.

CREDITS – REPLACEMENT TAX INVESTMENT

IT 08-0035-GIL 10/16/2008 "Retail lending" is not "retailing" for purposes of the replacement tax investment credit.

ESTIMATED TAX

IT 08-0038-GIL 12/15/2008 No estimated tax payments are due for short taxable years.

PUBLIC LAW 86-272/NEXUS

IT 08-0030-GIL 10/07/2008 Nexus issues are not a proper subject for letter ruling.

IT 08-0031-GIL 10/08/2008 Nexus issues are not a proper subject for letter ruling.

IT 08-0033-GIL 10/14/2008 Nexus issues are not a proper subject for letter ruling.

IT 08-0036-GIL 10/31/2008 Nexus issues are not a proper subject for letter ruling.

IT 08-0044-GIL 12/31/2008 Business use of tangible personal property in Illinois is generally sufficient to create nexus.

PROCLAMATIONS

2009-16
Four Chaplains Sunday

WHEREAS, on February 3, 1943, four United States Army Lieutenants and Chaplains sacrificed their lives in one of the most inspiring acts of heroism during the Second World War; and

WHEREAS, once a luxury coastal liner, the U.S.A.T. Dorchester set out with three escort ships on February 2 for an American base in Greenland. Less than 150 miles from its destination, the ship was attacked by a German submarine shortly after midnight; and

WHEREAS, aboard the U.S.A.T. Dorchester, panic and chaos set in. The blast killed scores of men, and many more were seriously wounded. Alerted that the Dorchester was taking on water and sinking rapidly, the captain gave the order to abandon ship; and

WHEREAS, those who were capable made their way towards the deck through the darkness. Once topside, men jumped from the ship for lifeboats. Some were overcrowded and capsized. Others drifted away before soldiers and sailors could get in them; and

WHEREAS, through the pandemonium, Reverend George L. Fox, Rabbi Alexander D. Goode, Reverend John P. Washington and Reverend Clark V. Poling spread out among the soldiers to calm the frightened, tend the wounded and guide the disoriented toward safety; and

WHEREAS, at one point, Rabbi Goode gave away his own gloves to a comrade who had the bad fortune of forgetting his. Shortly thereafter, the Chaplains opened a storage locker filled with lifejackets and began distributing them; and

WHEREAS, it was then that John Ladd witnessed an astonishing sight. When they ran out of lifejackets, the Chaplains removed theirs and gave them to four frightened young men. John said, "It was the finest thing I have seen or hope to see this side of heaven;" and

WHEREAS, as the ship went down, other survivors in nearby rafts saw the Chaplains with arms linked and braced against the slanting deck. They were also heard offering prayers; and

WHEREAS, the Dorchester sunk less than 27 minutes after it was struck. Of the 902 men aboard, 672 died, including all four Chaplains. When news reached American shores, the nation was stunned by the magnitude of the tragedy and heroic conduct of the Chaplains; and

WHEREAS, all four Chaplains were posthumously awarded the Distinguished Service Cross and Purple Heart, as well as a Special Medal of Heroism specially authorized for them by Congress; and

WHEREAS, every year, the Combined Veterans Association of Illinois sponsors a memorial service for the four Chaplains, which this year is hosted by the Catholic War Veterans of Illinois, and which will be held at the Main Chapel of the Edward Hines VA Medical Center in Hines, Illinois on February 1, 2009:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim February 1, 2009 as **FOUR CHAPLAINS SUNDAY** in Illinois in honor and remembrance of the four brave and courageous Chaplains who selflessly made the ultimate sacrifice to save the lives of others.

Issued by the Governor January 30, 2009
Filed by the Secretary of State February 6, 2009.

2009-17
American Legion, Department of Illinois Commander William "Bill" Hudson

WHEREAS, on Tuesday, January 27, Illinois lost a strong advocate for its veterans with the passing of American Legion, Department of Illinois Commander William "Bill" Hudson; and

WHEREAS, Commander Hudson held a long-serving career which included a tour of duty in the Army from 1959 to 1962 and one year as a M.P. in the Army Reserve; and

WHEREAS, the past Commander of Evergreen Park Post # 854 began his move through positions in the Great 8th District in 2001, completing all preceding chairs including 8th District Commander and First Division Commander. He attended Officers' Training School and graduated the American Legion Extension course. He served on the Internal Affairs Commission for the Department and on the National Distinguished Guest Committee; and

WHEREAS, Hudson held a bachelor's degree in criminal justice from Lewis University in Romeoville, Illinois. At the time of his retirement, he had served the Chicago

Police Department for more than 32 years, 25 of which were spent in the K-9 unit; and

WHEREAS, Commander Hudson was a dedicated public servant and a powerful voice for veterans. His efforts on behalf of our state's veterans undoubtedly touched countless lives, and he will be deeply missed by all who had the opportunity to know him; and

WHEREAS, funeral services for Commander Hudson, who is survived by his wife of 44 years, Darlene, two daughters and two grandchildren, as well as a host of American Legion veterans and volunteers, will be held Monday, February 2:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby order all State facilities to fly their flags at half-staff from sunrise until sunset on this day in honor and remembrance of Commander Hudson.

Issued by the Governor February 2, 2009
Filed by the Secretary of State February 6, 2009.

2009-18
National Black Nurses' Day

WHEREAS, the depth and extensiveness of the registered nursing profession meets the diverse, and emerging health care needs of the American population in a wide range of settings; and

WHEREAS, professional nursing has been demonstrated to be an indispensable component in the safety and quality care of hospitalized patients; and

WHEREAS, currently, there is a nursing shortage in the State of Illinois, as well as across the United States, and therefore it is important that we work to encourage people to take up this noble line of work; and

WHEREAS, nurses have been critical to helping doctors in Illinois. Doctors are seeing three to four times the number of patients they would normally see because of the loss of their peers, and nurses provide the necessary support needed to keep their offices functioning and running smoothly; and

WHEREAS, in 1988, Congress declared the first Friday of February as a day to acknowledge all African-American nurses for their contributions to healthcare. This year, the City of Chicago's four African-American nursing associations: Chicago Chapter

National Black Nurses' Association, Beta Mu Chapter of Lambda Pi Alpha Sorority, Alpha Eta Chapter of Chi Eta Phi Nursing Sorority, Inc., and Provident Hospital Nurses' Alumni Association are teaming up to celebrate the day, which falls on February 6:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim February 6, 2009 as **NATIONAL BLACK NURSES' DAY** in Illinois to promote the nursing profession, and in recognition of African-American nurses, for their commitment and dedication to the medical profession and to the well-being of patients, especially during this trying time for them and doctors.

Issued by the Governor February 2, 2009
Filed by the Secretary of State February 6, 2009.

ILLINOIS ADMINISTRATIVE CODE
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