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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 2010

<u>Issue #</u>	<u>Rules Due Date</u>	<u>Date of Issue</u>
1	December 21, 2009	January 4, 2010
2	December 28, 2009	January 8, 2010
3	January 4, 2010	January 15, 2010
4	January 11, 2010	January 22, 2010
5	January 19, 2010	January 29, 2010
6	January 25, 2010	February 5, 2010
7	February 1, 2010	February 16, 2010
8	February 8, 2010	February 19, 2010
9	February 16, 2010	February 26, 2010
10	February 22, 2010	March 5, 2010
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19	April 26, 2010	May 7, 2010
20	May 3, 2010	May 14, 2010
21	May 10, 2010	May 21, 2010
22	May 17, 2010	May 28, 2010
23	May 24, 2010	June 4, 2010

<u>Issue #</u>	<u>Rules Due Date</u>	<u>Date of Issue</u>
24	June 1, 2010	June 11, 2010
25	June 7, 2010	June 18, 2010
26	June 14, 2010	June 25, 2010
27	June 21, 2010	July 2, 2010
28	June 28, 2010	July 9, 2010
29	July 6, 2010	July 16, 2010
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32	July 26, 2010	August 6, 2010
33	August 2, 2010	August 13, 2010
34	August 9, 2010	August 20, 2010
35	August 16, 2010	August 27, 2010
36	August 23, 2010	September 3, 2010
37	August 30, 2010	September 10, 2010
38	September 7, 2010	September 17, 2010
39	September 13, 2010	September 24, 2010
40	September 20, 2010	October 1, 2010
41	September 27, 2010	October 8, 2010
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45	October 25, 2010	November 5, 2010
46	November 1, 2010	November 12, 2010
47	November 8, 2010	November 19, 2010
48	November 15, 2010	November 29, 2010
49	November 22, 2010	December 3, 2010
50	November 29, 2010	December 10, 2010
51	December 6, 2010	December 17, 2010
52	December 13, 2010	December 27, 2010
53	December 20, 2010	January 3, 2011

DEPARTMENT OF HUMAN RIGHTS

NOTICE OF PROPOSED AMENDMENT

100 W. Randolph St., Ste. 10-100
Chicago, IL 60601

312/814-6257 or 217/785-5125 (TTY)

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: The amendment will only affect Respondents who are subject to a finding of default against them.
 - 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 2010

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

DEPARTMENT OF HUMAN RIGHTS

NOTICE OF PROPOSED AMENDMENT

TITLE 56: LABOR AND EMPLOYMENT
CHAPTER II: DEPARTMENT OF HUMAN RIGHTS

PART 2520

PROCEDURES OF THE DEPARTMENT OF HUMAN RIGHTS

SUBPART A: INTERPRETATIONS

Section	
2520.10	Definition of Terms
2520.20	Computation of Time
2520.30	Service of Documents
2520.40	Filing with the Department
2520.50	Separability
2520.110	Preservation of Records by Employers, Labor Organizations, Employment Agencies and Respondents

SUBPART B: CHARGE

Section	
2520.310	Time of Filing (Repealed)
2520.320	Form (Repealed)
2520.330	Contents
2520.340	Requirements for Charge (Repealed)
2520.350	Unperfected Charge
2520.360	Amendment
2520.370	Substitution and Addition of Parties (Repealed)
2520.380	Withdrawal of Charge

SUBPART C: PROCEDURE UPON CHARGE

Section	
2520.405	Verified Response to Charge
2520.410	Docketing and Service of Charge (Repealed)
2520.420	Maintenance of Records (Repealed)
2520.430	Investigation
2520.440	Fact-Finding Conference
2520.450	Administrative Closure (Repealed)
2520.460	Determination After Investigation (Repealed)

DEPARTMENT OF HUMAN RIGHTS

NOTICE OF PROPOSED AMENDMENT

- 2520.470 Conciliation (Repealed)
- 2520.480 Complaint (Repealed)

SUBPART D: SETTLEMENTS

Section

- 2520.510 Settlement
- 2520.520 Non-Disclosure (Repealed)
- 2520.530 Dismissal for Refusal to Accept Settlement Offer (Repealed)
- 2520.540 Non-Compliance with Settlement Terms (Repealed)

SUBPART E: ADMINISTRATIVE CLOSURE, DISMISSAL AND DEFAULT

Section

- 2520.550 Administrative Closure
- 2520.560 Dismissal
- 2520.570 Default

SUBPART F: REQUESTS FOR REVIEW

Section

- 2520.573 Filing with Chief Legal Counsel
- 2520.575 Contents of Request for Review
- 2520.577 Notice by the Chief Legal Counsel
- 2520.580 Extensions of Time
- 2520.583 Reply to Request for Review and Surreply
- 2520.585 Additional Investigation
- 2520.587 Decision

SUBPART G: RELATIONS WITH LOCAL HUMAN RIGHTS AGENCIES

Section

- 2520.610 Scope and Purpose (Repealed)
- 2520.620 Definitions (Repealed)
- 2520.630 Cooperative Agreements
- 2520.640 Nature of Cooperative Agreements
- 2520.650 Training and Technical Assistance
- 2520.660 Promotion of Communication and Goodwill

DEPARTMENT OF HUMAN RIGHTS

NOTICE OF PROPOSED AMENDMENT

SUBPART H: EQUAL EMPLOYMENT OPPORTUNITY AND
AFFIRMATIVE ACTION BY STATE EXECUTIVE AGENCIES

Section	
2520.700	Definitions
2520.710	Scope and Purpose
2520.720	Affirmative Action Groups
2520.730	Consideration of Additional Groups
2520.740	Definitions (Renumbered)
2520.750	Nondiscrimination (Repealed)
2520.760	Plans
2520.770	Reporting and Record-Keeping
2520.780	Equal Employment Opportunity Officers
2520.790	Complaint Process
2520.795	EEO/AA Performance Reviews
2520.797	Sanctions for Noncompliance

SUBPART I: SEXUAL HARASSMENT IN HIGHER EDUCATION POLICIES

Section	
2520.810	Posting of Sexual Harassment Policies
2520.820	Notice to Show Cause
2520.APPENDIX A	Contents of Affirmative Action Plans
2520.APPENDIX B	Value Weight Assignment Chart
2520.APPENDIX C	Contents of Layoff Reports
2520.APPENDIX D	Illinois Counties by Region

AUTHORITY: Implementing Articles 1 through 7B of the Illinois Human Rights Act [775 ILCS 5/Arts. 1 through 7B] and the Intergovernmental Cooperation Act [5 ILCS 220], and authorized by Sections 7-101(A) and 7-105(A) of the Illinois Human Rights Act [775 ILCS 5/7-101(A) and 7-105(A)].

SOURCE: Adopted November 20, 1972 by the Fair Employment Practices Commission; transferred to the Department of Human Rights by P.A. 81-1216, effective July 1, 1980; emergency amendments at 4 Ill. Reg. 39, p. 335, effective September 17, 1980, for a maximum of 150 days; amended at 5 Ill. Reg. 1627, effective February 9, 1981; amended at 6 Ill. Reg. 2125, effective February 8, 1982; amended at 6 Ill. Reg. 3076, effective March 15, 1982; amended at 6 Ill. Reg. 8090, effective July 1, 1982; codified at 8 Ill. Reg. 17884; amended at 17

DEPARTMENT OF HUMAN RIGHTS

NOTICE OF PROPOSED AMENDMENT

Ill. Reg. 15556, effective September 13, 1993; amended at 18 Ill. Reg. 16829, effective November 4, 1994; emergency amendment at 20 Ill. Reg. 445, effective January 1, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 5084, effective March 15, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 6291, effective April 18, 1996; amended at 20 Ill. Reg. 10631, effective July 24, 1996; amended at 21 Ill. Reg. 14081, effective October 10, 1997; amended at 26 Ill. Reg. 17217, effective November 18, 2002; amended at 29 Ill. Reg. 804, effective December 28, 2004; amended at 30 Ill. Reg. 1343, effective January 13, 2006; amended at 30 Ill. Reg. 13403, effective July 31, 2006; amended at 30 Ill. Reg. 18715, effective November 20, 2006; amended at 31 Ill. Reg. 12319, effective August 8, 2007; amended at 31 Ill. Reg. 14815, effective October 19, 2007; amended at 32 Ill. Reg. 13482, effective August 1, 2008; amended at 33 Ill. Reg. 11311, effective July 20, 2009; amended at 33 Ill. Reg. 17086, effective December 4, 2009; amended at 34 Ill. Reg. _____, effective _____.

SUBPART E: ADMINISTRATIVE CLOSURE, DISMISSAL AND DEFAULT

Section 2520.570 Default

Prior to the entry of a default against a respondent pursuant to Sections 7A-102(B) or 7A-102(C) of the Act and Section 2520.440(d) of this Part, the Department will afford that party written notice and a period of at least fifteen days to show good cause in writing why default may not be appropriate [775 ILCS 5/7A-102(B) and 5/7A-102(C)]. A Notice of Default shall be construed as a "report" pursuant to Section 7A-102(G) of the Act.

(Source: Amended at 34 Ill. Reg. _____, effective _____)

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

- 1) Heading of the Part: Health Carrier External Review
- 2) Code Citation: 50 Ill. Adm. Code 5430
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
5430.10	New Section
5430.20	New Section
5430.30	New Section
5430.40	New Section
5430.50	New Section
5430.60	New Section
5430.70	New Section
5430.80	New Section
5430.APPENDIX A	New Section
5430.APPENDIX B	New Section
5430.APPENDIX C	New Section
5430.APPENDIX D	New Section
5430.APPENDIX E	New Section
5430.APPENDIX F	New Section
- 4) Statutory Authority: Implementing the Health Carrier External Review Act [215 ILCS 180] and authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5/401]
- 5) A Complete Description of the Subjects and Issues Involved: The Illinois General Assembly passed the Health Carrier External Review Act (PA 96-857) to provide uniform standards for the establishment and maintenance of external review procedures to assure that covered persons have the opportunity for an independent review of an adverse determination or final adverse determination. The proposed rulemaking establishes standards concerning notice of right to and requests for external review, exhaustion of internal grievance processes, standard and expedited external review, approval of and minimum qualifications for independent review organizations, and reporting and disclosure requirements.
- 6) Any published studies or reports, along with the sources of underlying data, that were used when comprising 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

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking 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: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

Eve Blackwell-Lewis
Senior Staff Attorney
Department of Insurance
320 West Washington, 4th Floor
Springfield, Illinois 62767-0001

217/782-2867
217/524-9033 (fax)

or Susan Anders
Rules Coordinator
Department of Insurance
320 West Washington, 4th Floor
Springfield, Illinois 62767-0001

217/785-8220

- 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: As described in the rule
- C) Types of professional skills necessary for compliance: Administrative
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2010

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

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER kkk: HEALTH CARE SERVICE PLANSPART 5430
HEALTH CARRIER EXTERNAL REVIEW

Section

5430.10	Purpose
5430.20	Applicability and Scope
5430.30	Definitions
5430.40	Health Carrier Obligations
5430.50	Independent Review Organization Obligations
5430.60	Registration of Independent Review Organizations
5430.70	Operational Requirements
5430.80	Examination
5430.APPENDIX A	External Review Annual Report Form
5430.APPENDIX B	IRO Notice of Decision Template – Non-Experimental and Investigational
5430.APPENDIX C	IRO Notice of Decision Template – Experimental and Investigational
5430.APPENDIX D	Independent Review Organizations – Application for Registration
5430.APPENDIX E	Independent Review Organizations – Application for Reapproving Independent Review Organizations
5430.APPENDIX F	Illinois or NAIC Biographical Affidavit

AUTHORITY: Implementing the Health Carrier External Review Act [215 ILCS 180] and authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5/401].

SOURCE: Adopted at 34 Ill. Reg. _____, effective _____.

Section 5430.10 Purpose

This Part will implement the Health Carrier External Review Act [215 ILCS 180] in order to assure uniform standards for the establishment and maintenance of external review procedures, to assure that covered persons have the opportunity for an independent review of an adverse determination or final adverse determination and provide appropriate registration standards and oversight of health care plans by the Department of Insurance for the review of adverse and final adverse determinations.

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

Section 5430.20 Applicability and Scope

- a) Except as provided in subsection (b), the requirements of this Part are applicable to all health carriers.
- b) The provisions of this Part shall not apply to:
 - 1) A policy or certificate that provides coverage only for a specified disease, specified accident or accident-only coverage, credit, dental, disability income, hospital indemnity, long-term care insurance as defined by Article XIXA of the Illinois Insurance Code, vision care, or any other limited supplemental benefit;
 - 2) A Medicare supplement policy of insurance as defined by the Director by regulation;
 - 3) Coverage under a plan through Medicare, Medicaid, or the federal employees health benefits program;
 - 4) Any coverage issued under 10 USC 55 and any coverage issued as supplement to that coverage;
 - 5) Any coverage issued as supplemental to liability insurance, workers' compensation, or similar insurance; or
 - 6) Automobile medical-payment insurance or any insurance under which benefits are payable with or without regard to fault, whether written on a group blanket or individual basis.

Section 5430.30 Definitions

Act means the Health Carrier External Review Act [215 ILCS 180].

Adverse Determination means a determination by a health carrier or its designee utilization review organization that an admission, availability of care, continued stay, or other health care service that is a covered benefit has been reviewed and, based upon the information provided, does not meet the health carrier's requirements for medical necessity, appropriateness, health care setting, level of

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

care, or effectiveness, and the requested service or payment for the service is therefore denied, reduced, or terminated.

Authorized Representative means:

A person to whom a covered person has given express written consent to represent the covered person in an external review, including the covered person's health care provider;

A person authorized by law to provide substituted consent for a covered person; or

The covered person's health care provider when the covered person is unable to provide consent.

Best Evidence means evidence based on:

Randomized clinical trials;

If randomized clinical trials are not available, then cohort studies or case-control studies;

If the prior two items are not available, then case-series; or

If the prior three items are not available, then expert opinion.

Case-control Study means a retrospective evaluation of two groups of patients with different outcomes to determine which specific interventions the patients received.

Case-series means an evaluation of a series of patients with a particular outcome, without the use of a control group.

Clinical Review Criteria means the written screening procedures, decision abstracts, clinical protocols, and practice guidelines used by a health carrier to determine the necessity and appropriateness of health care services.

Code means the Illinois Insurance Code [215 ILCS 5].

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Covered Benefits or Benefits means those health care services to which a covered person is entitled under the terms of a health benefit plan.

Covered Person means a policyholder, subscriber, enrollee, or other individual participating in a health benefit plan.

Director means the Director of the Department of Insurance.

Expert Opinion means a belief or an interpretation by specialists with experience in a specific area about the scientific evidence pertaining to a particular service, intervention, or therapy.

Facility means an institution providing health care services or a health care setting.

Final Adverse Determination means an adverse determination involving a covered benefit that has been upheld by a health carrier, or its designee utilization review organization, at the completion of the health carrier's internal grievance process procedures as set forth by the Managed Care Reform and Patient Rights Act [215 ILCS 134].

Health Benefit Plan means a policy, contract, certificate, plan, or agreement offered or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services.

Health Care Provider or Provider means a physician, hospital facility, or other health care practitioner licensed, accredited, or certified to perform specified health care services consistent with State law, responsible for recommending health care services on behalf of a covered person.

Health Care Services means services for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury, or disease.

Health Carrier means an entity subject to the insurance laws and regulations of this State, or subject to the jurisdiction of the Director, that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including a sickness and accident insurance company, a health maintenance organization, or any other entity providing a plan of health insurance, health benefits, or health care services. "Health carrier" also means

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

Limited Health Service Organizations (LHSO) and Voluntary Health Service Plans.

Health Information means information or data, whether oral or recorded in any form or medium, and personal facts or information about events or relationships that relate to:

The past, present, or future physical, mental, or behavioral health or condition of an individual or a member of the individual's family;

The provision of health care services to an individual; or

Payment for the provision of health care services to an individual.

Independent Review Organization or IRO means an entity that conducts independent external reviews of adverse determinations and final adverse determinations.

Medical Necessity means health care services and supplies provided by a health care provider, appropriate to the evaluation and treatment of a disease, condition, illness or injury and consistent with the applicable standard of care, including the evaluation of experimental and/or investigational services, procedures, drugs or devices.

Medical or Scientific Evidence means evidence found in the following sources:

Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff;

Peer-reviewed medical literature, including literature relating to therapies reviewed and approved by a qualified institutional review board, biomedical compendia, and other medical literature that meet the criteria of the National Institutes of Health's Library of Medicine for indexing in Index Medicus (Medline) and Elsevier Science Ltd. for indexing in Excerpta Medicus (EMBASE);

DEPARTMENT OF INSURANCE

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Medical journals recognized by the Secretary of Health and Human Services under section 1861(t)(2) of the federal Social Security Act (42 USC 1861(t)(2));

The following standard reference compendia:

The American Hospital Formulary Service Drug Information;

Drug Facts and Comparisons;

The American Dental Association Accepted Dental Therapeutics;
and

The United States Pharmacopoeia Drug Information;

Findings, studies, or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes, including:

The federal Agency for Healthcare Research and Quality;

The National Institutes of Health;

The National Cancer Institute;

The National Academy of Sciences;

The Centers for Medicare & Medicaid Services;

The federal Food and Drug Administration; and

Any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health care services; or

Any other medical or scientific evidence that is comparable to the sources listed in this definition.

DEPARTMENT OF INSURANCE

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Randomized Clinical Trial means a controlled, prospective study of patients that have been randomized into an experimental group and a control group at the beginning of the study with only the experimental group of patients receiving a specific intervention, which includes study of the groups for variables and anticipated outcomes over time.

Retrospective Review means a review of medical necessity conducted after services have been provided to a patient, but does not include the review of a claim that is limited to an evaluation of reimbursement levels, veracity of documentation, accuracy of coding, or adjudication for payment.

Utilization Review means the evaluation of the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities.

Utilization Review Organization means a utilization review program as defined in the Managed Care Reform and Patient Rights Act.

Section 5430.40 Health Carrier Obligations

- a) Each health carrier shall maintain written records in the aggregate on all requests for external review for each calendar year and submit a report to the Director in the format specified in Appendix A by March 1 of each year.
- b) A health carrier must file for approval sample copies of:
 - 1) Notices and forms required to file for a right to external review as set forth within Section 20 and Section 35 of the Act.
 - 2) Descriptions for both the required standard external review and expedited external review procedures as set forth within Section 20 of the Act.
 - 3) Statements informing the covered person and any authorized representative that a standard external review request deemed to be ineligible for review by the plan or its representative may be appealed to the Director by filing a complaint with the Director. The health carrier shall use the following address and provide the following contact information when directing the covered person or authorized

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED RULES

representative to appeal initial determinations of ineligibility for standard external review:

The Illinois Department of Insurance
Office of Consumer Health Insurance
Standard External Review
320 West Washington Street
Springfield, Illinois 62767
http://insurance.illinois.gov/Complaints/file_complaint.asp
(E-mail)
Toll Free Telephone: (877) 527-9431

- 4) Statements informing the covered person and any authorized representative that an expedited external review request deemed to be ineligible for review by the plan or its representative may be appealed to the Director by filing a complaint with the Director. The health carrier shall use the following address when directing the covered person or authorized representative to appeal initial determinations of ineligibility for expedited external review:

The Illinois Department of Insurance
Office of Consumer Health Insurance
Expedited External Review
320 West Washington Street
Springfield, Illinois 62767
http://insurance.illinois.gov/Complaints/file_complaint.asp
(E-mail)
Toll Free Telephone: (877) 527-9431

- 5) Notification (until July 1, 2013) that if an external independent review decision made pursuant to the Act upholds a determination adverse to the covered person, the covered person has the right to appeal the final decision to the Department. The Director may overturn the external review decision and require the health carrier to pay for the health care service or treatment. If an external review decision is overturned by the Director and the health carrier so requests, then the Director shall assign a new independent review organization to reconsider the overturned decision. The health carrier shall use the following address when directing the covered person to appeal the final decision to the Department:

DEPARTMENT OF INSURANCE

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The Illinois Department of Insurance
Office of Consumer Health Insurance
Illinois Health Carrier External Review – Director Appeals
320 West Washington Street
Springfield, Illinois 62767
http://insurance.illinois.gov/Complaints/file_complaint.asp
(E-mail)
Toll Free Telephone: (877) 527-9431

Section 5430.50 Independent Review Organization Obligations

- a) An independent review organization may not conduct external independent reviews of adverse determinations for persons subject to Section 15 of the Act unless the independent review organization has first registered with the Director. An application for registration shall be in the format set forth in Appendix D.
- b) An independent review organization must secure and maintain a current certificate of accreditation by the American Accreditation Healthcare Commission (URAC) under applicable standards for Uniform External Review.
- c) Each independent review organization shall provide a written notice as set forth in Appendix B and Appendix C, explaining its decision to uphold or reverse adverse or final adverse determinations to the health carrier, the covered person, and, if applicable, the covered person's authorized representative.

Section 5430.60 Registration of Independent Review Organizations

- a) On or after July 1, 2010, an independent review organization may not conduct external reviews for persons subject to Section 15 of the Act unless the independent review organization has registered with the Director. An application for registration shall be in the format set forth in Appendix D and must be signed by an officer or director of the independent review organization. Initial registration applications shall be deemed approved unless the Director finds an application to be noncompliant with either the standards set forth in Section 55 of the Act or this Part.
- b) An independent review organization must register with the Director every 2 years. A fee of \$1,000 must be submitted with each application or renewal. If the

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Director determines that there are no acceptable nationally recognized private accrediting entities providing independent review organization accreditation, he or she may then approve independent review organizations that are not accredited by a nationally recognized private accrediting entity, in which case the fee for each application or renewal shall be \$1,500.

- c) Any material changes in the information filed pursuant to this Part shall be filed with the Director within 30 days after the change. Loss of accreditation status will require re-registration and payment of the appropriate fee pursuant to subsection (b).
- d) Renewals and Appeals
 - 1) A registered independent review organization may continue to operate, if a renewal application as specified in Appendix E and fee have been filed 30 days prior to the renewal date, until the renewal is denied or issued by the Director.
 - 2) If the renewal application and fee are not received prior to the renewal date, the registration will automatically expire and the independent review organization must re-register and pay a fee pursuant to subsection (b).
 - 3) If an application for registration or renewal is denied under this Part, the applicant may appeal the denial by requesting a hearing under the terms of Article 10 of the Illinois Administrative Procedure Act [5 ILCS 100/Art. 10] and 50 Ill. Adm. Code 2402. A petition for hearing must be postmarked no later than 30 days from the date of initial denial. A hearing shall be scheduled within 45 days after the petition is filed with the Director. A decision by the Director shall be rendered within 60 days after the close of the hearing.

Section 5430.70 Operational Requirements

An independent review organization shall secure and maintain a current certificate of accreditation by the American Accreditation Healthcare Commission (URAC) under applicable standards for Uniform External Review except when the Director determines that there are no acceptable nationally recognized private accrediting entities providing independent review organization accreditation. Independent review decisions shall be issued pursuant to the Act.

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Section 5430.80 Examination

- a) The Director or his or her designee may examine any applicant for registration or any registrant upon receipt of information that the applicant or registrant may be in violation of this Part, or any applicable provision of the Code, when he or she receives a complaint or when the applicant has a history of violations of the Code.
- b) Any independent review organization being examined shall provide to the Director or his or her designee convenient and free access, during reasonable hours at the organization's offices, to all books, records, documents and other papers relating to the independent review organization's business affairs. The Director or designee shall not have access to beneficiary medical records protected under Sections 8-2101 through 8-2105 of the Code of Civil Procedure titled "Medical Studies" [735 ILCS 5/8-2101 through 8-2105].
- c) The Director or designee may administer oaths and thereafter examine any individual about the business of the independent review organization.
- d) The expenses of examination under this Section shall be assessed against the independent review organization being examined in accordance with Section 408(3) of the Code.
- e) The examiner designated by the Director shall make a written report if he or she alleges a violation of this Part, any applicable provisions of the Code or any other applicable Part of Title 50 of the Illinois Administrative Code. The report shall be verified by the examiner. The report must be made to the Director within 45 days after the conclusion of the examination.
- f) The Director shall deliver a duplicate of the report to the independent review organization being examined using the address specified in the Department's records. In that event, the IRO may request a hearing before the Director or designee within 30 days after receipt of the duplicate examination report. The request shall be in writing and include the IRO's objections to the report. The hearing shall be conducted in accordance with Sections 402 and 403 of the Code and 50 Ill. Adm. Code 2402. The IRO's right to hearing is waived if the delivery of the report is refused, or the IRO does not timely request a hearing. After hearing, or upon expiration of the time period during which an IRO may request a hearing and the IRO has not done so, the Director, upon finding noncompliance with the laws of this State or previous Order of the Director, may require the IRO

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to take corrective action. Any such Order shall be issued within 90 days after the report is filed, or, if there is a hearing, within 90 days after the conclusion of the hearing. The Order shall be a final administrative decision of the Department subject to review under the Administrative Review Law [735 ILCS 5/Art. III].

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Section 5430.APPENDIX A External Review Annual Report Form

External Review Annual Report Form
Due on or before March 1

Health Carrier: _____ Filing Date: _____

FEIN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

IRO Website: _____

Name of Person Completing this Form: _____

Phone Number: _____ Fax Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name and title of person responsible for regulatory compliance and quality of external reviews:

Name: _____ Title: _____

FOR PERSONS COVERED UNDER CONTRACTS ISSUED OR SITUSED IN THE STATE OF ILLINOIS:

1. Total number of requests for external review _____

2. Total number of requests for expedited external review _____

3. Total number of requests for expedited external review denied _____

4. Total number of requests for expedited external review resolved _____

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- a. Total number of requests for external review resolved upholding the adverse determination or final adverse determination _____
- b. Total number of requests for external review resolved reversing the adverse determination or final adverse determination _____
- c. Total number of requests for expedited external review resolved upholding the adverse determination or final adverse determination _____
- d. Total number of requests for expedited external review resolved reversing the adverse determination or final adverse determination _____
- 5. The average length of time for resolution for an external review _____
- 6. The average length of time for resolution for an expedited external review _____
- 7. A summary of the types of coverages or cases for which an external review was sought, as specified below:
 - a. Denial of care or treatment (dissatisfaction regarding prospective non-authorization of a request for care or treatment recommended by a provider excluding diagnostic procedures and referral requests; partial approvals and care terminations are also considered to be denials) _____
 - b. Denial of diagnostic procedure (dissatisfaction regarding prospective non-authorization of a request for a diagnostic procedure recommended by a provider; partial approvals are also considered to be denials) _____
 - c. Denial of referral request (dissatisfaction regarding non-authorization of a request for a referral to another provider recommended by a PCP) _____

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- d. Claims and utilization review (dissatisfaction regarding the concurrent or retrospective evaluation of the coverage, medical necessity, efficiency or appropriateness of health care services or treatment plans; prospective "Denials of care or treatment", "Denials of diagnostic procedures" and "Denials of referral requests" should not be classified in this category, but the appropriate one above)

- 8. The number of external reviews that were terminated as the result of a reconsideration by the health carrier of its adverse determination or final adverse determination after the receipt of additional information from the covered person or the covered person's authorized representative

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Section 5430.APPENDIX B IRO Notice of Decision Template – Non-Experimental and Investigational

[Independent Review Organization Letterhead]

Notice of Independent Review Decision

[Date of the Notice of the Decision]

Re: IRO Case #:
[Name of Patient]

[Name of IRO] has been certified, by the Illinois Department of Insurance (DOI) as an Independent Review Organization (IRO). [Name of Health Carrier] has assigned this case to us for independent review in accordance with the Illinois Insurance Code and applicable regulations.

The IRO has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, the IRO reviewed the medical records and documentation provided to the IRO by involved parties.

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IRO NOTICE OF DECISION TEMPLATE

This case was reviewed by a [Specialty of Reviewing Physician or Health Care Provider]. The reviewer has made a good faith effort to check for the existence of any potential conflicts of interest and has signed a certification stating that no known conflicts of interest exist between the reviewer and the patient, the patient's insurance carrier, the utilization review agent (URA), any of the treating physicians or health care providers who provided care to the patient, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of [Name of IRO] I certify that:

1. there is no known conflict between the reviewer, the IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute, and
2. a copy of this IRO decision was sent to all of the parties via U.S. Postal Service or otherwise transmitted in the manner indicated above on [Date].

Sincerely,

[Name of IRO Representative]
[Title]

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IRO REVIEWER REPORT TEMPLATE
GENERAL

Date that the IRO Received the Assignment:

Date of Review:

Date of IRO's Decision:

Time Period for which the Review Was Conducted:

IRO Case #:

A General Description of the Reason for the Request for External Review:

A Description of the Qualifications for Each Physician or Other Health Care Provider Who Reviewed the Decision:

Review Outcome:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Information Provided to the IRO for Review:

Description of the Covered Person's History (Summary):

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Principal Reason or Reasons for its Decision, Including Clinical Basis, Findings and Conclusions Used to Support the Decision:A Description and the Source of the Screening Criteria or Other Clinical Basis Used to Make the Decision:

- Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff;
- Peer-reviewed medical literature, including literature relating to therapies reviewed and approved by a qualified institutional review board, biomedical compendia, and other medical literature that meet the criteria of the National Institutes of Health's Library of Medicine for indexing in Index Medicus (Medline) and Elsevier Science Ltd. for indexing in Excerpta Medicus (EMBASE);
- Medical journals recognized by the Secretary of Health and Human Services under section 1861(t)(2) of the federal Social Security Act;
- The following standard reference compendia:
 - a. The American Hospital Formulary Service Drug Information;
 - b. Drug Facts and Comparisons;
 - c. The American Dental Association Accepted Dental Therapeutics; and
 - d. The United States Pharmacopoeia Drug Information;
- Findings, studies, or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes, including:
 - a. The federal Agency for Healthcare Research and Quality;
 - b. The National Institutes of Health;
 - c. The National Cancer Institute;
 - d. The National Academy of Sciences;

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- e. The Centers for Medicare & Medicaid Services;
- f. The federal Food and Drug Administration; and
- g. Any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health care services; or

Any other medical or scientific evidence that is comparable to the sources listed above (Provide a Description).

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Section 5430.APPENDIX C IRO Notice of Decision Template – Experimental and Investigational

[Independent Review Organization Letterhead]

Notice of Independent Review Decision

[Date of the Notice of the Decision]

RE: IRO Case #:

[Name of Patient]

[Name of IRO] has been certified, by the Illinois Department of Insurance (DOI) as an Independent Review Organization (IRO). [Name of Health Carrier] has assigned this case to us for independent review in accordance with the Illinois Insurance Code and applicable regulations.

The IRO has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, the IRO reviewed the medical records and documentation provided to the IRO by involved parties.

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IRO NOTICE OF DECISION TEMPLATE

This case was reviewed by a [Specialty of Reviewing Physician or Health Care Provider]. The reviewer has made a good faith effort to check for the existence of any potential conflicts of interest and has signed a certification stating that no known conflicts of interest exist between the reviewer and the patient, the patient's insurance carrier, the utilization review agent (URA), any of the treating physicians or health care providers who provided care to the patient, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of [Name of IRO] I certify that:

1. there is no known conflict between the reviewer, the IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute, and
2. a copy of this IRO decision was sent to all of the parties via U.S. Postal Service or otherwise transmitted in the manner indicated above on [Date].

Sincerely,

[Name of IRO Representative]
[Title]

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IRO REVIEWER REPORT TEMPLATE
EXPERIMENTAL OR INVESTIGATIONAL

Date that the IRO Received the Assignment:

Date of Review:

Date of IRO's Decision:

Time Period for which the Review Was Conducted:

IRO Case #:

A General Description of the Reason for the Request for External Review:

A Description of the Qualifications for Each Physician or Other Health Care Provider Who Reviewed the Decision:

Review Outcome:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Information Provided to the IRO for Review:

Description of the Covered Person's History (Summary):

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Principal Reason or Reasons for its Decision Including Clinical Basis, Findings and Conclusions Used to Support the Decision:

A Description and the Source of the Screening Criteria or Other Clinical Basis Used to Make the Decision:

- Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff;
- Peer-reviewed medical literature, including literature relating to therapies reviewed and approved by a qualified institutional review board, biomedical compendia, and other medical literature that meet the criteria of the National Institutes of Health's Library of Medicine for indexing in Index Medicus (Medline) and Elsevier Science Ltd. for indexing in Excerpta Medicus (EMBASE);
- Medical journals recognized by the Secretary of Health and Human Services under section 1861(t)(2) of the federal Social Security Act;
- The following standard reference compendia:
 - a. The American Hospital Formulary Service Drug Information;
 - b. Drug Facts and Comparisons;
 - c. The American Dental Association Accepted Dental Therapeutics; and
 - d. The United States Pharmacopoeia Drug Information;
- Findings, studies, or research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes, including:
 - a. The federal Agency for Healthcare Research and Quality;
 - b. The National Institutes of Health;
 - c. The National Cancer Institute;

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- d. The National Academy of Sciences;
- e. The Centers for Medicare & Medicaid Services;
- f. The federal Food and Drug Administration; and
- g. Any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health care services; or

Any other medical or scientific evidence that is comparable to the sources listed above (Provide a Description).

Description of the Covered Person's Medical Condition:

Description of the Indicators Relevant to Whether There Is Sufficient Evidence to Demonstrate That the Recommended or Requested Health Care Service or Treatment Is More Likely To Be More Beneficial to the Covered Person Than Any Available Standard Health Care Services or Treatments and the Adverse Risks of the Recommended or Requested Health Care Service or Treatment Would Not Be Substantially Increased Over Those of Available Standard Health Care Services or Treatments:

Description and Analysis of Any Medical or Scientific Evidence Considered in Reaching the Opinion:

Description and Analysis of Any Evidence-based Standards:

Whether the Recommended or Requested Health Care Service or Treatment Has Been Approved by the Federal Food and Drug Administration for the Condition:

Whether Medical or Scientific Evidence or Evidence-based Standards Demonstrate That the Expected Benefits of the Recommended or Requested Health Care Service or Treatment Is More Likely To Be More Beneficial to the Covered Person Than Any Available Standard Health Care Service or Treatment and the Adverse Risks of the Recommended or Requested Health Care Service or Treatment Would Not Be Substantially Increased Over Those of Available Standard Health Care Services or Treatments:

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The Written Opinion of the Clinical Reviewer, Including the Reviewer's Recommendation as to Whether the Recommended or Requested Health Care Service or Treatment Should Be Covered and the Rationale for the Reviewer's Recommendation:

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Section 5430.APPENDIX D Independent Review Organizations – Application for Registration

INDEPENDENT REVIEW ORGANIZATION
Registration Form

[Today's Date]

1. Name of Independent Review Organization _____

DBA _____

Type of Applicant (check one):

Corporation

Partnership

Limited Liability

Other (Describe) _____

FEIN: _____

Contact Person: _____

Business Telephone Number: () _____

Fax Number: () _____

Email Address: _____

2. Business Address:

Street (Do Not Use P.O. Box): _____

City: _____

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State: _____ Zip: _____

Telephone Number: () _____

Website: _____

3. Mailing Address (If Different from Business Address):

Street (Do Not Use P.O. Box): _____

City: _____

State: _____ Zip: _____

4. Contact Information To Be Used on the Department's Website of Approved Independent Review Organizations:

Contact Person: _____

Business Telephone Number: () _____

Fax Number: () _____

Street (Do Not Use P.O. Box): _____

City: _____

State: _____ Zip: _____

5. Agent for Service of Process in Illinois Department of Insurance:

Name _____

Street (Do Not Use P.O. Box): _____

City: _____

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State: _____ Zip: _____

6. For Each Independent Review Program supply the following information:
 - a. The name, address, telephone number and hours of operation for the independent review program.
 - b. The organization and governing structure of the independent review program.
 - c. The number of reviews in Illinois for which an independent review is conducted by each independent review program for the current year.
 - d. Number of reviews in Illinois for which an independent review was conducted for the previous calendar year for each independent review program.
 - e. A copy of your most recent certificate from American Accreditation Healthcare Commission (URAC) Standards for Uniform External Review, if applicable.
 - f. Written policies and procedures for protection of confidential information according to applicable State and federal laws for each independent review program.
 - g. Biographical information for organization officers and directors. Biographical affidavits shall be stamped "confidential" by the independent review organization (form required by Appendix F).
 - h. A list of all contracted reviewers, a copy of their state licenses, their contact information and their area of clinical expertise.
 - i. All information required in 7 below.
7. Minimum Qualifications for Independent Review Organizations:
 - a. To be approved to conduct external reviews, an independent review organization shall have and maintain written policies and procedures that govern all aspects of both the standard external review process and the expedited external review process set forth in the Act that include, at a minimum:

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- i. A quality assurance mechanism that ensures that:
 - A. External reviews are conducted within the specified timeframes and required notices are provided in a timely manner;
 - B. Selection of qualified and impartial clinical reviewers to conduct external reviews on behalf of the IRO and suitable matching of reviewers to specific cases and that the independent review organization employs or contracts with an adequate number of clinical reviewers to meet this objective;
 - C. For adverse determinations involving experimental or investigational treatments, in assigning clinical reviewers, the independent review organization selects physicians or other health care professionals who, through clinical experience in the past 3 years, are experts in the treatment of the covered person's condition and knowledgeable about the recommended or requested health care service or treatment;
 - D. The health carrier, the covered person, and the covered person's authorized representative shall not choose or control the choice of the physicians or other health care professionals to be selected to conduct the external review;
 - E. Confidentiality of medical and treatment records and clinical review criteria; and
 - F. Any person employed by or under contract with the independent review organization adheres to the requirements of the Act;
- ii. A toll-free telephone service operating on a 24 hours/day, 7 days/week basis that accepts, receives, and records information related to external reviews and provides appropriate instructions; and
- iii. An agreement to maintain and provide to the Director the information set out in Section 70 of the Act.

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- b. All clinical reviewers assigned by an independent review organization to conduct external reviews shall be physicians or other appropriate health care providers who meet the following minimum qualifications:
- i. Be an expert in the treatment of the covered person's medical condition that is the subject of the external review;
 - ii. Be knowledgeable about the recommended health care service or treatment through recent or current actual clinical experience treating patients with the same or similar medical condition as the covered person;
 - iii. Hold a non-restricted license in a state of the United States and, for physicians, a current certification by a recognized American medical specialty board in the area or areas appropriate to the subject of the external review; and
 - iv. Have no history of disciplinary actions or sanctions, including loss of staff privileges or participation restrictions, that have been taken or are pending by any hospital, governmental agency or unit, or regulatory body that raise a substantial question as to the clinical reviewer's physical, mental, or professional competence or moral character.
- c. In addition to the requirements set forth in subsection (a), an independent review organization may not own or control, be a subsidiary of, or in any way be owned or controlled by, or exercise control with, a health benefit plan, a national, State, or local trade association of health benefit plans, or a national, State, or local trade association of health care providers.
- d. Conflicts of interest are prohibited. In addition to the requirements set forth in 7a, 7b and 7c of this Section, to be approved pursuant to the Act to conduct an external review of a specified case, neither the independent review organization selected to conduct the external review nor any clinical reviewer assigned by the IRO to conduct the external review may have a material professional, familial or financial conflict of interest with any of the following:
- i. The health carrier that is the subject of the external review;
 - ii. The covered person whose treatment is the subject of the external review or the covered person's authorized representative;

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- iii. Any officer, director or management employee of the health carrier that is the subject of the external review;
 - iv. The health care provider, the health care provider's medical group or independent practice association recommending the health care service or treatment that is the subject of the external review;
 - v. The facility at which the recommended health care service or treatment would be provided; or
 - vi. The developer or manufacturer of the principal drug, device, procedure, or other therapy being recommended for the covered person whose treatment is the subject of the external review.
- e. An independent review organization shall be unbiased. An IRO shall establish and maintain written procedures to ensure that it is unbiased in addition to any other procedures required under this Section.
- f. Nothing in this Section precludes or shall be interpreted to preclude a health carrier from contracting with approved independent review organizations to conduct external reviews assigned to it from the health carrier.
- g. An independent review organization that meets or exceeds the accreditation standards for Uniform External Review set forth by the American Accreditation Healthcare Commission (URAC) and otherwise meets the qualifications of this Section shall be presumed to be in compliance with this Section and shall be eligible for approval.
8. Check Enclosed (Please make checks payable to Director of Insurance)
- a. Accredited entity fee of \$1000 biennially.
 - b. Unaccredited entity fee of \$1500 biennially in the event that the Director determines that there are no acceptable nationally recognized private accrediting entities providing independent review organization accreditation.
9. Affirmation (to be signed by an officer or director of the independent review organization only):

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I, _____ do hereby certify that
(Typed name, title)

(Independent Review Organization)

complies with the Uniform External Review Standards of the American Accreditation Healthcare Commission (URAC) and has submitted evidence of accreditation by URAC for Uniform External Review, and that the persons responsible for the conduct of _____

(Independent Review Organization)

are competent, trustworthy, and possess good reputations, and have appropriate experience, training or education and do hereby affirm that all of the information presented in this application is true and correct.

(Signature)

(Date)

Please mail completed application to:
Illinois Department of Insurance
Utilization Review Unit
320 West Washington Street
Springfield IL 62767-0001
(217) 558-2309

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Section 5430.APPENDIX E Independent Review Organizations – Application for Reapproving Independent Review Organizations

INDEPENT REVIEW ORGANIZATION
Renewal Registration Form

[Today's Date]

Company Name: _____

FEIN: _____

Contact Person: _____

Telephone: () _____

Email Address: _____

Street Address: _____

City, State, Zip: _____

Renewal registration for Independent Review Organization covering period __/__/__ through __/__/__.

Instructions for completing renewal registration:

1. Please verify all information regarding company name, contact person and address to be complete and accurate; and
2. Submit a current copy of the applicable accreditation certificate from the American Accreditation Healthcare Commission (URAC) if applicable; and
3. Submit any material changes to the information filed under your prior registration; and
4. Submit a check for renewal registration: \$1000 if your company is accredited by URAC. In the event that the Director determines that there are no acceptable

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nationally recognized private accrediting entities providing independent review organization accreditation, a renewal fee of \$1500; and

- 5. Affirmation (to be signed by an officer or director of the independent review organization only):

I, _____ do hereby certify that
(Typed name, title)

(Independent Review Organization)

complies with the Uniform External Review Standards of the American Accreditation Healthcare Commission (URAC) and has submitted evidence of accreditation by URAC for Uniform External Review, and that the persons responsible for the conduct of _____

(Independent Review Organization)

are competent, trustworthy, and possess good reputations, and have appropriate experience, training or education and do hereby affirm that all of the information presented in this application is true and correct.

(Signature)

(Date)

Please mail completed renewal application to:
Illinois Department of Insurance
Utilization Review Unit
320 West Washington Street
Springfield IL 62767-0001
(217) 558-2309

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Section 5430.APPENDIX F Illinois or NAIC Biographical Affidavit125

ILLINOIS BIOGRAPHICAL AFFIDAVIT

Full name and address of company (do not use group name) _____ _____		
In connection with the above-named company, I herewith make representations and supply information about myself as set forth in this affidavit. (Attach addendum or separate sheet if space is insufficient to answer any question fully.) If answer is "No" or "None", so state.		
1. Affiant's full name (initials not acceptable)		
2a. Have you ever had your name changed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the reason for the change. _____		
2b. Give other names used at any time		
3. Affiant's Social Security #	4. Date and place of birth	
5. Affiant's business address	Business Telephone #	
6. List your residences for the last 10 years starting with your current address, giving:		
Date	Address	City and State
_____	_____	_____
_____	_____	_____
_____	_____	_____
7. Education: List dates, names, locations and degrees College: _____ Graduate Studies: _____ Others: _____		
8. List memberships in professional societies and associations		
9. Present or proposed positions with the applicant company		
10. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past 20 years, giving:		

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Dates	Employer and Address	Title
11. May present employer be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No May former employers be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12a. Have you ever been in a position that required a fidelity bond? <input type="checkbox"/> Yes <input type="checkbox"/> No If any claims were made on the bond, give details.		
12b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details.		
13. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority that you presently hold or have held in the past (state date, license issued, issuer of license, date terminated, reasons for termination).		
14. During the last 10 years, have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details.		
15. List any administrators, insurers or HMOs in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power). If any of the stock is pledged or hypothecated in any way, give details.		
16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant administrator or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No If any of the shares of stock are pledged or hypothecated in any way, give details.		
17. Have you ever been adjudged bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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18. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to any information or an indictment charging any felony or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been the subject of any disciplinary proceedings of any federal or state regulatory agency? Yes No If yes, give details.

19. Has any company been so charged, allegedly, as a result of any action or conduct on your part? Yes No If yes, give details.

20. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer, HMO or administrator that, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship: Yes No

21. Has the certificate of authority or license to do business of any insurance company or registration of any administrator of which you were an officer or director or key management person ever been suspended, revoked or denied while you occupied that position? Yes No If yes, give details.

Declaration

Dated and signed this _____ day of _____ at _____

I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

State of _____

County of _____

Personally appeared before me the above named _____ personally known to me who being duly sworn deposes and says that he or she executed the above instrument and that the statements and answers contained in that instrument are true and correct to the best of his or her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ 20 ____

(SEAL)

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<p style="text-align: right; margin-right: 20px;">(Notary Public)</p> <p>My commission expires: _____</p>	
<p>Important Notice: Disclosure of this information is required under Illinois Department of Insurance Rules.</p>	

NAIC BIOGRAPHICAL AFFIDAVIT

Applicant Name: _____

NAIC No: _____

FEIN: _____

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required. (Do Not Use Group Names)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE", SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). _____
- b. Maiden Name (if applicable). _____
2. a. Have you ever had your name changed? If yes, give the reason for the change and provide the full names.

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<u>Society/Association</u>	<u>Contact Name</u>	<u>Society/Association</u>	<u>of Society/Association</u>
----------------------------	---------------------	----------------------------	-------------------------------

8. Present or proposed position with the applicant entity. _____

9. List complete employment record for the past 20 years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past 10 years.

Beginning/Ending

Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____

Offices/Positions Held _____

Supervisor/Contact _____

Beginning/Ending

Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____

Offices/Positions Held _____

Supervisor/Contact _____

Beginning/Ending

Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

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Country _____ Postal Code _____ Phone _____

Offices/Positions Held _____

Supervisor/Contact _____

10. a. Have you ever been in a position which required a fidelity bond? _____

If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details.

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the licenses issued. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License _____

Address _____ City _____

State/Province _____ Country _____

Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License _____

Address _____ City _____

State/Province _____ Country _____

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Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative or governmental licensing agency?

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

d. Been charged with, or indicted for, any criminal offenses other than civil traffic offenses?

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offenses other than civil traffic offenses?

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation for any criminal offenses other than civil traffic offenses?

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal or state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities

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or banking?

h. Been, within the last 10 years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? _____

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? _____

If the response to any question above is "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling", "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing 10% or more of the voting securities of any other person.

If any of the stock is pledged or hypothecated in any way, give details.

14. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please

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identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

15. Have you ever been adjudged bankrupt? _____ If yes, provide details.

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions 16b and 16c affiant should also include any events within 12 months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority or governmental licensing agency?
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this _____ day of _____, 20____ at _____

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

Date

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State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is personally known to me, or who produced the following identification: _____

Notary Public

[SEAL]

Printed Notary Name

My Commission Expires

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- 1) Heading of the Part: Retailers' Occupation Tax
- 2) Code Citation: 86 Ill. Adm. Code 130
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
130.310	Amendment
130.311	New Section
- 4) Statutory Authority: 35 ILCS 120/12; 20 ILCS 2505/2505-795
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking amends Section 130.310, the Retailers' Occupation Tax provisions concerning food, soft drinks and candy. This rulemaking amends the regulation to implement Public Acts 96-34 and 96-38. This rulemaking sets forth the definition of "candy" and gives examples of products that would be considered "candy" beginning September 1, 2009, and that will no longer be taxed at the low 1% rate but will be taxed instead at the general merchandise rate of 6.25%. It also codifies the definition of "soft drinks" and provides examples of which products would be considered "soft drinks" effective September 1, 2009. This rulemaking also removes the rules regarding drugs, medicines and medical appliances from Section 130.310, which will be put into a new Section 130.311. The current Section 130.310 "Food, Drugs, Medicines and Medical Appliances", after the amendments, will be labeled "Foods, Soft Drinks and Candy".

This rulemaking creates a new Section 130.311, "Drugs, Medicines, Medical Appliances and Grooming and Hygiene Products" and implements PA 96-34 and PA 96-38 by excluding grooming and hygiene products from the definition of "nonprescription medicines and drugs" effective September 1, 2009. Effective September 1, 2009, all grooming and hygiene products are taxed at the general merchandise rate of 6.25%.

New Section 130.311 incorporates regulations on medicines, drugs and medical appliances currently contained in Section 130.310 and clarifies the tax rate for items used during cosmetic procedures. It also adds provisions regarding reporting requirements and the content of certifications provided by health professionals to their suppliers to document that items purchased by health professionals qualify for the low rate of tax.
- 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

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- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other rulemakings pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
130.120	Amendment	34 Ill. Reg. 4610; April 2, 2010
130.331	Amendment	34 Ill. Reg. 4610; April 2, 2010
130.1934	New Section	34 Ill. Reg. 4610; April 2, 2010

- 11) Statement of Statewide Policy Objective: This rulemaking does not create a State mandate, nor does it modify any existing State mandates.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to submit comments on this proposed rulemaking may submit them in writing by no later than 45 days after publication of this Notice to:

Debra M. Boggess
Richard S. Wolters
Associate Counsels
Illinois Department of Revenue
Legal Services Office
101 West Jefferson
Springfield, Illinois 62794

217/782-2844

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Grocers and other establishments selling candy and soft drinks will be affected by this rulemaking. Businesses that sell medicines, drugs, medical appliances and grooming and hygiene products at retail will be affected by these regulations.
- B) Reporting, bookkeeping or other procedures required for compliance: General bookkeeping

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- C) Types of professional skills necessary for compliance: Accounting/Bookkeeping
- 14) Regulatory Agenda on which this rulemaking was summarized: July 2009

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

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NOTICE OF PROPOSED AMENDMENTS

TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUEPART 130
RETAILERS' OCCUPATION TAX

SUBPART A: NATURE OF TAX

Section	
130.101	Character and Rate of Tax
130.105	Responsibility of Trustees, Receivers, Executors or Administrators
130.110	Occasional Sales
130.111	Sale of Used Motor Vehicles, Aircraft, or Watercraft by Leasing or Rental Business
130.115	Habitual Sales
130.120	Nontaxable Transactions

SUBPART B: SALE AT RETAIL

Section	
130.201	The Test of a Sale at Retail
130.205	Sales for Transfer Incident to Service
130.210	Sales of Tangible Personal Property to Purchasers for Resale
130.215	Further Illustrations of Sales for Use or Consumption Versus Sales for Resale
130.220	Sales to Lessors of Tangible Personal Property
130.225	Drop Shipments

SUBPART C: CERTAIN STATUTORY EXEMPTIONS

Section	
130.305	Farm Machinery and Equipment
130.310	Food, Soft Drinks and Candy Drugs, Medicines and Medical Appliances
<u>130.311</u>	<u>Drugs, Medicines, Medical Appliances and Grooming and Hygiene Products</u>
130.315	Fuel Sold for Use in Vessels on Rivers Bordering Illinois
130.320	Gasohol, Majority Blended Ethanol, Biodiesel Blends, and 100% Biodiesel
130.321	Fuel Used by Air Common Carriers in International Flights
130.325	Graphic Arts Machinery and Equipment Exemption
130.330	Manufacturing Machinery and Equipment
130.331	Manufacturer's Purchase Credit
130.332	Automatic Vending Machines

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- 130.335 Pollution Control Facilities and Low Sulfur Dioxide Emission Coal-Fueled Devices
- 130.340 Rolling Stock
- 130.341 Commercial Distribution Fee Sales Tax Exemption
- 130.345 Oil Field Exploration, Drilling and Production Equipment
- 130.350 Coal Exploration, Mining, Off Highway Hauling, Processing, Maintenance and Reclamation Equipment
- 130.351 Aggregate Manufacturing

SUBPART D: GROSS RECEIPTS

Section

- 130.401 Meaning of Gross Receipts
- 130.405 How to Avoid Paying Tax on State or Local Tax Passed on to the Purchaser
- 130.410 Cost of Doing Business Not Deductible
- 130.415 Transportation and Delivery Charges
- 130.420 Finance or Interest Charges – Penalties – Discounts
- 130.425 Traded-In Property
- 130.430 Deposit or Prepayment on Purchase Price
- 130.435 State and Local Taxes Other Than Retailers' Occupation Tax
- 130.440 Penalties
- 130.445 Federal Taxes
- 130.450 Installation, Alteration and Special Service Charges
- 130.455 Motor Vehicle Leasing and Trade-In Allowances

SUBPART E: RETURNS

Section

- 130.501 Monthly Tax Returns – When Due – Contents
- 130.502 Quarterly Tax Returns
- 130.505 Returns and How to Prepare
- 130.510 Annual Tax Returns
- 130.515 First Return
- 130.520 Final Returns When Business is Discontinued
- 130.525 Who May Sign Returns
- 130.530 Returns Covering More Than One Location Under Same Registration – Separate Returns for Separately Registered Locations
- 130.535 Payment of the Tax, Including Quarter Monthly Payments in Certain Instances
- 130.540 Returns on a Transaction by Transaction Basis

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130.545	Registrants Must File a Return for Every Return Period
130.550	Filing of Returns for Retailers by Suppliers Under Certain Circumstances
130.551	Prepayment of Retailers' Occupation Tax on Motor Fuel
130.552	Alcoholic Liquor Reporting
130.555	Vending Machine Information Returns
130.560	Verification of Returns

SUBPART F: INTERSTATE COMMERCE

Section	
130.601	Preliminary Comments
130.605	Sales of Property Originating in Illinois
130.610	Sales of Property Originating in Other States

SUBPART G: CERTIFICATE OF REGISTRATION

Section	
130.701	General Information on Obtaining a Certificate of Registration
130.705	Procedure in Disputed Cases Involving Financial Responsibility Requirements
130.710	Procedure When Security Must be Forfeited
130.715	Sub-Certificates of Registration
130.720	Separate Registrations for Different Places of Business of Same Taxpayer Under Some Circumstances
130.725	Display
130.730	Replacement of Certificate
130.735	Certificate Not Transferable
130.740	Certificate Required For Mobile Vending Units
130.745	Revocation of Certificate

SUBPART H: BOOKS AND RECORDS

Section	
130.801	General Requirements
130.805	What Records Constitute Minimum Requirement
130.810	Records Required to Support Deductions
130.815	Preservation and Retention of Records
130.820	Preservation of Books During Pendency of Assessment Proceedings
130.825	Department Authorization to Destroy Records Sooner Than Would Otherwise be Permissible

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SUBPART I: PENALTIES AND INTEREST

- Section
130.901 Civil Penalties
130.905 Interest
130.910 Criminal Penalties

SUBPART J: BINDING OPINIONS

- Section
130.1001 When Opinions from the Department are Binding

SUBPART K: SELLERS LOCATED ON, OR SHIPPING TO, FEDERAL AREAS

- Section
130.1101 Definition of Federal Area
130.1105 When Deliveries on Federal Areas Are Taxable
130.1110 No Distinction Between Deliveries on Federal Areas and Illinois Deliveries Outside Federal Areas

SUBPART L: TIMELY MAILING TREATED AS TIMELY FILING AND PAYING

- Section
130.1201 General Information
130.1205 Due Date that Falls on Saturday, Sunday or a Holiday

SUBPART M: LEASED PORTIONS OF LESSOR'S BUSINESS SPACE

- Section
130.1301 When Lessee of Premises Must File Return for Leased Department
130.1305 When Lessor of Premises Should File Return for Business Operated on Leased Premises
130.1310 Meaning of "Lessor" and "Lessee" in this Regulation

SUBPART N: SALES FOR RESALE

- Section
130.1401 Seller's Responsibility to Determine the Character of the Sale at the Time of the

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- Sale
- 130.1405 Seller's Responsibility to Obtain Certificates of Resale and Requirements for Certificates of Resale
- 130.1410 Requirements for Certificates of Resale (Repealed)
- 130.1415 Resale Number – When Required and How Obtained
- 130.1420 Blanket Certificate of Resale (Repealed)

SUBPART O: CLAIMS TO RECOVER ERRONEOUSLY PAID TAX

Section

- 130.1501 Claims for Credit – Limitations – Procedure
- 130.1505 Disposition of Credit Memoranda by Holders Thereof
- 130.1510 Refunds
- 130.1515 Interest

SUBPART P: PROCEDURE TO BE FOLLOWED UPON
SELLING OUT OR DISCONTINUING BUSINESS

Section

- 130.1601 When Returns are Required After a Business is Discontinued
- 130.1605 When Returns Are Not Required After Discontinuation of a Business
- 130.1610 Cross Reference to Bulk Sales Regulation

SUBPART Q: NOTICE OF SALES OF GOODS IN BULK

Section

- 130.1701 Bulk Sales: Notices of Sales of Business Assets

SUBPART R: POWER OF ATTORNEY

Section

- 130.1801 When Powers of Attorney May be Given
- 130.1805 Filing of Power of Attorney With Department
- 130.1810 Filing of Papers by Agent Under Power of Attorney

SUBPART S: SPECIFIC APPLICATIONS

Section

- 130.1901 Addition Agents to Plating Baths

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- 130.1905 Agricultural Producers
- 130.1910 Antiques, Curios, Art Work, Collectors' Coins, Collectors' Postage Stamps and Like Articles
- 130.1915 Auctioneers and Agents
- 130.1920 Barbers and Beauty Shop Operators
- 130.1925 Blacksmiths
- 130.1930 Chiropodists, Osteopaths and Chiropractors
- 130.1935 Computer Software
- 130.1940 Construction Contractors and Real Estate Developers
- 130.1945 Co-operative Associations
- 130.1950 Dentists
- 130.1951 Enterprise Zones
- 130.1952 Sales of Building Materials to a High Impact Business
- 130.1953 Sales of Building Materials to be Incorporated into a Redevelopment Project Area within an Intermodal Terminal Facility Area
- 130.1954 River Edge Redevelopment Zones
- 130.1955 Farm Chemicals
- 130.1960 Finance Companies and Other Lending Agencies – Installment Contracts – Bad Debts
- 130.1965 Florists and Nurserymen
- 130.1970 Hatcheries
- 130.1971 Sellers of Pets and the Like
- 130.1975 Operators of Games of Chance and Their Suppliers
- 130.1980 Optometrists and Opticians
- 130.1985 Pawnbrokers
- 130.1990 Peddlers, Hawkers and Itinerant Vendors
- 130.1995 Personalizing Tangible Personal Property
- 130.2000 Persons Engaged in the Printing, Graphic Arts or Related Occupations, and Their Suppliers
- 130.2004 Sales to Nonprofit Arts or Cultural Organizations
- 130.2005 Persons Engaged in Nonprofit Service Enterprises and in Similar Enterprises Operated As Businesses, and Suppliers of Such Persons
- 130.2006 Sales by Teacher-Sponsored Student Organizations
- 130.2007 Exemption Identification Numbers
- 130.2008 Sales by Nonprofit Service Enterprises
- 130.2009 Personal Property Purchased Through Certain Fundraising Events for the Benefit of Certain Schools
- 130.2010 Persons Who Rent or Lease the Use of Tangible Personal Property to Others
- 130.2011 Sales to Persons Who Lease Tangible Personal Property to Exempt Hospitals

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130.2012	Sales to Persons Who Lease Tangible Personal Property to Governmental Bodies
130.2013	Persons in the Business of Both Renting and Selling Tangible Personal Property – Tax Liabilities, Credit
130.2015	Persons Who Repair or Otherwise Service Tangible Personal Property
130.2020	Physicians and Surgeons
130.2025	Picture-Framers
130.2030	Public Amusement Places
130.2035	Registered Pharmacists and Druggists
130.2040	Retailers of Clothing
130.2045	Retailers on Premises of the Illinois State Fair, County Fairs, Art Shows, Flea Markets and the Like
130.2050	Sales and Gifts By Employers to Employees
130.2055	Sales by Governmental Bodies
130.2060	Sales of Alcoholic Beverages, Motor Fuel and Tobacco Products
130.2065	Sales of Automobiles for Use In Demonstration (Repealed)
130.2070	Sales of Containers, Wrapping and Packing Materials and Related Products
130.2075	Sales To Construction Contractors, Real Estate Developers and Speculative Builders
130.2076	Sales to Purchasers Performing Contracts with Governmental Bodies
130.2080	Sales to Governmental Bodies, Foreign Diplomats and Consular Personnel
130.2085	Sales to or by Banks, Savings and Loan Associations and Credit Unions
130.2090	Sales to Railroad Companies
130.2095	Sellers of Gasohol, Coal, Coke, Fuel Oil and Other Combustibles
130.2100	Sellers of Feeds and Breeding Livestock
130.2101	Sellers of Floor Coverings
130.2105	Sellers of Newspapers, Magazines, Books, Sheet Music and Musical Recordings, and Their Suppliers; Transfer of Data Downloaded Electronically
130.2110	Sellers of Seeds and Fertilizer
130.2115	Sellers of Machinery, Tools and Special Order Items
130.2120	Suppliers of Persons Engaged in Service Occupations and Professions
130.2125	Trading Stamps, Discount Coupons, Automobile Rebates and Dealer Incentives
130.2130	Undertakers and Funeral Directors
130.2135	Vending Machines
130.2140	Vendors of Curtains, Slip Covers and Other Similar Items Made to Order
130.2145	Vendors of Meals
130.2150	Vendors of Memorial Stones and Monuments
130.2155	Tax Liability of Sign Vendors
130.2156	Vendors of Steam
130.2160	Vendors of Tangible Personal Property Employed for Premiums, Advertising,

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	Prizes, Etc.
130.2165	Veterinarians
130.2170	Warehousemen

SUBPART T: DIRECT PAYMENT PROGRAM

Section

130.2500	Direct Payment Program
130.2505	Qualifying Transactions, Non-transferability of Permit
130.2510	Permit Holder's Payment of Tax
130.2515	Application for Permit
130.2520	Qualification Process and Requirements
130.2525	Application Review
130.2530	Recordkeeping Requirements
130.2535	Revocation and Withdrawal

130.ILLUSTRATION A Examples of Tax Exemption Card

130.ILLUSTRATION B Example of Notice of Revocation of Certificate of Registration

AUTHORITY: Implementing the Illinois Retailers' Occupation Tax Act [35 ILCS 120] and authorized by Section 2505-25 of the Civil Administrative Code of Illinois [20 ILCS 2505/2505-25].

SOURCE: Adopted July 1, 1933; amended at 2 Ill. Reg. 50, p. 71, effective December 10, 1978; amended at 3 Ill. Reg. 12, p. 4, effective March 19, 1979; amended at 3 Ill. Reg. 13, pp. 93 and 95, effective March 25, 1979; amended at 3 Ill. Reg. 23, p. 164, effective June 3, 1979; amended at 3 Ill. Reg. 25, p. 229, effective June 17, 1979; amended at 3 Ill. Reg. 44, p. 193, effective October 19, 1979; amended at 3 Ill. Reg. 46, p. 52, effective November 2, 1979; amended at 4 Ill. Reg. 24, pp. 520, 539, 564 and 571, effective June 1, 1980; amended at 5 Ill. Reg. 818, effective January 2, 1981; amended at 5 Ill. Reg. 3014, effective March 11, 1981; amended at 5 Ill. Reg. 12782, effective November 2, 1981; amended at 6 Ill. Reg. 2860, effective March 3, 1982; amended at 6 Ill. Reg. 6780, effective May 24, 1982; codified at 6 Ill. Reg. 8229; recodified at 6 Ill. Reg. 8999; amended at 6 Ill. Reg. 15225, effective December 3, 1982; amended at 7 Ill. Reg. 7990, effective June 15, 1983; amended at 8 Ill. Reg. 5319, effective April 11, 1984; amended at 8 Ill. Reg. 19062, effective September 26, 1984; amended at 10 Ill. Reg. 1937, effective January 10, 1986; amended at 10 Ill. Reg. 12067, effective July 1, 1986; amended at 10 Ill. Reg. 19538, effective November 5, 1986; amended at 10 Ill. Reg. 19772, effective November 5, 1986; amended at 11 Ill. Reg. 4325, effective March 2, 1987; amended at 11 Ill. Reg. 6252, effective March 20, 1987; amended at 11 Ill. Reg. 18284, effective October 27, 1987;

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amended at 11 Ill. Reg. 18767, effective October 28, 1987; amended at 11 Ill. Reg. 19138, effective October 29, 1987; amended at 11 Ill. Reg. 19696, effective November 23, 1987; amended at 12 Ill. Reg. 5652, effective March 15, 1988; emergency amendment at 12 Ill. Reg. 14401, effective September 1, 1988, for a maximum of 150 days, modified in response to an objection of the Joint Committee on Administrative Rules at 12 Ill. Reg. 19531, effective November 4, 1988, not to exceed the 150 day time limit of the original rulemaking; emergency expired January 29, 1989; amended at 13 Ill. Reg. 11824, effective June 29, 1989; amended at 14 Ill. Reg. 241, effective December 21, 1989; amended at 14 Ill. Reg. 872, effective January 1, 1990; amended at 14 Ill. Reg. 15463, effective September 10, 1990; amended at 14 Ill. Reg. 16028, effective September 18, 1990; amended at 15 Ill. Reg. 6621, effective April 17, 1991; amended at 15 Ill. Reg. 13542, effective August 30, 1991; amended at 15 Ill. Reg. 15757, effective October 15, 1991; amended at 16 Ill. Reg. 1642, effective January 13, 1992; amended at 17 Ill. Reg. 860, effective January 11, 1993; amended at 17 Ill. Reg. 18142, effective October 4, 1993; amended at 17 Ill. Reg. 19651, effective November 2, 1993; amended at 18 Ill. Reg. 1537, effective January 13, 1994; amended at 18 Ill. Reg. 16866, effective November 7, 1994; amended at 19 Ill. Reg. 13446, effective September 12, 1995; amended at 19 Ill. Reg. 13568, effective September 11, 1995; amended at 19 Ill. Reg. 13968, effective September 18, 1995; amended at 20 Ill. Reg. 4428, effective March 4, 1996; amended at 20 Ill. Reg. 5366, effective March 26, 1996; amended at 20 Ill. Reg. 6991, effective May 7, 1996; amended at 20 Ill. Reg. 9116, effective July 2, 1996; amended at 20 Ill. Reg. 15753, effective December 2, 1996; expedited correction at 21 Ill. Reg. 4052, effective December 2, 1996; amended at 20 Ill. Reg. 16200, effective December 16, 1996; amended at 21 Ill. Reg. 12211, effective August 26, 1997; amended at 22 Ill. Reg. 3097, effective January 27, 1998; amended at 22 Ill. Reg. 11874, effective June 29, 1998; amended at 22 Ill. Reg. 19919, effective October 28, 1998; amended at 22 Ill. Reg. 21642, effective November 25, 1998; amended at 23 Ill. Reg. 9526, effective July 29, 1999; amended at 23 Ill. Reg. 9898, effective August 9, 1999; amended at 24 Ill. Reg. 10713, effective July 7, 2000; emergency amendment at 24 Ill. Reg. 11313, effective July 12, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15104, effective October 2, 2000; amended at 24 Ill. Reg. 18376, effective December 1, 2000; amended at 25 Ill. Reg. 941, effective January 8, 2001; emergency amendment at 25 Ill. Reg. 1792, effective January 16, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 4674, effective March 15, 2001; amended at 25 Ill. Reg. 4950, effective March 19, 2001; amended at 25 Ill. Reg. 5398, effective April 2, 2001; amended at 25 Ill. Reg. 6515, effective May 3, 2001; expedited correction at 25 Ill. Reg. 15681, effective May 3, 2001; amended at 25 Ill. Reg. 6713, effective May 9, 2001; amended at 25 Ill. Reg. 7264, effective May 25, 2001; amended at 25 Ill. Reg. 10917, effective August 13, 2001; amended at 25 Ill. Reg. 12841, effective October 1, 2001; amended at 26 Ill. Reg. 958, effective January 15, 2002; amended at 26 Ill. Reg. 1303, effective January 17, 2002; amended at 26 Ill. Reg. 3196, effective February 13, 2002; amended at 26 Ill. Reg. 5369, effective April 1, 2002; amended at 26 Ill. Reg. 5946, effective April 15, 2002; amended at 26 Ill. Reg. 8423, effective May 24,

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2002; amended at 26 Ill. Reg. 9885, effective June 24, 2002; amended at 27 Ill. Reg. 795, effective January 3, 2003; emergency amendment at 27 Ill. Reg. 11099, effective July 7, 2003, for a maximum of 150 days; emergency expired December 3, 2003; amended at 27 Ill. Reg. 17216, effective November 3, 2003; emergency amendment at 27 Ill. Reg. 18911, effective November 26, 2003, for a maximum of 150 days; emergency expired April 23, 2004; amended at 28 Ill. Reg. 9121, effective June 18, 2004; amended at 28 Ill. Reg. 11268, effective July 21, 2004; emergency amendment at 28 Ill. Reg. 15193, effective November 3, 2004, for a maximum of 150 days; emergency expired April 1, 2005; amended at 29 Ill. Reg. 7004, effective April 26, 2005; amended at 31 Ill. Reg. 3574, effective February 16, 2007; amended at 31 Ill. Reg. 5621, effective March 23, 2007; amended at 31 Ill. Reg. 13004, effective August 21, 2007; amended at 31 Ill. Reg. 14091, effective September 21, 2007; amended at 32 Ill. Reg. 4226, effective March 6, 2008; emergency amendment at 32 Ill. Reg. 8785, effective May 29, 2008, for a maximum of 150 days; emergency expired October 25, 2008; amended at 32 Ill. Reg. 10207, effective June 24, 2008; amended at 32 Ill. Reg. 17228, effective October 15, 2008; amended at 32 Ill. Reg. 17519, effective October 24, 2008; amended at 32 Ill. Reg. 19128, effective December 1, 2008; amended at 33 Ill. Reg. 1762, effective January 13, 2009; amended at 33 Ill. Reg. 2345, effective January 23, 2009; amended at 33 Ill. Reg. 3999, effective February 23, 2009; amended at 33 Ill. Reg. 15781, effective October 27, 2009; amended at 33 Ill. Reg. 16711, effective November 20, 2009; amended at 34 Ill. Reg. _____, effective _____.

SUBPART C: CERTAIN STATUTORY EXEMPTIONS

Section 130.310 Food, ~~Soft Drinks and Candy~~ ~~Drugs, Medicines and Medical Appliances~~

- a) Food. *With respect to food for human consumption that is to be consumed off the premises where it is sold (other than alcoholic beverages, soft drinks, candy and food that has been prepared for immediate consumption), the tax is imposed at the rate of 1%. Food for human consumption that is to be consumed off the premises where it is sold includes all food sold through a vending machine, except soft drinks, candy, and food products that are dispensed hot from a vending machine, regardless of the location of the vending machine.* (Section 2-10 of the Act) Public Acts 96-34, 96-37 and 96-38 included changes to the definition of soft drinks and provided that candy is not considered "food for human consumption that is to be consumed off the premises where it is sold". For further information on the definition and taxation of soft drinks, see subsection (d)(6). For further information regarding the definition and taxation of candy, see subsection (d)(7).
- b) The manner in which food is taxed depends upon 2 distinct factors that must both be considered in determining if food is taxed at the high rate as "food prepared for

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immediate consumption" or the low rate as "food prepared for consumption off the premises where sold".

- 1) The first factor is whether the retailer selling the food provides premises for consumption of food. If so, a rebuttable presumption is created that all sales of food by that retailer are considered to be prepared for immediate consumption and subject to tax at the high rate. As a result of this presumption, even bulk food could potentially be taxable at the high rate. However, this presumption is rebutted if a retailer demonstrates that:
 - A) the area for on-premises consumption is physically separated or otherwise distinguishable from the area where food not for immediate consumption is sold; and
 - B) the retailer has a separate means of recording and accounting for collection of receipts from sales of both high and low rate foods. For purposes of this subsection (b)(1)(B), the phrase "separate means of recording and accounting for collection of receipts" includes cash registers that separately identify high rate and low rate sales, separate cash registers, and any other methods by which the tax on high and low rate sales are recorded at the time of collection.
 - 2) The second factor is the nature of the food item being sold. As provided in subsection (c), some foods, such as hot foods, are always considered to be "food prepared for immediate consumption", and thus subject to the high rate of tax.
 - 3) Numerous examples applying these factors to different types of food and food retailers are provided in subsection (d)(4)(A)-(I).
- c) Definitions
- 1) "Food". Food is any solid, liquid, powder or item intended by the seller primarily for human internal consumption, whether simple, compound or mixed, including foods such as condiments, spices, seasonings, vitamins, bottled water and ice.
 - 2) "Food Prepared for Immediate Consumption". Food prepared for

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immediate consumption means food that is prepared or made ready by a retailer to be eaten without substantial delay after the final stage of preparation by the retailer.

- A) Food prepared for immediate consumption includes, but is not limited to, the following:
- i) all hot foods, whether sold in a restaurant, delicatessen, grocery store, discount store, concession stand, bowling alley, vending machine or any other location. At a grocery store, hot foods subject to the high rate of tax include, but are not limited to, pizza, soup, rotisserie or fried chicken and coffee; other examples of food prepared for immediate consumption include popcorn or nachos sold at a movie concession stand; hot dogs sold by a street vendor; and hot precooked meals sold to customers, such as a Thanksgiving dinner. For purposes of this Section, "hot" means any temperature that is greater than room temperature;
 - ii) sandwiches, either hot or cold, prepared by a retailer to the individual order of a customer;
 - iii) salad, olive or sushi bars offered by a retailer at which individuals prepare their own salads (hot or cold);
 - iv) all coffee, tea, cappuccino and other drinks prepared by a retailer for individual consumption, whether hot or cold, are subject to the high rate of tax;
 - v) all food sold for consumption on the premises where sold.
- B) "Food prepared for immediate consumption" does not include:
- i) doughnuts, cookies, bagels or other bakery items prepared by a retailer and sold either individually or in another quantity selected by the customer, provided they are for consumption off the premises where sold;

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- ii) whole breads, pies and cakes prepared by a retailer, even when prepared to the individual order of a customer;
 - iii) sandwiches that are prepared by a retailer and placed in a deli case or other storage unit;
 - iv) cold salads, jellos, stuffed vegetables or fruits sold by weight or by quart, pint or other quantity by a retailer;
 - v) cheese, fruit, vegetable or meat trays prepared by a retailer, either to the individual order of a customer or premade and set out for sale;
 - vi) food items sold by a retailer that are not prepared or otherwise manufactured by that retailer, such as pre-packaged snacks or chips, unless these items will be consumed on the premises where sold (e.g., in a sandwich shop). For grocers, such items include, but are not limited to, fruits, vegetables, meats, milk, canned goods and yogurt. In addition, effective September 1, 2009, all sales of "candy", as defined in subsection (d)(7), are subject to the high rate of tax.
- C) The provisions of subsection (c)(2)(B) are subject to the rebuttable presumption described in subsection (d). That is, the items listed in subsection (c)(2)(B) are taxable at the low rate only if the retailer had a separate means of recording and accounting for high and low rate sales, and the retailer provides no on-premises facilities for consumption of the food or, if the retailer does provide such facilities, they are physically separated or otherwise distinguishable from the area where food not for immediate consumption is sold.
- 3) "Premises". Premises is that area over which the retailer exercises control, whether by lease, contract, license or otherwise, and, in addition, the area in which facilities for eating are provided, including areas designated for, or devoted to, use in conjunction with the business engaged in by the vendor. Vendor premises include eating areas provided by employers for employees and common or shared eating areas in shopping centers or

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public buildings if customers of food vendors adjacent to those areas are permitted to use them for consumption of food products.

- d) Test to Determine Applicable Rate. The rate at which food is taxable is determined as follows:
- 1) If retailers provide seating or facilities for on-premises consumption of food, all food sales are presumed to be taxable at the high rate as "food prepared for immediate consumption". However, this presumption can be rebutted by evidence that:
 - A) the area for on-premises consumption is physically separated or otherwise distinguishable from the area where food not for immediate consumption is sold; and
 - B) the retailer utilizes a means of recording and accounting for collection of receipts from the sales of food prepared for immediate consumption (high rate) and the sales of food that are not prepared for immediate consumption (low rate).
 - 2) If a retailer does not provide seating or facilities for on-premises consumption of food, then the low rate of tax will be applied to all food items except for "food prepared for immediate consumption by the retailer" as provided in subsection (b) and soft drinks, candy and alcoholic beverages. However, in order for the low rate of tax to apply, retailers that sell both food prepared for immediate consumption and food for consumption off the premises where sold must utilize means of recording and accounting for collection of receipts from the sales of food prepared for immediate consumption (high rate) and the sales of food that are not prepared for immediate consumption (low rate). If these receipts are not maintained, all sales will be presumed to be at the high rate of tax.
 - 3) Illustration C is a decision tree to assist in making high rate/low rate determinations.
 - 4) Examples:
 - A) Grocery Store – On-premises Facilities for Consumption of Food. Provided that the requirements of subsection (d)(1) are met,

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examples of high rate items include, but are not limited to, hot foods (soup, pizza, rotisserie or fried chicken, stuffed potatoes, hot dogs); all sandwiches, either hot or cold, that are prepared to the individual order of a customer; salads prepared by customers at a salad/olive/sushi bar; and all food sold for consumption on the premises. Also included are hot precooked meals sold to customers, such as a Thanksgiving dinner; however, if precooked meals are sold in an unheated state of preparation, they are considered to be low rate. Meal packages sold by a grocer (e.g., 2 or more pieces of fried chicken with choice of two sides and dinner rolls sold at one price) that include at least 1 hot food item are taxable at the high rate, even if some foods in the package, sold alone, would be taxable at the low rate. Low rate items would include, but are not limited to, doughnuts (regardless of quantity), bagels, rolls and whole breads or bakery items prepared by the retailer; sandwiches that are premade by the retailer and set out for sale to customers; cold pizzas prepared by the retailer and set out for sale to customers; stuffed olives or peppers prepared by the retailer and set out for sale in individual sized containers; and deli items sold by the retailer to customers by size or weight (prepared salads, e.g., potato, pasta, bean or fruit salads; jello; pudding; stuffed olives).

- B) Grocery Store – No On-premises Facilities for Consumption of Food. Provided that the requirements of subsection (d)(2) are met, examples of high rate items would include, but are not limited to, hot foods (soup, pizza, rotisserie or fried chicken, hot dogs); all sandwiches, either hot or cold, that are prepared to the individual order of a customer; and salads that are made by customers at a salad/olive/sushi bar. In addition, effective September 1, 2009, all sales of "candy", as defined in subsection (d)(7), are subject to the high rate of tax. Also included are hot precooked meals sold to customers, such as a Thanksgiving dinner. If precooked meals are sold in an unheated state of preparation, however, they are considered to be low rate. Low rate items would include, but are not limited to, doughnuts (regardless of quantity), bagels, rolls and whole breads or bakery items prepared by the retailer; sandwiches that are premade by the retailer and set out for sale to customers; cold pizzas prepared by the retailer and set out for sale to

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customers; stuffed olives or peppers prepared by the retailer and set out for sale in individual sized containers; and deli items sold by the retailer to customers by size or weight.

- C) Restaurants and Cafeterias. All foods sold by a restaurant or a cafeteria are considered food prepared for immediate consumption. Such food can either be prepared to the individual order of a customer or premade and set out for selection by the customer. However, if a restaurant or cafeteria also sells whole pies, cakes or individual pastries for sale, these items are taxable at the low rate, as long as the requirements of subsection (d)(1) are met.
- D) Bakery. Provided that the requirements of either subsection (d)(1) or (d)(2) are met, the following items are taxable at the low rate: doughnuts, cookies or individual pastries, regardless of quantity, sold for consumption off the premises where sold, and whole cakes or pies, such as wedding or special occasion cakes. Food sold for consumption on the premises, such as doughnuts and coffee, are subject to the high rate of tax.
- E) Delicatessen. Provided that the requirements of either subsection (d)(1) or (d)(2) are met, meat, cheese and prepared salads sold by weight or volume are taxable at the low rate. Individual sandwiches prepared to the individual order of a customer are high rate, as well as other food sold for consumption on the premises.
- F) Ice Cream Store. Ice cream items in individual sizes, either prepared to the individual order of a customer or premade and offered for sale by a retailer, constitute "food prepared for immediate consumption" and are subject to the high rate of tax. These items include ice cream cones, cups of ice cream, sundaes, shakes and premade ice cream sandwiches, bars or cookies. However, provided that the requirements of either subsection (d)(1) or (d)(2) are met, ice cream cakes or rolls or ice cream packaged in premeasured containers, such as a pint, quart or gallon, are subject to tax at the low rate.
- G) Food Sold at Food Courts. All hot food and food prepared to the individual order of a customer by a retailer at a food court is

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subject to the high rate of tax. In addition, all other food sold for consumption on the premises of a food court is subject to the high rate of tax.

- H) Convenience Stores. Provided that the requirements of either subsection (d)(1) or (d)(2) are met, prepackaged food items not prepared by a convenience store retailer are subject to the low rate of tax. These items include, but are not limited to, chips, snacks, bread products and cookies. The sale of hot food items, such as hot dogs, nachos or pretzels, are subject to the high rate of tax, as well as other food sold for consumption on the premises. In addition, effective September 1, 2009, all sales of "candy", as defined in subsection (d)(7), are subject to the high rate of tax.
- I) Coffee Shops. Provided that the requirements of either subsection (d)(1) or (d)(2) are met, coffee, latte, cappuccino and tea (prepared either hot or cold) and food sold for consumption on the premises (e.g., pastries, cookies, snacks) are subject to the high rate of tax. Bulk coffees (beans or grounds, for instance) and teas, or pastries that are not consumed on the premises, are subject to the low rate of tax.
- 5) Alcoholic Beverages. The reduced rate does not extend to alcoholic beverages. An alcoholic beverage is any beverage subject to the tax imposed under Article VIII of the Liquor Control Act of 1934 [235 ILCS 5/Art. VIII].
- 6) Soft Drinks. The reduced rate does not extend to soft drinks. Soft drinks ~~are will be~~ taxed at the State sales tax rate of 6.25%. Soft drinks are taxable at the high rate regardless of the type of establishment where they are sold, e.g., a grocery store, restaurant or vending machine.
- A) Until September 1, 2009, the term "soft drinks" means any *complete, finished, ready-to-use, non-alcoholic drink, whether carbonated or not, including but not limited to soda water, cola, fruit juice, vegetable juice, carbonated water, and all other preparations commonly known as soft drinks of whatever kind or description that are contained in any closed or sealed bottle, can, carton, or container regardless of size. "Soft drinks" does not*

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include coffee, tea, non-carbonated water, infant formula, milk or milk products as defined in Section 3(a)(2) and (4) of the Grade A Pasteurized Milk and Milk Products Act [410 ILCS 635], or drinks containing 50% or more natural fruit or vegetable juice. (Section 2-10 of the Act) Frozen concentrated fruit juice, dry powdered drink mixes and fruit juices that are reconstituted to natural strength are not soft drinks.

B) *On and after September 1, 2009, the term "soft drinks" means non-alcoholic beverages that contain natural or artificial sweeteners. "Soft drinks" do not include beverages that contain milk or milk products, soy, rice or similar milk substitutes, or greater than 50% of vegetable or fruit juice by volume. (Section 2-10 of the Act)*

C) Natural and artificial sweeteners include, but are not limited to, corn syrup, high fructose corn syrup, invert sugar, dextrose, sucrose, fructose, lactose, saccharose, fruit juice concentrates, molasses, evaporated cane juice, rice syrup, barley malt, honey, Rebaudioside A (Reb A), erythritol, xylitol, aspartame, saccharin, acesulfame K, sucralose and sorbitol.

D) Examples of soft drinks include, but are not limited to:

i) soda pop;

ii) carbonated and noncarbonated water that contains natural or artificial sweeteners;

iii) root beer;

iv) sport or energy drinks;

v) sweetened tea or coffee (without milk or milk products; see subsection (d)(6)(E));

vi) non-alcoholic beer;

vii) fruit drinks containing 50% or less fruit juice; and

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- viii) "ready-to-use" non-alcoholic beverage mixers containing 50% or less vegetable or fruit juice by volume, e.g., ready-to-use margarita mixes.
- E) Examples of products that are not considered soft drinks include, but are not limited to:
- i) beverage powders or dry mixes;
- ii) concentrates, e.g., frozen concentrate lemonade;
- iii) ground or whole bean coffee and loose leaf tea or tea bags;
- iv) carbonated and noncarbonated water that does not contain natural or artificial sweeteners;
- v) vegetable or fruit juices containing greater than 50% vegetable or fruit juice, even if these beverages contain natural or artificial sweeteners;
- vi) any drinks that contain milk or milk products, soy, rice or similar milk substitutes; and
- vii) brewed unsweetened black coffee or tea. Note, even though brewed unsweetened black coffee and tea are not considered soft drinks, hot coffee or hot tea, regardless of whether they contain natural or artificial sweeteners or milk or milk products, are subject to tax at the 6.25% rate because they are considered to be "food prepared for immediate consumption". (See subsection (c)(2)(A)(iv).)
- 7) Candy. On and after September 1, 2009, the reduced rate does not extend to "candy". Candy ~~is~~ will be taxed at the ~~State~~ state sales tax rate of 6.25%.
- A) *"Candy" means a preparation of sugar, honey, or other natural or artificial sweeteners in combination with chocolate, fruits, nuts or other ingredients or flavorings in the form of bars, drops, or pieces. "Candy" does not include any preparation that contains flour or requires refrigeration. (Section 2-10 of the Act) To meet*

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the definition of candy, the item must be analyzed by using four factors, as explained in subsections (d)(7)(B) through (E).

- B) Flour: Products whose ingredient list contain the word "flour", regardless of the type of flour (e.g., wheat, rice) are not candy. A product does not contain flour unless the product label specifically lists flour as an ingredient. Ingredients such as soy or whey that may be used in place of, or as a substitute for, flour are not considered to be flour for purposes of determining if the item qualifies as candy unless they are specifically labeled as flour in the ingredient list.
- i) Items that are not considered candy because they list flour as one of the ingredients on the label include, but are not limited to, certain licorice, certain candy bars, cookies and chocolate covered pretzels.
- ii) Snack mixes that contain both candy and non-candy items, such as trail mix that contains products with flour or bags of individually wrapped candy bars in which some candy bars contain flour and others do not, are not candy if the ingredient list on the bag lists flour as an ingredient of any of the items.
- C) Refrigeration: Items that require refrigeration are not considered to be candy. For example, popsicles and ice cream bars are not candy. Items that otherwise qualify as candy and do not require refrigeration are candy even if they are sold refrigerated or frozen, e.g., a candy bar that has been frozen. Merely suggesting that the product be refrigerated (e.g., to ensure product quality, please keep this package stored in a cool place, at or below 65°F) is insufficient to meet the refrigeration requirement.
- D) Sweeteners: Candy is limited to products that contain sugar, honey or other natural or artificial sweeteners. Examples of natural or artificial sweeteners include, but are not limited to, corn syrup, high fructose corn syrup, invert sugar, dextrose, sucrose, fructose, lactose, saccharose, fruit juice concentrates, molasses, evaporated cane juice, rice syrup, barley malt, honey, Rebaudioside A (Reb

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A), erythritol, xylitol, aspartame, saccharin, acesulfame K, sucralose, sorbitol.

- E) Bars, drops or pieces: Items must be in the form of bars, drops or pieces to be considered candy.
- i) Examples of items that are not in the form of bars, drops or pieces and are not candy include, but are not limited to, jars of honey, syrups, peanut butter, preserves or jams, cans of fruit in syrup, cans or tubes of cake frosting and cereals.
 - ii) Examples of items that are in the form of bars, drops or pieces and are candy include, but are not limited to, sweetened cooking or baking bars or chips, sweetened coconut flakes, honey glazed peanuts, baking sprinkles, caramel-coated popcorn (does not include un-popped popcorn), artificially flavored candy mints, caramel or candied apples and almond bark.
- F) Examples of items that are considered candy (provided that they meet all the requirements of subsections (d)(7)(B) through (D)) include, but are not limited to:
- i) chocolate bars, including sweet or semi-sweet bars or bits;
 - ii) chocolate molded items (e.g., bunny, snowman);
 - iii) chocolate covered or dipped strawberries, chocolate or carob covered raisins or nuts;
 - iv) chocolate covered potato chips;
 - v) chocolate covered bacon;
 - vi) caramel-coated popcorn (does not include un-popped popcorn), caramel apples, caramel corn or rice cakes;
 - vii) almond bark, peanut brittle;

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viii) marshmallows;

ix) breath mints;

x) chewing gum;

xi) fruit roll-ups;

xii) glazed dried apricots;

xiii) trail mixes that contain candy ingredients, e.g., sweetened nuts;

xiv) granola bars;

xv) any type of nut that is sweetened with any natural or artificial sweetener, e.g., if the ingredient list contains any natural or artificial sweetener.

G) Examples of items that are not considered candy because they do not meet the requirements of subsections (d)(7)(B) through (D) include, but are not limited to (note, if some of the items listed below, such as popcorn, are covered or dipped in chocolate, caramel or other candy coating, they may be considered candy):

i) cakes, pies, cookies, pastry;

ii) ice cream, ice cream bars, frozen yogurt, popsicles, hot fudge ice cream topping;

iii) pretzels;

iv) corn chips, potato chips, popcorn and beef jerky;

v) chocolate milk, strawberry milk, fruit juice, soft drinks;

vi) powdered hot chocolate cocoa mix and other drink mixes;

vii) food coloring;

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- viii) unsweetened chocolate;
 - ix) cereals; and
 - x) certain licorice and candy bars that contain flour as an ingredient.
 - e) ~~Prescription and non-prescription medicines, drugs, medical appliances, modifications to a motor vehicle for the purpose of rendering it usable by a disabled person, and insulin, urine testing utensils, syringes and needles used by diabetics. With respect to prescription and non-prescription medicines, drugs, medical appliances, modifications to a motor vehicle for the purpose of rendering it usable by a disabled person, and insulin, urine testing utensils, syringes and needles used by diabetics, for human use, the tax is imposed at the rate of 1%.~~
 - 1) ~~A medicine or drug is any pill, powder, potion, salve or other preparation for human use that purports on the label to have medicinal qualities. Medicines prescribed by veterinarians for animals are subject to the high rate of tax. A written claim on the label that a product is intended to cure or treat disease, illness, injury or pain, or to mitigate the symptoms of a disease, illness, injury or pain, constitutes a medicinal claim.~~
 - A) ~~Examples of medicinal claims that will qualify the product for the low rate of tax include, but are not limited to:~~
 - i) ~~"medicated";~~
 - ii) ~~"heals (a medical condition)";~~
 - iii) ~~"cures (a medical condition)";~~
 - iv) ~~"for relief (of a medical condition)";~~
 - v) ~~"fights infection";~~
 - vi) ~~"stops pain";~~
 - vii) ~~"relief from poison ivy or poison oak";~~

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- viii) ~~"relieves itching, cracking, burning";~~
- ix) ~~"a soaking aid for sprains and bruises";~~
- x) ~~"relieves muscular aches and pains";~~
- xi) ~~"cures athlete's foot";~~
- xii) ~~"relieves skin irritation, chafing, heat rash and diaper rash";~~
- xiii) ~~"relief from the pain of sunburn";~~
- xiv) ~~"soothes pain".~~

B) ~~The use of the terms "antiseptic", "antibacterial" or "kills germs" may or may not constitute a medicinal claim.~~

- i) ~~The use of these terms in conjunction with a claim that the product kills germs in general does not constitute a medicinal claim.~~
- ii) ~~However, a claim that a product is for use as an antiseptic to kill germs to prevent infection in cuts, scrapes, abrasions and burns does constitute a medicinal claim.~~

C) ~~Examples of claims that do not constitute medicinal claims include, but are not limited to:~~

- i) ~~"cools";~~
- ii) ~~"absorbs wetness that can breed fungus";~~
- iii) ~~"deodorant, or destroys odors";~~
- iv) ~~"moisturizes";~~
- v) ~~"freshens breath";~~

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- vi) ~~"antiperspirant";~~
 - vii) ~~"sunscreen";~~
 - viii) ~~"prevents";~~
 - ix) ~~"protects".~~
- D) ~~All lip balms qualify for the reduced rate of tax because the word "balm" is defined as a healing ointment or a preparation that relieves pain.~~
- 2) ~~A medical appliance is an item that is intended by its manufacturer for use in directly substituting for a malfunctioning part of the human body. These items may be prescribed by licensed health care professionals for use by a patient, purchased by health care professionals for the use of patients, or purchased directly by individuals. Purchases of medical appliances by lessors that will be leased to others for human use also qualify for the exemption. Included in the exemption as medical appliances are such items as artificial limbs, dental prostheses and orthodontic braces, crutches and orthopedic braces, wheelchairs, heart pacemakers, and dialysis machines (including the dialyzer). Corrective medical appliances such as hearing aids, eyeglasses and contact lenses qualify for exemption. Diagnostic equipment shall not be deemed to be a medical appliance, except as provided in Section 130.310(d). Other medical tools, devices and equipment such as x ray machines, laboratory equipment, and surgical instruments that may be used in the treatment of patients but that do not directly substitute for a malfunctioning part of the human body do not qualify as exempt medical appliances. Sometimes a kit of items is sold so the purchaser can use the kit items to perform treatment upon himself or herself. The kit will contain paraphernalia and sometimes medicines. An example is a kit sold for the removal of ear wax. Because the paraphernalia hardware is for treatment, it generally does not qualify as a medical appliance. However, the Department will consider the selling price of the entire kit to be taxable at the reduced rate when the value of the medicines in the kit is more than half of the total selling price of the kit.~~
- 3) ~~Supplies, such as non-sterile cotton swabs, disposable diapers, toilet paper,~~

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~~tissues, towelettes, and cosmetics such as lipsticks, perfume and hair tonics do not qualify for the reduced rate. Sterile dressings, bandages and gauze do qualify for the reduced rate. Diapers for incontinent adults, as well as undergarments for incontinent adults, qualify for the low rate of tax.~~

- d) ~~Insulin, urine testing materials, syringes, and needles used in treating diabetes in human beings qualify for the reduced rate of tax. (Section 2-10 of the Act)~~
- e) ~~Modifications Made to a Motor Vehicle for the Purpose of Rendering it Usable by a Disabled Person~~
- 1) ~~Effective August 17, 1995, modifications made to a motor vehicle, as defined in Section 1-146 of the Illinois Vehicle Code [625 ILCS 5/1-146], for the purpose of rendering it usable by a disabled person, qualify for the reduced rate of tax (Section 2-10 of the Act). The low rate applies to modifications that enable a disabled person to drive a vehicle, or that assist in the transportation of disabled persons. Examples of such modifications include, but are not limited to, special steering, braking, shifting, or acceleration equipment, or equipment that modifies the vehicle for accessibility, such as a chair lift.~~
- 2) ~~For purposes of this regulation, the term "disabled person" has the same meaning as a "person with disabilities" in Section 1-159.1 of the Illinois Vehicle Code [625 ILCS 5/1-159.1].~~
- ef) Reporting
- 1) The retailer must keep an actual record of all sales and must report tax at the applicable rates, based on sales as reflected in the retailer's records. Books and records must be maintained in sufficient detail so that all receipts reported with respect to food, ~~drugs, medicines and medical appliances~~ can be supported. ~~The determination of the percentage of sales of food items sold in individual-sized servings referred to in subsections (b)(2)(B) and (b)(3), will be made by comparing the dollar amounts of the gross receipts of the two categories of foods. The determination shall be based upon a period that will generally reflect the true character of overall sales rather than isolated or seasonal variations.~~

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- 2) A retailer who finds it difficult to maintain detailed records of receipts from sales of food, ~~drugs, medicines and medical appliances~~ at the reduced rate, as well as detailed records of receipts from all other sales of tangible personal property at the full rate, may request the use of a formula. The request must be made to the Department in writing, must state the reasons that a formula method is necessary, and must outline the proposed formula in detail. Included in the request must be a description of how the method can be audited by the Department. Upon a finding~~findings~~ that the formula can be audited and will produce results that will reasonably approximate the actual taxable receipts in each category, the Department may issue its approval for use of the formula. If approval is granted, the Department reserves the right to withdraw approval or require a change in procedure at any time.

(Source: Amended at 34 Ill. Reg. _____, effective _____)

Section 130.311 Drugs, Medicines, Medical Appliances and Grooming and Hygiene Products

- a) General. With respect to prescription and non-prescription medicines, drugs, medical appliances, modifications to a motor vehicle for the purpose of rendering it usable by a disabled person and insulin, urine testing utensils, syringes and needles used by diabetics, for human use, the tax is imposed at the rate of 1%. Grooming and hygiene products do not qualify for the 1% rate, regardless of whether the products make medicinal claims. Grooming and hygiene products are taxed at the general merchandise rate of 6.25%.
- b) Medicines and Drugs. Except for grooming and hygiene products described in subsection (c), a medicine or drug is any pill, powder, potion, salve or other preparation for human use that purports on the label to have medicinal qualities. Medicines prescribed by veterinarians for animals are subject to the high rate of tax. A written claim on the label that a product is intended to cure or treat disease, illness, injury or pain or to mitigate the symptoms of such disease, illness, injury or pain constitutes a medicinal claim.
- 1) Examples of medicinal claims that will qualify the product for the low rate of tax include, but are not limited to:
- A) "medicated";

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- B) "heals (a medical condition)";
 - C) "cures (a medical condition)";
 - D) "for relief (of a medical condition)";
 - E) "fights infection";
 - F) "stops pain";
 - G) "relief from poison ivy or poison oak";
 - H) "relieves itching, cracking, burning";
 - I) "a soaking aid for sprains and bruises";
 - J) "relieves muscular aches and pains";
 - K) "cures athlete's foot";
 - L) "relieves skin irritation, chafing, heat rash and diaper rash";
 - M) "relief from the pain of sunburn";
 - N) "soothes pain".
- 2) The use of the terms "antiseptic", "antibacterial" or "kills germs" may or may not constitute a medicinal claim.
- A) The use of these terms in conjunction with a claim that the product kills germs in general does not constitute a medicinal claim.
 - B) However, a claim that a product is for use as an antiseptic to kill germs to prevent infection in cuts, scrapes, abrasions and burns does constitute a medicinal claim.
- 3) Examples of claims that do not constitute medicinal claims include, but are not limited to:

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- A) "cools";
- B) "absorbs wetness that can breed fungus";
- C) "deodorant or destroys odors";
- D) "moisturizes";
- E) "freshens breath";
- F) "antiperspirant";
- G) "sunscreen";
- H) "prevents";
- I) "protects".

c) Grooming and Hygiene Products. Beginning September 1, 2009, "nonprescription medicines and drugs" does not include grooming and hygiene products. "Grooming and hygiene products" includes, but is not limited to, soaps and cleaning solutions, shampoo, toothpaste, mouthwash, antiperspirants, and sun tan lotions and sun screens, unless those products are available by prescription only, regardless of whether the products meet the definition of "over-the-counter drugs". "Over-the-counter drug" means a drug for human use that contains a label that identifies the product as a drug as required by 21 CFR 201.66. The "over-the-counter drug" label includes a "Drug Facts" panel or a statement of the "active ingredients" with a list of those ingredients contained in the compound, substance or preparation. [35 ILCS 120/2-10]

1) As a result, on or after September 1, 2009:

- A) nonprescription medicines and drugs that are grooming and hygiene products do not qualify for the 1% rate of tax for medicines and drugs under subsection (b). Grooming and hygiene products do not qualify for the 1% rate, regardless of whether the products make medicinal claims or meet the definition of over-the-

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counter drugs. Grooming and hygiene products are taxed at the general merchandise rate of 6.25%.

B) products available only with a prescription are not "grooming and hygiene products".

2) Examples of products that are grooming and hygiene products include, but are not limited to:

A) all shampoos, hair conditioners and hair care products;

B) shaving creams or lotions;

C) deodorants;

D) moisturizers;

E) breath spray;

F) condoms;

G) baby and adult diapers;

H) baby powder;

I) contact lens solutions;

J) hand sanitizers;

K) acne products;

L) skin creams, lotions, ointments and conditioners;

M) foot powders;

N) foot wear insoles that are intended to eliminate odor;

O) feminine hygiene products; and

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- P) lip balms.
- 3) The following products are not grooming and hygiene products but may qualify for the 1% rate if they meet the requirements of subsection (b):
- A) hydrocortisone creams or ointments;
 - B) anti-itch creams or ointments;
 - C) vaginal creams or ointments;
 - D) nasal sprays;
 - E) eye drops;
 - F) topical pain relievers;
 - G) ice/heat creams;
 - H) rubbing alcohol;
 - I) denture creams or adhesives; and
 - J) styptic pencils.
- 4) Nonprescription medicines and drugs and products that are not grooming and hygiene products do not qualify for the 1% rate of tax unless they meet the requirements of subsection (b) of this Section.
- 5) Products that are taken orally and ingested, such as vitamins, supplements and weight gain or weight loss products, are not grooming and hygiene products.
- 4) d) Medical Appliances: A medical appliance is an item that is used to directly substitute for a malfunctioning part of the human body.
- 1) For purposes of this Section, an item that becomes part of the human body by substituting for any part of the body that is lost or diminished because of congenital defects, trauma, infection, tumors or disease is considered a

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medical appliance. Examples of medical appliances that will qualify the product for the low rate of tax include, but are not limited to:

- A) breast implants that restore breasts after loss due to cancer;
 - B) heart pacemakers;
 - C) artificial limbs;
 - D) dental prosthetics;
 - E) crutches and orthopedic braces;
 - F) dialysis machines (including the dialyzer);
 - G) wheelchairs;
 - H) artificial limbs; and
 - I) mastectomy forms and bras.
- 2) Corrective medical appliances such as hearing aids, eyeglasses, contact lens and orthodontic braces qualify as medical appliances subject to the low rate of tax.
- 3) Sterile band-aids, dressings, bandages and gauze qualify for the low rate because they serve as a substitute for skin.
- 4) Items transferred incident to cosmetic procedures are not considered medical appliances. For purposes of this Section, a cosmetic procedure means any procedure performed on an individual that is directed at improving the individual's appearance and that does not prevent or treat illness or disease, promote the proper function of the body or substitute for any part of the body that is lost or diminished because of congenital defects, trauma, infection, tumors or disease. Cosmetic procedures include, but are not limited to, elective breast, pectoral or buttock augmentation.

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- 5) Diagnostic equipment shall not be deemed to be a medical appliance, except as provided in Section 130.310(d). Other medical tools, devices and equipment such as x-ray machines, laboratory equipment and surgical instruments that may be used in the treatment of patients but that do not directly substitute for a malfunctioning part of the human body do not qualify as medical appliances. Sometimes a kit of items is sold where the purchaser will use the kit items to perform treatment upon himself or herself. The kit will contain paraphernalia and sometimes medicines. An example is a kit sold for the removal of ear wax. Because the paraphernalia hardware is for treatment, it generally does not qualify as a medical appliance. However, the Department will consider the selling price of the entire kit to be taxable at the reduced rate when the value of the medicines in the kit is more than half of the total selling price of the kit.
- 6) Supplies, such as cotton swabs, disposable diapers, toilet paper, tissues and towelettes and cosmetics, such as lipsticks, perfume and hair tonics, do not qualify for the reduced rate.
- 7) Medical appliances may be prescribed by licensed health care professionals for use by a patient, purchased by health care professionals for the use of patients or purchased directly by individuals. Purchases of medical appliances by lessors that will be leased to others for human use also qualify for the reduced rate of tax.
- e) Insulin, urine testing materials, syringes and needles used in treating diabetes in human beings qualify for the reduced rate of tax. (Section 2-10 of the Act)
- f) Modifications Made to a Motor Vehicle for the Purpose of Rendering It Usable by a Disabled Person
 - 1) Effective August 17, 1995, modifications made to a motor vehicle, as defined in Section 1-146 of the Illinois Vehicle Code [625 ILCS 5/1-146], for the purpose of rendering it usable by a disabled person, qualify for the reduced rate of tax (Section 2-10 of the Act). The low rate applies to modifications that enable a disabled person to drive a vehicle or that assist in the transportation of disabled persons. Examples of such modifications include, but are not limited to, special steering, braking, shifting or

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acceleration equipment or equipment that modifies the vehicle for accessibility, such as a chair lift.

- 2) For purposes of this subsection (f), the term "disabled person" has the same meaning as a "person with disabilities" in Section 1-159.1 of the Illinois Vehicle Code [625 ILCS 5/1-159.1].

g) Reporting

- 1) The retailer must keep an actual record of all sales and must report tax at the applicable rates, based on sales as reflected in the retailer's records. Books and records must be maintained in sufficient detail so that all receipts reported with respect to drugs, medicines and medical appliances can be supported.

- 2) Suppliers that sell items to health professionals must collect tax based on the actual use of the items. Health professionals that purchase items that may or may not qualify for the low rate, depending upon the ultimate use of the items by the health professionals, may provide their suppliers with certificates that identify the percentage of items being purchased that qualify for the low rate, e.g., that are purchased to be used to replace a malfunctioning part of the body. (For example, cosmetic versus reconstructive procedures.)

A) The certificate should contain the following information:

- i) The seller's name and address;
- ii) the purchaser's name and address;
- iii) a description of the medical appliances being purchased;
- iv) the percentage of the medical appliances being purchased that qualify for the low rate;
- v) the purchaser's signature or the signature of an authorized employee or agent of the purchaser and date of signing; and

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- vi) if the purchaser is registered with the Department, the purchaser's Registration Number or Resale Number.
- B) A supplier that obtains a certificate from a health professional that complies with subsection (g)(2)(A) will not be liable for additional Retailers' Occupation Tax in the event the actual percentage of items purchased by the health professional that qualify for the low rate is less than the percentage claimed in the certificate if it remitted Retailers Occupation Tax to the Department based on the information contained in the certificate received from the health professional.

(Source: Added at 34 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Tobacco Products Tax Act of 1995
- 2) Code Citation: 86 Ill. Adm. Code 660
- 3)

<u>Section Numbers</u> :	<u>Proposed Action</u> :
660.5	Amendment
660.10	Amendment
660.15	Amendment
660.25	Amendment
660.30	Amendment
- 4) Statutory Authority: 35 ILCS 143/10-45
- 5) A Complete Description of the Subjects and Issues Involved: The Tobacco Products Tax Act of 1995 imposes a tax on persons engaged in the business as a distributor of tobacco products as defined in the Act at the rate of 18% of the wholesale price of tobacco products sold or otherwise disposed of to retailers or consumers located within the State. "Distributor" generally means a manufacturer or wholesaler who sells, exchanges or distributes tobacco products to retailers or consumers in this State. In addition, any retailer who receives tobacco products on which the tax has not been paid or will not be paid by another distributor is also statutorily defined as a "distributor". For example, a retailer qualifies as a distributor if it imports into this State tobacco products purchased from out-of-state, unlicensed distributors or wholesalers. Distributors are required by law to obtain licenses from the Department of Revenue, file returns, pay the tax, and maintain books and records.

The Department continues to find that retailers who receive tobacco products on which the tax has not been paid or will not be paid by another distributor are not obtaining licenses from the Department, filing returns and paying the tax as required by law. A number of Sections to Part 660 have been amended to better explain when retailers are required to obtain distributor's licenses from the Department, file returns and pay the tax and to clarify that surcharges added by manufacturers and distributors are considered part of the wholesale price subject to tax. To assist retailers in determining whether the tax has been paid, the amendments require distributors to place their license numbers on invoices. The invoice must also state whether tax has been paid in full or whether any part of the sale is exempt from tax. Whenever any sales invoice issued by a supplier to a retailer for tobacco products sold to the retailer does not contain the distributor's license number or a statement that the tax has been paid, a prima facie presumption arises that

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the tax imposed by the Act has not been paid. The amendments also clarify how retailers and distributors are to document exemptions from tax.

- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect: No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not create a State mandate, nor does it modify any existing State mandates.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to submit comments on this proposed rulemaking may submit them in writing by no later than 45 days after publication of this Notice to:

Richard S. Wolters
Associate Counsel
Illinois Department of Revenue
Legal Services Office
101 West Jefferson
Springfield, Illinois 62794

217/782-2844
- 13) Initial Regulatory Flexibility Analysis:
 - A) Types of small businesses, small municipalities and not for profit corporations affected: The proposed amendments create no new obligations for retailers and simply clarify retailers' obligations under current law. The obligations apply to all distributors; however, it is unlikely a distributor would qualify as a small business.
 - B) Reporting, bookkeeping or other procedures required for compliance: None

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- C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2010

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

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TITLE 86: REVENUE

CHAPTER I: DEPARTMENT OF REVENUE

PART 660

TOBACCO PRODUCTS TAX ACT OF 1995

Section

660.5660.05	Nature and Rate of Tobacco Products Tax
660.10	General Definitions
660.15	Licenses
660.20	Returns
660.25	Books and Records
660.30	Exempt Sales
660.35	Claims for Credit

AUTHORITY: Implementing the Tobacco Products Tax Act of 1995 [35 ILCS 143] and authorized by Section 2505-795 of the Civil Administrative Code of Illinois [20 ILCS 2505/2505-795].

SOURCE: Adopted at 20 Ill. Reg. 10174, effective July 16, 1996; amended at 26 Ill. Reg. 13310, effective August 23, 2002; amended at 34 Ill. Reg. _____, effective _____.

Section ~~660.5660.05~~ Nature and Rate of Tobacco Products Tax

- a) The Tobacco Products Tax is imposed upon the last distributor, as defined in Section 660.10, who sells tobacco products to a retailer or consumer located in Illinois at the rate of 18% of the wholesale price of tobacco products sold or otherwise disposed of in this State.
- b) *The tax is in addition to all other occupation or privilege taxes imposed by the State of Illinois, by any political subdivision thereof, or by any municipal corporation. (Section 10-10 of the Act)*
- c) A retailer is required to register as a distributor, file returns and pay the Tobacco Products Tax imposed by the Act on all sales of tobacco products on which the tax has not been paid unless the sales are exempt under Section 660.30. (See Sections 660.15, 660.20 and 660.30.)

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- d) The Tobacco Products Tax is paid on the wholesale price. The wholesale price is the established list price for which a manufacturer sells tobacco products to a distributor, or for which the last distributor sells tobacco products to a retailer or consumer located in Illinois, before the allowance of any discounts, trade allowances, rebates or other reductions. Surcharges added by manufacturers or distributors are considered part of the wholesale price subject to tax.
- 1) The wholesale price for purposes of imposing the Tobacco Products Tax on the last distributor is the invoice price at which tobacco products are sold by the last distributor before the allowance of any discounts, trade allowances, rebates or other reductions. Surcharges added by distributors are considered part of the wholesale price subject to tax.
- 2) The wholesale price for purposes of imposing the tax on a retailer who receives or purchases tobacco products on which the tax has not been paid or will not be paid by a licensed distributor is the invoice price paid by the retailer to an unlicensed distributor or other supplier of tobacco products before the allowance of any discounts, trade allowances, rebates or other reductions. Surcharges added by manufacturers, distributors or other suppliers are considered part of the wholesale price subject to tax.
- e) Whenever any sales invoice issued by a supplier to a retailer for tobacco products sold to the retailer does not comply with the requirements of Section 660.25(d) and (e), a prima facie presumption shall arise that the tax imposed by Section 10-10 of the Act and this Section has not been paid on the tobacco products listed on the sales invoice. A retailer that is unable to rebut this presumption is in violation of both the Act and this Part and is subject to the penalties provided in Section 10-50 of the Act.

(Source: Amended at 34 Ill. Reg. _____, effective _____)

Section 660.10 General Definitions

"Act" means the Tobacco Products Tax Act of 1995.

"Distributor" means any of the following:

Any manufacturer or wholesaler in this State engaged in the business of selling tobacco products who sells, exchanges, or distributes tobacco

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products to retailers or consumers in this State.

Any manufacturer or wholesaler engaged in the business of selling tobacco products from without this State who sells, exchanges, distributes, ships, or transports tobacco products to retailers or consumers located in this State, so long as that manufacturer or wholesaler has or maintains within this State, directly or by subsidiary, an office, sales house, or other place of business, or any agent or other representative operating within this State under the authority of the person or subsidiary, irrespective of whether the place of business or agent or other representative is located here permanently or temporarily.

Any retailer who receives tobacco products on which the tax has not been or will not be paid by ~~another~~ distributor. (Section 10-5 of the Act)

~~Such retailers may include the following:~~

~~A retailer who purchases tobacco products for delivery outside of Illinois. Such retailer may elect to register with the Department thereby enabling him or her to provide his or her distributors with a blanket Certificate of Resale. See Section 660.30(f) (Exempt Sales). The retailer must then report and pay tax on those tobacco products he or she sells in Illinois. If the retailer is able to calculate the percentage of tobacco products that he or she will sell to consumers, such retailer may pay his or her supplier for those taxable sales.~~

~~A retailer who purchases from an out-of-State distributor, which has no nexus with Illinois and is therefore not registered with the Department. This retailer must therefore register with the Department and remit tax on sales to Illinois consumers.~~

Distributor does not include any person, ~~wherever resident or located~~, who makes, manufactures, or fabricates tobacco products as a part of a Correctional Industries program for sale to residents incarcerated in penal institutions or resident patients of a State operated mental health facility. (Section 10-5 of the Act) A Correctional Industries program is a program that employs committed persons confined in institutions and facilities of the Illinois Department of Corrections to make, manufacture, or fabricate tobacco products for sale to residents incarcerated in penal institutions or resident patients of a State operated mental health facility.

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"Manufacturer" means any person, wherever resident or located, who manufactures and sells tobacco products, except a person who makes, manufactures, or fabricates tobacco products as a part of a Correctional Industries program for sale to residents incarcerated in penal institutions or resident patients of a State operated mental health facility. (Section 10-5 of the Act)

"Retailer" means any person in this State engaged in the business of selling tobacco products to consumers in this State, regardless of quantity or number of sales. (Section 10-5 of the Act)

"Sale" means any transfer, exchange, or barter in any manner or by any means whatsoever for a consideration and includes all sales made by persons. (Section 10-5 of the Act)

"Tobacco products" means any cigars; cheroots; stogies; periques; granulated, plug cut, crimp cut, ready rubbed, and other smoking tobacco; snuff or snuff flour; cavendish; plug and twist tobacco; fine-cut and other chewing tobaccos; shorts; refuse scraps, clippings, cuttings, and sweeping of tobacco; and other kinds and forms of tobacco, prepared in such manner as to be suitable for chewing or smoking in a pipe or otherwise, or both for chewing and smoking; but does not include cigarettes or tobacco purchased for the manufacture of cigarettes by cigarette distributors and manufacturers defined in the Cigarette Tax Act and persons who make, manufacture, or fabricate cigarettes as a part of a Correctional Industries program for sale to residents incarcerated in penal institutions or resident patients of a State operated mental health facility. (Section 10-5 of the Act)

"Wholesale price" means the established list price for which a manufacturer sells tobacco products to a distributor, before the allowance of any discount, trade allowance, rebate, or other reduction. In the absence of such an established list price, the manufacturer's invoice price at which the manufacturer sells the tobacco product to unaffiliated distributors, before any discounts, trade allowances, rebates, or other reductions, shall be presumed to be the wholesale price. (Section 10-5 of the Act) The wholesale price of tobacco products is the established list price at the time of purchase, by the distributor who remits tax to the Department, of such tobacco products.

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"Wholesaler" means any person, wherever resident or located, who is engaged solely in making sales of tobacco products to others for resale or sales that are otherwise exempt from tax.

(Source: Amended at 34 Ill. Reg. _____, effective _____)

Section 660.15 Licenses

- a) *It shall be unlawful for any person to engage in business as a distributor of tobacco products within the meaning of the Act without first having obtained a license to do so from the Department. (Section 10-20 of the Act) Application for a distributor's license shall be made to the Department in form as furnished and prescribed by the Department and shall be accompanied by a joint and several bond in an amount fixed by the Department. Each licensed place of business shall be covered by a separate license. A retailer who receives or purchases tobacco products on which the tax has not been paid or will not be paid by another distributor is required to register with the Department and obtain a license, file returns and pay the Tobacco Products Tax. Whenever any sales invoice issued by a supplier to a retailer for tobacco products sold to the retailer does not comply with the requirements of Section 660.25(d) and (e), a prima facie presumption shall arise that the tax imposed by Section 10-10 of the Act and Section 660.5 has not been paid on the tobacco products listed on the sales invoice.*
- 1) A retailer who receives or purchases tobacco products from an out-of-state distributor that is not registered with the Department must obtain a license.
- 2) A retailer who receives or purchases tobacco products from a supplier, whether within or without the State, that is not registered with the Department must obtain a license.
- b) The Department may, in its discretion, upon application, issue licenses authorizing the payment of the tax imposed by the Act by any distributor or manufacturer not otherwise subject to the tax imposed under ~~the~~this Act who, to the satisfaction of the Department, furnishes adequate security to ensure payment of the tax.
- c) Wholesalers that are not registered and licensed as distributors with the Department but claim to only sell tobacco products in such a way that their sales

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are not taxable under this Act (e.g., resale or to exempt purchasers) are advised to apply to the Department for a resale number so that such wholesalers are able to provide distributors with Certificates of Resale when purchasing the tobacco products that will be resold. Such wholesalers need not file returns with the Department.

(Source: Amended at 34 Ill. Reg. _____, effective _____)

Section 660.25 Books and Records

- a) Every distributor of tobacco products who is required to procure a license under the Act, including retailers who are required to procure a license under Section 660.15, shall keep within Illinois, at his or her licensed address, complete and accurate records of tobacco products held, purchased, manufactured, brought in or caused to be brought in from without the State, and sold or otherwise disposed of, and shall preserve and keep within Illinois at his or her licensed address all of the following:
- 1) Invoices.
 - 2) Bills of lading.
 - 3) Sales records.
 - 4) Copies of bills of sale.
 - 5) The wholesale price for tobacco products sold or otherwise disposed of.
 - 6) An inventory of tobacco products prepared as of December 31 of each year or as of the last day of the distributor's fiscal year if he or she files federal income tax returns on the basis of a fiscal year.
 - 7) Other pertinent papers and documents relating to the manufacture, purchase, sale, or disposition of tobacco products.
 - 8) Certificates of Resale and Certificates of Exemption.
- b) All books and records and other papers and documents that are required by the Act to be kept shall be kept in the English language, and shall, at all times during

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the usual business hours of the day, be subject to inspection by the Department or its duly authorized agents and employees.

- c) Such books, records, papers, and documents shall be preserved for the period during which the Department is authorized to issue Notices of Tax Liability, which is generally for a maximum of 3½ years.
- d) Every sales invoice issued by a licensed distributor shall contain the distributor's Tobacco Products License number.
- e) Every sales invoice issued by a licensed distributor shall state whether:
- 1) the tax imposed by the Act has been paid in full; or
- 2) the sale is exempt in whole or in part under Section 660.30 and the specific subsections under which the exemption is claimed.
- A) If the sale is exempt in part, the invoice additionally shall state:
- i) the amount of tax actually paid; or
- ii) the percentage of tax actually paid based on the amount of the invoice before the allowance of any discount, trade allowance, rebate or other reduction, and including any added surcharges.
- B) The distributor making an exempt sale of tobacco products shall document the exemption by obtaining a certification required by Section 660.30(g).
- f) Whenever any sales invoice issued by a supplier to a retailer for tobacco products sold to the retailer does not comply with the requirements of subsections (d) and (e), a prima facie presumption shall arise that the tax imposed by Section 10-10 of the Act and Section 660.5 has not been paid on the tobacco products listed on the sales invoice. A retailer that is unable to rebut this presumption is in violation of both the Act and this Part and is subject to the penalties provided in Section 10-50 of the Act.

(Source: Amended at 34 Ill. Reg. _____, effective _____)

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

Section 660.30 Exempt Sales

- a) Sales of tobacco products by distributors or wholesalers who will not sell the product to a retailer or consumer are exempt from the tax imposed by this Act. For example, sales by a distributor to another distributor as sales for resale are exempt from the tax imposed by this Act. Sales of tobacco products to retailers or consumers are not exempt sales (unless the retailer is a registered distributor; see subsection (f)).
- b) *The tax is not imposed upon any activity in the business as a distributor in interstate commerce or otherwise, to the extent to which that activity may not, under the Constitution and Statutes of the United States, be made the subject of taxation by this State.* (Section 10-10 of the Act) Sales of tobacco products delivered by a distributor to persons located outside of Illinois are exempt from the tax imposed by this Act.
- c) Sales of tobacco products to retailers who will deliver the tobacco products outside of Illinois are exempt.
- d) The tax imposed shall not apply to sales or other disposition of tobacco products to the United States Government or any entity thereof. For instance, sales of tobacco products to U.S. Veterans' Hospitals and U.S. Military personnel through officially recognized agencies physically located at military bases are exempt from the tax imposed by ~~the~~this Act.
- e) The tax imposed shall not apply to sales of tobacco products to penal institutions for use in a Correctional Industries program that makes, manufactures, or fabricates tobacco products for sale to residents incarcerated in penal institutions or resident patients of a State operated mental health facility. However, sales of tobacco products to a penal institution that will sell tobacco products through its commissary are taxable.
- f) Under certain circumstances, a blanket Certificate of Resale may be provided by a purchaser to a distributor. These circumstances include the following:
 - 1) Retailers who purchase tobacco products for delivery outside of Illinois are exempt under subsection (c) ~~above~~. However, when ~~the~~such a retailer may deliver tobacco products outside of Illinois but may deliver some

DEPARTMENT OF REVENUE

NOTICE OF PROPOSED AMENDMENTS

within Illinois and ~~when~~where it is impracticable, at the time of purchasing the tobacco products, for the retailer to determine in which way he or she will dispose of the tobacco products, the retailer may certify to the distributor that he or she is buying all of ~~thesueh~~ tobacco products for resale and provide a blanket Certificate of Resale to the distributor. A retailer may provide such a certificate only if he or she is registered as a distributor under the Act and agrees to assume responsibility for reporting and remitting tax on his or her taxable Illinois sales (e.g., sales to consumers or retailers).

- 2) Often times, a distributor registered under ~~thethis~~ Act will also sell tobacco products to consumers. This distributor may similarly find it impracticable, at the time of purchasing the tobacco products, to determine in which way he or she will dispose of the tobacco products. Consequently, the distributor may provide the selling distributor with a blanket Certificate of Resale and assume responsibility for reporting and remitting tax on his or her taxable sales to consumers.

- g) A distributor making an exempt sale of tobacco products shall document this exemption by obtaining a certification of exemption or resale from the purchaser containing the distributor's name and address, the purchaser's name and address, the date of purchase, the purchaser's signature, the purchaser's tobacco products tax license number, if applicable, and a statement that the purchaser is purchasing for one of the purposes or activities identified in subsections (a) through (e) ~~sale other than a sale at retail or is purchasing for delivery outside of Illinois~~ or is assuming responsibility for reporting and remitting tax as provided for under subsection (f).

(Source: Amended at 34 Ill. Reg. _____, effective _____)

DEPARTMENT OF AGRICULTURE

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Motor Fuel and Petroleum Standards Act
- 2) Code Citation: 8 Ill. Adm. Code 850
- 3) Section Number: 850.60 Adopted Action:
Amendment
- 4) Statutory Authority: Motor Fuel Standards Act [815 ILCS 370]
- 5) Effective Date of Amendment: April 19, 2010
- 6) Does this rulemaking contain an automatic repeal date? No.
- 7) Does this rulemaking contain incorporations by reference? Yes
- 8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Date Notice of Proposal Published in Illinois Register: January 4, 2010; 34 Ill. Reg. 1
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Difference between proposal and final version: In Section 850.60(c) after "Handbook 130", the phrase "and any subsequent revisions" has been deleted.
- 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? Yes
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Amendment: Ethanol blends are unable to comply with all properties included in the gasoline specification for quality. The regulation provides allowances for ethanol blends while still providing consumer protection.
- 16) Information and questions regarding this adopted amendment shall be directed to:

Linda Rhodes

DEPARTMENT OF AGRICULTURE

NOTICE OF ADOPTED AMENDMENT

Illinois Department of Agriculture
P. O. Box 19281, State Fairgrounds
Springfield, Illinois 62794-9281

Telephone: 217/785-5713

Facsimile: 217/785-4505

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

DEPARTMENT OF AGRICULTURE

NOTICE OF ADOPTED AMENDMENT

TITLE 8: AGRICULTURE AND ANIMALS
CHAPTER I: DEPARTMENT OF AGRICULTURE
SUBCHAPTER s: MOTOR FUELSPART 850
MOTOR FUEL AND PETROLEUM STANDARDS ACT

Section

850.10	Written Complaint Required
850.20	Access to Motor Fuels and Records
850.30	Responsibility for Standards of Quality
850.40	Administrative, Laboratory and Sampling Fees
850.50	Label on Motor Fuel Dispensing Device
850.60	ASTM Standards

AUTHORITY: Implementing and authorized by the Motor Fuel Standards Act [815 ILCS 370].

SOURCE: Emergency rules adopted at 8 Ill. Reg. 1455, effective January 12, 1984; adopted at 8 Ill. Reg. 5993, effective April 23, 1984; amended at 9 Ill. Reg. 12711, effective August 6, 1985; amended at 14 Ill. Reg. 5072, effective March 26, 1990; emergency amendment at 28 Ill. Reg. 16352, effective December 1, 2004, for a maximum of 150 days; amended at 29 Ill. Reg. 1886, effective January 24, 2005; amended at 29 Ill. Reg. 5372, effective April 1, 2005; emergency amendment at 34 Ill. Reg. 301, effective December 21, 2009, for a maximum of 150 days; amended at 34 Ill. Reg. 6050, effective April 19, 2010.

Section 850.60 ASTM Standards

- a) *The standards set forth in the Annual Book of (ASTM) American Society for Testing and Materials Section 5, Volumes 05.01, 05.02, 05.03, 05.04 and 05.05 and supplements thereto, and revisions thereof are adopted unless modified or rejected by a regulation adopted by the Department. [815 ILCS 370/4]*
- b) The effective date for the lubricity requirement contained in Table 1 (Detailed Requirements for Diesel Fuel Oils) of D 975-04b is extended until October 1, 2005.
- c) [Effective January 1, 2010, the quality of gasoline-oxygenate blends sold or offered for sale in this State shall meet the standards set forth in Section 2.1.3 of the Uniform Engine Fuels, Petroleum Products, and Automotive Lubricants](#)

DEPARTMENT OF AGRICULTURE

NOTICE OF ADOPTED AMENDMENT

[Regulations as provided under the National Institute of Standards and Technology Handbook 130. The previous standards set forth in Section 2.1.1.1 and 2.1.1.2 are specifically rejected and replaced by Section 2.1.3.](#)

(Source: Amended at 34 Ill. Reg. 6050, effective April 19, 2010)

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

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

<u>Section Numbers:</u>	<u>Adopted Action:</u>
403.8	Amended
403.9	Amended
403.10	Amended
403.17	Amended
403.21	Amended
403.26	Amended
- 4) Statutory Authority: Child Care Act of 1969 [225 ILCS 10/5.2]
- 5) Effective Date of Amendments: May 1, 2010
- 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: April 17, 2009; 33 Ill. Reg. 5600
- 10) Has JCAR issued a Statement of Objection to these amendments? No
- 11) Differences between proposal and final version: The only changes made are minor nonsubstantive editing and formatting changes recommended by the Joint Committee on Administrative Rules. Those changes, and only those changes, have been made by the Department in the adopted amendments.
- 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

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

- 15) Summary and Purpose of Amendments: The Department has amended Part 403 to improve the care and well-being of children in group homes by: (1) requiring that group homes have procedures for ensuring the safety of a child's funds; (2) clarifying child protection language, language for supervising children, and educational requirements for group home supervisors; (3) requiring that group homes comply with the Smoke Free Illinois Act [410 ILCS 82], the Smoke Detector Act [425 ILCS 60], and the Carbon Monoxide Alarm Detector Act [430 ILCS 135]; (4) requiring that all persons who transport children hold a valid driver's license and insurance; and (5) requiring that group homes caring for children under the age of 10 or developmentally disabled children maintain a water temperature of 115° Fahrenheit or less for its showers and bathtubs.
- 16) Information and questions regarding these adopted amendments shall be directed to:

Jeff Osowski
Office of Child and Family Policy
Department of Children and Family Services
406 E. Monroe, Station #65
Springfield, Illinois 62703-1498

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

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

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SUBCHAPTER e: REQUIREMENTS FOR LICENSURE

PART 403

LICENSING STANDARDS FOR GROUP HOMES

Section

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

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

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

SOURCE: Adopted and codified at 5 Ill. Reg. 13147, effective November 30, 1981; amended at 7 Ill. Reg. 3454, effective April 4, 1983; amended at 11 Ill. Reg. 1489, effective January 15, 1987; amended at 11 Ill. Reg. 17523, effective October 15, 1987; amended at 21 Ill. Reg. 4587, effective April 1, 1997; amended at 24 Ill. Reg. 17062, effective November 1, 2000; amended at 34 Ill. Reg. 6054, effective May 1, 2010.

Section 403.8 Child Care Services

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

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

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

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

(Source: Amended at 34 Ill. Reg. 6054, effective May 1, 2010)

Section 403.9 Discipline of Children

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

(Source: Amended at 34 Ill. Reg. 6054, effective May 1, 2010)

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Section 403.10 Health and Safety

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

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

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

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

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

(Source: Amended at 34 Ill. Reg. 6054, effective May 1, 2010)

Section 403.17 Agency Supervision of the Group Home

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

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(Source: Amended at 34 Ill. Reg. 6054, effective May 1, 2010)

Section 403.21 Staff Coverage

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

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

2) ~~At least two child care staff shall be on duty at the group home when more than four children are present in the home who are under the age of 6 years or are diagnosed by a licensed/registered physician, psychiatrist or psychologist as mentally retarded, developmentally or physically disabled to an extent requiring close supervision or assistance with their own personal care needs or mobility. When two child care staff are not sufficient to carry out the service plan of each child in care in conformance with the goals and objectives of the client service plan, additional child care staff or other staff who meet the qualifications of child care staff as prescribed in Section 403.18, shall be on duty. Other staff shall perform child care staff duties only when their other assignments and time allow.~~

23) When an emergency arises such as injury of a child that would necessitate taking the child to the hospital, or an emergency in child care staff's personal life, or any other emergency, the child welfare agency under whose auspices the group home operates is responsible for assuring appropriate staff coverage. If staff on call are used they shall meet the requirements of child care staff and shall be able to be in the group home within 20 minutes. Children shall never be left in the care of other children.

34) In instances where the group home operates under a "shift" staffing pattern, at least one member of the night duty staff shall be awake and alert to assure protection and supervision of the children in care.

45) In instances where the group home operates under a live-in staffing

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

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

(Source: Amended at 34 Ill. Reg. 6054, effective May 1, 2010)

Section 403.26 Physical Facilities

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

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

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

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

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

(Source: Amended at 34 Ill. Reg. 6054, effective May 1, 2010)

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Narrative and Planning Policies
- 2) Code Citation: 77 Ill. Adm. Code 1100
- 3)

<u>Section Numbers</u> :	<u>Adopted Action</u> :
1100.220	Amended
1100.440	Amended
1100.510	Amended
1100.520	Amended
1100.630	Amended
1100.670	Amended
1100.810	New
1100.APPENDIX A	Repealed
- 4) Statutory Authority: Illinois Health Facilities Planning Act [20 ILCS 3960/12]
- 5) Effective Date of Rulemaking: April 13, 2010
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposed Amendments Published in Illinois Register: 33 Ill. Reg. 8825; June 26, 2009
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version:

The following changes were made to Section 1100.220 in response to public comment:

Definitions of "Fertility Rate", "Health Professional Shortage Areas", "Index of Medically Underserved", "Perinatal Center", and "Resource Hospital" were clarified with additional source information or statutory references.

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

Definitions for four levels of newborn nursery care were consolidated into a single definition.

The definition of "DRG" was clarified to include Medicaid as well as Medicare programs.

Existing definitions of "Executive Secretary" and "Short-Term Transitional Care" and a proposed definition of "Transplant Hospital" were removed.

A 48-hour time restriction in the definition of "Observation Days" was removed.

The following changes were made in response to suggestions by JCAR:

In Section 1100.220, a statutory definition of "*Inventory of Health Care Facilities and Services and Need Determination*" was added.

Source information was added to the definitions of "Ambulatory Care", "Index of Medically Underserved", "Operating Room (Class B)", "Surgical Procedure Room (Class B)", "Quality of Care", and "Teaching Institution".

The word "clean" in the definition of "Obstetric/Gynecological Care" was clarified to refer to non-infectious gynecological, surgical and medical cases.

In Section 1100.510, the formula for calculating "daily census" was clarified.

In Section 1100.810, "the enactment of this Section" was changed to "April 15, 2010" and "inventory" was changed to "Inventory of Health Care Facilities and Services and Need Determinations".

Also, various typographical, grammatical, and form changes were made throughout the rulemaking.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No

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15) Summary and Purpose of Rulemaking:

a. Definitions:

- Definitions from Part 1110 – "Processing, Classification Policies and Review Criteria" have been relocated to Section 1100.220 – "Definitions" to consolidate all "Subpart a" definitions into one location.
- Two (2) new definitions were added: "Quality of Care" and "Rapid Population Growth Rate", in response to requests received from public comment related to the Part 1110 amendments which became effective earlier this year.

b. Requirements for Authorized Hospital Beds:

- If physically available beds or patient care units are not in compliance with Hospital Licensing Requirements, a plan of correction must be in place. The original rule states that the correction plan must be approved by IDPH, but at this point in time, Licensure is not prepared to review correction plans. Section 1100.440(a)(1)(A) deleted language concerning the approval of correction plans by IDPH.
- Section 1100.440(a)(2)(D) changes the language concerning the number of reserve beds a hospital may have, as follows: "The number of reserve beds shall not exceed 10% of the sum of physically available beds and transitional beds within each category of service. Hospitals with a total bed count of less than 50 beds may report up to a total of five reserve beds."

c. In-Center Hemodialysis Category of Service:

- The need determination formula has been changed back to the version in place prior to the 3/18/08 rule revisions (changes mandated by amendments to the Act). The proposed revision is a five-year need determination which applies to the "Planning Area Need" requirements in the category of service review criteria found in Part 1110.
- A new Section has been added to provide a 10-year need assessment for long-range planning purposes and to fulfill the requirements of the Act.

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d. Long-Term Medical Care for Children:

At present, "Long-Term Medical Care for Children" (LTMCC) is classified as one of the "Specialized Long-Term Care Categories of Service". Two (2) facilities in Illinois are in this classification: Shriners Hospitals for Children and LaRabida Children's Hospital. These facilities have been re-classified as hospitals. In Section 1100.670 – "Specialized Long-Term Care Categories of Service", language referencing LTMCC has been deleted.

e. Long Term Acute Care Hospital Category of Service:

A new Section (1100.810) provides basic planning parameters for "Long-Term Acute Care Hospital Category of Service", including:

- Planning Areas
- Age Groups
- Occupancy Target
- Authorized Hospital Bed Capacity
- Need Determination

f. Section 1100.APPENDIX A – Applicable Codes and Standards Utilized in 77 Ill. Adm. Code: Chapter II, Subchapter a – This Section has been repealed.

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

Claire Burman
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IHFSRB
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Chicago, IL 60603

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

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TITLE 77: PUBLIC HEALTH

CHAPTER II: HEALTH FACILITIES ~~AND SERVICES REVIEW~~ ~~PLANNING~~ BOARD

SUBCHAPTER a: ILLINOIS HEALTH CARE FACILITIES PLAN

PART 1100

NARRATIVE AND PLANNING POLICIES

SUBPART A: GENERAL NARRATIVE

Section

- 1100.10 Introduction
- 1100.20 Authority
- 1100.30 Purpose
- 1100.40 Health Maintenance Organizations (Repealed)
- 1100.50 Subchapter Organization
- 1100.60 Mandatory Reporting of Data
- 1100.70 Data Appendices
- 1100.75 Annual Bed Report
- 1100.80 Institutional Master Plan Hospitals (Repealed)
- 1100.90 Public Hearings

SUBPART B: DEFINITIONS

Section

- 1100.210 Introduction
- 1100.220 Definitions

SUBPART C: PLANNING POLICIES

Section

- 1100.310 Need Assessment
- 1100.320 Staffing
- 1100.330 Professional Education
- 1100.340 Public Testimony
- 1100.350 Multi-Institutional Systems
- 1100.360 Modern Facilities
- 1100.370 Occupancy/Utilization Standards
- 1100.380 Systems Planning
- 1100.390 Quality

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1100.400	Location
1100.410	Needed Facilities
1100.420	Discontinuation
1100.430	Coordination with Other State Agencies
1100.440	Requirements for Authorized Hospital Beds

SUBPART D: NEED ASSESSMENT

Section	
1100.510	Introduction, Formula Components, Planning Area Development Policies, and Normal Travel Time Determinations
1100.520	Medical-Surgical/Pediatric Categories of Service
1100.530	Obstetric Care Category of Service
1100.540	Intensive Care Category of Service
1100.550	Comprehensive Physical Rehabilitation Category of Service
1100.560	Acute Mental Illness Treatment Category of Service
1100.570	Substance Abuse/Addiction Treatment Category of Service (Repealed)
1100.580	Neonatal Intensive Care Category of Service
1100.590	Burn Treatment Category of Service (Repealed)
1100.600	Therapeutic Radiology Equipment (Repealed)
1100.610	Open Heart Surgery Category of Service
1100.620	Cardiac Catheterization Services
1100.630	In-Center Hemodialysis Category of Service
1100.640	Non-Hospital Based Ambulatory Surgery
1100.650	Computer Systems (Repealed)
1100.660	General Long-Term Nursing Care Category of Service
1100.661	General Long-Term Care-Sheltered Care Category of Service (Repealed)
1100.670	Specialized Long-Term Care Categories of Service
1100.680	Intraoperative Magnetic Resonance Imaging Category of Service (Repealed)
1100.690	High Linear Energy Transfer (L.E.T.) (Repealed)
1100.700	Positron Emission Tomographic Scanning (P.E.T.) (Repealed)
1100.710	Extracorporeal Shock Wave Lithotripsy (Repealed)
1100.720	Selected Organ Transplantation
1100.730	Kidney Transplantation
1100.740	Subacute Care Hospital Model
1100.750	Postsurgical Recovery Care Center Alternative Health Care Model
1100.760	Children's Respite Care Center Alternative Health Care Model
1100.770	Community-Based Residential Rehabilitation Center Alternative Health Care Model

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1100.800 Freestanding Emergency Center Medical Services Category of Service

1100.810 Long-Term Acute Care Hospital Category of Service

1100.APPENDIX A Applicable Codes and Standards Utilized in 77 Ill. Adm. Code: Chapter II, Subchapter a (Repealed)

AUTHORITY: Authorized by Section 12 of and implementing the Illinois Health Facilities Planning Act [20 ILCS 3960/12].

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. 15476; amended at 9 Ill. Reg. 3344, effective March 6, 1985; amended at 11 Ill. Reg. 7311, effective April 1, 1987; amended at 12 Ill. Reg. 16079, effective September 21, 1988; amended at 13 Ill. Reg. 16055, effective September 29, 1989; amended at 16 Ill. Reg. 16074, effective October 2, 1992; amended at 18 Ill. Reg. 2986, effective February 10, 1994; amended at 18 Ill. Reg. 8448, effective July 1, 1994; emergency amendment at 19 Ill. Reg. 1941, effective January 31, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 2985, effective March 1, 1995; amended at 19 Ill. Reg. 10143, effective June 30, 1995; recodified from the Department of Public Health to the Health Facilities Planning Board at 20 Ill. Reg. 2594; amended at 20 Ill. Reg. 14778, effective November 15, 1996; amended at 21 Ill. Reg. 6220, effective May 30, 1997; expedited correction at 21 Ill. Reg. 17201, effective May 30, 1997; amended at 23 Ill. Reg. 2960, effective March 15, 1999; amended at 24 Ill. Reg. 6070, effective April 7, 2000; amended at 25 Ill. Reg. 10796, effective August 24, 2001; amended at 27 Ill. Reg. 2904, effective February 21, 2003; amended at 31 Ill. Reg. 15255, effective November 1, 2007; amended at 32 Ill. Reg. 4743, effective March 18, 2008; amended at 32 Ill. Reg. 12321, effective July 18, 2008; expedited correction at 33 Ill. Reg. 4040, effective July 18, 2008; amended at 34 Ill. Reg. 6067, effective April 13, 2010.

SUBPART B: DEFINITIONS

Section 1100.220 Definitions

"Act" means the Illinois Health Facilities Planning Act [20 ILCS 3960].

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"Acute Dialysis" means 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.

"Acute Mental Illness" means a crisis state or an acute phase of one or 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 "Acute Mental Illness Unit" means a facility or a distinct unit in a facility that provides a program of acute mental illness treatment service (as defined in this Section); that is designed, equipped, organized and operated to deliver inpatient and supportive acute mental illness treatment services; and that 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 that provides a program of care for those persons suffering from acute mental illness. These 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 or her quick placement in a less restrictive setting or 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.

"Admissions" means the number of patients accepted for inpatient service during a 12-month period; the newborn are not included.

"Adult Catheterization" means the cardiac catheterization of patients 15 years of age and older.

"Adverse Action" means a disciplinary action taken by Illinois Department of Public Health, Centers for Medicare and Medicaid Services, or any other State or federal agency against a person or entity that owns and/or operates a licensed or

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Medicare or Medicaid certified healthcare facility in the State of Illinois. These actions include, but are not limited to, all Type A violations. A "Type A" violation means a violation of the Nursing Home Care Act or 77 Ill. Adm. Code 300, 330, 340, 350 or 390 that creates a condition or occurrence relating to the operation and maintenance of a facility presenting a substantial probability that death or serious mental or physical harm to a resident will result therefrom. [210 ILCS 45/1-129]

"Ambulatory Care" means all types of health care services that are provided on an outpatient basis, in contrast to services provided in the home or to persons who are inpatients. While many inpatients may be ambulatory, the term ambulatory care usually implies that the patient must travel to a location to receive services that do not require an overnight stay. (Source: Glossary of Terms Commonly Used in Health Care (Illinois Hospital Association, 1151 East Warrenville Road, PO Box 3015, Naperville IL 60566, 630/276-5400; 2004, no later amendments or editions included)).

"Ambulatory Surgical Treatment Center" means any institution, place or building required to be licensed pursuant to the Ambulatory Surgical Treatment Center Act [210 ILCS 5].

"Applicable Codes" and/or "Current Recognized Standards" means the current official codes of governmental bodies applicable under law or regulation to Illinois health facilities and/or standards of health facility design, construction and equipment promulgated on a regular or permanent basis by an authority, public or private. A listing of the applicable codes utilized in the application review process may be found in Appendix A of this Part.

"Authorized Hospital Bed Capacity" means the number of beds recognized for planning purposes at a hospital facility, as determined by ~~HFSRB~~~~HFPB~~. The operational status of authorized hospital beds is identified as physically available, reserve, or transitional, as follows:

"Physically Available Beds" means beds that are physically set up, meet hospital licensure requirements, and are available for use. These are beds maintained in the hospital for the use of inpatients and that furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed, but are physically available.

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"Reserve Beds" means beds that are not set up for inpatients, but could be made physically available for inpatient use within 72 hours.

"Transitional Beds" means beds for which a Certificate of Need (CON) has been issued, but that are not yet physically available, and beds that are temporarily unavailable due to modernization projects that do not require a CON.

"Authorized Long-Term Care Bed Capacity" means the number of beds by category of service, recognized and licensed by IDPH for long-term care.

"Average Daily Census" or "ADC" means over a 12-month period the average number of inpatients receiving service on any given day.

"Average Length of Stay" or "ALOS" means over a 12-month period the average duration of inpatient stay expressed in days as determined by dividing total inpatient days by total admissions.

"Base Year" means the calendar year, as determined by IDPH, that serves as the starting point or benchmark for the historical utilization and population projections.

"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.

"Cardiac Catheterization Category of Service" means, for the purposes of this Part, the performance of catheterization procedures that, due to safety and quality considerations, are preferably performed within a cardiac catheterization laboratory or special procedure room. Procedures that do not require the use of such specialized settings, such as pericardiocentesis, myocardial biopsy, cardiac pacemaker insertion or replacement, right heart catheterization with a flow-directed catheter (e.g., Swan-Ganz catheter), intra-aortic balloon pump assistance with intra-aortic balloon catheter placement, certain types of electrophysiology, arterial pressure or blood gas monitoring, fluoroscopy, and cardiac ultrasound, are

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not recognized as procedures that, under this Subchapter, would in and of themselves qualify a facility as having a cardiac catheterization category of service.

"Cardiac Surgeon" means a physician board eligible or board certified by the American Board of Thoracic Surgery.

"Cardiac Surgery Room" means a physically identifiable room adequately staffed and equipped for the performance of open and closed heart surgery and extracorporeal bypass.

"Cardiological Team" means the designated specialists and support personnel who consistently work together in the performance of open heart surgery.

"Cardiovascular Surgical Procedures" means any surgical procedure dealing with the heart, coronary arteries and surgery of the great vessels.

"Cardiovascular Surgical Services" means the programs, equipment and staff dealing with the surgery of the heart, coronary arteries and great vessels.

"Category of Service" means a grouping by generic class of various types or levels of support functions, equipment, care or treatment provided to patient/residents. Examples include but are not limited to medical-surgical, pediatrics, cardiac catheterization, etc. A category of service may include subcategories or levels of care that identify a particular degree or type of care within the category of service.

"Chronic Renal Dialysis" means 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.

"Clinical Encounter Time" means an instance of direct provider/practitioner to patient interaction, between a patient and a practitioner vested with primary responsibility for diagnosing, evaluating or treating the patient's condition, or both. The clinical encounter definition excludes practitioner actions in the absence

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of a patient, such as practitioner to practitioner interaction and practitioner to records interaction.

"Closed Heart Surgery" means any cardiovascular surgical procedures that do not include the use of a heart/lung pump.

"Combined Maternity and Gynecological Unit" means an entire facility or a distinct part of a facility that provides both a program of maternity care (as defined in this Section) and a program of obstetric gynecological care (as defined in this Section), and that is designed, equipped, organized and operated in accordance with the requirements of the Hospital Licensing Act [210 ILCS 85].

"Community-Based Residential Rehabilitation" means *services that 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]

"Community-Based Residential Rehabilitation Center" means *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]

"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 or acute disabling disease or injury. Comprehensive physical rehabilitation services can be provided only by a comprehensive physical rehabilitation facility.

"Comprehensive Physical Rehabilitation Facility" means a distinct bed unit of a hospital or a special referral hospital that provides a program of comprehensive physical rehabilitation; that is designed, equipped, organized and operated to deliver inpatient rehabilitation services; and that is licensed by the Department of

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Public Health under the Hospital Licensing Act or is a facility operated or maintained by the State or a State agency. Types of comprehensive physical rehabilitation facilities include:

Freestanding comprehensive physical rehabilitation facility means a specialty hospital dedicated to the provision of comprehensive rehabilitation; and

Hospital-based comprehensive physical rehabilitation facility means a distinct unit, located in a hospital, dedicated to the provision of comprehensive physical rehabilitation.

"Dedicated Cardiac Catheterization Laboratory" means a distinct laboratory that is staffed, equipped and operated solely for the provision of cardiac catheterization.

"Designated Pediatric Beds" means beds within the facility that are primarily used for pediatric patients and are not a component part of a distinct pediatric unit as defined in [this Section](#).

"Dialysis" means a process by which dissolved substances are removed from a patient's body by diffusion from one fluid compartment to another across a semi-permeable membrane. [210 ILCS 62/5] The two types of dialysis that are recognized in classical practice are hemodialysis and peritoneal dialysis.

"Dialysis Technician" means an individual who is not a registered nurse or physician and who provides dialysis care under the supervision of a registered nurse or physician. [210 ILCS 62/5]

"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.

"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 utilizing a nursing staff assigned exclusively to the distinct area.

"DRG" means diagnostic related groups utilized in the Medicare and Medicaid programs for health care reimbursement.

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"Emergency Medical Services System" or "EMS System" means *an organization of hospitals, vehicle service providers and personnel approved by IDPH in a specific geographic area, which coordinates and provides pre-hospital and inter-hospital emergency care and non-emergency medical transports at a BLS, ILS, and/or ALS level pursuant to a System program plan submitted to and approved by IDPH, and pursuant to the EMS Region Plan adopted for the EMS Region in which the System is located.* [210 ILCS 50/3.20]

"Emergent Care" means medical or surgical procedures and care provided to those patients treated in an emergency department (ED) of a hospital or freestanding emergency center who have traumatic conditions or illnesses with an acuity level that is classified as level one or level two based upon the Emergency Severity Index (ESI) as defined in the "Emergency Severity Index Version 4: Implementation Handbook" published by the Agency for Healthcare Research and Quality, Rockville MD (Gilboy N, Tanabe P, Travers DA, Rosenau AM, Eitel DR; AHRQ Publication No. 05-0046-2; May 2005, no later amendments or editions included).

"End Stage Renal Disease" or "ESRD" means that stage of renal impairment that appears irreversible and permanent and that requires a regular course of dialysis or kidney transplantation to maintain life. [210 ILCS 62/5]

"End Stage Renal Disease Facility" means a freestanding facility or a unit within an existing health care facility that furnishes in-center hemodialysis treatment and other routine dialysis services to end stage renal disease patients. These types of services may include self-dialysis, training in self-dialysis, dialysis performed by trained professional staff, and chronic maintenance dialysis, including peritoneal dialysis.

~~"Executive Secretary or Secretary" means the chief executive officer of the State Board, responsible to the Chairman and, through the Chairman, responsible to the State Board for the execution of its policies and procedures.~~

"Extracorporeal Circulation (Bypass)" means, for the purpose of open heart surgery category of service, the circulation of blood outside the body, as through a heart/lung apparatus for carbon dioxide-oxygen exchange.

"Fertility Rate" means determinations by IDPH of population fertility that is based upon resident birth data for an area. The fertility rate data sources include:

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- [birth data from the Division of Vital Records by age of mother and by county; and](#)
- [population figures from IDPH estimates for females age 15-44 by county.](#)

"Freestanding Emergency Center" or "FEC" means a facility subject to licensure under Section 32.5 of the Emergency Medical Services (EMS) Systems Act [210 ILCS 50/32.5] that provides emergency medical and related services.

"Freestanding Emergency Center Medical Services" or "FECMS" means a category of service pertaining to the provision of emergency medical and related services provided in a freestanding emergency center.

["General Long-Term Care" means a classification of categories of service that provide inpatient levels of care primarily for convalescent or chronic disease adult patients/residents who do not require specialized long-term care services. The General Long-Term Care Classification includes the nursing category of service, which 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 Skilled Nursing and Intermediate Care Facilities Code \(77 Ill. Adm. Code 300\)\).](#)

["HFSRBHFPB" or "State Board" means the Health Facilities and Services Review Planning Board established by the Act.](#)

["Health Professional Shortage Areas" means urban or rural areas, population groups, or medical or other public facilities that may have shortages of primary medical care, dental or mental health providers, as determined by HHS' Shortage Designation Branch in the Health Resources and Services Administration \(HRSA\) Bureau of Health Professions National Center for Health Workforce; and as determined by the Illinois Designation of Shortage Areas \(77 Ill. Adm. Code 590.410\).](#)

"Health Service Area" or "HSA" means the following geographic areas:

HSA I – Illinois Counties of Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside, and Winnebago

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HSA II – Illinois Counties of Bureau, Fulton, Henderson, Knox, LaSalle, Marshall, McDonough, Peoria, Putnam, Stark, Tazewell, Warren, and Woodford

HSA III – Illinois Counties of Adams, Brown, Calhoun, Cass, Christian, Greene, Hancock, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Pike, Sangamon, Schuyler, and Scott

HSA IV – Illinois Counties of Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby, and Vermilion

HSA V – Illinois Counties of Alexander, Bond, Clay, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Marion, Massac, Perry, Pope, Pulaski, Randolph, Richland, Saline, Union, Wabash, Washington, Wayne, White, and Williamson

HSA VI – City of Chicago

HSA VII – DuPage County and Suburban Cook County

HSA VIII – Illinois Counties of Kane, Lake, and McHenry

HSA IX – Illinois Counties of Grundy, Kankakee, Kendall, and Will

HSA X – Illinois Counties of Henry, Mercer, and Rock Island

HSA XI – Illinois Counties of Clinton, Madison, Monroe, and St. Clair

"Hematocrit" means a measure of the packed cell volume of red blood cells expressed as a percentage of total blood volume.

"Hemodialysis" means a type of dialysis that involves the use of artificial kidney through which blood is circulated on one side of a semi-permeable 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

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concentration and total amount of water and salt in the body fluid are adjusted by appropriate alterations in composition of the dialysate fluid.

"Home Hemodialysis" means a type of dialysis that is done at home by the patient and a partner. Both are trained in the dialysis facility until the patient and partner become proficient to dialyze at home. The dialysis is usually three times per week.

"Home-Assisted Hemodialysis" means hemodialysis done in a home and/or long term care setting through a staff-assisted program. The patient is not trained to do dialysis himself/herself.

"Hospital" means a facility, institution, place or building licensed pursuant to or operated in accordance with the Hospital Licensing Act [210 ILCS 45] or a State-operated facility that is utilized for the prevention, diagnosis and treatment of physical and mental ills. For purposes of this Subchapter, two basic types of hospitals are recognized:

General Hospital – a facility that offers an integrated variety of categories of service and that offers and performs scheduled surgical procedures on an inpatient basis.

Special or Specialized Hospital – a facility that offers, primarily, a special or particular category of service.

"Illinois Department of Public Health" or "Agency" or "IDPH" means the Department of Public Health of the State of Illinois. [20 ILCS 3960/3]

"In-Center Hemodialysis" means a category of service that is provided in an end stage renal disease facility licensed by the State of Illinois and/or certified by the Centers for Medicare and Medicaid Services.

"In-Center Hemodialysis Treatment" means a regimen of hemodialysis received by a patient usually three times a week, averaging four hours.

"Independent Travel Time Studies" means studies developed and submitted to refine or supplement the determination of Normal Travel Time. Independent Travel Time studies will be considered by ~~HFSRB~~~~HFPB~~ only if conducted utilizing the criteria specified in this Part.

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"Index of Medically Underserved" or "IMU" means shortage designation criteria applied to determine Medically Underserved Area or Medically Underserved Population designation. The four variables of the IMU are ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over (Source: Health Resources and Services Administration Bureau of Health Professions website (<http://bhpr.hrsa.gov>)).

"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 on behalf of patients by physicians, dentists, nurses, and other professional and technical personnel. The intensive care category of service includes the following subcategories: medical ICU, surgical ICU, coronary care, pediatric ICU, and combinations of such ICUs. This category of service does not include intermediate intensive or coronary care and special care units that are included in the medical-surgical category of service.

"Intensive Care Unit" or "ICU" means a distinct part of a facility that provides a program of intensive care service; that 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 that is under the direct visual supervision of a nursing staff. Prior to 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 were included in the intensive care category of service.

"Inventory of Health Care Facilities and Services and Need Determinations" means a statewide inventory of beds and other services, and need determinations that HFSRB shall maintain and update on the Board's website, as mandated in the Health Facilities Planning Act. (See Section 12(4) of the Act.)

"Key Room" means a term used in space planning to designate the primary functional component of a department used to develop a space program or estimate of square feet for that department. Examples of key rooms include, but

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are not limited to, examination rooms for ambulatory care, operating rooms for surgical suites, treatment stations for dialysis, imaging rooms for radiology.

"Kidney Transplantation Center" means a hospital that 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.

"Kidney Transplantation Service" means a category of service that involves the surgical replacement of a nonfunctioning human kidney with a donor kidney in order to restore renal function to the patient.

"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, by physicians, nurses, and other professional and technical personnel.

"Maternity Facility" or "Maternity Unit" means an entire facility or a distinct part of a facility that provides a program of maternity and newborn care and that is designed, equipped, organized, and operated in accordance with the requirements of the Hospital Licensing Act.

"Medically Underserved Areas" means a whole county or a group of contiguous counties, or a group of county or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services, as determined by HHS' Shortage Designation Branch in the Health Resources and Services Administration (HRSA) Bureau of Health Professions National Center for Health Workforce.

"Medically Underserved Populations" means groups of persons who face economic, cultural or linguistic barriers to health care, as determined by HHS' Shortage Designation Branch in the Health Resources and Services Administration (HRSA) Bureau of Health Professions National Center for Health Workforce.

"Medical-Surgical Service" means a category of service pertaining to the medical-surgical inpatient care performed at the direction of a physician, by physicians, dentists, nurses and other professional and technical personnel. For purposes of

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77 Ill. Adm. Code Subchapter a (Illinois Health Care Facilities Plan), this category of service may include medical-surgical and their respective sub-specialties of service. The medical-surgical category of service specifically does not include the following other separate categories of service and their subcategories:

Obstetric Service;

Pediatric Service;

Intensive Care Service;

Comprehensive Physical Rehabilitation Service;

Acute and Chronic Mental Illness Treatment Service;

Neonatal Intensive Care Service;

General Long-Term Care Service;

Specialized Long-Term Care Service;

Long-Term Acute Care Service.

"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.

"Modernization" means modification of an existing health care facility by means of building, alteration, reconstruction, remodeling, replacement and/or expansion, the erection of new buildings, or the acquisition, alteration or replacement of equipment. Modification does not include a substantial change in either the bed count or scope of the facility.

"Neonatal Intensive Care" means a level of care providing constant and close medical coordination, multi-disciplinary consultation and supervision to those neonates with serious and life threatening developmental or acquired medical and surgical problems that require highly specialized treatment and highly trained nursing personnel.

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"Neonatal Intensive Care Service" means a category of service providing treatment of the infant for problems identified in the neonatal period that warrant intensive care. An intensive neonatal care service must include a related obstetric service for care of the high-risk mother (except when the facility is dedicated to the care of children).

"Neonatal Intensive Care Unit" means a distinct part of a facility that provides a program of intensive neonatal care and that is designed, equipped and operated to deliver medical and surgical care to high-risk infants.

"Neonatologist" means a physician who is certified by the American Board of Pediatrics Subboard of Neonatal-Perinatal Medicine or a licensed osteopathic physician with equivalent training and experience and certified by the American Osteopathic Board of Pediatricians.

"Newborn Nursery Level I", "Newborn Nursery Level II", "Newborn Nursery Level II with Extended Neonatal Capabilities" and "Newborn Nursery Level III" mean designations for hospitals providing newborn health care as defined and listed in the Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640).

"Non-Hospital Based Ambulatory Surgery" means a category of service relating to surgery that is performed at ambulatory surgical treatment centers on patients that arrive and are discharged the same day. Ambulatory surgery as the provision of surgical services may require anesthesia or a period of post-operative observation or both on a patient whose inpatient stay is not anticipated as being medically necessary.

"Non-emergent Care" means medical or surgical procedures and care provided to those patients treated in an emergency department (ED) of a hospital or freestanding emergency center who have conditions or illnesses that are not classified as level one or level two based upon the Emergency Severity Index.

"Normal Travel Time" means the time necessary to traverse a route by an individual vehicle driving at posted speed limits between any two points of interest. Normal Travel Time is to be considered by ~~HFSRB~~~~HFPB~~ only as calculated utilizing methodologies specified in this Part. Normal Travel Time for proposed projects shall be established by using the facility's location as the base point and utilizing time factors specified in the applicable rules.

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~~HFSRB STATE BOARD~~ NOTE: Normal Travel Time as used in this Part is a conceptual model approximating a reasonable time of travel between two points. It is intended to exclude a "worst" or "best" case situation such as travel during rush hours, midnight hours, or by emergency vehicle.

"Observation Days" means the number of days of service provided to outpatients for the purpose of determining whether a patient requires admission as an inpatient or other treatment. ~~The observation period shall not exceed 48 hours.~~

"Obstetric/Gynecological Care" means a subcategory of obstetric service in which medical care is provided to clean (non-infectious) gynecological, surgical or medical cases that are admitted to a postpartum section of an obstetric unit in accordance with the requirements of the Hospital Licensing Act.

"Obstetric Service" means a category of service pertaining to the medical or surgical care of maternity and newborn patients or medical or surgical cases that may be admitted to a postpartum unit

"Occupancy Rate" means a measure of inpatient health facility use, determined by dividing average daily census by the ~~number of authorized beds~~facility's bed capacity. It measures the average percentage of a facility's beds occupied and may be institution-wide or specific for one department or service.

"Occupancy Target" means a utilization level established by IDPH for a facility or service reflecting adequate access as well as operational efficiency.

"Open Heart Surgery" means a category of service that utilizes any form of cardiac surgery that requires the use of extracorporeal circulation and oxygenation. The use of a pump during the procedure distinguishes "open heart" from "closed heart" surgery.

"Operating Room (Class B)" or "Surgical Procedure Room (Class B)" means a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral or intravenous sedation or under analgesic or dissociative drugs. (Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons, 633 N. Saint Clair Street, Chicago IL 60611-3211, 312/202-5000; 2000, no later amendments or editions included)

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"Operating Room (Class C)" means a setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions. (Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons, 633 N. Saint Clair Street, Chicago IL 60611-3211, 312/202-5000; 2000, no later amendments or edictions included)

"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 care in a home environment for the purposes of providing a respite to the caregiver from the responsibilities of providing the care.

"Patient Care Unit" means the grouping of beds to provide an inpatient category of service. Units are physically identifiable areas that are staffed to provide all care required for particular service.

"Patient Days" means the total number of days of service provided to inpatients ~~of a facility~~ over a 12-month period, usually expressed as annual patient days measured. This figure includes observation days if the observation patient occupies a bed that is included in ~~IDPH's the State Agency's~~ Inventory of Health Care Facilities and Services and Need Determinations.

"Patient Migration" means the total number of patients who reside in a given planning area but receive services at health care facilities located in another planning area for a given year. Patient migration is determined by utilizing the latest available patient origin data concerning admissions to health care facilities by various categories of service for a given year. The term in-migration refers to the number of patients who are not residents of a planning area that enter the area to receive services, while the term out-migration refers to the number of planning area residents who leave the planning area to obtain services elsewhere.

"Pediatric Catheterization" means the cardiac catheterization of patients zero to 14 years in age.

"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, that provides a program of pediatric service and is designed, equipped, organized and operated to render medical-surgical care to the zero to 14 age population.

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"Pediatric Service" means a category of service for the delivery of treatment pertaining to the non-intensive medical-surgical care of a pediatric patient (zero to 14 years in age) performed at the direction of a physician on behalf of the patient by physicians, dentists, nurses and other professional and technical personnel.

"Perinatal Center" is defined in the Developmental Disability Prevention Act [410 ILCS 250/2(e)].

"Peritoneal Dialysis" means a type of dialysis in which the dialysate fluid is infused slowly into the peritoneum, causing dialysis of water and waste products to occur through the peritoneal sac, which acts as a semi-permeable membrane. The fluid and waste, after accumulating for a period of time (one hour), is drained from the abdomen and the process is repeated.

"Planning Area" means a defined geographic area within the State established by ~~HFSRB~~~~the State Board~~ as a basis for the collection, organization, and analysis of information to determine health care resources and needs and to serve as a basis for planning.

"Population Estimates" means the latest available numbers of residents of a geographic area based upon birth and death records and other inputs, as determined by IDPH. These numbers may be further broken down by age and sex cohorts.

"Population Projections" means the numbers of residents of a geographic area projected for one or more future time periods, as determined by IDPH and based upon State of Illinois population projections, as available. These numbers are for defined geographic areas and may be further broken down by age and sex cohorts.

"Post-Anesthesia Recovery Phase I" means the phase in surgical recovery that focuses on providing a transition from a totally anesthetized state to one requiring less acute interventions. Recovery occurs in the post-anesthesia care unit (PACU). The purpose of this phase is for patients to regain physiological homeostasis and receive appropriate nursing intervention as needed.

"Post-Anesthesia Recovery Phase II" means the phase in surgical recovery that focuses on preparing the patient for self care, care by family members, or care in an extended care environment. The patient is discharged to phase II recovery

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when intensive nursing care no longer is needed. In the phase II area, sometimes referred to as the step-down or discharge area, the patient becomes more alert and functional.

"Postsurgical Recovery Care Center" means a designated site which provides postsurgical recovery care for generally healthy 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])

"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.

"Pre-Dialysis" means that the initiation of hemodialysis therapy is anticipated within 12 months.

"Pump Procedures" means the utilization of a heart/lung pump in surgery to perform the work of the heart and lungs. Included in these procedures are myocardial revascularization, aortic and mitral valve replacement, ventricular aneurysm repairs, pulmonary valvuoplasty, and all other procedures utilizing a cardiac pump.

"Quality of Care", for purposes of 77 Ill. Adm. Code 1110.230, the degree to which delivered health services meet established professional standards and are judged to be of value to the consumer. Quality may also be seen as the degree to which actions taken or not taken maximize the probability of beneficial health outcomes and minimize risk and other outcomes, given the existing state of medical science and art. (Source: "A Glossary of Terms for Community Health Care and Services for Older Persons", World Health Organization Centre for Health Development, 5-1, 1-chome, Wakinohama-Kaigandori, Chuo-Ku, Kobe 651-0073 Japan, tel. +81 78 230 3100; 2004, no later amendments or editions included)

"Rapid Population Growth Rate" means an average of the three most recent annual growth rates of a defined geographic area's population, that has exceeded

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the average of three to seven immediately preceding annual growth rates by at least 100%.

"Renal Dialysis Facility" means a freestanding facility, or a unit within an existing health care facility, that furnishes routine chronic dialysis services to chronic renal disease patients. Routine services are self-dialysis, training in self-dialysis, dialysis performed by trained professional staff, and chronic maintenance dialysis, including peritoneal dialysis.

"Resource Hospital" means the hospital that is responsible for an Emergency Medical Services (EMS) System in a specific geographic region, as defined in the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

~~Responsibilities include education for EMS personnel and recommendations for their re-licensure, and development of standard medical protocols for the EMS system for which it takes the lead. Resource hospitals deal with pre-hospital and Emergency Department issues only, unlike the Trauma Center. The Resource Hospital functions with the Associate and Participating Hospitals within the specific EMS system. There are 62 EMS systems within 11 EMS Regions in Illinois.~~

"Selected Organ Transplantation Center" means a hospital that provides staffing and other adult or pediatric medical and surgical specialty services required for the care of a transplant patient.

"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. It does not include bone marrow or cornea transplants.

"Self-Care Dialysis" or "Self-Dialysis" means maintenance dialysis performed by a trained patient in a special facility with or without the assistance of a family member or other helper.

"Self-Care Dialysis Training" means a program that trains patients or their helpers, or both, to perform self-care dialysis in the in-center setting.

"Site" means the location of an existing or proposed facility. An existing facility site is determined by street address. In a proposed facility the legal property description or the street address can be used to identify the site.

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"State Board" means the Health Facilities Planning Board established by the Act. [20 ILCS 3960/3]

"Special Procedures Laboratory with a Cardiac Catheterization Service" means a special procedures or angiography laboratory that has the equipment, staff and support services required to provide cardiac catheterization and in which catheterizations are routinely performed. The laboratory is also utilized for other procedures, such as angiography, not directly related to cardiac catheterization.

"Specialized Long-Term Care" means a classification consisting of categories of service that provide inpatient care primarily for children (ages zero through 21) or inpatient care for adults who require specialized treatment and care because of mental or developmental disabilities. The Specialized Long-Term Care Classification includes the following categories of services:

Chronic Mental Illness (MI) – levels of care provided to severely mentally ill clients in a structured setting in a psychiatric unit of a general hospital, in a private psychiatric hospital, or in a State-operated facility primarily in order to facilitate the improvement of their functioning level, to prevent further deterioration of their functioning level, or, in some instances, to maintain their current level of functioning.

Long-Term Care for the Developmentally Disabled (Adult) (DD-Adult) – levels of care for developmentally disabled adults as defined in the Illinois Mental Health and Developmental Disabilities Code [405 ILCS 5] (including those facilities licensed as Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)) that provide an integrated, individually tailored program of services for developmentally disabled adults and that provide an active, aggressive and organized program of services directed toward achieving measurable behavioral and learning objectives.

Long-Term Care for the Developmentally Disabled (Children) (DD-Children) – levels of care for developmentally disabled children limited to those residents ages zero through 21 years and whose condition meets the definition of developmental disabilities in the Illinois Mental Health and Developmental Disabilities Code.

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"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])

"Subacute Care Hospital" means a designated site *that 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; 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)

"Subacute Care Hospital Model" means a category of service for the provision of subacute care.

"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.

"Teaching Institution" means, for the purpose of *selected organ transplantation category of service, a hospital having a major relationship with a medical school as defined and listed in the Directory of Residency Training Programs developed by the American Medical Association and the National Organ Procurement and Transplantation Network (AMA, 535 N. Dearborn, Chicago IL 60610, 312/751-6079; 2009-2010, no later amendments or editions included).*

"Unit" means the grouping of beds to provide a category of service. Units are physically identifiable areas that are staffed to provide all care required for particular service.

"Urea" means the chief product of urine and the final product of protein metabolism in the body.

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"Urea Reduction Ratio" or "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.

"Use Rate" means the ratio of inpatient days per 1,000 population over a 12-month period (Inpatient Days/Population in Thousands = Use Rate). For need assessment purposes, ~~HFSRB/HFPB~~ may establish minimum or maximum use rates in order to promote the development of additional resources or to limit unnecessary duplication of services and beds in a planning area.

"Utilization Standards" means an operational target for facilities or services that may demonstrate operational efficiencies, minimum proficiency or other performance parameters. Utilization standards and their purposes are established by category of service. Utilization may be expressed by various ratios, such as facility or bed service occupancy rates or hours of use for types of equipment, operating rooms, dialysis stations, etc.

~~"Utilization" means patterns or rates of use of a single service or type of service or piece of equipment, within a given facility or also in combinations of facilities. Utilization may be expressed by various ratios such as facility or bed service occupancy rates or hours of use for types of equipment, operating rooms, dialysis stations, etc.~~

(Source: Amended at 34 Ill. Reg. 6067, effective April 13, 2010)

SUBPART C: PLANNING POLICIES

Section 1100.440 Requirements for Authorized Hospital Beds

- a) Authorized hospital beds are to be classified as one of the following:
 - 1) Physically Available Beds
 - A) Patient rooms and patient care units (PCUs) shall be compliant with applicable licensure codes and standards for hospital facilities, pursuant to the Hospital Licensing Requirements (77 Ill. Adm. Code 250) as determined by IDPH. If a patient room or a

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PCU is not compliant with the Hospital Licensure Requirements, an action plan of correction shall be in place, including a schedule for completion, ~~approved by IDPH~~. The action plan shall be in the process of being implemented on schedule for the PCU and beds to be considered authorized and recorded as part of the inventory.

B) The approved number of beds is to be recorded in the Inventory of Health Care Facilities.

2) Reserve Beds

A) Patient rooms and PCUs must be compliant with applicable licensure codes and standards for hospital facilities, as determined by IDPH. If a patient room or a PCU is not compliant with licensure codes and standards for hospital facilities, there must be an action plan of correction in place, including a schedule for completion, ~~approved by IDPH~~. The action plan shall be in the process of being implemented on schedule for the PCU and beds to be considered authorized and recorded as part of the inventory. (See 77 Ill. Adm. Code 250.)

B) Patient rooms and PCUs shall be able to be set up and physically available for inpatient care within 72 hours, including equipment, furnishings and non-time-sensitive supplies.

C) Patient room and PCU equipment, furnishings and supplies designated for reserve beds shall be maintained either on the hospital's campus or in a storage facility that is owned or operated by the hospital.

D) The number of reserve beds shall not exceed 10% of the sum of physically available beds and transitional beds within each category of service. Hospitals with a total bed count of less than 50 beds may report up to a total of five reserve beds.

E) The approved number of beds is to be recorded in the Inventory of Health Care Facilities.

3) Transitional Beds

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- A) For transitional beds that are part of an approved CON project, the CON project is to be compliant with CON requirements.
 - B) For transitional beds that are not part of a CON project, the individually identified beds can be designated transitional for no more than one reporting period.
 - C) The approved number of beds is to be recorded in the Inventory of Health Care Facilities.
- b) The sum of physically available, reserve, and transitional beds for each category of service shall not exceed the authorized bed capacity for that service.

(Source: Amended at 34 Ill. Reg. 6067, effective April 13, 2010)

SUBPART D: NEED ASSESSMENT

Section 1100.510 Introduction, Formula Components, Planning Area Development Policies, and Normal Travel Time Determinations

- a) Introduction
This Subpart details the policies and methodologies utilized to assess the need for beds and services. The calculations and numeric results, as well as the related data elements that pertain to the methodologies detailed in this Subpart, are contained in the Inventory of Health Care Facilities.
- b) Formula Components
Formulas utilized by [HFSRB/HFPB](#) in projecting the need for beds and services can be categorized as demand based or incidence based need formulas. Each of these formula types represents a different conceptual outlook and incorporates different data elements as formula variables.
 - 1) Demand Based Formula. Demand equations utilize the concept that what has occurred in the past will occur in the future. The formulas utilize inpatient days of care and population projections as the key data variables. The first formula step is to establish a utilization to population ratio (use rate). This ratio basically says that within a population an average number of inpatient days of care will be generated. This rate is then applied to the

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population projection for the same area. This states that if the rate of use is constant, a future population can be expected to generate an identifiable number of inpatient days. These projected days are then converted to a daily census (~~total~~ projected ~~patient~~ days ~~divided by days in year—365~~) and multiplied by an occupancy target. The projected day figure can be equated to 100% occupancy of service for which need is projected. An occupancy factor adjustment is applied to insure that sufficient beds exist to handle days when inpatient admissions are exceptionally high. This type of formula may also be adjusted by the application of minimum and maximum use rates in planning areas that lack facilities or certain types of beds or where a high concentration of beds and services has caused unnecessary duplication. These rates are controls and serve to inflate (minimum use rate) or deflate (maximum use rate) the projected bed need. These rates are established when historical patterns of use are influenced by a maldistribution of services. By adding to or subtracting from the number of needed beds, development of new beds and facilities can be influenced to add beds to underserved areas and to restrict bed growth in areas of high bed to population ratios.

- 2) Incidence Based Formula. This type of formula utilizes the incidence level of a disease or a condition within a population to predict need. Utilizing national or State rates, the formula predicts the number of planning area residents who will need hospitalization based on the number of people who live in the planning area. Utilizing a standard estimate of how long a patient will be hospitalized, admissions are converted into patient days. As in the demand formulas, days are then converted to an average daily census and an occupancy factor adjustment is applied to obtain area bed need.

- c) Planning Area Development Policies

~~HFSRB~~~~HFPB~~ recognizes the need to establish planning areas for the purpose of assessing and determining the need for health care facilities, beds, and services. In establishing planning areas the following principles and factors apply:

- 1) For purposes of delineating planning area boundaries and for purposes of calculating population estimates, the smallest geographical areas to be utilized shall be community areas for the city of Chicago and townships for all other areas in the State outside of Chicago.

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- 2) Source of patient information shall be the primary basis for the allocation of geographic areas (e.g., townships, community areas, counties) into planning areas. As a general principle, 50% or more of residents receiving care from facilities or resources located within the planning area should reside within the planning area.

~~HFSRB STATE BOARD~~ NOTE: Source of patient information may only be available on a zip code basis. In such cases, the relationship between zip code boundaries and community area or township boundaries will be approximated for use in establishing planning area boundaries.

- 3) Planning area boundaries should be established taking into consideration the number and type of existing health care facilities and services located within the area, shared and overlapping market areas between or among facilities, and patterns of patient referral to area health care facilities. Planning areas may vary in size in order to ~~ensure~~~~insure~~ access within a reasonable travel time.

- 4) The primary market area for health care facilities located within a planning area should serve a substantial number of residents of the planning area. A primary market area means the geographic location in which 50% or more of a facility's patients/residents reside. ~~HFSRB HFPB~~ recognizes that certain health care facilities (e.g., tertiary and specialty facilities) may have primary market areas that are not entirely contained within the planning area in which the facility is located.

- 5) Planning area boundaries can also be influenced by the following factors:
- A) natural geographic boundaries;
 - B) political boundaries that affect the patterns of services;
 - C) transportation patterns and systems;
 - D) time and distance required to access service by area residents;
 - E) affiliations between health care facilities and other health care entities that affect patterns of service;

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- F) trade and economic market patterns that influence the financing of health care services;
- G) the lack of existing health resources or services in an area;
- H) referral patterns to obtain tertiary services;
- I) the impact of reimbursement or managed care programs;
- J) socio-economic factors such as but not limited to population density, income level, or age characteristics.

- 6) Planning area boundaries may vary by category of service. [HFSRB/HFPB](#) recognizes that certain services (e.g., neonatal ICU, comprehensive physical rehabilitation, selected organ transplantation, cardiac surgery, etc.) may require a large population base in order to assure the provision of quality care and to be cost effective.
- 7) Planning areas for the acute care categories of services of medical-surgical/pediatrics, obstetrics and intensive care must contain a minimum population of 40,000. This population base would be sufficient to support a 100 bed hospital based upon a facility target occupancy of 80% and an inpatient day use rate of 725 days per 1,000 population.
- 8) Planning areas for general long-term service must contain a minimum population of 10,000. This population base would be sufficient to support 100 nursing care beds based upon a rate of 9 beds per 1,000 population (projected 1997 statewide need divided by projected 1997 State population) with a target occupancy of 90%.
- 9) [HFSRB/HFPB](#) recognizes that some long-term care facilities may have a primary market area that is not contained within the planning area in which the facility is located. Placement in long-term care facilities may be influenced by such factors as, but not limited to: location of next of kin or relatives; seeking services of a specialized nature such as treatment for various diseases or disabilities; or seeking services related to religious, ethnic, or fraternal needs. Because of the significant degree of mobility that is exercised in seeking long term care services, [HFSRB/HFPB](#) shall not allocate portions of a facility's beds and services to more than one

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planning area.

- d) Normal Travel Time Determinations
Normal Travel Time for proposed projects shall be the time determined by MapQuest, Inc. (MapQuest – www.mapquest.com) multiplied by an adjustment factor that is based upon the location of the applicant facility.
- 1) For applicant facilities located in the City of Chicago, Normal Travel Time shall be calculated as MapQuest times 1.25.
 - 2) For applicant facilities located in the Chicago Metropolitan region, including counties of Cook (excluding Chicago), DuPage, Will, Kendall, Kane, McHenry, Lake and Aux Sable Township of Grundy County, plus the counties of Winnebago, Peoria, Sangamon and Champaign, Normal Travel Time shall be calculated as MapQuest times 1.15.
 - 3) For applicant facilities located in any other area of the State, Normal Travel Time shall be calculated as MapQuest times 1.0.
- e) Independent Travel Time Studies may be prepared and submitted in addition to the above to refine or supplement the determination of Normal Travel Time, provided that they are conducted as follows:
- 1) The study is conducted by an engineering firm pre-qualified in traffic studies by the Illinois Department of Transportation (IDOT) or prepared by a ~~professional engineer~~ **Professional Engineer** also certified by the Institute of Transportation Engineers (ITE) as a Professional Traffic Operations Engineer (PTOE).
 - 2) A Travel Time shall consist of a minimum of three round trips for each defined survey route.
 - 3) No more than one third of the round trips shall start or conclude during a rush hour period, i.e.:

Morning Peak Period: 6:30 AM-9:30 AM
Evening Peak Period: 3:30 PM-6:30 PM
 - 4) The routes used for determination of Normal Travel Time shall be

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reasonably direct.

- 5) Average travel time for a one-way trip will be considered.
- 6) All travel routes and calculations of Normal Travel Time are to be documented and sealed by the responsible ~~professional engineer~~ Professional Engineer.

HFSRB STATE BOARD NOTE: Calculations produced by MapQuest, Inc. have been used as a basis for the above methodologies. MapQuest assumes vehicular travel at posted speed limits, with some adjustment for number of intersections and turns. The adjustment factors in subsection (d) are intended to reflect additional factors related to density of population.

(Source: Amended at 34 Ill. Reg. 6067, effective April 13, 2010)

Section 1100.520 Medical-Surgical Care and Pediatric Care

- a) Planning Areas
There are 40 medical-surgical and pediatric care planning areas that have been delineated by ~~HFSRB HFPB~~ contained within six regions established for the State of Illinois.
 - 1) Region A (comprised of HSAs 6, 7, 8 and 9)
 - A) Planning Area A-1: City of Chicago Community Areas of Uptown, Lincoln Square, North Center, Lakeview, Lincoln Park, Near North Side, Edison Park, Norwood Park, Jefferson Park, Forest Glen, North Park, Albany Park, Portage Park, Irving Park, Dunning, Montclare, Belmont Cragin, Hermosa, Avondale, Logan Square, O'Hare and Edgewater.
 - B) Planning Area A-2: City of Chicago Community Areas of Humboldt Park, West Town, Austin, West Garfield Park, East Garfield Park, Near West Side, North Lawndale, South Lawndale, Lower West Side, Loop, Armour Square, McKinley Park and Bridgeport.
 - C) Planning Area A-3: City of Chicago Community Areas of

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Douglas, Oakland, Fuller Park, Grand Boulevard, Kenwood, Near South Side, Washington Park, Hyde Park, Woodlawn, South Shore, Chatham, Avalon Park, South Chicago, Burnside, Calumet Heights, Roseland, Pullman, South Deering, East Side, Garfield Ridge, Archer Heights, Brighton Park, New City, West Elsdon, Gage Park, Clearing, West Lawn, West Englewood, Englewood, Chicago Lawn and Greater Grand Crossing.

- D) Planning Area A-4: City of Chicago Community Areas of West Pullman, Riverdale, Hegewisch, Ashburn, Auburn Gresham, Beverly, Washington Heights, Mount Greenwood, and Morgan Park; Cook County Townships of Lemont, Stickney, Worth, Lyons, Palos, Calumet, Thornton, Bremen, Orland, Rich and Bloom.
- E) Planning Area A-5: DuPage County.
- F) Planning Area A-6: Cook County Townships of River Forest, Oak Park, Cicero, Berwyn, Riverside, Proviso, Leyden and Norwood Park.
- G) Planning Area A-7: Cook County Townships of Maine, Elk Grove, Schaumburg, Palatine and Wheeling.
- H) Planning Area A-8: City of Chicago Community Areas of Rogers Park and West Ridge; Cook County Townships of Northfield, New Trier, Niles and Evanston.
- I) Planning Area A-9: Lake County.
- J) Planning Area A-10: McHenry County.
- K) Planning Area A-11: Cook County Townships of Barrington and Hanover; Kane County Townships of Hampshire, Rutland, Dundee, Burlington, Plato, Elgin, Virgil, Campton and St. Charles.
- L) Planning Area A-12: Kendall County; Kane County Townships of Kaneville, Black Berry, Aurora, Big Rock, Sugar Grove, Batavia and Geneva.

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- M) Planning Area A-13: Grundy and Will Counties.
 - N) Planning Area A-14: Kankakee County.
- 2) Region B (comprised of HSA 1)
- A) Planning Area B-1: Boone and Winnebago Counties; DeKalb County Townships of Franklin, Kingston, and Genoa; Ogle County Townships of Monroe, White Rock, Lynnville, Scott, Marion, Byron, Rockvale, Leaf River and Mount Morris.
 - B) Planning Area B-2: Jo Daviess and Stephenson Counties; Ogle County Townships of Forreston, Maryland, Lincoln, and Brookville; Carroll County Townships of Washington, Savanna, Woodland, Mount Carroll, Freedom, Salem, Cherry Grove-Shannon and Rock Creek-Lima.
 - C) Planning Area B-3: Whiteside County; Lee County Townships of Palmyra, Nelson, Harmon, Hamilton, Dixon, South Dixon, Marion, East Grove, Nachusa, China, Amboy, May, Ashton, Bradford, Lee Center, and Sublette; Carroll County Townships of York, Fairhaven, Wysox, and Elkhorn Grove; Ogle County Townships of Eagle Point, Buffalo, Pine Creek, Woosung, Grand Detour, Oregon, Nashua, Taylor, Pine Rock and Lafayette.
 - D) Planning Area B-4: Lee County Townships of Reynolds, Alto, Viola, Willow Creek, Brooklyn, and Wyoming; DeKalb County Townships of Paw Paw, Victor, Somonauk, Sandwich, Shabbona, Clinton, Squaw Grove, Milan, Afton, Pierce, Malta, DeKalb, Cortland, Mayfield, South Grove and Sycamore; Ogle County Townships of Flagg and Dement.
- 3) Region C (comprised of HSAs 2 and 10)
- A) Planning Area C-1: Woodford, Peoria, Tazwell, and Marshall Counties; Stark County Townships of Goshen, Toulon, Penn, West Jersey, Valley and Essex.

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- B) Planning Area C-2: LaSalle, Bureau, and Putnam Counties; Stark County Townships of Elmira and Osceola.
 - C) Planning Area C-3: Henderson, Warren and Knox Counties.
 - D) Planning Area C-4: McDonough and Fulton Counties.
 - E) Planning Area C-5: Rock Island, Henry and Mercer Counties.
- 4) Region D (comprised of HSA 4)
- A) Planning Area D-1: Champaign, Douglas, and Piatt Counties; Ford County Townships of Lyman, Sullivant, Peach Orchard, Wall, Drummer, Dix, Patton, and Button; Iroquois County Townships of Loda, Pigeon Grove and Artesia.
 - B) Planning Area D-2: Livingston and McLean Counties; Ford County Townships of Rogers, Mona, Pella and Brenton.
 - C) Planning Area D-3: Vermilion County; Iroquois County Townships of Milks Grove, Chebanse, Papineau, Beaverville, Ashkum, Martinton, Beaver, Danforth, Douglas, Iroquois, Crescent, Middleport, Belmont, Concord, Sheldon, Ash Grove, Milford, Stockland, Fountain Creek, Lovejoy, Prairie Green, Onarga and Ridgeland.
 - D) Planning Area D-4: DeWitt, Macon, Moultrie and Shelby Counties.
 - E) Planning Area D-5: Coles, Cumberland, Clark and Edgar Counties.
- 5) Region E (comprised of HSA 3)
- A) Planning Area E-1: Logan, Menard, Mason, Sangamon, Christian and Cass Counties; Brown County Townships of Ripley, Cooperstown, and Versailles; Schuyler County Townships of Littleton, Oakland, Buena Vista, Rushville, Browning, Hickory, Woodstock, Bainbridge and Frederick.

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- B) Planning Area E-2: Macoupin and Montgomery Counties.
 - C) Planning Area E-3: Greene, Jersey and Calhoun Counties.
 - D) Planning Area E-4: Pike, Scott and Morgan Counties.
 - E) Planning Area E-5: Adams and Hancock Counties; Schuyler County Townships of Birmingham, Brooklyn, Camden, and Huntsville; Brown County Townships of Pea Ridge, Missouri, Lee, Mount Sterling, Buckhorn and Elkhorn.
- 6) Region F (comprised of HSAs 5 and 11)
- A) Planning Area F-1: Madison and St. Clair Counties; Monroe County Precincts 2, 3, 4, 5, 7, 10, 11, 14, 16, 17, 18, 19, 21, and 22; Clinton County Townships of Sugar Creek, Looking Glass, Germantown, Breese, St. Rose, Wheatfield, Wade, Sante Fe, Lake, Irishtown, Carlyle and Clement.
 - B) Planning Area F-2: Bond, Fayette, and Effingham Counties; Clay County Townships of Blair, Bible Grove, and Larkinsburg; Jasper County Townships of Grove, North Muddy, South Muddy, Smallwood, Wade and Crooked Creek.
 - C) Planning Area F-3: Crawford, Lawrence, Richland, Wabash, and Edwards Counties; Jasper County Townships of Hunt City, Willow Hill, Ste. Marie, Fox, and Grandville; Clay County Townships of Louisville, Songer, Xenia, Oskaloosa, Hoosier, Harter, Stanford, Pixley, and Clay City; Wayne County Townships of Orchard, Keith, Garden Hill, Berry, Bedford, Lamard, Indian Prairie, Zif, Elm River, Jasper, Mount Erie, Massilion, Leech, Barnhill and Grover.
 - D) Planning Area F-4: Marion, Jefferson, and Washington Counties; Wayne County Townships of Big Mound, Orel, Hickory Hill, Arrington and Four Mile; Clinton County Townships of East Fork, Meridian and Brookside.

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- E) Planning Area F-5: Hamilton, White, Gallatin, Hardin, and Saline Counties; Pope County Townships of Eddyville #6 and Golconda #2.
- F) Planning Area F-6: Franklin, Williamson, Johnson, and Massac Counties; Pope County Townships of Jefferson #4, Webster #5, Golconda #1 and Golconda #3.
- G) Planning Area F-7: Randolph, Perry, Jackson, Union, Alexander, and Pulaski Counties; Monroe County Precincts 1, 6, 8, 9, 12, 13, 15, 20 and 23.
- b) Age Groups
- 1) For medical-surgical care, ages 15 and over.
 - 2) For pediatric care, ages 0-14.
- c) Occupancy Targets:
- 1) Occupancy Targets for "Modernization".

A)	Medical-Surgical	1-25 beds	60%
		26-99 beds	75%
		100-199 beds	85%
		200+ beds	88%
B)	Pediatrics	1-30 beds	65%
		31+ beds	75%
 - 2) Occupancy Targets for "Addition of Beds".

A)	Medical-Surgical	1-99 beds	80%
		100-199 beds	85%
		200+ beds	90%
B)	Pediatrics	1-99 MS beds	80%
		100-199 MS beds	85%
		200+ MS beds	90%

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d) Bed Capacity

- 1) Medical-surgical bed capacity is the total number of medical-surgical beds for a facility as determined by [HFSRB](#)~~HFPB~~ pursuant to this Part.
- 2) Pediatric bed capacity is the total number of pediatric beds for a facility as determined by [HFSRB](#)~~HFPB~~ pursuant to this Part.

e) Need Determination

In assessing the number of beds required to serve the residents of a planning area, [HFSRB](#)~~HFPB~~ shall establish a base year and utilize the following methodology to determine the projected number of medical-surgical and pediatric beds needed in a planning area:

- 1) Divide the three year average of experienced medical-surgical and pediatric patient days (i.e., the average of the base year's and the two prior years' patient days) for each of ~~five~~^{three} age groups (0-14, [15-44](#), [45-64](#), [65-74](#), and [75+](#)~~15-64 and 65+~~) by the base year population estimate for each age group, resulting in age specific base use rates;
- 2) Multiply each age specific base use rate by the population projection, 10 years from the base year, to obtain each age group's projected patient days;
- 3) Add the projected days of the age groups to obtain total projected patient days;
- 4) Increase or decrease the projected patient days by a migration patient days factor to obtain total projected patient days. The migration patient days factor is determined as follows:
 - A) Subtract the number of medical-surgical and pediatric in-migration admissions (i.e., non-planning area residents who were admitted to planning area facilities) from the number of out-migration admissions (i.e., planning area residents who were admitted to facilities located outside of the planning area) to obtain either a positive or negative net patient migration number;

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- B) Multiply the net patient migration number by the State's base year average length of stay for the combined medical-surgical and pediatric admissions to obtain net migration patient days for the planning area;
 - C) Multiply the net migration patient days number by .50 (50% statutory adjustment factor) to obtain the migration patient days factor;
- 5) Divide the total projected patient days by the number of days in the projected year to obtain the planning area's projected average daily census (ADC);
 - 6) Divide the ADC by .80 (80% occupancy factor) if the ADC is below 100; by .85 (85% occupancy factor) if the ADC is 100 through 199; and by .90 (90% occupancy factor) if the ADC is 200 or over, to obtain the projected planning area bed need;
 - 7) Subtract the number of existing beds in the planning area from the projected planning area bed need to determine the projected number of surplus (excess) beds or the projected bed deficit or additional beds needed in the area.

(Source: Amended at 34 Ill. Reg. 6067, effective April 13, 2010)

Section 1100.630 In-Center Hemodialysis Category of Service

- a) **Planning Areas**
Planning areas for the in-center hemodialysis category of service are Health Service Areas.
- b) **Age Groups**
For in-center hemodialysis, all ages.
- c) **Utilization Target**
Facilities providing in-center hemodialysis should operate their dialysis stations at or above an average annual utilization rate of 80%, assuming three patient shifts per day per renal dialysis station operating six days a week.

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d) Need Determination

The five-year need determination is a short-term assessment that applies to the planning area need requirements in the 77 Ill. Adm. Code 1110 category of service review criteria. The in-center hemodialysis or end stage renal disease (ESRD) station need is a five year~~10-year~~ projection from the base year. The need for additional treatment stations can be projected utilizing the following methodology:

- 1) Establish a minimum institutional dialysis rate by dividing the total number of institutional dialysis patients in the base year by the State base year population estimate in thousands and multiply the result by .6 (60%).
- 2) Determine each planning area's experienced institutional dialysis rate by dividing the number of patients receiving dialysis in the base year by the planning area population projection in thousands for the base year.
- 3) Multiply each planning area's population projection in thousands by the greater of the minimum institutional dialysis rate or the experienced institutional dialysis rate for the planning area to determine the estimated number of institutional dialysis patients.
- 4) Multiply the planning area's projected number of institutional dialysis patients by a factor of 1.33 (~~5+0~~ year increase in prevalence) to determine the projected number of institutional dialysis patients in the planning area for the projected year.
- 5) Multiply the projected number of annual institutional dialysis patients by 156 (3 treatments/week x 52 weeks) to determine the projected number of institutional procedures.
- 6) Divide the projected number of annual institutional procedures by 749 (3 shifts/day x 6 days/week x 52 weeks/year x .80 utilization target)~~936~~ to determine the projected number of stations needed for the projected year.
- 7) Subtract the number of existing stations from the projected number of needed stations to determine the excess (surplus) or additional (deficit) number of stations needed.

e) 10-Year Need Determination

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The 10-year need determination for in-center hemodialysis or end stage renal disease (ESRD) stations involves a 10-year projection from the base year. This formula is used for long-term planning purposes. The need for additional treatment stations can be projected utilizing the following methodology:

- 1) Establish a minimum institutional dialysis rate by dividing the total number of institutional dialysis patients in the base year by the State base year population estimate in thousands and multiply the result by .6 (60%).
- 2) Determine each planning area's experienced institutional dialysis rate by dividing the number of patients receiving dialysis in the base year by the planning area population projection in thousands for the base year.
- 3) Multiply each planning area's population projection in thousands by the greater of the minimum institutional dialysis rate or the experienced institutional dialysis rate for the planning area to determine the estimated number of institutional dialysis patients.
- 4) Multiply the projected number of annual institutional dialysis patients by 156 (3 treatments/week x 52 weeks) to determine the projected number of institutional procedures.
- 5) Divide the projected number of annual institutional procedures by 749 (3 shifts/day x six days/week x 52 weeks/year x .80 utilization target) to determine the projected number of stations needed for the projected year.
- 6) Subtract the number of existing stations from the projected number of needed stations to determine the excess (surplus) or additional (deficit) number of stations needed.

(Source: Amended at 34 Ill. Reg. 6067, effective April 13, 2010)

Section 1100.670 Specialized Long-Term Care Categories of Service

a) Categories of Service:

- 1) ~~The~~ Chronic Mental Illness (MIM.I); ~~Category of Service,~~
- 2) ~~The~~ Long-Term Care for the Developmentally Disabled (Adult) (DD-

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~~Adult); and Category of Service,~~

3) ~~The Long-Term Care for the Developmentally Disabled (Children) (DD-Children). Category of Service, and~~

4) ~~Long-Term Medical Care for Children.~~

b) Planning Areas:

1) The State of Illinois is utilized for the MI category of service, ~~Chronic Mental Illness and Long-Term Medical Care for Children Categories of Service;~~

2) Health Service Areas are utilized for the DD-Children category of service ~~Developmentally Disabled Children Category of Service.~~

3) For DD-Adult category of service ~~Developmentally Disabled Adults Category of Service:~~

HSA I, HSA II, HSA III, HSA IV, HSA V, HSA X, HSA XI, and the combined HSA's ~~HSA's~~ VI, VII, VIII and IX.

c) Occupancy Targets:

1) Modernization 80%; Additional Beds 90% for the MI category of service ~~Chronic Mental Illness and Long-Term Medical Care for children Categories of Service;~~ and

2) Modernization 80%; Additional Beds 93% for the DD-Adult and DD-Children categories of service ~~Developmentally Disabled Children and Adult Categories of Service.~~

d) Bed Capacity: For facilities licensed pursuant to the Nursing Home Care Act (~~Ill. Rev. Stat. 1991, ch. 111½, par. 4151-101 et seq.~~) [210 ILCS 45], the bed capacity is the licensed bed capacity for the service. ~~In State-operated facilities the bed capacity is the reported functional capacity. For facilities licensed pursuant to the Hospital Licensing Act, the bed capacity is the lesser of measured bed capacity or functional bed capacity per patient room.~~

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- e) Bed Need Determination for the Specialized Categories of Service:
- 1) No formula bed need for the ~~MI and DD-Children~~ categories of service ~~Chronic Mental Illness, Long-Term care for the developmentally disabled (children), and long-term Medical Care for Children~~ Categories of Service has been developed. It is the responsibility of the applicant to document the need for the service by complying with all applicable ~~review criteria~~ Review Criteria contained in 77 Ill. Adm. Code 1110, Subpart S.
 - 2) Bed need for the ~~DD-Adult~~ category of service ~~Long-Term Care for the Developmentally Disabled (adult)~~ Category of Service is calculated in two parts:
 - A) For facilities licensed as ICF/DD 16-bed or fewer, total bed need and the number of additional beds needed are determined by dividing the planning area's projected adult developmentally disabled population by 21.4 to determine the total number of beds needed for developmentally disabled adult residents in the planning area. The number of additional beds needed or excess beds is determined by subtracting the number of existing beds in ICF/DD 16-bed or fewer facilities from the total number of beds needed for developmentally disabled adult residents in the planning area.
 - B) For facilities with more than 16 beds, no bed need formula has been established.

(Source: Amended at 34 Ill. Reg. 6067, effective April 13, 2010)

Section 1100.810 Long-Term Acute Care Hospital Category of Service

a) Planning Areas

HSA 1

HSAs 2 and 10

HSAs 3 and 4

HSAs 5 and 11

HSAs 6, 7, 8 and 9

b) Age Groups

For Long-Term Acute Care Hospital (LTACH) services, all ages.

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- c) Occupancy Target
Facilities that provide LTACH beds should operate those beds at or above an annual minimum occupancy rate of 85%.
- d) Authorized Hospital Bed Capacity
- 1) Any beds in existence prior to **April 15, 2010** that were used as LTACH beds have been reclassified from medical-surgical or ICU beds to LTACH beds.
 - 2) Beds in LTACHs certified by CMMS shall be reclassified by HFSRB in its **Inventory of Health Care Facilities and Services and Need Determinations**.
- e) Need Determination
The following methodology is utilized to determine the projected number of LTACH beds needed in a planning area:
- 1) Divide the patient days for LTACH category of service for the base year by the population for the base year to determine the planning area's experienced use rate.
 - 2) If the experienced use rate is less than 60% of the State's base year use rate, adjust the planning area's use rate to 60% of the State's base year use rate to establish a minimum use rate.
 - 3) Multiply the experienced or minimum use rate by the projected population to obtain projected patient days.
 - 4) Divide total projected patient days by days in year to obtain projected average daily census.
 - 5) Divide the projected average daily census by the occupancy target for the service to obtain the bed need.
 - 6) Calculate the number of beds that should be added in each area by subtracting the number of beds in existing facilities from the number of beds needed.

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(Source: Added at 34 Ill. Reg. 6067, effective April 13, 2010)

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Section 1100.APPENDIX A Applicable Codes and Standards Utilized in 77 Ill. Adm. Code: Chapter II, Subchapter a (Repealed)

~~The following listing of codes and standards is compiled from the current editions of rules and regulations utilized by the Agency for purposes of licensure, certification and accreditation. Should these standards be amended and specific code references added, altered or deleted, the references stated in such regulations shall take precedence over this listing. In addition to these standards and codes, all building codes, ordinances and regulations which are enforced by City, County, or other local jurisdictions in which the facility is, or will be located must be observed.~~

~~STATE OF ILLINOIS CODES AND STANDARDS~~

<u>Codes or Standards:</u>	<u>Agency:</u>
(A) Illinois State Plumbing Code (1976)	Department of Public Health, Environmental Health Protection
(B) Accessibility Standards for the Handicapped (June, 1978)	Capital Development Board
(C) Rules and Regulations for Fire Prevention and Safety (September, 1973)	Office of the State Fire Marshal, Division of Fire Prevention
(D) Rules and Regulations for Food Service Sanitation (1975)	Department of Public Health, Environmental Health Protection
(E) Boiler Safety Act and Boiler Rules and Regulations (1978) (Ill. Rev. Stat. 1981, ch. 111 ½, par. 3201 et seq.)	Office of the State Fire Marshal, Boiler and Pressure Vessel Safety
(F) State of Illinois Safety Glazing Materials Act, 1971 (Ill. Rev. Stat. 1981, ch. 111 ½, par. 3101 et seq.)	State of Illinois, Department of Labor

~~OTHER CODES AND REFERENCES~~

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<u>Codes or Standards:</u>	<u>Agency:</u>
(A) National Fire Protection Association (NFPA) 101 Life Safety Code 1976 Edition (New Health Care Occupancies—Residential—Custodial Care); NFPA 101 Life Safety Code 1967 Edition (Life Safety Code for all Existing Structures); and all appropriate references including, but not limited to: (1) NFPA 10—1975, Standard for Portable Extinguishers. (2) NFPA 10—1978, Standard for Portable Extinguishers. (3) NFPA 13—1976, Installation of Sprinkler Systems. (4) NFPA 13A—1976, Care and Maintenance of Sprinkler Systems. (5) NFPA 56F—1974, Standard for Non-Flammable Medical Gas Systems. (6) NFPA 70—1975, National Electrical Code. (7) NFPA 70—1978, National Electrical Code. (8) NFPA 70—1981, National Electrical Code. (9) NFPA 72—1975, Local Protective Systems. (10) NFPA 90A—1976, Air Conditioning and Ventilating Systems. (11) NFPA 90A—1978, Air Conditioning and Ventilating Systems. (12) NFPA 96—1976, Vapor Removal from Cooking Equipment. (13) NFPA 220—1975, Standard Types of Building Construction. (14) NFPA 220—1979, Standard Types of Building Construction. (15) NFPA 253—1978, Flooring Radiant Heat Energy Test. (16) NFPA 225—1972, Test of Surface Burning Characteristics of Building Materials.	National Fire Protection Association

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- (17) ~~NFPA 255—1979, Test of Surface Burning Characteristics of Building Materials.~~
(18) ~~NFPA 258—1976, Measuring Smoke Generated by Solid Material.~~

National Fire Protection Association

(B) ~~Underwriters' Laboratory, Inc. (UL):~~

- (1) ~~Fire Resistance Index (All Editions)~~
(2) ~~Building Material Directory (All Editions)~~
(3) ~~Standard No. 181—1974, Factory Made Air Duct Materials and Air Duct Conductors.~~

Underwriters' Laboratories, Inc.

(C) ~~American Society for Testing and Materials (ASTM):~~

- (1) ~~Standard No. E-84—1977A, Method of Test for Surface Burning Characteristics of Building Materials (as currently revised in NFPA 255—1979)~~
(2) ~~Standard No. E-90—1975, Recommended Practice for Laboratory Measurement of Airborne Sound Transmission Loss of Building Partitions.~~

American Society for Testing and Materials

(D) ~~American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE):~~

- (1) ~~Handbook of Fundamentals, 1975 and 1977 Editions.~~
(2) ~~Standard No. 52—68, Methods of Testing Air Cleaning Devices Used in General Ventilation for Removing Particulate Matter, 1968.~~
(3) ~~Standard No. 52—76, Methods of Testing~~

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	Air Cleaning Devices Used in General Ventilation for Removing Particulate Matter, 1977.	American Society of Heating, Refrigerating and Air-Conditioning Engineers.
(E)	Uniform Building Code (1976 Edition)	International Conference of Building Contractors
(F)	National Standard Plumbing Code (1976 Edition)	National Association of Plumbing Heating—Cooling Contractors
(G)	American Standards Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped, 1968 (Revised, 1971)	American National Standards Institute
(H)	American National Safety Code for Elevators, Dumbwaiters, Escalators, and Moving Stairs, Standard No. A17.1-1971	American National Standards Institute
(I)	Pamphlet P-2.1-1967, Standard for Medical-Surgical Vacuum Systems in Hospitals	Compressed Gas Association
(J)	Public Health Service Publication No. 934, Food Service Sanitation Manual	Superintendent of Documents, U.S. Government Printing Office
(K)	HUD FT/TS-24, A Guide to Air Borne, Impact and Structure Borne Noise Control in Multi-Family Dwellings	Superintendent of Documents, U.S. Government Printing Office
(L)	National Bureau of Standards (NBS) Technical Note 708—Appendix II, Test Method for Measuring the Smoke Generation Characteristics of Solid Materials	National Bureau of Standards

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- (M) ~~DOP Penetration Test Method MIL-STD No. 282,
Filter Units, Protective Clothing, Gas Mask
Components and Related Products: Performance
Test Methods~~ ~~Navel Publications and Form
Ctr. (5801 Tabor Avenue,
Philadelphia, PA 19120)~~
- (N) ~~National Council on Radiation Protection
(NCRP):~~
- (1) ~~Report No. 33, Medical X-Ray and Gamma
Ray Protection for Energies Up to 10 MEV
Equipment Design and Use.~~
- (2) ~~Report No. 34, Medical X-Ray and Gamma
Ray Protection for Energies 10 MEV
Structural Shielding Design and Evaluation.~~
- ~~National Council on Radiation
Protection~~

(Source: Repealed at 34 Ill. Reg. 6067, effective April 13, 2010)

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- 1) Heading of the Part: Processing, Classification Policies and Review Criteria
- 2) Code Citation: 77 Ill. Adm. Code 1110
- 3)

<u>Section Numbers</u> :	<u>Adopted Action</u> :
1110.234	Amended
1110.APPENDIX B	Amended
- 4) Statutory Authority: Illinois Health Facilities Planning Act [20 ILCS 3960/12]
- 5) Effective Date of Rulemaking: April 13, 2010
- 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: May 1, 2009; 33 Ill. Reg. 6171
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: The following changes were made in response to comments received during the first notice or public comment period:
 1. In Section 1110.234(e)(1), the language for "Assurances" was replaced with the following language which allows the applicant to attest to understanding the requirements, but does not require a guarantee that utilization standards will be met:

"The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the end of the second year of operation after project completion, the applicant will meet or exceed the utilization standards specified in Appendix B."

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2. In Section 1110.Appendix B, in the table for "Hospital-Based Services", in the row beginning with "Accelerator", "7500 visits" was changed to "7500 treatments".

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

1. In the "Authority" section, "Implementing and authorized by" was changed to "Authorized by Section 12 of and implementing".
2. In Section 1110.Appendix B, following the table for "Hospital-Based Services", the agency note was changed to:

"HFSRB NOTE: The standards for Post-Anesthesia Recovery Phase I and Post-Anesthesia Recovery Phase II shall be used as the standards for recovery stations associated with Surgical Operating Suite (Class C) and Surgical Procedure Suite (Class B)."

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:

Section 1110.234 is updated with provisions for variance or deviation to the standards, as follows:

1. Size of the project shall be within the square footage standards in Section 1110.Appendix B. Any deviation to the standards, must be justified by submitting architectural floor plans and by documenting one or more of the following:
 - A. Operational needs certified by Medical Director
 - B. Physical configuration has constraints that require an architectural

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design that exceeds the standards.

- C. Governmental requirements that did not exist when the standards were adopted
2. Applicants shall comply with the utilization standards in Section 1110. Appendix B. If standards are not met, utilization shall be justified by documenting all of the following:
- A. Clinical encounter times for anticipated procedures in key rooms
 - B. Preparation and clean up times, as appropriate
 - C. Operational availability
 - D. Other operational factors
3. For services where no standards for utilization or square footage exist, applicants shall justify the space in their own terms and methodology.
4. Standards for square footage and utilization in Section 1110. Appendix B were updated to:
- A. Consolidate standards for acute care bed services including; Medical Surgical, Pediatric, Obstetrics and Long Term Acute Care.
 - B. Establish ranges for square footage for Medical Surgical, Pediatric, Obstetric, Long Term Acute Care, Labor Delivery Recovery; Labor Delivery Recovery Postpartum, Acute Mental Illness, Comprehensive Rehabilitation, Hospital- Based Long Term Care, Intensive Care Unit and Neonatal Intensive Care bed services, as well as the freestanding facilities.
 - C. Differentiate square footage standards for hospital-based departments and freestanding facilities.
 - D. Establish different standards for departmental gross square footage (dgsf) and building gross square footage (bgsf)
 - E. Delete existing standards that are based per bed units including

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Central Sterile Supply; Physical Therapy; Respiratory Therapy; Speech; Audiology; Laboratory; and Pharmacy.

- F. Add square footage and utilization standards for PET equipment, radiation therapy and C-section rooms.
- 16) Published Studies or Report, and sources of underlying data, used to compose this rulemaking: Utilization reported in the IDPH Annual hospital questionnaires; and American Institute of Architects, (AIA) recommendations.
- 17) Information and questions regarding these adopted amendments shall be directed to:

Claire Burman
Coordinator, Rules Development
IHFSRB
122 S. Michigan Avenue, 7th Floor
Chicago, IL 60603

312/814-8814
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The full text of the Adopted Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH

CHAPTER II: HEALTH FACILITIES ~~AND SERVICES REVIEW~~ PLANNING BOARD

SUBCHAPTER a: ILLINOIS HEALTH CARE FACILITIES PLAN

PART 1110

PROCESSING, CLASSIFICATION POLICIES AND REVIEW CRITERIA

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- 1110.510 Introduction (Repealed)
- 1110.520 Medical/Surgical, Obstetric, Pediatric and Intensive Care – Definitions (Repealed)
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AUTHORITY: Authorized by Section 12 of and implementing the Illinois Health Facilities Planning Act [20 ILCS 3960/12].

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;

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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; amended at 34 Ill. Reg. 6121, effective April 13, 2010.

SUBPART C: GENERAL PURPOSE, MASTER DESIGN, AND
FACILITY CONVERSION – INFORMATION REQUIREMENTS AND REVIEW CRITERIA

Section 1110.234 Project Scope and Size, Utilization and Unfinished/Shell Space – Review Criteria

a) Size of Project – Review ~~Criteria~~Criterion

1) The applicant shall document that the ~~amount of~~ physical space proposed for the project is necessary ~~and appropriate and not excessive~~. The proposed ~~gross~~-square footage (~~SFGSF~~) cannot ~~deviate from~~~~exceed~~ the ~~SFGSF~~ ~~range indicated in~~ standards of Appendix B, ~~or exceed the SF~~ ~~standard in Appendix B if the standard is a single number~~, unless ~~SF~~~~the~~ ~~additional~~ GSF can be justified by documenting, ~~as described in~~ subsection (a)(2). ~~one of the following:~~

2)+ If the project SF is outside the standards in Appendix B, the applicant shall submit architectural floor plans (see HFSRB NOTE) of the project identifying all clinical service areas and those clinical service areas or components of those areas that do not conform to the standards. The applicant shall submit documentation of one or more of the following: Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

A)2) The proposed space is appropriate and neither excessive nor deficient in relation to the scope of services provided, as justified by clinical or operational needs; supported by published data or studies, as available; and certified by the facility's Medical Director; or ~~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;~~

B)3) The existing facility's physical configuration has constraints that

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~~require an architectural design that exceeds the standards of Appendix B, as documented by architectural drawings delineating the constraints or impediments, in accordance with this subsection (a); or The project involves the conversion of existing bed space that results in excess square footage.~~

- C) Additional space is mandated by governmental or certification agency requirements that were not in existence when the Appendix B standards were adopted.

HFSRB NOTE: Architectural floor plans submitted shall identify clinical service areas or components and shall designate the areas in square footage. Architectural floor plans must be of sufficient accuracy and format to allow measurement. Format may be either a digital drawing format (.dwg file or equivalent) or a measurable paper copy 1/16th scale or larger.

b) Project Services Utilization – Review Criterion

The applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Appendix B. The number of years projected shall not exceed the number of historical years documented. If the applicant does not meet the utilization standards in Appendix B, or if service areas do not have utilization standards in 77 Ill. Adm. Code 1100, the applicant shall justify its own utilization standard by providing published data or studies, as applicable and available from a recognized source, that minimally include the following:

- 1) Clinical encounter times for anticipated procedures in key rooms (for example, procedure room, examination room, imaging room);
- 2) Preparation and clean-up times, as appropriate;
- 3) Operational availability (days/year and hours/day, for example 250 days/year and 8 hours/day); and
- 4) Other operational factors.

~~This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFPB has not~~

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~~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) Size of the Project and Utilization:
For clinical service areas for which norms are not listed in Appendix B (for example, central sterile supply, laboratory, occupational therapy, pharmacy, physical therapy, respiratory therapy, cardiac rehabilitation, speech pathology and audiology), the applicant shall document that the proposed departmental gross square footage is necessary and appropriate. The documentation shall consist of:
- 1) Basis for the determination of the space (for example, key rooms, equipment, personnel, utilization, etc.); and
 - 2) Methodology applied.
- d)e) 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 ~~shall~~must document that the amount of shell space proposed for each department or clinical service area is justified, and that ~~the such~~ space will be consistent with~~not exceed~~ the GSF standards of Appendix B as stated in subsections (a) and (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 SFGSF 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

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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.

e)4) Assurances

The applicant shall submit the following:

- 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 end of the second year of operation after the project completion, the applicant will meet or exceed the utilization standards specified in Appendix B.
- 2) For shell space, the applicant shall submit the following:
 - A) Verification that the applicant will submit to ~~HFSRB~~~~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;
 - B)2) The ~~anticipated~~~~estimated~~ date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
 - C)3) The ~~estimated~~~~anticipated~~ date when the shell space will be completed and placed into operation.

(Source: Amended at 34 Ill. Reg. 6121, effective April 13, 2010)

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Section 1110. APPENDIX B State Guidelines – Square Footage and Utilization ~~State and National Norms~~

The following area standards are established for departments, clinical service areas and facilities. All Diagnostic and Treatment utilization numbers are the minimums per unit for establishing more than one unit, except where noted in 77 Ill. Adm. Code 1100. HFSRB shall periodically evaluate the guidelines to determine if revisions should be made. Any revisions will be promulgated in accordance with the provisions of the Illinois Administrative Procedure Act [5 ILCS 100].

Definitions pertaining to this Appendix are contained in 77 Ill. Adm. Code 1100.220.

HOSPITAL-BASED SERVICES

For hospitals, area determinations for departments and clinical service areas are to be made in departmental gross square feet (dgsf). Spaces to be included in the applicant's determination of square footage shall include all functional areas minimally required by the Hospital Licensing Act, applicable federal certification, and any additional spaces required by the applicant's operational program.

<u>Service Areas</u>	<u>Square Feet/Unit or Key Room</u>	<u>Annual Utilization/Unit</u>
<u>ACUTE CARE</u>		
<u>Medical-Surgical, Pediatric, Obstetric & Long-Term Acute Care Service</u>	<u>500-660 dgsf/Bed</u>	<u>See 77 Ill. Adm. Code 1100</u>
<u>Newborn Nursery (includes Level I, Level II, and Level II+ with extended neonatal capabilities)</u>	<u>160 dgsf/Obstetrics Bed & LDRP</u>	
<u>Labor Delivery Recovery (LDR)</u>	<u>1120-1600 dgsf/Room</u>	<u>400 Births/LDR Room</u>
<u>Labor Delivery Recovery Post-partum (LDRP)</u>	<u>1120-1600 dgsf/Bed</u>	<u>See 77 Ill. Adm. Code 1100</u>
<u>C-Section Suite</u>	<u>2075 dgsf/OR</u>	<u>800 Procedures/Room</u>
<u>Acute Mental Illness Service</u>	<u>440-560 dgsf/Bed</u>	<u>See 77 Ill. Adm. Code 1100</u>

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Comprehensive Physical Rehabilitation Service	525-660 dgsf/Bed	See 77 Ill. Adm. Code 1100
Hospital-Based Long-Term Care	440-560 dgsf/Bed	See 77 Ill. Adm. Code 1100
CRITICAL CARE		
Intensive Care Service	600-685 dgsf/Bed	See 77 Ill. Adm. Code 1100
Neonatal Intensive Care (NICU) or Level III Nursery	434-568 dgsf/Bed or Bassinet	See 77 Ill. Adm. Code 1100
DIAGNOSTIC AND TREATMENT		
Diagnostic/Interventional Radiology (Excludes portables & mobile equipment/Utilization)		
• General Radiology	1300 dgsf/Unit	8000 procedures
• Fluoroscopy/Tomography/Other X-ray procedures	1300 dgsf/Unit	6500 procedures
• Dedicated Chest	900 dgsf/Unit	9000 procedures
• Mammography	900 dgsf/Unit	5000 visits
• Ultra-Sound	900 dgsf/Unit	3100 visits
• Angiography (Special Procedures)	1800 dgsf/Unit	1800 visits
• CT Scan	1800 dgsf/Unit	7000 visits
• PET	1800 dgsf/Unit	3600 visits
• MRI	1800 dgsf/Unit	2500 procedures
• Nuclear Medicine	1600 dgsf/Unit	2000 visits
Radiation Therapy		
• Accelerator	2400 dgsf/ Accelerator	7500 treatments
• Simulator	1800 dgsf/ Simulator	

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Emergency Department	900 dgsf/ Treatment Station	2000 visits/station/year
Cardiac Catheterization	1800 dgsf	See 77 Ill. Adm. Code 1100 for establishment of service 1500 visits/year for additional units
Ambulatory Care	800 dgsf	2000 visits/year
Surgical Operating Suite (Class C)	2750 dgsf/ Operating Room	1500 hrs/Operating Room
Surgical Procedure Suite (Class B)	1100 dgsf/ Procedure Room	1500 hrs/Procedure Room
Post-Anesthesia Recovery Phase I	180 dgsf/Recovery Station	
Post-Anesthesia Recovery Phase II	400 dgsf/Recovery Station	
In-Center Hemodialysis	470 dgsf/Station	See 77 Ill. Adm. Code 1100

HFSRB NOTE: The standards for Post-Anesthesia Recovery Phase I and Post-Anesthesia Recovery Phase II shall be used as the standards for recovery stations associated with Surgical Operating Suite (Class C) and Surgical Procedure Suite (Class B).

OTHER FACILITIES

The following standards apply to new construction, the development of freestanding facilities, modernization, and the development of facilities in existing structures, including the use of leased space. For new construction, the standards are based upon the inclusion of all building components and are expressed in building gross square feet (bgsf). For modernization projects, the standards are based upon interior build-out only and are expressed in departmental gross square feet (dgsf). Spaces to be included in the applicant's determination of square footage shall include all functional areas minimally required for the applicable service areas by the appropriate rules required for IDPH licensure and/or federal certification and any additional spaces required by the applicant's operational program.

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<u>Service Areas</u>	<u>Square Feet/Unit</u>	<u>Annual Utilization/Unit</u>
<u>General Long-Term Care</u>	<u>435-713 bgsf/Bed</u> <u>350-570 dgsf/Bed</u>	<u>See 77 Ill. Adm. Code 1100</u>
<u>ICF/DD Facilities</u>	<u>505-580 bgsf/Bed</u> <u>404-464 dgsf/Bed</u>	<u>See 77 Ill. Adm. Code 1100</u>
<u>Ambulatory Surgical Treatment Center (ASTC)</u> • <u>Operating Room</u> • <u>Procedure Room</u> • <u>Recovery</u>	<u>2075-2750 bgsf/Treatment Room</u> <u>1660-2200 dgsf/Treatment Room</u>	<u>Maximum of 4 recovery stations per operating room</u> <u>1500 hrs of Surgery/OR or Procedure Room</u>
<u>In-Center Hemodialysis</u>	<u>450-650 bgsf/Room</u> <u>360-520 dgsf/Room</u>	<u>See 77 Ill. Adm. Code 1100</u>
<u>Freestanding Emergency Center</u>	<u>840-1170 bgsf/Treatment Station</u> <u>672-936 dgsf/Treatment Station</u>	<u>2000 visits/Treatment Room/year</u>

The following norms are established for gross square footage by department and/or utilization of medical equipment. NOTE: Gross Square Footage indicated as gft².

<u>Department</u>	<u>State Norms</u>
<u>Acute Mental Illness Beds</u>	<u>586 gft²/Bed (Psych)</u>
<u>Ambulatory Care</u>	<u>4.1 Clinic Visits/gft² or 667 gft²/Treatment Room (based upon 2,000 visits per room)</u>
<u>Ambulatory Surgical Treatment Centers</u>	<u>2,750 gft²/Treatment Room (based upon 1,500 hours of surgery per room)</u>
<u>Cardiac Catheterization</u>	<u>1,596 gft²/Laboratory</u>
<u>Central Sterile Supply</u>	<u>18 gft²/Bed (Total)</u>

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Conversion of Hosp. Acute Care Beds to Skilled Care	429 gft²/Bed (Total)
Diagnostic Radiology	1,386 gft²/Procedure Room or 5.5 Procedures/gft² (based upon 6,500 procedures/general x-ray room, 2,000 visits per mammography room, 2,000 visits per ultrasound room, 400 procedures per angiography room, and 2,000 visits per special procedures room (computerized tomography, multi-directional tomography, etc.))
Emergency Room	744.6 gft²/Treatment Room (based upon 2,000 per treatment room per year) or 3.1 visits per gft²
Hemodialysis	470 gft²/Room
ICF/DD Facilities—16 or less	369 gft²/Bed (Total)
ICF/DD Facilities Over 16 Beds)	564 gft²/Bed (Total)
Intensive Care Beds	603 gft²/Bed (ICU)
Laboratory (includes blood bank)	225 gft²/Full-Time Equivalent or 36 gft²/Bed (Total)
Labor Delivery Recovery	23 gft²/Bed or 4.6 gft²/Procedure or 1975 gft²/Needed Delivery Room (based upon 750 Live Births/Delivery Room)
LDRP	1,119 gft²/Bed
Medical Surgical Beds	401 gft²/Bed (M-S)
MRI	3,400 gft²/unit (2,000 visits per MRI)
Neonatal High Risk Beds	355 gft²/Bed (Neo)

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Newborn Nursery	152 gft²/Bed (Obstetrics)
Nuclear Medicine	2.9 Procedures/gft² or 1,135 gft²/Treatment Room or 11.7 gft²/Bed (Total) (based upon 2,000 visits per piece of equipment)
Nursing Care Facilities	414 gft²/Bed (Total)
Obstetric Beds	476 gft²/Bed (OB)
Occupational Therapy	4.3 gft²/Bed (Total less ICU and OB)
Pediatric Beds	420 gft²/Bed (Ped)
Pharmacy	12.0 gft²/Bed (Total)
Physical Therapy	7.5 Treatments/gft² or 23 gft²/Bed (M-S, Peds, Rehab, Burn and LTC)
Recovery (Surgical)	180 gft²/Recovery Station (based upon maximum of 4 stations per needed operating room)
Rehabilitation Beds	588 gft²/Bed (Rehab)
Respiratory Therapy	20.5 Procedures/gft² or 8.9 gft²/Bed
Speech Pathology/Audiology	1.8 gft²/Bed (Total)
Surgery	2,078 gft²/Surgical Room (based upon 1,500 hours of surgery per operating room per year)

~~The State Board shall periodically evaluate the norms to determine if revisions should be made. Any revisions shall be promulgated in accordance with the provisions of the Illinois Administrative Procedure Act [5 ILCS 100].~~

(Source: Amended at 34 Ill. Reg. 6121, effective April 13, 2010)

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- 1) Heading of the Part: Health Facilities and Services Financial and Economic Feasibility Review
- 2) Code Citation: 77 Ill. Adm. Code 1120
- 3)

<u>Section Numbers</u> :	<u>Adopted Action</u> :
1120.20	Amended
1120.110	Amended
1120.120	Amended
1120.130	Amended
1120.210	Repealed
1120.310	Renumbered
1120.APPENDIX A	Amended
- 4) Statutory Authority: Illinois Health Facilities Planning Act [20 ILCS 3960/12]
- 5) Effective Date of Rulemaking: April 13, 2010
- 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: 33 Ill. Reg. 6192; May 1, 2009
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: The following changes were made in response to public comment:

Throughout the Part, "HFPB" (Health Facilities Planning Board) was replaced with "HFSRB" to reflect the agency's name change.

In Section 1120.140(a)(2)(A), "for hospitals and 1.5 for all other facilities" was added after "times" to clarify a difference in financial factors.

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In Section 1120.Appendix A, the standard long-term debt to capitalization ratios for both non-profit and for-profit hospitals were changed to "50% or less". Also, an HFSRB note was added explaining how the Board will review cost per square foot data.

Source information for various standards, procedures, and publications referenced in the rulemaking was added or updated.

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

In Section 1120.20(c)(1), "charity care" was changed to "charity care cost".

In Section 1120.Appendix A(a)(5), "The source" was changed to "Current fees for services".

Updated source information was added and various typographical, grammatical, and form changes were also made.

- 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:
 - Language has been revised in the existing rules to update and clarify financial and economic feasibility standards.
 - The existing rules require all applicants and co-applicants to submit their financial information. The proposed rules require that only applicants or co-applicants responsible for funding the project or those guaranteeing the funding of the project shall submit financial information concerning the proposed project
 - Charity care reporting requirements have been added.
 - Applicants that have a bond rating of "A-" or better from Fitch's or Standard and Poor's rating agencies, or "A3" or better from Moody's are not required to address

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Sections on: "Availability of Funds"; "Financial Viability"; and portions of "Economic Feasibility Review Criteria". In the existing rules, each of these Sections is applicable unless the applicant has an "A" bond rating from Fitch's, Moody's or Standard and Poor's rating agencies.

- In Section 1120.110(a)(7), "Architectural and Engineering fees", reference has been added for "basic services".
- Applicants are required to identify the project development schedule and construction development schedules in the application.
- Language has been clarified in Section 1120.120 "Availability of funds" concerning "mortgages".
- Two sections: (Section 1120.130 – "Information Requirements for Economic Feasibility" and Section 1120.210 – "Financial Feasibility" review criteria) have been combined into one (Section 1120.130 – "Financial Viability – Review Criterion").
- Financial viability waivers have been added wherein an applicant does not need to provide financial ratios if:
 - 1) the project is completely funded through internal resources such as cash (available when application is deemed complete), securities or received pledges
 - 2) current debt financing or project debt financing is or anticipated to be insured by MBIA Inc, or equivalent
 - 3) provide a third party surety bond or performance bond letter from an A-rated guarantor (insurance company, bank or investing firm) guaranteeing project completion within approved financial and project criteria.
- Standards in Section 1120.Appendix A have been updated as follows:
 - 1) Language to clarify calculation of inflation factor has been added.
 - 2) A table to adjust "Cost Complexity Index" for hospitals has been added. Definitions pertaining only to this index have been added to the Appendix.

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- 3) Financial ratios have been updated.
 - 4) Hospitals and long term care facilities have been classified as: system; non-system; for-profit; not-for-profit; and governmental facilities, for calculation of ratios.
 - 5) Intermediate care facilities for developmentally disabled will be included in the long term care facility standards.
- 16) Information and questions regarding these adopted amendments shall be directed to:

Claire Burman
Coordinator, Rules Development
122 S. Michigan Avenue, 7th Floor
Chicago, IL 60603

312/814-8814
Claire.Burman@illinois.gov

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

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH

CHAPTER II: HEALTH FACILITIES ~~AND SERVICES REVIEW~~ ~~PLANNING~~-BOARD
SUBCHAPTER b: OTHER BOARD RULES

PART 1120

HEALTH FACILITIES ~~AND SERVICES~~~~PLANNING~~ FINANCIAL AND
ECONOMIC FEASIBILITY REVIEWSUBPART A: STATUTORY AUTHORITY, DEFINITIONS,
~~INTRODUCTION AND~~ APPLICABILITY ~~AND REVIEW REQUIREMENTS~~

Section

1120.10 Statutory Authority and Definitions

1120.20 ~~Financial and Economic Feasibility – Introduction and~~ Applicability ~~and Review~~
~~Requirements~~SUBPART B: INFORMATION REQUIREMENTS ~~AND REVIEW CRITERIA~~

Section

1120.110 Project and Related Cost Data – ~~Review Criteria~~1120.120 ~~Availability of Funds – Review Criteria~~ ~~Information Requirements for Financial~~
~~Feasibility~~1120.130 ~~Financial Viability – Review Criteria~~ ~~Information Requirements for Economic~~
~~Feasibility~~~~1120.140~~ ~~1120.310~~ Economic Feasibility – ~~Review Criteria~~

SUBPART C: FINANCIAL FEASIBILITY REVIEW CRITERIA

Section

1120.210 Financial Feasibility Review Criteria (~~Repealed~~)

SUBPART D: ECONOMIC FEASIBILITY REVIEW CRITERIA

Section

1120.310 Economic Feasibility Review Criteria (~~Renumbered~~)

1120.APPENDIX A Financial and Economic Review Standards

AUTHORITY: Authorized by Section 12 of and implementing the Illinois Health Facilities

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Planning Act [20 ILCS 3960].

SOURCE: Emergency amendments at 16 Ill. Reg. 13132, effective August 4, 1992, for a maximum of 150 days; emergency expired on January 1, 1993; adopted at 17 Ill. Reg. 4431, effective March 22, 1993; recodified at 20 Ill. Reg. 2596; amended at 21 Ill. Reg. 15872, effective January 1, 1998; amended at 24 Ill. Reg. 6052, effective April 7, 2000; amended at 27 Ill. Reg. 2960, effective February 21, 2003; amended at 34 Ill. Reg. 6143, effective April 13, 2010.

SUBPART A: STATUTORY AUTHORITY, DEFINITIONS,
INTRODUCTION AND APPLICABILITY ~~AND REVIEW REQUIREMENTS~~

Section 1120.20 Financial and Economic Feasibility – Introduction and Applicability
Applicability and Review Requirements

a) Introduction

- 1) This Section contains the review criteria that pertain to the financial and economic feasibility of a project. HSFRB shall consider a project's conformance with these criteria (as applicable) as well as a project's conformance with all other applicable review criteria.
- 2) All applications shall be subject to this Part except for those that are classified as emergency and those that have no estimated project cost.

b) Financial Information of Applicants and Co-applicants

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

c) Charity Care

- 1) All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
- 2) If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide

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documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3) If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

HFSRB NOTE: The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

Section 1120.120 Availability of Funds – Review Criteria

Section 1120.130 Financial Viability – Review Criteria

Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

d) Project Types and Applicable Review Criteria

1) Unless otherwise stated, only the applicants or co-applicants that are responsible for funding or guaranteeing funding of the project shall provide the documentation required by the applicable review criteria.

2) For projects owned/operated by the State of Illinois, exclusive of the University of Illinois hospital, the following review criteria apply:

A) Section 1120.110 Project and Related Cost Data – Review Criteria;

B) Section 1120.120 Availability of Funds – Review Criteria;

C) Section 1120.130 Financial Viability – Review Criteria; and

D) Section 1120.140 Economic Feasibility – Review Criteria;

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i) Subsection (c) Reasonableness of Project and Related Cost – Review Criteria;

ii) Subsection (d) Projected Operating Cost.

3) For all projects except those owned/operated by the State of Illinois, exclusive of the University of Illinois hospital, all Sections in this Part apply.

a) Applicability

The State Board shall review applications for permit to determine financial and economic feasibility pursuant to the standards and criteria of this Part. All applications shall be subject to this Part except for:

- 1) those applications which are classified as emergency under 77 Ill. Adm. Code 1130; or
- 2) those applications which are solely for discontinuation provided that the discontinuation has no cost; or
- 3) those applications which are solely for the establishment of the acute care beds certified for extended care category of service provided the establishment has no cost; or
- 4) those applications which have been deemed complete pursuant to the provisions of 77 Ill. Adm. Code 1130, prior to the effective date of this Part.

b) Review Category

- 1) Applications for permit submitted by persons other than the Department of Human Services and the Department of Veterans' Affairs shall be categorized as Category A or B pursuant to the following:
 - A) Category A—applications which have no project cost or an estimated total project cost below \$2 million and which do not propose the establishment of a new category of service or of a health care facility;

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- ~~B) Category B—all applications which are not Category A.~~
- 2) ~~Applications submitted by the Department of Human Services and by the Department of Veterans' Affairs shall not be categorized. Those applications must provide the information required by Sections 1120.110 and 1120.120, and be reviewed for conformance with the review criteria of Sections 1120.210(b) and 1120.310(d).~~
- 3) ~~Category B projects which are master design projects shall be reviewed for the financial and economic compliance of the master design costs. The applicant shall comply with all information requirements and be reviewed against the applicable review criteria for Category B projects. In addition the master plan and future construction or modification project(s) associated with the master design shall be reviewed for both financial and economic feasibility. All proposed future projects detailed in the master design project shall also be reviewed as Category B projects subject to the referenced review criteria excluding Conditions of Debt Financing (Section 1120.310(b)), Reasonableness of Project Costs (Section 1120.310(c)), and Reasonableness of Resultant Operating Costs (Section 1120.310(d)).~~
- e) ~~Information Requirements~~
~~Applicants (including co-applicants) other than the Departments of Veterans' Affairs and Human Services must provide the information specified in Table I according to the application's review category. When there are co-applicants to a proposed project, the information required in Table I must be provided for each co-applicant.~~

Table I

Information Requirements	Review Category	
	A	B
Project and Related Cost Data (Section 1120.110)	Yes	Yes
Financial Feasibility (Section 1120.120)	Yes	Yes
Bond Rating or Historical Financial Statements (Section 1120.130(a))	Yes	Yes

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Projected Operating Costs (Section 1120.130(c))	Yes	Yes
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- d) ~~Review Criteria~~
~~Category A and B applications will be reviewed for conformance with the applicable review criteria specified in Table II.~~

Table II

Applicable Review Criteria	Review Category	
	A	B
Financial Viability (Section 1120.210(a))	Yes	Yes
Availability of Funds (Section 1120.210(b))	Yes	Yes
Operating Start Up Costs (Section 1120.210(c))	No	Yes
Reasonableness of Financing Arrangements (Section 1120.310(a))	No	Yes
Conditions of Debt Financing (Section 1120.310(b))	Yes	Yes
Reasonableness of Project Costs (Section 1120.310(c))	Yes	Yes
Projected Operating Costs (Section 1120.310(d))	Yes	Yes
Total Effect on Capital Costs (Section 1120.310(e))	No	Yes
Non-Patient Related Services (Section 1120.310(f))	No	Yes

(Source: Amended at 34 Ill. Reg. 6143, effective April 13, 2010)

SUBPART B: INFORMATION REQUIREMENTS AND REVIEW CRITERIA

Section 1120.110 Project and Related Cost Data – Review Criteria

- a) Estimated Total Project Cost

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The applicant shall provide the estimated total project cost, including the amounts for each cost component (line item) applicable to the project. When a project or any component of a project is to be accomplished by lease, donation, gift or any similar means, the fair market value or dollar value that would have been required for purchase, construction or acquisition shall be included in the estimated total project cost. The applicant shall submit documentation as to the fair market or dollar value as defined in 77 Ill. Adm. Code 1130.140. Costs shall be provided for the following components (line items), as applicable:

- 1) Preplanning Costs – those costs incurred prior to the submission of an application, such as development and feasibility studies, market studies, legal fees, bid solicitation, etc.;
- 2) Site Survey and Soil Investigation Fees – the costs for surveying of a proposed project site and related soil investigation fees;
- 3) Site Preparation Costs – costs such as rental of equipment for earthwork, concrete, lifting and hoisting, site drainage, utilities, demolition of existing buildings or structures on site, clearing, grading and related earthwork;
- 4) Off-site Work Costs – all costs related to off-site activities such as drainage, pipes, utilities, sewage, traffic signals, roads and walks;
- 5) Construction and Modernization Contracts – all costs and expenses covered under the construction contract, including major medical and other fixed equipment, contractor's overhead and profit;
- 6) Contingencies – a cost allowance to be used solely for unforeseeable events relating to construction or modernization costs;
- 7) Architectural and Engineering Fees – the costs associated with the design, development of contract documents, and construction administration related to the proposed project, including only those fees defined as "basic services" in Document B101-2007, Standard Form of Agreement Between Owner and Architect (www.aia.org), (American Institute of Architects, 1735 New York Ave., NW, Washington DC 20006-5292, 800/242-3837; 2007, no later editions or amendments included);

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- 8) Consulting and Other Fees – the costs and charges for the services of various types of consulting and professional expertise, including environmental impact, computer software fees, certificate of need fees, etc. (the applicant shall provide a detailed listing of types and amounts of such fees);
- 9) Capital Equipment Not Included in Construction Contracts – the cost of all fixed and movable capital equipment, including any movable major medical equipment and the cost of installation of the equipment, excluding any trade-in allowances on existing equipment, that are not included in construction contracts;
- 10) Bond Issuance Expense – all costs associated with the issuance of bonds to finance a project, including issuer's fees, bond counsel's fees, official statements (feasibility study), official statement printing, printing of bonds, survey of the collateral site, title insurance to property, auditor's fees, trustee fees, underwriters' discount, and government fees (if applicable);
- 11) Net Interest Expense During Construction – the cost representing the difference between interest earned on funds for construction and interest expense on the amount of borrowed funds;
- 12) Other Costs that Are To Be Capitalized – miscellaneous fees, expenses (e.g., asbestos removal, mold treatment, temporary insurance, workers' compensation, surface parking lots, temporary roads or paving, lighting, fencing, security, etc., that are not included in construction contracts) and working capital expenses related to the project (the applicant shall provide a detailed listing of all other fees and expenses and the amount of each);
- 13) Acquisition of Buildings or Other Property (excluding land) – the cost incurred (or the fair market value) for the acquisition of buildings or property for the project. Any acquisition that has occurred within two years prior to the date of application for permit submission must be included as part of project costs.

HFSRB NOTE: If the acquisition is by a lease, and the terms of the lease include capital improvements to the property, then those capital improvements are to be listed separately.

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b) Related Project Cost Data and Information Requirements

The applicant shall provide the following information related to the project, as applicable.

- 1) Land Acquisition Cost – the purchase price or fair market value, whichever is applicable, for the acquisition of land that has been acquired within two years prior to the date of application for permit submission or that will be required in order to undertake the project. Acquisition of land is not included as part of total estimated project costs.
- 2) Operating Start-up Costs – the estimated non-capitalized operating start-up costs, including any estimated initial operating deficit, and any other necessary amounts to make the project operational (AMPO). Any capitalized costs that are related to the start-up costs of a facility must be included in the total estimated project cost.
- 3) Project Development Schedule – a project completion schedule that provides the project start date, the estimated date when one third of the total estimated project cost will be expended, and the anticipated date for completion of the project.

HFSRB NOTE: Project completion includes all post-construction activities, including installation of furnishings and equipment, inspections and training of staff. (Applicant should refer to definition of "Project Completion" in 77 Ill. Adm. Code 1130.140.)

- _____ 4) Construction Schedule – a construction schedule that provides the dates for construction start and midpoint of construction and anticipated date for construction completion.
- _____ 5) Debt Service Reserve Fund – the amount that will be placed in a debt service reserve fund and the terms of and conditions on uses of the fund.

a) Estimated Total Project Cost

The applicant shall provide project cost information for each of the following components as is applicable. When a project or any component of a project is to be accomplished by lease, donation, gift or any other means, the fair market value

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~~or dollar value which would have been required for purchase, construction, or acquisition shall be included in the estimated total project cost. The applicant shall submit documentation as to the fair market or dollar value in accordance with the requirements of 77 Ill. Adm. Code 1190.40.~~

- ~~1) Preplanning costs—includes costs incurred prior to the submission of an application, such as development and feasibility studies, market studies, legal fees, bid solicitation, etc.;~~
- ~~2) Site survey and soil investigation fees—includes costs for surrounding surveying of a proposed project site and resulting soil investigation fees;~~
- ~~3) Site preparation—includes costs of rental equipment for earthwork, concrete, lifting and hoisting, site drainage, utilities, demolition of existing structures, clearing, grading and earthwork;~~
- ~~4) Off-site work—includes costs of drainage, pipes, utilities, sewage, roads, and walks;~~
- ~~5) Construction and modernization contracts—includes expenses covered under the construction contract, including major medical and other fixed equipment, contractor's overhead and profit;~~
- ~~6) Contingencies—means an allowance for unforeseeable events relating to construction or modernization;~~
- ~~7) Architectural & engineering fees—includes fees associated with the development and implementation of drawings and design materials for a proposed project;~~
- ~~8) Consulting and other fees—includes charges for the services of various types of consulting and professional expertise, including environmental impact, acoustical studies, computer software fees, etc.;~~
- ~~9) Movable capital equipment not in construction contracts—includes the cost of all movable capital equipment, including any movable major medical equipment and the cost of installation of the equipment, excluding any trade-in allowances on existing equipment;~~

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- 10) ~~Bond issuance expense—includes all costs associated with the issuance of bonds to finance a project, including issuer's fees, bond counsel's fees, official statements (feasibility study), official statement printing, printing of bonds, survey of the collateral site, title insurance to property, auditor's fees, trustee fees, underwriters' discount, and government fees (if applicable);~~
 - 11) ~~Net interest expense during construction—means the difference between interest earned on funds for construction and interest expense on the amount of borrowed funds;~~
 - 12) ~~Other costs which are to be capitalized—includes miscellaneous fees and working capital expenses related to the project; and~~
 - 13) ~~Acquisition of buildings or other property—includes the cost incurred (or the fair market value) for the acquisition of buildings or property for the project. Any acquisition which has occurred within two years from the date the application for permit is submitted must be included as part of project costs.~~
- b) ~~Related Cost Data~~
- 1) ~~Land Acquisition Cost~~
~~The applicant shall provide the purchase price or fair market value, whichever is applicable, for the acquisition of land that is required in order to undertake the project. Acquisition of land is not a capital expenditure and is not included as part of project costs.~~
 - 2) ~~Operating Start-up Costs~~
~~The applicant shall provide a schedule of estimated non-capitalized operating start-up costs and an estimate of any initial operating deficit.~~
~~AGENCY NOTE: Any capitalized costs which are related to the start-up costs of a facility must be included in the total estimated project cost.~~
 - 3) ~~Construction and Modernization Costs and Schedule~~
~~The applicant shall provide a construction or project completion schedule which details the anticipated dates and percent of project construction or modernization completion at the 25th, 50th, 75th, 95th and 100th percentile of project funds expended.~~

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- 4) ~~Debt Service Reserve Fund~~
~~Applicants shall provide the amount that will be placed in a debt service reserve fund and shall also provide the terms and conditions of uses of the fund.~~

(Source: Amended at 34 Ill. Reg. 6143, effective April 13, 2010)

Section 1120.120 Availability of Funds – Review Criteria Information Requirements for Financial Feasibility

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable:

- a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
- 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
 - 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
- b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience. Provide a list of confirmed pledges from major donors (over \$100,000);
- c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
- d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
- 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds

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- and evidence of the dollar amount of the issue, including any discounting anticipated;
- 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
 - 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
 - 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
- e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
- f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
- g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.

The applicant must provide (for the health care facility or for the person who controls the health care facility) either the most recent bond rating (that must be less than two years old) from Fitch's, Moody's, or Standard and Poor's rating agencies that documents a rating of "A" or better or provide evidence of financial resources to fund the project and any related costs as follows:

- a) Cash and Securities
The applicant must provide statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to the amount of cash and securities available for the project. The applicant must provide the identification of any security, its value, and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application

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~~submittal through project completion are also considered cash.~~

b) ~~Pledges~~

~~For anticipated pledges, the applicant must provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish this goal. The time period, historical fund raising experience and major contributors also must be specified.~~

e) ~~Gifts and Bequests~~

~~For gifts and bequests available for the project, the applicant must provide verification of the dollar amount and identify any conditions and timing of its use.~~

d) ~~Debt Financing~~

~~The applicant must provide the estimated terms and conditions for the following types of debt financing proposed to fund the project:~~

- ~~1) For general obligation bonds, the applicant must provide proof of passage of the required referendum or evidence that the governmental unit has the authority to issue such bonds and also provide evidence of the dollar amount of the issue and any discounting or shrinkage anticipated;~~
- ~~2) For revenue bonds, the applicant must provide proof of the feasibility of securing the specified amount;~~
- ~~3) For mortgages, the applicant must provide a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated;~~
- ~~4) For leases, the applicant must provide a copy of the lease including all the terms and conditions of the lease including any purchase options.~~

e) ~~Governmental Appropriations~~

~~The applicant must provide a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, the applicant must provide a resolution or other action of the governmental unit attesting to this intent.~~

f) ~~Grants~~

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~~The applicant must provide a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.~~

- g) ~~All Other Funds and Sources~~
~~The applicant must provide verification of the amount and type of any other funds that will be used for the project.~~

(Source: Amended at 34 Ill. Reg. 6143, effective April 13, 2010)

Section 1120.130 Financial Viability – Review Criteria Information Requirements for Economic Feasibility

- a) Financial Viability Waiver
The applicant is NOT required to submit financial viability ratios if:
- 1) all project capital expenditures, including capital expended through a lease, are completely funded through internal resources (cash, securities or received pledges); or

HFSRB NOTE: Documentation of internal resources availability shall be available as of the date the application is deemed complete.
 - 2) the applicant's current debt financing or projected debt financing is insured or anticipated to be insured by Municipal Bond Insurance Association Inc. (MBIA), or its equivalent; or

HFSRB NOTE: MBIA Inc is a holding company whose subsidiaries provide financial guarantee insurance for municipal bonds and structured financial projects. MBIA coverage is used to promote credit enhancement as MBIA would pay the debt (both principal and interest) in case of the bond issuer's default.
 - 3) the applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor (insurance company, bank or investing firm) guaranteeing project completion within the approved financial and project criteria.
- b) Viability Ratios

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The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards. The latest three years' audited financial statements shall consist of:

- 1) Balance sheet;
- 2) Revenues and expenses statement;
- 3) Changes in fund balance; and
- 4) Changes in financial position.

HFSRB NOTE: To develop the above ratios, facilities shall use and submit audited financial statements. If audited financial statements are not available, the applicant shall use and submit Federal Internal Revenue Service tax returns or the Federal Internal Revenue Service 990 report with accompanying schedules. If the project involves the establishment of a new facility and/or the applicant is a new entity, supporting schedules to support the numbers shall be provided documenting how the numbers have been compiled or projected.

c) Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

a) Bond Rating or Historical Financial Statements

The applicant must provide (for the healthcare facility or for the person who controls the healthcare facility) either the most recent bond rating (that must be less than two years old) from Fitch's, Moody's, or Standard and Poor's rating agencies that documents a rating of "A" or better or provide the most recent three years' audited financial statements that include the following:

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- 1) ~~Balance sheet;~~
 - 2) ~~Income statement;~~
 - 3) ~~Changes in fund balance; and~~
 - 4) ~~Change in financial position.~~
- b) ~~Projected Capital Costs~~
The applicant must provide the annual projected capital costs (depreciation, amortization, and interest expense) for:
- 1) ~~The first full fiscal year after project completion; or~~
 - 2) ~~The first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later.~~
- e) ~~Projected Operating Costs~~
The applicant must provide projected operating costs (excluding depreciation and stated in current dollars based on the full-time equivalents (FTEs) and other resource requirements) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later, including:
- 1) ~~Annual operating costs; and~~
 - 2) ~~Annual operating costs change (increase or decrease) attributable to the project~~

(Source: Amended at 34 Ill. Reg. 6143, effective April 13, 2010)

Section 1120.140310 Economic Feasibility – Review Criteria

- a) The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

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- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
 - 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.
- b) Conditions of Debt Financing – Review Criterion
This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:
- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
 - 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
 - 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.
- c) Reasonableness of Project and Related Costs – Review Criterion
The applicant shall document that the estimated project costs are reasonable and shall document compliance with the following:

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- 1) Preplanning costs shall not exceed the standards detailed in Appendix A of this Part.
- 2) Total costs for site survey, soil investigation fees and site preparation shall not exceed the standards detailed in Appendix A unless the applicant documents site constraints or complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.
- 3) Construction and modernization costs per square foot shall not exceed the standards detailed in Appendix A unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.

HFSRB NOTE: Construction and modernization costs (i.e., all costs contained in construction and modernization contracts) plus contingencies shall be evaluated for conformance with the standards detailed in Appendix A.

- 4) Contingencies (stated as a percentage of construction costs for the project's stage of architectural development) shall not exceed the standards detailed in Appendix A unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.

HFSRB NOTE: Contingencies shall be limited in use for construction or modernization (line item) costs only and shall be included in construction and modernization cost per square foot calculations and evaluated for conformance with the standards detailed in Appendix A. If, subsequent to permit issuance, contingencies are proposed to be used for other component (line item) costs, an alteration to the permit (as detailed in 77 Ill. Adm. Code 1130.750) must be approved by HFSRB prior to that use.

- 5) New construction or modernization fees and architectural/engineering fees shall not exceed the fee schedule standards detailed in Appendix A unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar to or

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consistent with other projects that have experienced similar constraints or complexities.

6) The costs of all capitalized equipment not included in construction contracts shall not exceed the standards for equipment as detailed in Appendix A unless the applicant documents the need for additional or specialized equipment due to the scope or complexities of the services to be provided. As documentation, the applicant must provide evidence that the costs are similar to or consistent with other projects of similar scope and complexity, and attest that the equipment will be acquired at the lowest net cost available, or that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.

7) Building acquisition, net interest expense, and other estimated costs shall not exceed the standards detailed in Appendix A. If Appendix A does not specify a standard for the cost component, the applicant shall provide documentation that the costs are consistent with industry norms based upon a comparison with previously approved projects of similar scope and complexity.

8) Cost Complexity Index (to be applied to hospitals only)
The mix of service areas for new construction and modernization will be adjusted by the table of cost complexity index detailed in Appendix A.

d) Projected Operating Costs
The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct costs means the fully allocated costs of salaries, benefits and supplies for the service.

e) Total Effect of the Project on Capital Costs
The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

a) Reasonableness of Financing Arrangements—Review Criterion

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~~This criterion is not applicable if the applicant has documented a bond rating of "A" or better pursuant to Section 1120.210. An applicant that has not documented a bond rating of "A" or better must document that the project and related costs will be:~~

- ~~1) funded in total with cash and equivalents including investment securities, unrestricted funds, and funded depreciation as currently defined by the Medicare regulations (42 USC 1395); or~~
- ~~2) funded in total or in part by borrowing because:
 - ~~A) a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or~~
 - ~~B) borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60 day period. The applicant must submit a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to compliance with this requirement.~~~~

- ~~b) Conditions of Debt Financing—Review Criterion
The applicant must certify that the selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs, and other factors. In addition, if all or part of the project involves the leasing of equipment or facilities, the applicant must certify that the expenses incurred with leasing a facility and/or equipment are less costly than constructing a new facility or purchasing new equipment. Certification of compliance with the requirements of this criterion must be in the form of a notarized statement signed by two authorized representative (in the case of a corporation, one must be a member of the board of directors) of the applicant entity.~~

- ~~e) Reasonableness of Project and Related Costs—Review Criterion~~

- ~~1) Construction and Modernization Costs~~

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~~Construction and modernization costs per square foot for non-hospital based ambulatory surgical treatment centers and for facilities for the developmentally disabled, and for chronic renal dialysis treatment centers projects shall not exceed the standards detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. For all other projects, construction and modernization costs per square foot shall not exceed the adjusted (for inflation, location, economies of scale and mix of service) third quartile as provided for in the Means Building Construction Cost Data publication unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.~~

2) Contingencies

~~Contingencies (stated as a percentage of construction costs for the stage of architectural development) shall not exceed the standards detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. Contingencies shall be for construction or modernization only and shall be included in the cost per square foot calculation.~~

~~BOARD NOTE: If, subsequent to permit issuance, contingencies are proposed to be used for other line item costs, an alteration to the permit (as detailed in 77 Ill. Adm. Code 1130.750) must be approved by the State Board prior to such use.~~

3) Architectural Fees

~~Architectural fees shall not exceed the fee schedule standards detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.~~

4) Major Medical and Movable Equipment

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- A) ~~For each piece of major medical equipment, the applicant must certify that the lowest net cost available has been selected, or if not selected, that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.~~
- B) ~~Total movable equipment costs shall not exceed the standards for equipment as detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.~~
- 5) ~~Other Project and Related Costs~~
~~The applicant must document that any preplanning, acquisition, site survey and preparation costs, net interest expense and other estimated costs do not exceed industry norms based upon a comparison with similar projects that have been reviewed.~~
- d) ~~Projected Operating Cost—Review Criterion~~
~~The applicant must provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Direct costs means the fully allocated costs of salaries, benefits, and supplies for the service.~~
- e) ~~Total Effect of the Project on Capital Costs—Review Criterion~~
~~The applicant must provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later.~~
- f) ~~Non-patient Related Services—Review Criterion~~
~~The applicant must document that projects involving non-patient related services (medical office buildings) will be self-supporting and not result in increased charges to patients or that increased charges to patients are justified based upon such factors as, but not limited to, a cost benefit or other analysis which~~

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~~demonstrates that the project will improve the applicant's financial viability.~~

(Source: Section 1120.140 renumbered from Section 1120.310 and amended at 34 Ill. Reg. 6143, effective April 13, 2010)

SUBPART C: FINANCIAL FEASIBILITY REVIEW CRITERIA

Section 1120.210 Financial Feasibility Review Criteria (Repealed)

~~If an applicant has not documented a bond rating of "A" or better (pursuant to Section 1120.120), then the applicant must address the review criteria in this Section.~~

- a) ~~Financial Viability—Review Criterion~~
 - 1) ~~Viability Ratios~~

~~Applicants (including co-applicants) must document compliance with viability ratio standards detailed in Appendix A of this Part or address a variance. Applicants must document compliance for the most recent three years for which audited financial statements are available. For Category B applications, the applicant also must document compliance through the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later, or address a variance.~~
 - 2) ~~Variance for Applications Not Meeting Ratios~~

~~Applicants not in compliance with any of the viability ratios must document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.~~
- b) ~~Availability of Funds—Review Criterion~~

~~The applicant must document that financial resources shall be available and be equal to or exceed the estimated total project cost and any related cost.~~
- e) ~~Operating Start-up Costs—Review Criterion~~

~~The applicant must document that financial resources shall be available and be equal to or exceed any start-up expenses and any initial operating deficit.~~

(Source: Repealed at 34 Ill. Reg. 6143, effective April 13, 2010)

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SUBPART D: ECONOMIC FEASIBILITY REVIEW CRITERIA

| **Section 1120.310 Economic Feasibility Review Criteria (Renumbered)**

(Source: Section 1120.310 renumbered to Section 1120.140 at 34 Ill. Reg. 6143, effective April 13, 2010)

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Section 1120.APPENDIX A Financial and Economic Review Standards

- a) Reasonableness of Project and Related Costs Standards
- 1) Preplanning
Costs shall not exceed 1.8% of construction and modernization contracts plus contingencies plus equipment costs.
 - 2) Site Survey and Preparation
Costs shall not exceed 5.0% of construction and contingency costs.
 - 3) New Construction and Modernization Costs per Gross Square Foot (GSF)
Hospital and long-term care (LTC) cost standards are derived from the RSMMeans Building Construction Cost Data (Means) publication (RSMMeans, 63 Smiths Lane, PO Box 800, Kingston MA 02364-9988, 800/334-3509; 2008, no later amendments or editions included) and will be adjusted (for inflation and location) for each project to the current year (www.rsmeans.com). Cost standards for the other types of facilities are derived from the third quartile costs of previously approved projects and are to be adjusted to the current year based upon historic inflation rates from RSMMeans.

HFSRB NOTE: HFSRB staff will review the cost per square foot data submitted in the application, to determine compliance with the latest available cost standards of the RSMMeans publication.

HFSRB NOTE: Modernization includes the build out of leased space and shall include the cost of all capital improvements contained in the terms of the lease. These standards are based on 2008 data.

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<u>Type of Facility</u>	<u>New Construction</u>	<u>Modernization</u>
<u>Hospital</u>	<u>Adjusted Means 3rd Quartile</u>	<u>70% of Adjusted Means 3rd Quartile</u>
<u>LTC (includes ICF/DD facilities)</u>	<u>Adjusted Means 3rd Quartile</u>	<u>70% of Adjusted Means 3rd Quartile</u>
<u>ESRD</u>	<u>\$207 per gsf</u>	<u>\$145 per gsf</u>
<u>ASTC</u>	<u>\$291 per gsf</u>	<u>\$203 per gsf</u>

- 4) Contingencies
Contingency costs for projects (or for components of projects) are based upon a percentage of new construction or modernization costs and are based upon the status of a project's architectural contract documents.

<u>Status of Project</u>	<u>New Construction</u>	<u>Modernization</u>
<u>Contract Documents</u>	<u>Components</u>	<u>Components</u>
<u>Schematics</u>	<u>10%</u>	<u>10-15%</u>
<u>Preliminary</u>	<u>7%</u>	<u>7-10%</u>
<u>Final</u>	<u>3-5%</u>	<u>5-7%</u>

- 5) New Construction or Modernization Fees & Architectural/Engineering (A&E) Fees
Current fees for services for projects or components of projects involving new construction or modernization (total amount of construction and contingencies, A&E fees for hospitals, LTC facilities and ASTCs, A&E fees for ESRDs and outpatient clinical service facilities, and total fees for site work) can be found in the Centralized Fee Negotiation Professional Services and Fees Handbook (available at www.cdb.state.il.us or by contacting the Capital Development Board, 401 South Spring Street, Springfield, Illinois 62706). HFSRB shall, for all calculations, consider the latest version of the handbook as released on the Capital Development Board website.

- A) Projects or Components of Projects Involving New Construction

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<u>Total Amount of Construction and Contingencies</u>	<u>A&E Fees for Hospitals, LTC Facilities, ASTCs</u>	<u>A&E Fees for ESRDs, Outpatient Clinical Service Facilities</u>	<u>Total Fees for Site Work</u>
under \$100,000	10.59-15.89%	9.75-14.63%	7.99-13.70%
\$200,000	9.99-14.99%	9.15-13.73%	7.46-12.78%
\$300,000	9.48-14.22%	8.64-12.96%	6.99-11.99%
\$400,000	9.03-13.55%	8.19-12.29%	6.59-11.30%
\$500,000	8.65-12.99%	7.80-11.72%	6.26-10.72%
\$700,000	8.21-12.33%	7.36-11.06%	5.86-10.05%
\$900,000	7.89-11.85%	7.05-10.59%	5.57-9.55%
\$1,000,000	7.79-11.69%	6.95-10.43%	5.48-9.40%
\$1,250,000	7.62-11.44%	6.77-10.17%	5.33-9.14%
\$1,500,000	7.49-11.25%	6.64-9.98%	5.21-8.94%
\$1,750,000	7.36-11.06%	6.53-9.81%	5.10-8.74%
\$2,500,000	7.06-10.60%	6.22-9.34%	4.83-8.27%
\$3,000,000	6.89-10.35%	6.04-9.08%	4.67-8.00%
\$5,000,000	6.42-9.64%	5.57-8.37%	4.25-7.29%
\$7,000,000	6.11-9.17%	5.27-7.91%	3.97-6.80%
\$9,000,000	5.94-8.92%	5.09-7.65%	3.82-6.55%
\$10,000,000	5.90-8.86%	5.05-7.59%	3.78-6.48%
\$15,000,000	5.76-8.66%	4.94-7.42%	3.69-6.33%
\$20,000,000	5.64-8.48%	4.84-7.28%	3.62-6.20%
\$25,000,000	5.52-8.28%	4.75-7.13%	3.56-6.10%
\$30,000,000	5.37-8.07%	4.63-6.95%	3.48-5.96%
\$40,000,000	5.12-7.68%	4.42-6.64%	3.34-5.73%
\$50,000,000	4.86-7.30%	4.22-6.34%	3.19-5.48%
\$100,000,000 and over	3.59-5.39%	3.16-4.74%	2.46-4.21%

B) Projects or Components of Projects Involving Modernization

<u>Total Amount of Construction and Contingencies</u>	<u>A&E Fees for Hospitals, LTC facilities, ASTCs</u>	<u>A&E Fees for ESRDs, Outpatient Clinical Service</u>	<u>Total Fees for Site Work</u>
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	<u>facilities</u>		
<u>under \$100,000</u>	<u>10.76-16.16%</u>	<u>9.92-14.88%</u>	<u>8.12-13.92%</u>
<u>\$200,000</u>	<u>10.16-15.26%</u>	<u>9.31-13.97%</u>	<u>7.58-13.00%</u>
<u>\$300,000</u>	<u>9.65-14.49%</u>	<u>8.80-13.20%</u>	<u>7.12-12.21%</u>
<u>\$400,000</u>	<u>9.20-13.80%</u>	<u>8.34-12.52%</u>	<u>6.71-11.51%</u>
<u>\$500,000</u>	<u>8.81-13.23%</u>	<u>7.96-11.94%</u>	<u>6.37-10.92%</u>
<u>\$700,000</u>	<u>8.36-12.56%</u>	<u>7.50-11.26%</u>	<u>5.97-10.23%</u>
<u>\$900,000</u>	<u>8.04-12.06%</u>	<u>7.18-10.78%</u>	<u>5.67-9.73%</u>
<u>\$1,000,000</u>	<u>7.93-11.91%</u>	<u>7.08-10.62%</u>	<u>5.58-9.57%</u>
<u>\$1,250,000</u>	<u>7.76-11.66%</u>	<u>6.90-10.36%</u>	<u>5.43-9.31%</u>
<u>\$1,500,000</u>	<u>7.63-11.45%</u>	<u>6.76-10.16%</u>	<u>5.31-9.10%</u>
<u>\$1,750,000</u>	<u>7.50-11.26%</u>	<u>6.65-9.99%</u>	<u>5.20-8.91%</u>
<u>\$2,000,000</u>	<u>7.40-11.12%</u>	<u>6.54-9.82%</u>	<u>5.10-8.75%</u>
<u>\$2,500,000</u>	<u>7.19-10.79%</u>	<u>6.34-9.52%</u>	<u>4.91-8.43%</u>
<u>\$3,000,000</u>	<u>7.02-10.54%</u>	<u>6.16-9.24%</u>	<u>4.76-8.15%</u>
<u>\$5,000,000</u>	<u>6.54-9.82%</u>	<u>5.68-8.52%</u>	<u>4.33-7.42%</u>
<u>\$7,000,000</u>	<u>6.22-9.34%</u>	<u>5.36-8.06%</u>	<u>4.04-6.93%</u>
<u>\$9,000,000</u>	<u>6.04-9.08%</u>	<u>5.19-7.79%</u>	<u>3.89-6.67%</u>
<u>\$10,000,000</u>	<u>6.00-9.02%</u>	<u>5.15-7.73%</u>	<u>3.85-6.61%</u>
<u>\$15,000,000</u>	<u>5.87-8.81%</u>	<u>5.04-7.56%</u>	<u>3.76-6.45%</u>
<u>\$20,000,000</u>	<u>5.74-8.62%</u>	<u>4.93-7.41%</u>	<u>3.69-6.32%</u>
<u>\$25,000,000</u>	<u>5.62-8.44%</u>	<u>4.84-7.26%</u>	<u>3.63-6.21%</u>
<u>\$30,000,000</u>	<u>5.48-8.22%</u>	<u>4.72-7.08%</u>	<u>3.54-6.07%</u>
<u>\$40,000,000</u>	<u>5.21-7.83%</u>	<u>4.50-6.76%</u>	<u>3.41-5.84%</u>
<u>\$50,000,000</u>	<u>4.95-7.43%</u>	<u>4.30-6.46%</u>	<u>3.25-5.58%</u>
<u>\$100,000,000</u>			
<u>and over</u>	<u>3.65-5.49%</u>	<u>3.22-4.84%</u>	<u>2.50-4.29%</u>

- 6) Capital Equipment Not Included in Construction Contracts
Standards for capital equipment not included in construction contracts are established by type of facility and are derived from the third quartile costs of previously approved projects for which data are available. The standards apply only to the following types of projects: establishment of new facilities, expansion of existing facilities (e.g., bed additions, station additions, or operating/treatment room additions), and modernization of existing facilities involving replacement of existing beds, relocation of existing facilities, replacement of ASTC operating or procedure room equipment, etc. The standards below are calculated for the year 2008.

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These will be inflated to the current year using the inflation of major medical equipment by the department. (Long Term Care standard includes ICF/DD.)

HFSRB NOTE: Modernization includes the build out of leased space and shall include the cost of capital equipment included in the terms of the lease.

<u>Hospitals</u>	<u>LTCs</u> <u>Per Bed</u>	<u>ESRDs</u> <u>Per Station</u>	<u>ASTCs</u> <u>Per Room</u>
<u>N/A</u>	<u>\$6,491</u>	<u>\$39,945</u>	<u>\$353,802</u>

- 7) Inflation Factor
Costs for construction and modernization contracts and equipment are to be adjusted for projected inflation. The projected inflation rate is to be calculated to the midpoint of construction. For construction midpoint of up to 3 years, the inflation rate shall be an average of the previous 3 years annual inflation rates for construction as determined by RSMMeans. For construction midpoints beyond 3 years, the inflation rate shall be the lesser of this rate or 3% for the period of time beyond 3 years.
- 8) Cost Complexity Index (to be applied to hospital projects only)
The mix of service areas or departments for new construction and modernization will be adjusted by the following Cost Complexity Index:

	<u>Service Areas\Departments</u>	<u>Complexity Ratios</u>
<u>1.</u>	<u>Acute Care Beds</u>	<u>1.07</u>
<u>2.</u>	<u>ICU Beds</u>	<u>1.21</u>
<u>3.</u>	<u>Diagnostic And Therapeutic (High)</u>	<u>1.23</u>
<u>4.</u>	<u>Diagnostic And Therapeutic (Medium)</u>	<u>1.11</u>
<u>5.</u>	<u>Diagnostic And Therapeutic (Low)</u>	<u>0.97</u>
<u>6.</u>	<u>Clinical Storage, Processing And Distribution</u>	<u>0.95</u>
<u>7.</u>	<u>Administrative</u>	<u>0.79</u>
<u>8.</u>	<u>Non-Clinical Storage, Processing And Distribution</u>	<u>0.72</u>

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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<u>9.</u>	<u>Public/Amenities</u>	<u>0.95</u>
<u>10.</u>	<u>Building Components</u>	<u>0.73</u>

For purposes of the Cost Complexity Index table only, the following definitions apply:

1. "Acute Care Beds" – bed-related clinical service areas including departments/service areas such as, but not limited to, medical-surgical bed units, labor delivery recovery or labor delivery recovery postpartum units, obstetrics nursing bed units, newborn nursery units, rehabilitation bed units, pediatrics bed units, acute mental illness bed units, long-term care acute bed units, skilled nursing units and other related service areas.
2. "ICU Beds" – intensive care bed unit clinical service areas including departments/service areas such as, but not limited to, medical intensive care, surgical intensive care, burn intensive care, pediatric intensive care, neonatal intensive care units and other related service areas.
3. "Diagnostics and Treatment High Resource Intensive" – clinical service areas including departments/service areas such as diagnostic and imaging radiology with fixed equipment like MRI, nuclear medicine, cardiac catheterization, interventional radiology, surgery, vascular laboratory, radiation oncology, operating rooms (Class C), C-section and other related service areas.
4. "Diagnostics and Treatment Medium Resource Intensive" – clinical service areas including departments/service areas such as, but not limited to, emergency department, Phase II recovery, clinical laboratory, surgical procedure rooms (Class B), gastro-intestinal laboratory procedures, observation rooms and other related service areas.
5. "Diagnostics and Treatment Low Resource Intensive" – clinical service areas including departments/service areas such as, but not limited to, pharmacy, neuro-diagnostics, PT/OT/speech, respiratory therapy, cardiac rehabilitation, cardiac diagnostics, in-patient dialysis, express testing, infusion/transfusion, partial hospital program

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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(outpatient treatment) and other examination room related service areas.

6. "Clinical Storage, Processing and Distribution" – clinical service areas including, but not limited to, central sterile processing, pharmacy, biomedical engineering, autopsy, morgue and other related service areas.
7. "Administrative" – non-clinical service areas or office-based departments/service areas including, but not limited to, administration/business office, medical library, medical records, human resources, marketing, meeting rooms, family services, registration, admissions, on-call rooms, patient resource coordination center, care management, emergency medical service offices, security, volunteer services, information systems, foundation office and accounting and other related service areas.
8. "Non-Clinical Storage, Processing and Distribution" – non-clinical service areas including departments/service areas such as, but not limited to, storage, helicopter pads, employee facilities, materials management (offices and warehouses), linen holding, housekeeping, shop, ambulance garage, print shop/copy room, maintenance, kitchen/food services, transportation and other related service areas.
9. "Public/Amenities" – non-clinical service areas including, but not limited to, lobbies, vertical circulation, reception, gift shop, community meeting rooms and other related service areas.
10. "Building Components" – non-clinical service area components or grossing factors including, but not limited to, exterior walls, HVAC, parking garages, boiler plant and other related service areas.

b) Financial Viability Standards

- 1) Current Ratio = Current Assets/Current Liabilities

<u>Type of Hospital:</u>	<u>Standard</u>
<u>Not-For-Profit, System</u>	<u>2.0 or more</u>
<u>Not-For-Profit, Non-System</u>	<u>2.0 or more</u>

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<u>For Profit, System</u>	<u>2.0 or more</u>
<u>For-Profit, Non-system</u>	<u>2.0 or more</u>
<u>Governmental</u>	<u>2.0 or more</u>

Type of Long-Term Care (including ICF/DD) Facilities:

<u>Not-For-Profit, System</u>	<u>1.5 or more</u>
<u>Not-For-Profit, Non-System</u>	<u>1.5 or more</u>
<u>For-Profit, System</u>	<u>1.5 or more</u>
<u>For-Profit, Non-System</u>	<u>1.5 or more</u>
<u>Governmental</u>	<u>1.5 or more</u>

End Stage Renal Dialysis Facilities 1.5 or more

Ambulatory Surgical Treatment Centers 1.5 or more

2) Net Margin Percentage = (Net Income/Net Operating Revenues) X 100

<u>Type of Hospital:</u>	<u>Standard</u>
<u>Not-For-Profit, System</u>	<u>3.0% or more</u>
<u>Not-For-Profit, Non-System</u>	<u>3.0% or more</u>
<u>For Profit, System</u>	<u>5.0% or more</u>
<u>For-Profit, Non-system</u>	<u>5.0% or more</u>
<u>Governmental</u>	<u>0% or more</u>

Type of Long-Term Care (including ICF/DD) Facilities:

<u>Not-For-Profit, System</u>	<u>2.5% or more</u>
<u>Not-For-Profit, Non-system</u>	<u>2.5% or more</u>
<u>For-Profit, System</u>	<u>2.5% or more</u>
<u>For-Profit, Non-system</u>	<u>2.5% or more</u>
<u>Governmental</u>	<u>0% or more</u>

End Stage Renal Dialysis Facilities 3.5% or more

Ambulatory Surgical Treatment Centers 3.5% or more

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

HFSRB NOTE: Net Margin Percentage for FOR-PROFITS is before the provision for income taxes. Net income is the excess of revenues over expenses from operations, before non-recurring income or expense.

- 3) Long-Term Debt to Capitalization = (Long-Term Debt/Long-Term Debt plus Net Assets) X 100

<u>Type of Hospital:</u>	<u>Standard</u>
<u>Not-For-Profit, System</u>	<u>50% or less</u>
<u>Not-For-Profit, Non-System</u>	<u>50% or less</u>
<u>For-Profit, System</u>	<u>50% or less</u>
<u>For-Profit, Non-System</u>	<u>50% or less</u>
<u>Governmental</u>	<u>NA</u>

<u>Type of Long-Term Care (including ICF/DD) Facilities:</u>	
<u>Not-For-Profit, System</u>	<u>80% or less</u>
<u>Not-For-Profit, Non-system</u>	<u>80% or less</u>
<u>For-Profit, System</u>	<u>50% or less</u>
<u>For-Profit, Non-system</u>	<u>50% or less</u>
<u>Governmental</u>	<u>NA</u>

End Stage Renal Dialysis Facilities 80% or less

Ambulatory Surgical Treatment Centers 80% or less

HFSRB NOTE: For long-term care facilities and for-profit facilities, the applicant shall explain the rationale of the use of debt rather than the issuance of stock (if this is the case).

- 4) Projected Debt Service Coverage = Net Income plus (Depreciation plus Interest plus Amortization)/Principal Payments plus Interest Expense for the Year of Maximum Debt Service after Project Completion

<u>Type of Hospital:</u>	<u>Standard</u>
<u>Not-For-Profit, System</u>	<u>2.5 or more</u>
<u>Not-For-Profit, Non-System</u>	<u>2.5 or more</u>
<u>For-Profit, System</u>	<u>2.5 or more</u>

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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<u>For-Profit, Non-System</u>	<u>2.5 or more</u>
<u>Governmental</u>	<u>2.5 or more</u>

Type of Long-Term Care (including ICF/DD) Facilities:

<u>Not-For-Profit, System</u>	<u>1.5 or more</u>
<u>Not-For-Profit, Non-system</u>	<u>1.5 or more</u>
<u>For-Profit, System</u>	<u>1.5 or more</u>
<u>For-Profit, Non-system</u>	<u>1.5 or more</u>
<u>Governmental</u>	<u>1.5 or more</u>

End Stage Renal Dialysis Facilities 1.75 or more

Ambulatory Surgical Treatment Centers 1.75 or more

HFSRB NOTE: Net Income is the excess of revenues over expenses from operations, before non-recurring income or expense.

5) Days Cash on Hand = (Cash plus Investments plus Board Designated Funds)/(Operating Expense less Depreciation Expense)/365 days

<u>Type of Hospital:</u>	<u>Standard</u>
<u>Not-For-Profit, System</u>	<u>75.0 or more days</u>
<u>Not-For-Profit, Non-System</u>	<u>75.0 or more days</u>
<u>For-Profit, System</u>	<u>75.0 or more days</u>
<u>For-Profit, Non-System</u>	<u>75.0 or more days</u>
<u>Governmental</u>	<u>NA</u>

Type of Long-Term Care (including ICF/DD) Facilities:

<u>Not-For-Profit, System</u>	<u>45 or more days</u>
<u>Not-For-Profit, Non-system</u>	<u>45 or more days</u>
<u>For-Profit, System</u>	<u>45 or more days</u>
<u>For-Profit, Non-system</u>	<u>45 or more days</u>
<u>Governmental</u>	<u>45 or more days</u>

End Stage Renal Dialysis Facilities 45 or more days

Ambulatory Surgical Treatment Centers 45 or more days

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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HFSRB NOTE: Days Cash On Hand ratio can be a combination of cash and investments held by the facilities or available funds from the backup line of credit.

6) Cushion Ratio = (Cash plus Investments plus Board Designated Funds)/(Principal Payments plus Interest Expense) for the year of maximum debt service after project completion

<u>Type of Hospital:</u>	<u>Standard</u>
<u>Not-For-Profit, System</u>	<u>7.0 or more</u>
<u>Not-For-Profit, Non-System</u>	<u>7.0 or more</u>
<u>For-Profit, System</u>	<u>7.0 or more</u>
<u>For-Profit, Non-System</u>	<u>7.0 or more</u>
<u>Governmental</u>	<u>NA</u>

Type of Long-Term Care (including ICF/DD) Facilities:

<u>Not-For-Profit, System</u>	<u>3.0 or more</u>
<u>Not-For-Profit, Non-system</u>	<u>3.0 or more</u>
<u>For-Profit, System</u>	<u>3.0 or more</u>
<u>For-Profit, Non-system</u>	<u>3.0 or more</u>
<u>Governmental</u>	<u>NA</u>

End Stage Renal Dialysis Facilities 3.0 or more

Ambulatory Surgical Treatment Centers 3.0 or more

HFSRB NOTE: The applicant may also include in the numerator the amount of funds available from an existing or proposed backup line of credit. If the applicant includes funds available from a line of credit, documentation shall be provided regarding the terms and conditions of the line.

~~Review Criterion 1120.210(a), Financial Viability~~

~~Current Ratio = Current Assets/Current Liabilities 1.5~~

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

Net Margin Percentage or Net Excess Margin = Net income/Net operating revenue X 100%	3.5% for hospitals and facilities other than long-term care 2.5% for long-term care facilities
Percent Debt to Total Capitalization = Long- term debt/Long-term debt and unrestricted fund balance X 100%	60% for hospitals 80% for other facilities
Projected Debt Service Coverage = Net Income + Depreciation + Interest + Amortization/Principal and Interest (for year of maximum debt service after project completion	1.75 for hospitals and facilities other than long- term care 1.50 for long-term care facilities
Days Cash on Hand = Cash and Investments + Board Designated Funds/Operating Expense — Depreciation Expense/365	90 days for hospitals 75 days for long-term care facilities 45 days for ambulatory surgical treatment centers, end stage renal disease facilities, and ICF/DD facilities
Cushion Ratio = Cash and Investments + Board Designated Funds/Maximum Annual Debt Service	5 for hospitals and facilities other than long- term care 3 for long-term care facilities
BOARD NOTE: If an applicant operates a hospital and other health care facility(ies) and has combined or consolidated financial statements, all of the hospital standards in this table shall apply to the applicant.	

~~Review Criterion 1120.310(e), Reasonableness of Project and Related Costs~~

~~Construction and Modernization Costs (per gross square foot)~~

	Hospitals	Gen. LTC	ICF/DD	ESRDs	ASTCs
New Construction Costs	Adjusted Third Quartile from Means	Adjusted Third Quartile from Means	\$130.64	\$133.67	\$200.58
Modernization	70% of above	70% of above		\$98.03	\$125.06

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

Costs figure figure
~~BOARD NOTE: Standards are based upon 2000 data and will be adjusted (inflated or deflated by the lesser of 3% or the latest capital expenditure inflation factor as published pursuant to 77 Ill. Adm. Code 1130.Appendix A) for review purposes to the first fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later.~~

Contingencies

Type of Drawing	New Construction	Remodeling
Working drawings/schematics	10%	10-15%
Preliminary working drawings	7%	7-10%
Final working drawings	3-5%	5-7%

CAPITAL DEVELOPMENT BOARD
 BASIC RATE and/or FIXED FEE SCHEDULE
 FOR ARCHITECTURAL and ENGINEERING COSTS

Construction and Contingencies Cost	Hospitals, Nursing Facilities, Developmental Centers, ASTCs, Mental Illness, Laboratories	ESRD, Sheltered Care, Dietary, Laundry, Classrooms, Office Buildings	Site Work
<\$ 100,000	8.00% - 15.40%	7.30% - 14.15%	6.60% - 12.90%
\$ 200,000	7.70% - 15.25%	6.95% - 13.95%	6.30% - 12.70%
\$ 300,000	7.40% - 14.90%	6.70% - 13.65%	6.10% - 12.40%
\$ 400,000	6.80% - 14.00%	6.10% - 12.75%	5.50% - 10.95%
\$ 500,000	6.30% - 13.10%	5.65% - 11.90%	5.00% - 10.70%
\$ 625,000	5.75% - 12.65%	5.10% - 11.45%	4.60% - 10.20%
\$ 750,000	5.40% - 12.30%	4.85% - 11.10%	4.30% - 9.95%
\$ 875,000	5.20% - 12.10%	4.50% - 10.90%	4.05% - 9.70%
\$ 1,000,000	5.00% - 11.80%	4.35% - 10.55%	3.95% - 9.35%
\$ 1,250,000	4.80% - 11.30%	4.20% - 10.10%	3.75% - 9.00%
\$ 1,500,000	4.65% - 11.00%	4.05% - 9.80%	3.60% - 8.65%
\$ 2,000,000	4.50% - 10.70%	3.90% - 9.50%	3.45% - 8.30%
\$ 2,500,000	4.40% - 10.25%	3.80% - 9.15%	3.40% - 7.95%
\$ 3,000,000	4.35% - 9.95%	3.75% - 8.75%	3.30% - 7.70%

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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\$ 4,000,000	4.30% - 9.60%	3.70% - 8.45%	3.25% - 7.35%
\$ 5,000,000	4.25% - 9.25%	3.65% - 8.10%	3.15% - 7.05%
\$ 7,500,000	4.10% - 8.85%	3.50% - 7.70%	3.00% - 6.45%
\$10,000,000	3.90% - 8.45%	3.30% - 7.45%	2.80% - 6.15%
\$15,000,000	3.75% - 8.00%	3.20% - 7.00%	2.70% - 5.95%
\$20,000,000	3.60% - 7.75%	3.10% - 6.75%	2.60% - 5.70%
\$25,000,000	3.45% - 7.45%	2.95% - 6.45%	2.50% - 5.55%
\$30,000,000	3.25% - 7.10%	2.85% - 6.10%	2.40% - 5.35%
\$40,000,000	3.05% - 6.65%	2.45% - 5.65%	2.25% - 5.00%
\$50,000,000	2.70% - 6.15%	2.35% - 5.15%	2.05% - 4.65%
>\$50,000,000	2.30% - 5.80%	2.00% - 5.20%	1.75% - 4.45%

Construction and Contingencies-Cost	Hospitals, Nursing Facilities, Developmental Centers, ASTCs, Mental Illness, Laboratories	ESRD, Sheltered Care, Dietary, Laundry, Classrooms, Office Buildings	Site Work
<\$ 100,000	7.80% - 15.70%	7.00% - 14.45%	6.10% - 13.25%
\$ 200,000	7.45% - 15.50%	6.70% - 14.20%	5.85% - 13.05%
\$ 300,000	7.20% - 15.15%	6.50% - 13.90%	5.65% - 12.75%
\$ 400,000	6.55% - 14.25%	5.85% - 13.00%	5.05% - 11.30%
\$ 500,000	6.05% - 13.35%	5.40% - 12.15%	4.80% - 11.05%
\$ 625,000	5.50% - 12.80%	4.85% - 11.60%	4.35% - 10.55%
\$ 750,000	5.20% - 12.55%	4.55% - 11.35%	4.10% - 10.25%
\$ 875,000	5.00% - 12.30%	4.30% - 11.10%	3.85% - 10.00%
\$ 1,000,000	4.80% - 12.05%	4.15% - 10.85%	3.80% - 9.75%
\$ 1,250,000	4.60% - 11.60%	4.00% - 10.40%	3.70% - 9.35%
\$ 1,500,000	4.40% - 11.20%	3.80% - 10.00%	3.60% - 9.00%
\$ 2,000,000	4.25% - 10.80%	3.65% - 9.65%	3.50% - 8.65%
\$ 2,500,000	4.20% - 10.50%	3.60% - 9.40%	3.40% - 8.30%
\$ 3,000,000	4.15% - 10.30%	3.55% - 9.10%	3.30% - 8.05%
\$ 4,000,000	4.10% - 9.90%	3.50% - 8.75%	3.20% - 7.70%
\$ 5,000,000	4.05% - 9.60%	3.45% - 8.45%	3.05% - 7.40%
\$ 7,500,000	3.90% - 9.00%	3.25% - 7.85%	2.95% - 6.80%
\$10,000,000	3.80% - 8.70%	3.10% - 7.70%	2.80% - 6.50%
\$15,000,000	3.70% - 8.35%	3.00% - 7.35%	2.70% - 6.30%
\$20,000,000	3.50% - 8.05%	2.80% - 7.05%	2.65% - 6.05%
\$25,000,000	3.40% - 7.75%	2.60% - 6.75%	2.55% - 5.90%

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NOTICE OF ADOPTED AMENDMENTS

\$30,000,000	3.30%–7.55%	2.50%–6.55%	2.40%–5.70%
\$40,000,000	3.25%–7.25%	2.45%–6.25%	2.30%–5.35%
\$50,000,000	2.90%–6.75%	2.65%–5.75%	2.25%–5.00%
>\$50,000,000	2.50%–6.00%	2.35%–5.40%	2.20%–4.80%

~~Source: Professional Services and Fees Handbook for Centralized Fee Negotiation published by the Capital Development Board, 401 South Spring Street, Springfield, Illinois 62706.~~

~~Review Criterion 1120.310(c), Reasonableness of Project and Related Costs~~

~~Moveable Equipment~~

Hospitals	General LTC	ICF/DD	ESRDs	ASTCs
N/A	\$5,139/bed	\$5,012/bed	\$26,485/station	\$361,743/OR

~~BOARD NOTE: Standards are based upon 2000 data and will be adjusted (inflated or deflated by the lesser of 3% or the latest capital expenditure inflation factor as published pursuant to 77 Ill. Adm. Code 1130.Appendix A) for review purposes to the first fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later.~~

~~Review Criterion 1120.310(c), Other Project and Related Costs~~

~~Preplanning—Costs shall not exceed 1.8% of construction, contingencies and equipment costs.
Site survey and preparation—Costs shall not exceed 5.0% of construction and contingency costs.~~

(Source: Amended at 34 Ill. Reg. 6143, effective April 13, 2010)

ILLINOIS RACING BOARD

NOTICE OF ADOPTED REPEALER

- 1) Heading of the Part: Public Information
- 2) Code Citation: 2 Ill. Adm. Code 2251
- 3)

<u>Section Numbers</u> :	<u>Adopted Action</u> :
2251.10	Repeal
2251.20	Repeal
2251.30	Repeal
2251.40	Repeal
2251.50	Repeal
2251.60	Repeal
- 4) Statutory Authority: Implementing and authorized by Section 3(g) of the Freedom of Information Act [5 ILCS 140/3(g)]
- 5) Effective Date of Rulemaking: April 16, 2010
- 6) Does this repealer contain an automatic repeal date? No
- 7) Does this repealer contain incorporations by reference? No
- 8) A copy of the adopted repealer, including any material incorporated by reference, is on file in the agency's central office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: This rulemaking is adopted pursuant to Section 5-15 of the Illinois Administrative Procedures Act (IAPA) [5 ILCS 100/5-15], so the Board was not required to publish the Repealer as a proposed rulemaking under Section 5-40 of the IAPA.
- 10) Has JCAR issued a Statement of Objection to this repealer? This rulemaking is adopted pursuant to Section 5-15 of the IAPA, so it is not subject to First Notice or to Second Notice review by the Joint Committee on Administrative Rules (JCAR).
- 11) Differences between proposal and final version: This rulemaking is adopted pursuant to Section 5-15 of the IAPA, so it is not subject to First Notice or to Second Notice review by JCAR.

ILLINOIS RACING BOARD

NOTICE OF ADOPTED REPEALER

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the letter issued by JCAR? This rulemaking is adopted pursuant to Section 5-15 of the IAPA, so it is not subject to First Notice or to Second Notice review by JCAR.
- 13) Will this repealer replace any emergency amendments currently in effect? No
- 14) Are there any other proposed amendments pending in this Part? No
- 15) Summary and Purpose of Repealer: The agency is repealing the current Public Information rules and adopting the model FOIA rules to reflect changes made to the Freedom of Information Act [5 ILCS 140] by PA 96-542, which took effect on January 1, 2010.
- 16) Information and questions regarding this Adopted Repealer shall be directed to:

Mickey Ezzo
Illinois Racing Board
100 West Randolph, Suite 7-701
Chicago, Illinois 60601

312/814-5017

ILLINOIS RACING BOARD

NOTICE OF ADOPTED RULES

- 1) Heading of the Part: Access to Public Records of the Illinois Racing Board
- 2) Code Citation: 2 Ill. Adm. Code 2251
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
2251.101	New Section
2251.102	New Section
2251.201	New Section
2251.202	New Section
2251.301	New Section
2251.302	New Section
2251.303	New Section
2251.401	New Section
2251.402	New Section
2251.403	New Section
2251.404	New Section
2251.405	New Section
2251.406	New Section
2251.407	New Section
2251.501	New Section
2251.502	New Section
2251.503	New Section
2251.APPENDIX A	New Section
- 4) Statutory Authority: Implementing and authorized by Section 3(h) of the Freedom of Information Act [5 ILCS 140/3(g)]
- 5) Effective Date of Amendments: April 16, 2010
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted rules is on file in the Illinois Racing Board central office and is available for public inspection.
- 9) Notice of Proposal Published in the Illinois Register: This rulemaking is adopted pursuant to Section 5-15 of the Illinois Administrative Procedures Act (IAPA) [5 ILCS

ILLINOIS RACING BOARD

NOTICE OF ADOPTED RULES

100/5-15], so the Board was not required to publish this Part as a proposed rulemaking under Section 5-40 of the IAPA.

- 10) Has JCAR issued a Statement of Objections to these Amendments? This rulemaking is adopted pursuant to Section 5-15 of the IAPA, so it is not subject to First Notice or to Second Notice review by the Joint Committee on Administrative Rules (JCAR).
- 11) Differences between proposal and final version: This rulemaking is adopted pursuant to Section 5-15 of the IAPA, so it is not subject to First Notice or to Second Notice review by JCAR.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? This rulemaking is adopted pursuant to Section 5-15 of the IAPA, so it is not subject to First Notice or to Second Notice review by JCAR.
- 13) Will these rules replace any emergency rules currently in effect? No
- 14) Are there any proposed rulemakings pending on this Part? No
- 15) Summary and Purpose of Rules: The Board is amending its Access to Public Records regulations to reflect changes made to the Freedom of Information Act [5 ILCS 140] by PA 96-542, which took effect on January 1, 2010.
- 16) Information and questions regarding these adopted rules shall be directed to:

Mickey Ezzo
Illinois Racing Board
James R. Thompson Center
100 W. Randolph St.
Suite 7-701
Chicago, IL 60601

312/814-5017

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

ILLINOIS RACING BOARD

NOTICE OF ADOPTED RULES

TITLE 2: GOVERNMENTAL ORGANIZATION
SUBTITLE E: MISCELLANEOUS STATE AGENCIES
CHAPTER XXXI: ILLINOIS RACING BOARD

PART 2251

ACCESS TO PUBLIC RECORDS OF THE ILLINOIS RACING BOARD

SUBPART A: INTRODUCTION

- Section
2251.101 Summary and Purpose
2251.102 Definitions

SUBPART B: CLASSIFICATION OF RECORDS

- Section
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SUBPART E: PROCEDURES FOR PROVIDING RECORDS TO REQUESTERS

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Section

2251.501	Inspection and Copying of Records
2251.502	Fees for Records
2251.503	Reduction and Waiver of Fees

2251.APPENDIX A Fee Schedule for Duplication and Certification of Records

AUTHORITY: Implementing and authorized by Section 3(h) of the Freedom of Information Act [5 ILCS 140/3(h)] and implementing Section 9(b) of the Illinois Horse Racing Act of 1975 [230 ILCS 5/9(b)].

SOURCE: Adopted at 9 Ill. Reg. 7168, effective May 2, 1985; old Part repealed and new Part adopted at 24 Ill. Reg. 12717, effective August 1, 2000; old Part repealed and new Part adopted at 34 Ill. Reg. 6189, effective April 16, 2010.

SUBPART A: INTRODUCTION

Section 2251.101 Summary and Purpose

- a) All records required by law to be filed with the Illinois Racing Board are open for public inspection and may be examined during regular business hours at the Board's central office. An employee of the Board may be present throughout the inspection.
- b) The Freedom of Information Officer shall make available to the public at no charge the following materials:
 - 1) A brief description of the organizational structure and budget of the Board;
 - 2) A brief description of the means for requesting information and records;
 - 3) A list of types and categories of records maintained by the Board;
 - 4) An individual Part of the Board's rules; and
 - 5) A current Annual Report of the Board.

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- c) All requests for information shall be in writing and directed to the Board's FOIA Officer via mail, facsimile or electronic communications in accordance with the procedures defined in Sections 2251.301 and 2251.302;
- d) Reasonable attempts will be made to prevent the disclosure of information constituting an "unwarranted invasion of personal privacy", as defined in Section 2251.102, including occupation license applications, unless information requests are made by racing officials in this or other jurisdictions.
- e) Should the Board determine the requested information is exempt from disclosure, under Section 7 or 7.5 of FOIA, the FOIA Officer shall notify the requesting party in accordance with the procedures contained within Section 2251.404. If the Board asserts that the records are exempt under Section 2251.202(a)(1)(C) or (F), it will, within the time periods provided for responding to a request, provide written notice to the requester and the Public Access Counselor of its intent to deny the request in whole or in part in accordance with the procedures contained within Section 2251.404.

Section 2251.102 Definitions

Terms not defined in this Section shall have the same meaning as in the Freedom of Information Act. The following definitions are applicable for purposes of this Part:

"Act" means the Illinois Horse Racing Act of 1975 [230 ILCS 5].

"Board" means the Illinois Racing Board as established by the Act.

"Commercial purpose" means the use of any part of a record or records, or information derived from records, in any form for sale, resale or solicitation or advertisement for sales or services. For purposes of this definition, requests made by news media and non-profit, scientific or academic organizations shall not be considered to be made for a "commercial purpose" when the principal purpose of the request is:

to access and disseminate information concerning news and current or passing events;

for articles of opinion or features of interest to the public; or

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for the purpose of academic, scientific, or public research or education.
(Section 2(c-10) of FOIA)

"Copying" means the reproduction of any record by means of any photographic, electronic, mechanical, or other process, device or means now known or hereafter developed and available to the Board. (Section 2(d) of FOIA)

"Director" means the Director of the Board.

"FOIA" means the Freedom of Information Act [5 ILCS 140].

"News media" means a newspaper or other periodical issued at regular intervals, news service in paper or electronic form, radio station, television station, television network, community antenna television service, or person or corporation engaged in making news reels or other motion picture news for public showing. (Section 2(f) of FOIA)

"Person" means any individual, corporation, partnership, firm, organization or association, acting individually or as a group. (Section 2(b) of FOIA)

"Private information" means unique identifiers, including a person's Social Security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person. (Section 2(c-5) of FOIA)

"Public Access Counselor" means an individual appointed to that office by the Attorney General under Section 7 of the Attorney General Act [15 ILCS 205].

"Records" means all records, reports, forms, writings, letters, memoranda, books, papers, maps, photographs, microfilms, cards, tapes, recordings, electronic data processing records, electronic communications, recorded information and all other documentary materials pertaining to the transaction of public business, regardless of physical form or characteristics, having been prepared by or for, or having been or being used by, received by, in the possession of or under the control of the Board. (Section 2(c) of FOIA)

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"Requester" is any person who has submitted a written request, electronically or on paper, for records to the Board.

"Unwarranted invasion of personal privacy" means the disclosure of information that is highly personal or objectionable to a reasonable person and in which the subject's right to privacy outweighs any legitimate public interest in obtaining the information. (Section 7(1)(c) of FOIA)

SUBPART B: CLASSIFICATION OF RECORDS

Section 2251.201 Records That Will Be Disclosed

Upon request meeting the requirements of this Part, the Board will disclose to the requester all records requested except that it will not disclose certain records as provided in Section 2251.202. Records covered under this Section shall include, but are not be limited to:

- a) *Records of funds. All records relating to the obligation, receipt and use of public funds of the Board are records subject to inspection and copying by the public. (Section 2.5 of FOIA)*
- b) *Payrolls. Certified payroll records submitted to the Board under Section 5(a)(2) of the Prevailing Wage Act [820 ILCS 130] are records subject to inspection and copying in accordance with the provisions of FOIA; except that contractors' and employees' addresses, telephone numbers, and Social Security numbers will be redacted by the Board prior to disclosure. (Section 2.10 of FOIA);*
- c) *Criminal history records. The following documents maintained by the Board pertaining to criminal history record information are records subject to inspection and copying by the public pursuant to FOIA:*
 - 1) *Court records that are public;*
 - 2) *Records that are otherwise available under State or local law; and*
 - 3) *Records in which the requesting party is the individual identified, except as provided under Section 2251.202(a)(1)(D) of this Part. (Section 2.15(b) of FOIA)*

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- d) *Settlement agreements. All settlement agreements entered into by or on behalf of the Board are records subject to inspection and copying by the public, provided that information exempt from disclosure under Section 2251.202 of this Part may be redacted. (Section 2.20 of FOIA)*

Section 2251.202 Records That Will Be Withheld from Disclosure

- a) *When a request is made to inspect or copy a record that contains information that is otherwise exempt from disclosure under this Section, but also contains information that is not exempt from disclosure, the Board will make the remaining information available for inspection and copying.*
- 1) *Subject to this requirement and Section 7 of FOIA, the following shall be exempt from inspection and copying:*
- A) *Information specifically prohibited from disclosure by federal or State law or rules and regulations implementing federal or State law;*
- B) *Files, documents and other data or databases maintained by one or more law enforcement agencies and specifically designed to provide information to one or more law enforcement agencies regarding the physical or mental status of one or more individual subjects;*
- C) *Personal information contained within records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, unless the disclosure is consented to in writing by the individual subjects of the information. "Unwarranted invasion of personal privacy" means the disclosure of information that is highly personal or objectionable to a reasonable person and in which the subject's right to privacy outweighs any legitimate public interest in obtaining the information. The disclosure of information that bears on the public duties of public employees and officials shall not be considered an invasion of personal privacy;*
- D) *Records in the possession of any public body created in the course of administrative enforcement proceedings, and any law*

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enforcement or correctional agency for law enforcement purposes, but only to the extent that disclosure would:

- i) *Interfere with pending or actually and reasonably contemplated law enforcement proceedings conducted by any law enforcement or correctional agency that is the recipient of the request;*
 - ii) *Interfere with active administrative enforcement proceedings conducted by the public body that is the recipient of the request;*
 - iii) *Create a substantial likelihood that a person will be deprived of a fair trial or an impartial hearing;*
 - iv) *Unavoidably disclose the identity of a confidential source, confidential information furnished only by the confidential source, or persons who file complaints with or provide information to administrative, investigative, law enforcement, or penal agencies; except that the Board will provide traffic accident reports, the identities of witnesses to traffic accidents, and rescue reports, except when disclosure would interfere with an active criminal investigation;*
 - v) *Disclose unique or specialized investigative techniques other than those generally used and known, or disclose internal documents of correctional agencies related to detection, observation or investigation of incidents of crime or misconduct, and disclosure would result in demonstrable harm to the Board;*
 - vi) *Endanger the life or physical safety of law enforcement personnel or any other person; or*
 - vii) *Obstruct an ongoing criminal investigation by the Board;*
- E) *Preliminary drafts, notes, recommendations, memoranda and other records in which opinions are expressed, or policies or*

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actions are formulated, except that a specific record or relevant portion of a record shall not be exempt when the record is publicly cited and identified by the Executive Director of the Board. The exemption provided in this subsection (a)(1)(E) extends to all those records of officers and agencies of the General Assembly that pertain to the preparation of legislative documents;

- F) *Trade secrets and commercial or financial information obtained from a person or business when the trade secrets or commercial or financial information are furnished under a claim that they are proprietary, privileged or confidential, and that disclosure of the trade secrets or commercial or financial information would cause competitive harm to the person or business, and only insofar as the claim directly applies to the records requested. All trade secrets and commercial or financial information obtained by the Board, including a public pension fund, from a private equity fund or a privately held company within the investment portfolio of a private equity fund as a result of either investing or evaluating a potential investment of public funds in a private equity fund. The exemption contained in this subsection (a)(1)(F) does not apply to the aggregate financial performance information of a private equity fund, nor to the identity of the fund's managers or general partners. The exemption contained in this subsection (a)(1)(F) does not apply to the identity of a privately held company within the investment portfolio of a private equity fund, unless the disclosure of the identity of a privately held company may cause competitive harm. Nothing in this subsection (a)(1)(F) shall be construed to prevent a person or business from consenting to disclosure;*
- G) *Proposals and bids for any contract, grant or agreement, including information that if it were disclosed would frustrate procurement or give an advantage to any person proposing to enter into a contractor agreement with the Board, until an award or final selection is made. Information prepared by or for the Board in preparation of a bid solicitation shall be exempt until an award or final selection is made;*
- H) *Valuable formulae, computer geographic systems, designs, drawings and research data obtained or produced by the Board*

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when disclosure could reasonably be expected to produce private gain or public loss. The exemption for "computer geographic systems" provided in this subsection (a)(1)(H) does not extend to requests made by news media as defined in Section 2251.102 when the requested information is not otherwise exempt and the only purpose of the request is to access and disseminate information regarding the health, safety, welfare or legal rights of the general public;

- I) *Architects' plans and engineers' technical submissions, and other construction related technical documents for projects not constructed or developed in whole or in part with public funds and for projects constructed or developed with public funds, including but not limited to power generating and distribution stations and other transmission and distribution facilities, water treatment facilities, airport facilities, sport stadiums, convention centers, and all government owned, operated or occupied buildings, but only to the extent that disclosure would compromise security;*
- J) *Minutes of meetings of the Board closed to the public as provided in the Open Meetings Act [5 ILCS 120] until the Board makes the minutes available to the public under Section 2.06 of the Open Meetings Act;*
- K) *Communications between the Board and an attorney or auditor representing the Board that would not be subject to discovery in litigation, and materials prepared or compiled by or for the Board in anticipation of a criminal, civil or administrative proceeding upon the request of an attorney advising the Board, and materials prepared or compiled with respect to internal audits of the Board;*
- L) *Records relating to the Board's adjudication of employee grievances or disciplinary cases; however, this exemption shall not extend to the final outcome of cases in which discipline is imposed;*
- M) *Administrative or technical information associated with automated data processing operations, including but not limited to software, operating protocols, computer program abstracts, file layouts, source listings, object modules, load modules, user guides,*

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documentation pertaining to all logical and physical design of computerized systems, employee manuals, and any other information that, if disclosed, would jeopardize the security of the system or its data or the security of materials exempt under this Section;

- N) *Records relating to collective negotiating matters between the Board and its employees or representatives, except that any final contract or agreement shall be subject to inspection and copying;*
- O) *Test questions, scoring keys, and other examination data used to determine the qualifications of an applicant for a license or employment;*
- P) *The records, documents and information relating to real estate purchase negotiations until those negotiations have been completed or otherwise terminated. With regard to a parcel involved in a pending or actually and reasonably contemplated eminent domain proceeding under the Eminent Domain Act [735 ILCS 30], records, documents and information relating to that parcel shall be exempt except as may be allowed under discovery rules adopted by the Illinois Supreme Court. The records, documents and information relating to a real estate sale shall be exempt only until a sale is consummated;*
- Q) *Any and all proprietary information and records related to the operation of an intergovernmental risk management association or self-insurance pool or jointly self-administered health and accident cooperative or pool. Insurance or self-insurance (including any intergovernmental risk management association or self-insurance pool) claims, loss or risk management information, records, data, advice or communications;*
- R) *Information that would disclose or might lead to the disclosure of secret or confidential information, codes, algorithms, programs or private keys intended to be used to create electronic or digital signatures under the Electronic Commerce Security Act [5 ILCS 175];*

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- S) *Vulnerability assessments, security measures and response policies or plans that are designed to identify, prevent or respond to potential attacks upon a community's population or systems, facilities, or installations, the destruction or contamination of which would constitute a clear and present danger to the health or safety of the community, but only to the extent that disclosure could reasonably be expected to jeopardize the effectiveness of the measures or the safety of the personnel who implement them or the public. Information exempt under this subsection (a)(1)(S) may include such things as details pertaining to the mobilization or deployment of personnel or equipment, to the operation of communication systems or protocols, or to tactical operations;*
- T) *Information contained in or related to proposals, bids or negotiations related to electric power procurement under Section 1-75 of the Illinois Power Agency Act [220 ILCS 3855] and Section 16-111.5 of the Public Utilities Act [220 ILCS 5] that is determined to be confidential and proprietary by the Illinois Power Agency or by the Illinois Commerce Commission;*
- U) *Information the disclosure of which is exempted under the Viatical Settlements Act [215 ILCS 158] (Section 7(1) of FOIA); and*
- 2) *A record that is not in the possession of the Board but is in the possession of a party with whom the Board has contracted to perform a governmental function on behalf of the Board, and that directly relates to the governmental function and is not otherwise exempt under FOIA, shall be considered a record of the Board for purposes of Subpart C of this Part. (Section 7(2) of FOIA)*

SUBPART C: PROCEDURES FOR REQUESTING RECORDS FROM THE BOARD

Section 2251.301 Submittal of Requests for Records

Any request for records should be submitted in writing to the Board's FOIA Officer. The FOIA Officer is located in the Central Office of the Illinois Racing Board at the James R. Thompson Center in Chicago. Contact information for the FOIA Officer can be found online at www.state.il.us/agency/irb/racing/inside/FOIA%20Contact.htm. FOIA requests may be

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submitted via mail, e-mail, fax or hand delivery. Requests should be mailed or hand delivered to:

Illinois Racing Board
100 W. Randolph St.
Suite 7-701
Chicago IL 60601
Attn: FOIA Officer

E-mailed requests should be sent to IRB.info@illinois.gov, contain the request in the body of the e-mail, and indicate in the subject line of the e-mail that it contains a FOIA request. Faxed FOIA requests should be faxed to 312-814-5062, Attn: FOIA Officer.

Section 2251.302 Information To Be Provided in Requests for Records

A request for records should include:

- a) The complete name, mailing address and telephone number of the requester;
- b) As specific a description as possible of the records sought. Requests that the Board considers unduly burdensome or categorical may be denied (see Section 3(g) of FOIA and Section 2251.402 of this Part);
- c) A statement as to the requested medium and format for the Board to use in providing the records sought: for example, paper, specific types of digital or magnetic media, or videotape;
- d) A statement as to the requested manner for the Board to use in providing the records sought: for example, inspection at Board headquarters or providing paper or electronic copies;
- e) A statement as to whether the requester needs certified copies of all or any portion of the records, including reference to the specific documents that require certification; and
- f) A statement as to whether the request is for a commercial purpose.

Section 2251.303 Requests for Records for Commercial Purposes

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- a) It is a violation of FOIA for a person to knowingly obtain a record for a commercial purpose without disclosing that it is for a commercial purpose if requested to do so by the Board.
- b) *The Board will respond to a request for records to be used for a commercial purpose within 21 working days after receipt. The response shall:*
 - 1) *Provide to the requester an estimate of the time required by the Board to provide the records requested and an estimate of the fees to be charged, which the Board may require the person to pay in full before copying the requested documents;*
 - 2) *Deny the request pursuant to one or more of the exemptions set out in Section 2251.202;*
 - 3) *Notify the requester that the request is unduly burdensome and extend an opportunity to the requester to attempt to reduce the request to manageable proportions; or*
 - 4) *Provide the records requested. (Section 3.1(a) of FOIA)*
- c) *Unless the records are exempt from disclosure, the Board will comply with a request within a reasonable period considering the size and complexity of the request, and giving priority to records requested for non-commercial purposes. (Section 3.1(b) of FOIA)*

SUBPART D: BOARD RESPONSE TO REQUESTS FOR RECORDS

Section 2251.401 Timeline for Board Response

- a) Except as stated in subsection (b), *the Board will respond to any written request for records within 5 business days after its receipt of the request. Failure to comply with a written request, extend the time for response, or deny a request within 5 business days after its receipt shall be considered a denial of the request. If the Board fails to respond to a request within the requisite periods in this subsection, but thereafter provides the requester with copies of the requested records, it will not impose a fee for the copies. If the Board fails to respond to a request received, it will not treat the request as unduly burdensome as provided under Section 2251.402. (Section 3(d) of FOIA)* A written request from the

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Board to provide additional information pursuant to Section 2251.303(b)(3) shall be considered a response to the FOIA request.

- b) *The time limits prescribed in subsection (a) may be extended by the Board for not more than 5 business days from the original due date for any of the following reasons:*
- 1) *The requested records are stored in whole or in part at locations other than the office having charge of the requested records;*
 - 2) *The request requires the collection of a substantial number of specified records;*
 - 3) *The request is couched in categorical terms and requires an extensive search for the records responsive to it;*
 - 4) *The requested records have not been located in the course of routine search and additional efforts are being made to locate them;*
 - 5) *The requested records require examination and evaluation by personnel having the necessary competence and discretion to determine if they are exempt from disclosure under Section 7 or 7.5 of FOIA or should be revealed only with appropriate deletions;*
 - 6) *The request for records cannot be complied with by the Board within the time limits prescribed by subsection (a) without unduly burdening or interfering with the operations of the Board; or*
 - 7) *There is a need for consultation, which shall be conducted with all practicable speed, with another public body or among two or more components of a public body having a substantial interest in the determination or in the subject matter of the request. (Section 3(e) of FOIA)*
- c) *The person making a request and the Board may agree in writing to extend the time for compliance for a period to be determined by the parties. If the requester and the Board agree to extend the period for compliance, a failure by the Board to comply with any previous deadlines shall not be treated as a denial of the request for the records. (Section 3(e) of FOIA)*

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- d) *When additional time is required for any of the reasons set forth in subsection (b), the Board will within 5 business days after receipt of the request, notify the person making the request of the reasons for the extension and the date by which the response will be forthcoming. Failure to respond within the time permitted for extension shall be considered a denial of the request. If the Board fails to respond to a request within the time permitted for extension but thereafter provides the requester with copies of the requested records, it may not impose a fee for those copies. If the Board requests an extension and subsequently fails to respond to the request, it will not treat the request as unduly burdensome under Section 2251.402. (Section 3(f) of FOIA)*

Section 2251.402 Requests for Records that the Board Considers Unduly Burdensome

- a) *The Board will fulfill requests calling for all records falling within a category unless compliance with the request would unduly burden the Board, there is no way to narrow the request, and the burden on the Board outweighs the public interest in the information. Before invoking this exemption, the Board will extend to the requester an opportunity to confer with it in an attempt to reduce the request to manageable proportions. (Section 3(g) of FOIA) The amended request must be in writing.*
- b) *If the Board determines that a request is unduly burdensome, it will do so in writing, specifying the reasons why it would be unduly burdensome and the extent to which compliance will so burden the operations of the Board. The response shall be treated as a denial of the request for information. (Section 3(g) of FOIA)*
- c) *Repeated requests for records that are unchanged or identical to records previously provided or properly denied under this Section from the same person shall be deemed unduly burdensome. (Section 3(g) of FOIA)*

Section 2251.403 Requests for Records that Require Electronic Retrieval

- a) A request for records that requires electronic retrieval will be treated the same as any other request for records, with the same timeline and extensions as allowed for other records.
- b) The Board will retrieve and provide electronic records only in a format and medium that is available to the Board.

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Section 2251.404 Denials of Requests for Records

- a) The Board will deny requests for records when:
 - 1) Compliance with the request would unduly burden the Board, as determined pursuant to Section 2251.402, and the requester has not reduced the request to manageable proportions;
 - 2) The records are exempt from disclosure pursuant to Section 7 or 7.5 of FOIA or Section 2251.202 of this Part; or
- b) *The denial of a request for records will be in writing.*
 - 1) *The notification shall include a description of the records denied; the reason for the denial, including a detailed factual basis for the application of any exemption claimed; and the names and titles or positions of each person responsible for the denial (Section 9(a) of FOIA);*
 - 2) *Each notice of denial shall also inform such person of the right to review by the Public Access Counselor and provide the address and phone number for the Public Access Counselor. The notice of denial will inform the requester of the right to review under Section 2251.406 (Section 9(a) of FOIA); and*
 - 3) *When a request for records is denied on the grounds that the records are exempt under Section 7 or 7.5 of FOIA, the notice of denial shall specify the exemption claimed to authorize the denial and the specific reasons for the denial, including a detailed factual basis and a citation to the supporting legal authority (Section 9(b) of FOIA).*
- c) A requester may treat the Board's failure to respond to a request for records within 5 business days after receipt of the written request as a denial for purposes of the right to review by the Public Access Counselor.
- d) If the Board has given written notice pursuant to Section 2251.401(d), failure to respond to a written request within the time permitted for extension may be treated as a denial for purposes of the right to review by the Public Access Counselor.

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- e) *Any person making a request for records shall be deemed to have exhausted his or her administrative remedies with respect to that request if the Board fails to act within the time periods provided in Section 2251.401. (Section 9(c) of FOIA)*

Section 2251.405 Requests for Review of Denials – Public Access Counselor

- a) *As indicated in Section 9.5 of FOIA, a person whose request to inspect or copy a record is denied by the Board may file a request for review with the Public Access Counselor established in the Office of the Attorney General not later than 60 days after the date of the final denial. (Section 9.5(a) of FOIA)*
- b) *If the Board asserts that the records are exempt under Section 2251.202(a)(1)(C) or (F), it will, within the time periods provided for responding to a request, provide written notice to the requester and the Public Access Counselor of its intent to deny the request in whole or in part. The notice shall include:*
- 1) *A copy of the request for access to records;*
 - 2) *The proposed response from the Board; and*
 - 3) *A detailed summary of the Board's basis for asserting the exemption. (Section 9.5(b) of FOIA)*
- c) *Upon receipt of a notice of intent to deny from the Board, the Public Access Counselor shall determine whether further inquiry is warranted. The Public Access Counselor shall process the notification of intent to deny as detailed in Section 9.5(b) of FOIA. Times for response or compliance by the Board under Section 2251.401 shall be tolled until the Public Access Counselor concludes his or her inquiry. (Section 9.5(b) of FOIA)*
- d) *Within 7 working days after the Board receives a request for review from the Public Access Counselor, the Board will provide copies of records requested and will otherwise fully cooperate with the Public Access Counselor. (Section 9.5(c) of FOIA)*
- e) *Within 7 working days after it receives a copy of a request for review and request for production of records from the Public Access Counselor, the Board may, but is not required to, answer the allegations of the request for review. The answer*

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may take the form of a letter, brief or memorandum. The Public Access Counselor shall forward a copy of the answer to the person submitting the request for review, with any alleged confidential information to which the request pertains redacted from the copy. (Section 9.5(d) of FOIA)

- f) *The requester may, but is not required to, respond in writing to the answer within 7 working days and shall provide a copy of the response to the Board. (Section 9.5(d) of FOIA)*
- g) *In addition to the request for review, and the answer and response thereto, if any, a requester or the Board may furnish affidavits or records concerning any matter germane to the review. (Section 9.5(e) of FOIA)*
- h) *A binding opinion from the Attorney General shall be binding upon both the requester and the Board, subject to administrative review under Section 2251.407. (Section 9.5(f) of FOIA)*
- i) *If the Attorney General decides to exercise his or her discretion to resolve a request for review by mediation or by a means other than issuance of a binding opinion, the decision not to issue a binding opinion shall not be reviewable. (Section 9.5(f) of FOIA)*
- j) *Upon receipt of a binding opinion concluding that a violation of FOIA has occurred, the Board will either take necessary action immediately to comply with the directive of the opinion or will initiate administrative review under Section 2251.407. If the opinion concludes that no violation of FOIA has occurred, the requester may initiate administrative review under Section 2251.407. (Section 9.5(f) of FOIA)*
- k) *If the Board discloses records in accordance with an opinion of the Attorney General, the Board is immune from all liabilities by reason thereof and shall not be liable for penalties under FOIA. (Section 9.5(f) of FOIA)*
- l) *If the requester files suit under Section 2251.406 with respect to the same denial that is the subject of a pending request for review, the requester shall notify the Public Access Counselor, and the Public Access Counselor shall so notify the Board. (Section 9.5(g) of FOIA)*

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- m) *The Attorney General may also issue advisory opinions to the Board regarding compliance with FOIA. A review may be initiated upon receipt of a written request from the Executive Director of the Board or the Board's Chief Legal Counsel, which shall contain sufficient accurate facts from which a determination can be made. The Public Access Counselor may request additional information from the Board in order to assist in the review. If the Board relies in good faith on an advisory opinion of the Attorney General in responding to a request, the Board is not liable for penalties under FOIA, so long as the facts upon which the opinion is based have been fully and fairly disclosed to the Public Access Counselor. (Section 9.5(h) of FOIA)*

Section 2251.406 Circuit Court Review

A requester also has the right to file suit for injunctive or declaratory relief in the Circuit Court for Sangamon County or for the county in which the requester resides, in accordance with the procedures set forth in Section 11 of FOIA.

Section 2251.407 Administrative Review

A binding opinion issued by the Attorney General shall be considered a final decision of an administrative agency, for purposes of administrative review under the Administrative Review Law [735 ILCS 5/Art. III]. An action for administrative review of a binding opinion of the Attorney General shall be commenced in Cook County or Sangamon County. An advisory opinion issued to the Board shall not be considered a final decision of the Attorney General for purposes of this Section. (Section 11.5 of FOIA)

SUBPART E: PROCEDURES FOR PROVIDING RECORDS TO REQUESTERS

Section 2251.501 Inspection and Copying of Records

- a) The Board may make available records for personal inspection at the Board's central office located at the James R. Thompson Center, 100 W. Randolph St., Ste. 7-701, Chicago IL 60601. The Board may provide records in duplicate forms including, but not limited to, paper copies, data processing printouts, videotape, microfilm, audio tape, reel to reel microfilm, photographs and computer disks.
- b) *When a person requests a copy of a record maintained in an electronic format, the Board shall furnish it in the electronic format specified by the requester, if*

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feasible. If it is not feasible to furnish the records in the specified electronic format, then the Board will furnish it in the format in which it is maintained by the Board, or in paper format at the option of the requester. (Section 6(a) of FOIA)

- c) A requester may inspect records at the Board's headquarters or at another location agreed to by both the Board and the requester by appointment only, scheduled subject to space availability. The Board will schedule inspection appointments to take place during normal business hours, which are 8:30 AM to 5:00 PM Monday through Friday, exclusive of State holidays. If the requester must cancel the viewing appointment, the requester shall so inform the Board as soon as possible before the appointment.
- d) In order to maintain routine Board operations, the requester may be asked to leave the inspection area for a specified period of time.
- e) The requester will have access only to the designated inspection area.
- f) Requesters shall not be permitted to take briefcases, folders or similar materials into the room where the inspection takes place. A Board employee may be present during the inspection.
- g) The requester shall segregate and identify the documents to be copied during the course of the inspection.

Section 2251.502 Fees for Records

- a) In accordance with Section 2251.503 and unless a fee is otherwise fixed by statute, the Board will provide copies of records and certifications of records in accordance with the fee schedule set forth in Appendix A.
- b) *In calculating its actual cost for reproducing records or for the use of the equipment of the Board to reproduce records, the Board will not include the costs of any search for and review of the records or other personnel costs associated with reproducing the records. (Section 6(b) of FOIA)*
- c) In order to expedite the copying of records that the Board cannot copy, due to the volume of the request or the operational needs of the Board, in the timelines established in Section 2251.401, the requester may provide, at the requester's

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expense, the copy machine, all necessary materials, and the labor to copy the records at the Board headquarters in the James R. Thompson Center.

- d) *Copies of records will be provided to the requester only upon payment of any fees due. The Board may charge the requester for the actual cost of purchasing the recording medium, whether disc, diskette, tape, or other medium, but the Board may not charge the requester for the costs of any search for and review of the records or other personnel costs associated with reproducing the records. (Section 6(a) of FOIA) Payment must be by check or money order sent to the Board, payable to "Treasurer, State of Illinois".*
- e) If a contractor is used to inspect or copy records, the following procedures shall apply:
- 1) The requester, rather than the Board, must contract with the contractor;
 - 2) The requester is responsible for all fees charged by the contractor;
 - 3) The requester must notify the Board of the contractor to be used prior to the scheduled on-site inspection or copying;
 - 4) Only Board personnel may provide records to the contractor;
 - 5) The Board must have verification that the requester has paid the Board, if payment is due, for the copying of the records before providing the records to the contractor; and
 - 6) The requester must provide to the Board the contractor's written agreement to hold the records secure, to copy the records only for the purpose stated by the requester, and to return the records at a specified date and time.

Section 2251.503 Reduction and Waiver of Fees

- a) *Fees may be reduced or waived by the Board if the requester states the specific purpose for the request and indicates that a waiver or reduction of the fee is in the public interest. In making this determination, the Board will consider the following:*

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- 1) *Whether the principal purpose of the request is to disseminate information regarding the health, safety, welfare or legal rights of the general public; and*
 - 2) *Whether the principal purpose of the request is personal or commercial benefit. For purposes of this subsection (a), "commercial benefit" shall not apply to requests made by news media when the principal purpose of the request is to access and disseminate information regarding the health, safety, welfare or legal rights of the general public. (Section 6(c) of FOIA)*
- b) The Board will provide records without charge to federal, State and municipal agencies, Constitutional officers and members of the General Assembly, and not-for-profit organizations in good standing with the Secretary of State's Office.
- c) *Except to the extent that the General Assembly expressly provides, statutory fees applicable to copies of records when furnished in a paper format will not be applicable to those records when furnished to a requester in an electronic format. (Section 6(a) of FOIA)*

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Section 2251.APPENDIX A Fee Schedule for Duplication and Certification of Records

TYPE OF DUPLICATION	FEE (PER COPY)
Paper copy from original, up to and including 50 copies of black and white, letter or legal sized copies	No charge
Paper copy from original, in excess of 50 copies of black and white, letter or legal sized copies	\$.15/page
Paper copy from microfilm original	\$.15/page
VHS video copy of tape	Actual cost of the reproduction
Audio tape copy of tape	Actual cost of the reproduction
CD ROM disk	Actual cost of the reproduction
Photograph from negative	Actual cost of the reproduction
Blueprints/oversized prints	Actual cost of the reproduction
Paper copies in color or in a size other than letter or legal	Actual cost of the reproduction
Certification fee	\$1.00/record

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- 1) Heading of the Part: Pay Plan
- 2) Code Citation: 80 Ill. Adm. Code 310
- 3) Section Number: 310.APPENDIX A TABLE C Peremptory Action: 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 C to reflect the Memorandum of Understanding (MOU) between the Illinois Federation of Public Employees (IFPE) and the State of Illinois signed March 19, 2010. The MOU assigns the Security Officer Lieutenant and Security Officer Chief titles to the RC-056 bargaining unit and pay grades RC-056-14 and RC-056-16, respectively, effective May 19, 2009. The rate tables also reflect the Agreement between CMS and the Illinois Federation of Public Employees, Local 4408, signed June 23, 2009. The rates effective May 19, 2009 increase by 2.5% effective July 1, 2009, and 2.0% effective January 1, 2010, effective July 1, 2010 and effective January 1, 2011.
- 5) Statutory Authority: Authorized by Sections 8, 8a and 9(7) of the Personnel Code [20 ILCS 415/8, 20 ILCS 415/8a and 20 ILCS 415/9(7)] and by Sections 4, 6, 15 and 21 of the Illinois Public Labor Relations Act [5 ILCS 315/4, 5 ILCS 315/6, 5 ILCS 315/15 and 5 ILCS 315/21].
- 6) Effective Date: April 16, 2010
- 7) A Complete Description of the Subjects and Issues Involved: In the table of contents, the Section 310.Appendix A Table C heading is updated.

In Section 310.Appendix A Table C, the heading is updated and the Security Officer Lieutenant and Security Officer Chief titles, title codes and pay grade assignments are added to the title table. The rate table effective May 19, 2009 is added. The RC-056-14 and RC-056-16 pay grades are added to the rate tables effective July 1, 2009 and January 1, 2010. The rate tables effective July 1, 2010 and January 1, 2011 are added.
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Date filed with the Index Department: April 16, 2010

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- 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? Yes

<u>Section Numbers:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
310.410	Amendment	33 Ill. Reg. 14874, November 6, 2009
310.495	Amendment	33 Ill. Reg. 14874, November 6, 2009
310.Appendix A Table X	Amendment	33 Ill. Reg. 14874, November 6, 2009
310.Appendix B	Repealed	33 Ill. Reg. 14874, November 6, 2009
310.Appendix D	Amendment	33 Ill. Reg. 14874, November 6, 2009
310.80	Amendment	34 Ill. Reg. 602, January 15, 2010
310.100	Amendment	34 Ill. Reg. 602, January 15, 2010
310.410	Amendment	34 Ill. Reg. 602, January 15, 2010
310.460	Amendment	34 Ill. Reg. 602, January 15, 2010
310.470	Amendment	34 Ill. Reg. 602, January 15, 2010
310.490	Amendment	34 Ill. Reg. 602, January 15, 2010
310.495	Amendment	34 Ill. Reg. 602, January 15, 2010
310.Appendix A Table S	Amendment	34 Ill. Reg. 602, January 15, 2010
310.47	Amendment	34 Ill. Reg. 2832, March 5, 2010
310.Appendix A Table D	Amendment	34 Ill. Reg. 2832, March 5, 2010
310.Appendix A Table E	Amendment	34 Ill. Reg. 2832, March 5, 2010
310.Appendix A Table F	Amendment	34 Ill. Reg. 2832, March 5, 2010
310.Appendix A Table Q	Amendment	34 Ill. Reg. 2832, March 5, 2010
310.Appendix A Table X	Amendment	34 Ill. Reg. 2832, March 5, 2010
310.20	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.40	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.47	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.50	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.80	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.90	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.100	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.110	Repealed	34 Ill. Reg. 3910, April 2, 2010
310.130	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.210	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.220	Amendment	34 Ill. Reg. 3910, April 2, 2010

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310.260	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.280	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.410	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.440	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.455	Repealed	34 Ill. Reg. 3910, April 2, 2010
310.490	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.500	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.530	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table A	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table B	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table C	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table D	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table E	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table F	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table G	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table H	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table I	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table J	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table K	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table M	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table N	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table O	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table P	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table Q	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table R	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table S	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table T	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table U	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table V	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table W	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table X	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table Y	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table Z	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table AA	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix A Table AB	Amendment	34 Ill. Reg. 3910, April 2, 2010
310.Appendix D	Amendment	34 Ill. Reg. 3910, April 2, 2010

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- 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 this peremptory amendment 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
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 Amendment begins on the next page:

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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 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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	ISEA Local #2002)
310.TABLE C	RC-056 (Site Superintendents and Veterans' Affairs , Natural Resources , Resource , Human Services , 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, Financial and Professional Regulation, 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)
310.TABLE AB	RC-150 (Public Service Administrators Option 6, AFSCME)
310.TABLE AC	RC-036 (Public Service Administrators Option 8L Department of Healthcare and Family Services, INA)
310.APPENDIX B	Schedule of Salary Grade Pay Grades – Monthly Rates of Pay
310.APPENDIX C	Medical Administrator Rates (Repealed)
310.APPENDIX D	Merit Compensation System Salary Schedule
310.APPENDIX E	Teaching Salary Schedule (Repealed)
310.APPENDIX F	Physician and Physician Specialist Salary Schedule (Repealed)
310.APPENDIX G	Broad-Band Pay Range Classes Salary Schedule

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AUTHORITY: Implementing and authorized by Sections 8 and 8a of the Personnel Code [20 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; preemptory 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; preemptory 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; preemptory amendment at 10 Ill. Reg. 13675, effective July 31, 1986; preemptory 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; preemptory amendment at 10 Ill. Reg. 19132, effective October 28, 1986; preemptory amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill. Reg. 648, effective December 22, 1986; preemptory amendment at 11 Ill. Reg. 3363, effective February 3, 1987; preemptory amendment at 11 Ill. Reg. 4388, effective February 27, 1987; preemptory 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; preemptory amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; preemptory amendment at 11

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Ill. Reg. 15273, effective September 1, 1987; preemptory amendment at 11 Ill. Reg. 17919, effective October 19, 1987; preemptory 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; preemptory amendment at 12 Ill. Reg. 3811, effective January 27, 1988; preemptory amendment at 12 Ill. Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; preemptory 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; preemptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; preemptory 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; preemptory 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; preemptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; preemptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; preemptory 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; preemptory 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; preemptory amendment at 14 Ill. Reg. 1627, effective January 11, 1990; amended at 14 Ill. Reg. 4455, effective March 12, 1990; preemptory 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; preemptory 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; preemptory amendment at 14 Ill. Reg. 18854, effective November 13, 1990; preemptory 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; preemptory amendment at 15 Ill. Reg. 5100, effective March 20, 1991; preemptory 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.

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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 February 20, 1992; preemptory amendment at 16 Ill. Reg. 5068, effective March 11, 1992; preemptory 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; preemptory 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; preemptory 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; preemptory 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; preemptory 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; preemptory amendment at 19 Ill. Reg. 2481, effective February 17, 1995; preemptory amendment at 19 Ill. Reg. 3073, effective February 17, 1995; amended at 19 Ill. Reg. 3456, effective March 7, 1995; preemptory amendment at 19 Ill. Reg. 5145, effective March 14, 1995; amended at 19 Ill. Reg. 6452, effective May 2, 1995; preemptory 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; preemptory amendment at 19 Ill. Reg. 13979, effective September 19, 1995; preemptory 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; preemptory amendment at 20 Ill. Reg. 6334, effective April 22, 1996; preemptory 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.

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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 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;

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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; preemptory amendment at 24 Ill. Reg. 10767, effective July 3, 2000; amended at 24 Ill. Reg. 13384, effective August 17, 2000; preemptory amendment at 24 Ill. Reg. 14460, effective September 14, 2000; preemptory amendment at 24 Ill. Reg. 16700, effective October 30, 2000; preemptory amendment at 24 Ill. Reg. 17600, effective November 16, 2000; amended at 24 Ill. Reg. 18058, effective December 4, 2000; preemptory 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; preemptory 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; preemptory 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; preemptory 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; preemptory 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; preemptory 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; preemptory amendment at 27 Ill. Reg. 17433, effective November 7, 2003; amended at 27 Ill. Reg. 18560, effective December 1, 2003; preemptory 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; preemptory amendment at 28 Ill. Reg. 7323, effective May 10, 2004; amended at 28 Ill. Reg. 8842, effective June 11, 2004; preemptory amendment at 28 Ill. Reg. 9717, effective June 28, 2004; amended at 28 Ill. Reg. 12585, effective August 27, 2004; preemptory amendment at 28 Ill. Reg. 13011, effective September 8, 2004; preemptory amendment at 28 Ill. Reg. 13247,

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effective September 20, 2004; preemptory amendment at 28 Ill. Reg. 13656, effective September 27, 2004; emergency amendment at 28 Ill. Reg. 14174, effective October 15, 2004, for a maximum of 150 days; emergency expired March 13, 2005; preemptory amendment at 28 Ill. Reg. 14689, effective October 22, 2004; preemptory amendment at 28 Ill. Reg. 15336, effective November 15, 2004; preemptory amendment at 28 Ill. Reg. 16513, effective December 9, 2004; preemptory amendment at 29 Ill. Reg. 726, effective December 15, 2004; amended at 29 Ill. Reg. 1166, effective January 7, 2005; preemptory amendment at 29 Ill. Reg. 1385, effective January 4, 2005; preemptory amendment at 29 Ill. Reg. 1559, effective January 11, 2005; preemptory amendment at 29 Ill. Reg. 2050, effective January 19, 2005; preemptory amendment at 29 Ill. Reg. 4125, effective February 23, 2005; amended at 29 Ill. Reg. 5375, effective April 4, 2005; preemptory amendment at 29 Ill. Reg. 6105, effective April 14, 2005; preemptory amendment at 29 Ill. Reg. 7217, effective May 6, 2005; preemptory amendment at 29 Ill. Reg. 7840, effective May 10, 2005; amended at 29 Ill. Reg. 8110, effective May 23, 2005; preemptory amendment at 29 Ill. Reg. 8214, effective May 23, 2005; preemptory amendment at 29 Ill. Reg. 8418, effective June 1, 2005; amended at 29 Ill. Reg. 9319, effective July 1, 2005; preemptory amendment at 29 Ill. Reg. 12076, effective July 15, 2005; preemptory amendment at 29 Ill. Reg. 13265, effective August 11, 2005; amended at 29 Ill. Reg. 13540, effective August 22, 2005; preemptory 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; preemptory amendment at 29 Ill. Reg. 20693, effective December 12, 2005; preemptory amendment at 30 Ill. Reg. 623, effective December 28, 2005; preemptory amendment at 30 Ill. Reg. 1382, effective January 13, 2006; amended at 30 Ill. Reg. 2289, effective February 6, 2006; preemptory amendment at 30 Ill. Reg. 4157, effective February 22, 2006; preemptory amendment at 30 Ill. Reg. 5687, effective March 7, 2006; preemptory 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; preemptory amendment at 30 Ill. Reg. 10153, effective May 18, 2006; preemptory 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; preemptory amendment at 30 Ill. Reg. 12418, effective July 1, 2006; amended at 30 Ill. Reg. 12761, effective July 17, 2006; preemptory amendment at 30 Ill. Reg. 13547, effective August 1, 2006; preemptory amendment at 30 Ill. Reg. 15059, effective September 5, 2006; preemptory 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; preemptory amendment at 30 Ill. Reg. 17603, effective October 20, 2006; amended at 30 Ill. Reg. 18610, effective November 20, 2006; preemptory amendment at 30 Ill. Reg. 18823, effective November 21, 2006; preemptory 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; preemptory amendment at 31 Ill. Reg. 2485,

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effective January 17, 2007; preemptory amendment at 31 Ill. Reg. 4445, effective February 28, 2007; amended at 31 Ill. Reg. 4982, effective March 15, 2007; preemptory amendment at 31 Ill. 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; preemptory amendment at 31 Ill. Reg. 10496, effective July 6, 2007; preemptory 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; preemptory amendment at 31 Ill. Reg. 13357, effective August 29, 2007; amended at 31 Ill. Reg. 13981, effective September 21, 2007; preemptory 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; preemptory amendment at 32 Ill. Reg. 598, effective December 27, 2007; amended at 32 Ill. Reg. 1082, effective January 11, 2008; preemptory amendment at 32 Ill. Reg. 3095, effective February 13, 2008; preemptory amendment at 32 Ill. Reg. 6097, effective March 25, 2008; preemptory amendment at 32 Ill. Reg. 7154, effective April 17, 2008; expedited correction at 32 Ill. Reg. 9747, effective April 17, 2008; preemptory amendment at 32 Ill. Reg. 9360, effective June 13, 2008; amended at 32 Ill. Reg. 9881, effective July 1, 2008; preemptory amendment at 32 Ill. Reg. 12065, effective July 9, 2008; preemptory amendment at 32 Ill. Reg. 13861, effective August 8, 2008; preemptory amendment at 32 Ill. Reg. 16591, effective September 24, 2008; preemptory amendment at 32 Ill. Reg. 16872, effective October 3, 2008; preemptory amendment at 32 Ill. Reg. 18324, effective November 14, 2008; preemptory amendment at 33 Ill. Reg. 98, effective December 19, 2008; amended at 33 Ill. Reg. 2148, effective January 26, 2009; preemptory amendment at 33 Ill. Reg. 3530, effective February 6, 2009; preemptory amendment at 33 Ill. Reg. 4202, effective February 26, 2009; preemptory amendment at 33 Ill. Reg. 5501, effective March 25, 2009; preemptory amendment at 33 Ill. Reg. 6354, effective April 15, 2009; preemptory amendment at 33 Ill. Reg. 6724, effective May 1, 2009; preemptory amendment at 33 Ill. Reg. 9138, effective June 12, 2009; emergency amendment at 33 Ill. Reg. 9432, effective July 1, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 10211, effective July 1, 2009; preemptory amendment at 33 Ill. Reg. 10823, effective July 2, 2009; preemptory amendment at 33 Ill. Reg. 11082, effective July 10, 2009; preemptory amendment at 33 Ill. Reg. 11698, effective July 23, 2009; preemptory amendment at 33 Ill. Reg. 11895, effective July 31, 2009; preemptory amendment at 33 Ill. Reg. 12872, effective September 3, 2009; amended at 33 Ill. Reg. 14944, effective October 26, 2009; preemptory amendment at 33 Ill. Reg. 16598, effective November 13, 2009; preemptory amendment at 34 Ill. Reg. 305, effective December 18, 2009; emergency amendment at 34 Ill. Reg. 957, effective January 1, 2010, for a maximum of 150 days; preemptory amendment at 34 Ill. Reg. 1425, effective January 5, 2010; preemptory amendment at 34 Ill. Reg. 3684, effective March 5, 2010; preemptory amendment at 34 Ill. Reg. 5776, effective April 2, 2010; preemptory amendment at 34 Ill. Reg. 6214, effective April 16, 2010.

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Section 310.APPENDIX A Negotiated Rates of Pay

Section 310.TABLE C RC-056 (Site Superintendents and [Veterans' Affairs](#), [Natural Resources](#), [Resourcee](#), [Human Services](#), [Historic Preservation and Agriculture Managers](#), [IFPE](#))

<u>Title</u>	<u>Title Code</u>	<u>Bargaining Unit</u>	<u>Pay Grade</u>
Agricultural Executive	00800	RC-056	20
Agricultural Land and Water Resources Supervisor	00811	RC-056	21
Natural Resources Education Program Coordinator	28834	RC-056	20
Natural Resources Grant Coordinator	28835	RC-056	19
Natural Resources Manager I	28836	RC-056	20
Natural Resources Manager II	28837	RC-056	22
Natural Resources Manager III	28838	RC-056	24
Natural Resources Site Manager I	28841	RC-056	20
Natural Resources Site Manager II	28842	RC-056	22
Plant and Pesticide Specialist Supervisor	32505	RC-056	19
Security Officer Chief	39875	RC-056	16
Security Officer Lieutenant	39876	RC-056	14
Site Superintendent I	41211	RC-056	19
Site Superintendent II	41212	RC-056	21
Site Superintendent III	41213	RC-056	23
Veterinary Consumer Safety Officer	47911	RC-056	19
Veterinary Pathologist	47915	RC-056	23
Veterinary Supervisor I	47917	RC-056	21
Veterinary Supervisor II	47918	RC-056	22
Warehouse Examiner Supervisor	48785	RC-056	19

Effective January 1, 2009

Pay Grade	Pay Plan Code	S T E P S							
		1	2	3	4	5	6	7	8
19	B	4337	4542	4753	4953	5159	5473	5579	5803
20	B	4581	4794	4998	5240	5458	5789	5903	6140

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21	B	4842	5075	5311	5554	5786	6146	6269	6519
22	B	5122	5371	5625	5886	6131	6512	6642	6908
23	B	5436	5715	5987	6264	6536	6946	7084	7367
24	B	5612	5903	6185	6471	6758	7163	7325	7618

Effective May 19, 2009

<u>Pay Grade</u>	<u>Pay Plan Code</u>	<u>S T E P S</u>							
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
<u>14</u>	<u>B</u>	<u>3387</u>	<u>3519</u>	<u>3672</u>	<u>3807</u>	<u>3951</u>	<u>4182</u>	<u>4266</u>	<u>4437</u>
<u>14</u>	<u>Q</u>	<u>3531</u>	<u>3674</u>	<u>3835</u>	<u>3979</u>	<u>4131</u>	<u>4371</u>	<u>4458</u>	<u>4637</u>
<u>16</u>	<u>B</u>	<u>3710</u>	<u>3874</u>	<u>4036</u>	<u>4205</u>	<u>4372</u>	<u>4630</u>	<u>4725</u>	<u>4914</u>
<u>16</u>	<u>Q</u>	<u>3874</u>	<u>4049</u>	<u>4218</u>	<u>4392</u>	<u>4569</u>	<u>4841</u>	<u>5037</u>	<u>5239</u>

Effective July 1, 2009

Pay Grade	Pay Plan Code	S T E P S							
		1	2	3	4	5	6	7	8
<u>14</u>	<u>B</u>	<u>3472</u>	<u>3607</u>	<u>3764</u>	<u>3902</u>	<u>4050</u>	<u>4287</u>	<u>4373</u>	<u>4548</u>
<u>14</u>	<u>Q</u>	<u>3619</u>	<u>3766</u>	<u>3931</u>	<u>4078</u>	<u>4234</u>	<u>4480</u>	<u>4569</u>	<u>4753</u>
<u>16</u>	<u>B</u>	<u>3803</u>	<u>3971</u>	<u>4137</u>	<u>4310</u>	<u>4481</u>	<u>4746</u>	<u>4843</u>	<u>5037</u>
<u>16</u>	<u>Q</u>	<u>3971</u>	<u>4150</u>	<u>4323</u>	<u>4502</u>	<u>4683</u>	<u>4962</u>	<u>5163</u>	<u>5370</u>
19	B	4445	4656	4872	5077	5288	5610	5718	5948
20	B	4696	4914	5123	5371	5594	5934	6051	6294
21	B	4963	5202	5444	5693	5931	6300	6426	6682
22	B	5250	5505	5766	6033	6284	6675	6808	7081
23	B	5572	5858	6137	6421	6699	7120	7261	7551
24	B	5752	6051	6340	6633	6927	7342	7508	7808

Effective January 1, 2010

Pay Grade	Pay Plan Code	S T E P S							
		1	2	3	4	5	6	7	8

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<u>14</u>	<u>B</u>	<u>3541</u>	<u>3679</u>	<u>3839</u>	<u>3980</u>	<u>4131</u>	<u>4373</u>	<u>4460</u>	<u>4639</u>
<u>14</u>	<u>Q</u>	<u>3691</u>	<u>3841</u>	<u>4010</u>	<u>4160</u>	<u>4319</u>	<u>4570</u>	<u>4660</u>	<u>4848</u>
<u>16</u>	<u>B</u>	<u>3879</u>	<u>4050</u>	<u>4220</u>	<u>4396</u>	<u>4571</u>	<u>4841</u>	<u>4940</u>	<u>5138</u>
<u>16</u>	<u>Q</u>	<u>4050</u>	<u>4233</u>	<u>4409</u>	<u>4592</u>	<u>4777</u>	<u>5061</u>	<u>5266</u>	<u>5477</u>
19	B	4534	4749	4969	5179	5394	5722	5832	6067
20	B	4790	5012	5225	5478	5706	6053	6172	6420
21	B	5062	5306	5553	5807	6050	6426	6555	6816
22	B	5355	5615	5881	6154	6410	6809	6944	7223
23	B	5683	5975	6260	6549	6833	7262	7406	7702
24	B	5867	6172	6467	6766	7066	7489	7658	7964

Effective July 1, 2010

<u>Pay Grade</u>	<u>Pay Plan Code</u>	<u>S T E P S</u>							
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
<u>14</u>	<u>B</u>	<u>3612</u>	<u>3753</u>	<u>3916</u>	<u>4060</u>	<u>4214</u>	<u>4460</u>	<u>4549</u>	<u>4732</u>
<u>14</u>	<u>Q</u>	<u>3765</u>	<u>3918</u>	<u>4090</u>	<u>4243</u>	<u>4405</u>	<u>4661</u>	<u>4753</u>	<u>4945</u>
<u>16</u>	<u>B</u>	<u>3957</u>	<u>4131</u>	<u>4304</u>	<u>4484</u>	<u>4662</u>	<u>4938</u>	<u>5039</u>	<u>5241</u>
<u>16</u>	<u>Q</u>	<u>4131</u>	<u>4318</u>	<u>4497</u>	<u>4684</u>	<u>4873</u>	<u>5162</u>	<u>5371</u>	<u>5587</u>

Effective January 1, 2011

<u>Pay Grade</u>	<u>Pay Plan Code</u>	<u>S T E P S</u>							
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
<u>14</u>	<u>B</u>	<u>3684</u>	<u>3828</u>	<u>3994</u>	<u>4141</u>	<u>4298</u>	<u>4549</u>	<u>4640</u>	<u>4827</u>
<u>14</u>	<u>Q</u>	<u>3840</u>	<u>3996</u>	<u>4172</u>	<u>4328</u>	<u>4493</u>	<u>4754</u>	<u>4848</u>	<u>5044</u>
<u>16</u>	<u>B</u>	<u>4036</u>	<u>4214</u>	<u>4390</u>	<u>4574</u>	<u>4755</u>	<u>5037</u>	<u>5140</u>	<u>5346</u>
<u>16</u>	<u>Q</u>	<u>4214</u>	<u>4404</u>	<u>4587</u>	<u>4778</u>	<u>4970</u>	<u>5265</u>	<u>5478</u>	<u>5699</u>

(Source: Amended by peremptory rulemaking at 34 Ill. Reg. 6214, effective April 16, 2010)

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF RECOMMENDATION
TO EMERGENCY RULEMAKING

ILLINOIS COMMERCE COMMISSION

Heading of the Part: Certification of Alternative Retail Electric Suppliers

Code Citation: 83 Ill. Adm. Code 451

<u>Section Numbers:</u>	451.10	451.130	451.300	451.420
	451.20	451.140	451.310	451.430
	451.30	451.150	451.320	451.510
	451.40	451.200	451.330	451.710
	451.50	451.220	451.340	451.740
	451.100	451.230	451.350	451.750
	451.110	451.240	451.400	451.760
	451.120	451.250	451.410	451.770

Date Originally Published in the Illinois Register: 3/5/10
34 Ill. Reg. 3040

At its meeting on April 13, 2010, the Joint Committee on Administrative Rules considered the above-cited emergency rule and recommended that the Commission refrain from using emergency rulemaking procedures when regular rulemaking would suffice.

The agency should respond to this Recommendation in writing within 90 days after receipt of this Statement. Failure to respond will constitute refusal to accede to the Committee's Recommendation. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF RECOMMENDATION
TO PROPOSED RULEMAKING

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

Heading of the Part: State Universities Civil Service System

Code Citation: 80 Ill. Adm. Code 250

Section Numbers: 250.110 250.120

Date Originally Published in the Illinois Register: 12/4/09
33 Ill. Reg. 16669

At its meeting on April 13, 2010, the Joint Committee on Administrative rules recommended that the System further consult with the entities affected by the policy changes proposed by the rulemaking titled State Universities Civil Service System (80 Ill. Adm. Code 250; 33 Ill. Reg. 16669).

The agency should respond to this Recommendation in writing within 90 days after receipt of this Statement. Failure to respond will constitute refusal to accede to the Committee's Recommendation. The agency's response will be placed on the JCAR agenda for further consideration.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLYSTATEMENT OF OBJECTION AND RECOMMENDATION
TO EMERGENCY RULEMAKING

ILLINOIS COMMERCE COMMISSION

Heading of the Part: Renewable Portfolio Standard and Clean Coal Standard for Alternative Retail Electric Suppliers and Utilities Operating Outside Their Service Areas

Code Citation: 83 Ill. Adm. Code 455

Section Numbers: 455.10 455.120 455.210
455.20 455.130
455.30 455.140
455.100 455.150
455.110 455.200

Date Originally Published in the Illinois Register: 3/5/10
34 Ill. Reg. 3115

At its meeting on April 13, 2010, with regard to the Illinois Commerce Commission's emergency rule titled Renewable Portfolio Standard and Clean Coal Standard for Alternative Retail Electric Suppliers and Utilities Operating Outside Their Service Areas (83 Ill. Adm. Code 455; 34 Ill. Reg. 3115), the Joint Committee on Administrative Rules objected to ICC's failure to adhere to the statutory mandate (embodied in 220 ILCS 5/16-115D(e)) that ICC specify the format of the required compliance report by December 31, 2009.

Additionally, JCAR recommended that the Commission refrain from using emergency rulemaking procedures when regular rulemaking would suffice and from including nonemergency provisions in emergency rulemaking.

Failure of the agency to respond within 90 days after receipt of the Statement of Objection shall be deemed a refusal. The agency's response will be placed on the JCAR agenda for further consideration.

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 April 13, 2010 through April 19, 2010 and have been scheduled for review by the Committee at its May 11, 2010 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start Of First Notice</u>	<u>JCAR Meeting</u>
5/28/10	<u>Secretary of State</u> , School Bus Driver Permit (92 Ill. Adm. Code 1035)	2/26/10 34 Ill. Reg. 2798	5/11/10
5/29/10	<u>Illinois Racing Board</u> , Race Track Operators and Their Duties (11 Ill. Adm. Code 1305)	2/26/10 34 Ill. Reg. 2789	5/11/10
5/29/10	<u>Illinois Racing Board</u> , License and Applications; Association Licenses (Thoroughbred) (11 Ill. Adm. Code 1407)	2/26/10 34 Ill. Reg. 2794	5/11/10
5/30/10	<u>Department of Transportation</u> , Accommodation of Utilities on Right-of-Way (92 Ill. Adm. Code 530)	2/16/10 34 Ill. Reg. 2451	5/11/10
6/2/10	<u>Environmental Protection Agency</u> , Accreditation of Environmental Laboratories (35 Ill. Adm. Code 186)	2/19/10 34 Ill. Reg. 2603	5/11/10
6/2/10	<u>Department of Natural Resources</u> , Designation of Restricted Waters in the State of Illinois (17 Ill. Adm. Code 2030)	2/26/10 34 Ill. Reg. 2784	5/11/10
6/2/10	<u>Department of Natural Resources</u> , Disposition	2/26/10	5/11/10

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

of Deer Accidentally Killed by a Motor Vehicle
or Other Non-Hunting Methods (17 Ill. Adm.
Code 750)

34 Ill. Reg.
2777

EXECUTIVE ORDER

2010-7

EXECUTIVE ORDER TO PROMOTE CLEAN WATER, OUTDOOR RECREATIONAL SPACE, AND YOUTH ENVIRONMENTAL EDUCATION INITIATIVES

WHEREAS, Article XI of the Illinois Constitution states that each person has the right to a healthful environment, and that the public policy of the State of Illinois (hereinafter the "State") and the duty of each person is to provide and maintain a healthful environment for the benefit of this and future generations; and

WHEREAS, the mission of the Illinois Department of Natural Resources (hereinafter the "Department") is to manage, conserve and protect Illinois' natural, recreational and cultural resources, further the public's understanding and appreciation of those resources, and promote the education, science and public safety of Illinois' natural resources for present and future generations; and

WHEREAS, a healthful environment is key to economic development and sustainability, assures basic life-sustaining ecosystem services, and enhances the health and well-being of children and adults; and

WHEREAS, the State significantly lags behind other states in the amount of open space for conservation and outdoor activities with only about one percent of its land protected, at a time when pressures on open space and habitat from development, invasive species and other stresses continue, and while many other states have adopted bold approaches to conservation funding; and

WHEREAS, youth participation in outdoor activities is declining, and new generations are increasingly disconnected from the natural world, with negative effects on children's physical and mental health; and

WHEREAS, with limited land for outdoor recreation, access to that land becoming more difficult due to changing population patterns, cultural changes, the impacts of urban sprawl and fragmentation, and a growing population, outdoor recreationists must compete for the remaining available land and depend more heavily on private landowners; and

WHEREAS, in October of 2009 the Department convened a Conservation Congress and thus revived a very important tradition of constituent involvement in conservation and outdoor recreation; and

WHEREAS, over 140 representatives of a very diverse group of organizations from all parts of the state deliberated for two days over research and survey results, and developed over twenty recommendations to improve the future of conservation funding, youth recruitment and

EXECUTIVE ORDER

retention, and access to public and private lands for recreation, and those constituents have worked diligently to further those recommendations; and

WHEREAS, Conservation Congress recommended developing new stable dedicated funding for conservation and outdoor recreation needs, expanding access for recreation on private land, and adopting a new Environmental Literacy for Illinois strategic plan; and

THEREFORE, I, Pat Quinn, Governor of Illinois, pursuant to the authority vested in me by Article V of the Illinois State Constitution of 1970, hereby order as follows:

I. FUNDING

The Department, in cooperation with Conservation Congress participants, shall develop proposals and implementation strategies for funding for clean water initiatives, acquisition of land for conservation and outdoor recreation needs, and for sustainable operation of the Department in pursuit of its mission. The Department shall present these proposals to the Office of the Governor by March 1, 2011;

II. PUBLIC RECREATIONAL ACCESS

The Department shall, in consultation with Conservation Congress participants, create programming to increase public recreation access that meets the growing demand for outdoor recreation opportunities and the specific needs of the State's hunters, anglers, outdoor enthusiasts, and landowners. Programming may include, but not be limited to:

- a. Developing communications and marketing programs to promote and foster our heritage pursuant to the Department of Natural Resources Act (20 ILCS 801/1-15) which provides, in pertinent part, that the Department "shall recognize, preserve, and promote our special heritage of recreational hunting and trapping by providing opportunities to hunt and trap in accordance with the Wildlife Code," and provide information on Department wildlife programs.
- b. Providing education and outreach to State landowners and recreation users on liability and attaining recreational access through obtaining permission from landowners.
- c. Identifying opportunities and create programming for expansion of recreational access with the express goal of providing a range of

EXECUTIVE ORDER

opportunities to fulfill recreational needs of persons of all socio-economic backgrounds and to those who are beginning their pursuit in outdoor recreation. Opportunities such as cooperative landowner and referral programs, commercial land access programs, and walk-in hunter access programs may be considered.

III. YOUTH RECRUITMENT AND RETENTION

The Department shall, in cooperation with the Illinois State Board of Education, Illinois Environmental Protection Agency, Illinois Department of Agriculture, and Illinois Department of Commerce and Economic Opportunity work together with interested partners to update and adopt the Environmental Literacy for Illinois strategic plan that will provide abundant opportunities and resources for teachers, students, and parents to educate Illinois youth on nature, conservation, and environment throughout formal and non-formal education programs by December 31, 2010.

IV. SAVINGS CLAUSE

Nothing in this Executive Order shall be construed to contravene any state or federal law.

EFFECTIVE DATE

This Order shall be in full force and effect upon its filing with the Secretary of State.

Issued by the Governor: April 13, 2010

Filed with the Secretary of State: April 14, 2010

PROCLAMATIONS

2010-113**Firefighter Brian Carey**

WHEREAS, on Tuesday, March 30, 2010, a house fire claimed the life of Firefighter Brian Carey of Evergreen Park. He was 28; and

WHEREAS, Firefighter Carey's death marks the first time in the Homewood Fire Department's 114-year history that a firefighter was killed in the line of duty; and

WHEREAS, Firefighter Carey died battling a blaze that claimed the life of a resident and left a second firefighter and another woman hospitalized; and

WHEREAS, Firefighter Carey joined the Homewood Fire Department in August of 2008 as a part-time firefighter/paramedic and became a full-time member of the department on December 13, 2009; and

WHEREAS, Firefighter Carey is remembered as very dedicated employee who truly loved being a firefighter; and

WHEREAS, throughout his career, Firefighter Carey represented the Homewood Fire Department and the State of Illinois well; and

WHEREAS, funeral services will be held on Tuesday, April 6, 2010 for Firefighter Carey:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby order all persons or entities governed by the Illinois Flag Display Act to fly their flags at half-staff from sunrise on April 4, 2010 until sunset on April 6, 2010 in honor and remembrance of Firefighter Carey, whose selfless service and sacrifice is an inspiration.

Issued by the Governor April 1, 2010

Filed by the Secretary of State April 16, 2010

2010-114**American Ex-Prisoners of War Recognition Day**

WHEREAS, many loyal and brave Americans who served in the wars of this nation were captured by the enemy or listed as missing in action while performing their duties; and

PROCLAMATIONS

WHEREAS, despite strict rules and regulations set forth by international codes, American Prisoners of War have often suffered unconscionable treatment and many have died as a result of cruel and inhumane acts by their enemy captors; and

WHEREAS, it is exceedingly fitting that we recognize the sacrifices of American Prisoners of War and those missing in action; and

WHEREAS, these heroic soldiers have demonstrated their love and convictions in the people and freedoms of this country by enduring these tragedies and in many unfortunate cases by making the ultimate sacrifice:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 9, 2010 as **AMERICAN EX-PRISONERS OF WAR RECOGNITION DAY** in Illinois, and encourage all citizens to take a moment to honor and remember the men and women who suffered while fighting to make America a better place for all to live.

Issued by the Governor April 2, 2010

Filed by the Secretary of State April 16, 2010

2010-115**Illinois Auctioneer Day**

WHEREAS, the auction industry contributes approximately a quarter trillion in sales each year to the United States economy and the world; and

WHEREAS, the Illinois State Auctioneers Association's members strive to advance the auction method of marketing; and

WHEREAS, auctioneers support their communities and charities through benefit charity auctions; and

WHEREAS, auctions are the last bastion of the competitive free enterprise system in America; and

WHEREAS, the National Auctioneers Association seeks to establish and uphold the highest standards of professionalism for its members in serving the American public:

PROCLAMATIONS

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 17, 2010 as **ILLINOIS AUCTIONEER DAY** and urge all citizens to celebrate with appropriate ceremonies to acknowledge these efforts.

Issued by the Governor April 2, 2010

Filed by the Secretary of State April 16, 2010

2010-116**Lincoln Pilgrimage Weekend**

- WHEREAS, in 1926 R. Allan Stephens, a former Boy Scouts of America Commissioner of Springfield, Illinois, originated the idea of a Lincoln Trail Hike, believing that Boy Scouts would acquire a greater appreciation of the obstacles Abraham Lincoln overcame in his rise to the presidency if they also walked the same 20-mile route followed by Lincoln from New Salem to Springfield; and
- WHEREAS, Lincoln's outstanding example of perseverance caused Mr. Stephens to propose that Boy Scouts be encouraged to walk in Lincoln's steps from New Salem to Springfield and that an award be made to those who successfully completed the trail; and
- WHEREAS, the trail is scenic and historically correct, and the Scouts foster environmental stewardship by picking up litter along the scenic roadway; and
- WHEREAS the Illinois Environmental Protection Agency teams with the Abraham Lincoln Council of the Boy Scouts of America in order to further earth stewardship and promote environmental consciousness; and
- WHEREAS, Illinois Environmental Protection Agency employees and Sangamon Valley Radio Club amateur radio operators support the Lincoln Trail Hike by volunteering their services to assist the Scouts during the Hike; and
- WHEREAS, the Lincoln Trail Hike is one of a series of events, collectively known as the Lincoln Pilgrimage, honoring the life, achievements and ideals of the 16th President; and
- WHEREAS, the 2010 Pilgrimage commemorates the centennial anniversary of the Boy Scouts of America, and thousands of Scouts will participate in the 65th Annual Lincoln Pilgrimage:

PROCLAMATIONS

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 24 and 25, 2010 as **LINCOLN PILGRIMAGE WEEKEND** in Illinois.

Issued by the Governor April 2, 2010

Filed by the Secretary of State April 16, 2010

2010-117**Dandy-Walker and Hydrocephalus Awareness Month**

WHEREAS, Dandy-Walker Syndrome is a congenital brain malformation involving the cerebellum and the fluid filled space around it. Dandy-Walker is the most common congenital malformation of the cerebellum, yet its causes remain largely unknown; and

WHEREAS, between 10,000 and 40,000 people are affected by Dandy-Walker Syndrome in the United States; and

WHEREAS, the incidence of Dandy-Walker Syndrome is at least 1 case per every 25,000 to 35,000 live births, however this is likely an underestimate because of difficulties diagnosing the syndrome, and it may in fact affect as many as 1 in 5,000 live-born infants; and

WHEREAS, patients with Dandy-Walker Syndrome present with developmental delay, enlarged head circumference, or signs and symptoms of hydrocephalus; and

WHEREAS, hydrocephalus is a condition, also characterized by fluid retention of the brain that has no cure and is treated surgically - often requiring repeated brain surgeries. Left untreated, it can prove to be fatal, but even with treatment, hydrocephalus can result in cognitive and physical delays as well as other medical issues such as headaches and seizures; and

WHEREAS, estimates of the incidence rate of hydrocephalus vary as well, but some estimate that it may affect as many as 1 in every 500 children; and

WHEREAS, the Dandy-Walker Alliance, which maintains a chapter in Illinois, is the only national organization dedicated to supporting education, informational activities, and non-partisan research that increases public awareness of the congenital birth defect Dandy-Walker Syndrome; and

PROCLAMATIONS

WHEREAS, during the month of May, the Dandy-Walker Alliance and its supporters and friends will sponsor events across the country designed to increase public awareness of the syndrome:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 2010 as **DANDY-WALKER AND HYDROCEPHALUS AWARENESS MONTH** in Illinois, and urge all citizens to learn about Dandy-Walker syndrome and hydrocephalus and to recognize the achievements of all Americans with disabilities.

Issued by the Governor April 5, 2010

Filed by the Secretary of State April 16, 2010

2010-118
Great Outdoors Month

WHEREAS, June of each year is designated as Great Outdoors Month to highlight the numerous benefits of active fun outdoors and the magnificent shared resources of our parks, forests, refuges, and other public lands and waters; and

WHEREAS, Great Outdoors Month is an opportunity to celebrate the rich blessings of our nation's natural beauty, and to renew our commitment to protecting our environment so that we can leave our children and grandchildren a healthy and flourishing land; and

WHEREAS, this month is also an opportunity to pay tribute to those whose hard work and dedication keep our country's open spaces beautiful and accessible to our citizens; and

WHEREAS, June also opens the active summer vacation and recreation season. Through recreational activities such as fishing, skiing, biking, and nature watching, we can teach our young people about the wonders of our state's landscapes; and

WHEREAS, experiencing Illinois' natural splendor contributes to happier and healthier lives for our citizens and a deeper appreciation for the great outdoors; and

WHEREAS, countless citizens volunteer their time and talents to protect America's natural resources. By working together, we can help preserve our local parks, lakes, rivers, and working lands; and

PROCLAMATIONS

WHEREAS, it is fitting that during this month we should also acknowledge the dedicated efforts of all those who work to promote stewardship and conservation of our state's natural wonders:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim June 2010 as **GREAT OUTDOORS MONTH** in Illinois, and encourage all citizens to observe this month with appropriate programs and activities and to take time to experience and enjoy the great outdoors.

Issued by the Governor April 5, 2010

Filed by the Secretary of State April 16, 2010

2010-119**Pay It Forward Day**

WHEREAS, the aim of the Pay It Forward concept is to promote community spirit through intentional acts of kindness; and

WHEREAS, the novel Pay It Forward, written by Catherine Ryan Hyde in 2000, has inspired the creation of a movie, a non-profit foundation, and a movement that has spurred people all over the world to do countless good deeds; and

WHEREAS, Pay It Forward Day was created in 2007 in Australia to further the altruistic movement of goodwill; and

WHEREAS, Pay It Forward Day is a worldwide effort taking place in more than 15 countries, including Australia, the United States, Canada, and Mexico; and

WHEREAS, Pay It Forward Day encourages people to do between one and three good deeds for others without asking for anything in return, except to pay it forward to someone else in need; and

WHEREAS, together we can make a difference by creating positive change in our community and the world – one good deed at a time:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 29, 2010 as **PAY IT FORWARD DAY** in Illinois, and urge all citizens to observe this day with activities and acts of kindness that demonstrate and celebrate selfless giving.

Issued by the Governor April 5, 2010

PROCLAMATIONS

Filed by the Secretary of State April 16, 2010

2010-120**Excellence in Student Achievement Day**

- WHEREAS, Article X of the Illinois State Constitution states, "A fundamental goal of the People of the State is the educational development of all persons to the limits of their capacities"; and
- WHEREAS, the Illinois State Board of Education has established goals so that:
"Goal 1: Every student will demonstrate academic achievement and be prepared for success after high school.
Goal 2: Every student will be supported by highly prepared and effective teachers and school leaders.
Goal 3: Every School will offer a safe and healthy learning environment for all students."; and
- WHEREAS, it is the charge of all Illinois schools and their respective educators to teach all students to their potential; and
- WHEREAS, the Illinois Principals Association (IPA), founded in 1971, has given 39 years of professional support to its membership to foster better schools; and
- WHEREAS, the 21 regions of the IPA annually recognize student representatives from each of its members' schools; and
- WHEREAS, through support of parents, teachers, and administrators, students are able to excel and be role models for their classmates; and
- WHEREAS, professional learning communities comprised of business and professional organizations have taken a keen interest in supporting student learners throughout the State of Illinois:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 7, 2010, as **EXCELLENCE IN STUDENT ACHIEVEMENT DAY** in Illinois, and encourage all citizens to join in this special observance.

Issued by the Governor April 5, 2010

Filed by the Secretary of State April 16, 2010

PROCLAMATIONS

2010-121**Spirit of Community – Youth Volunteer Day**

WHEREAS, youth volunteerism in Illinois is key to the development of our citizenry and the future success of this State; and

WHEREAS, since 1916, the National Association of Secondary School Principals has been the preeminent organization of and national voice for middle level and high school administrators in the United States and more than 45 countries throughout the world; promoting excellence in education through The National Honor Society, National Junior Honor Society, National Junior Honor Society, and National Association of Student Councils; and

WHEREAS, Prudential Financial through The Prudential Spirit of Community Awards represents the United States' largest youth recognition program based solely on volunteer service; and

WHEREAS, this year, Emily Koulis of Minooka Junior High School in Minooka, Illinois, and Janice Guzon of Saint Viator High School in Arlington Heights, Illinois have been named by Prudential Financial, Inc. and the National Association of Secondary School Principals as the 2010 State Honorees representing youth volunteerism for the State of Illinois; and

WHEREAS, since the program began in 1995, more than 90,000 young volunteers nationwide have been honored at the local, state, or national level:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 4, 2010, as **SPIRIT OF COMMUNITY – YOUTH VOLUNTEER DAY** in Illinois in recognition of youth volunteers throughout our state.

Issued by the Governor April 5, 2010

Filed by the Secretary of State April 16, 2010

2010-122**National Women's Health Week**

WHEREAS, National Women's Health Week celebrates the extraordinary progress in women's health and recognizes that still more needs to be done to safeguard the health of women for generations to come; and

PROCLAMATIONS

WHEREAS, women from all walks of life and at every stage of life have unique health needs that should be addressed in their own right; and

WHEREAS, keeping women healthy and safe and promoting awareness of women's health issues depends on partnerships with social, health, and other services; and

WHEREAS, women can promote health and prevent disease and illness by taking simple steps to improve their physical, mental, social and spiritual health; and

WHEREAS, women's health remains a priority for families, communities, and government, and our commitment to keeping women healthy is stronger than ever:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 9 – 15, 2010 as **NATIONAL WOMEN'S HEALTH WEEK** in Illinois, and encourage all citizens to work together to promote and improve the health of women and to increase awareness and understanding of women's health issues.

Issued by the Governor April 6, 2010

Filed by the Secretary of State April 16, 2010

2010-123
Earth Month

WHEREAS, the Illinois Constitution states that each person has the right to a healthful environment, and that the public policy of the state of Illinois and the duty of each person is to provide and maintain a healthful environment for the benefit of this and future generations; and

WHEREAS, the state is committed to conserving, improving and protecting natural resources and the environment; preventing water, air and land pollution; minimizing greenhouse gas emissions; and enhancing the health, safety of its residents; and

WHEREAS, the state of Illinois is working hard to encourage green practices in order to create a healthier, safer state that encourages and implements sustainable growth and maintenance; and

PROCLAMATIONS

WHEREAS, the Illinois Green Governments Coordinating Council was established to encourage cost-effective sustainability measures that enhance health and safety, reduce the consumption of energy and fuels, conserve water, minimize emissions and reduce solid and hazardous wastes; and

WHEREAS, by making sustainable choices, the state of Illinois can lead by example in minimizing potential environmental and health impacts, while saving taxpayer money; and

WHEREAS, to build a better future for forthcoming generations, we all must work together to develop a greater respect for our environment, to protect our water, land, and air, and to maintain environmental stability; and

WHEREAS, although every day should be Earth Day, and every month should be Earth Month, the month of April, which includes both Earth Day on April 22 and Arbor Day on April 30, provides the perfect time to raise awareness of environmental conservation efforts:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 2010 as **EARTH MONTH** in Illinois, and encourage all citizens to act as responsible stewards of our planet during this month and throughout the entire year.

Issued by the Governor April 9, 2010

Filed by the Secretary of State April 16, 2010

2010-124
Dome Day

WHEREAS, the hard work and determination of America's citizens continue to be among our nation's greatest resources; and

WHEREAS, one person can effect a positive change with just a single volunteer action, no matter how big or small; and

WHEREAS, the United States is blessed with men and women who selflessly dedicate their time and energy to performing acts of good will and improving the quality of life for all people; and

WHEREAS, in the Land of Lincoln, the Serve Illinois Commission and the Corporation for National and Community Service – Illinois Program

PROCLAMATIONS

Office strive to improve our communities by supporting volunteer and community service efforts throughout the state; and

WHEREAS, Illinois currently has more than 2,300 people engaged in completing a year of full-time service through AmeriCorps, and an additional 70,000 youth and seniors involved in Learn & Serve and Senior Corps, respectively, across the state; and

WHEREAS, through Illinois National and Community Service programs, including AmeriCorps, Senior Corps, Learn & Serve America, and others, nearly 73,000 people of all ages and backgrounds are helping to meet local needs, strengthen communities, and increase civic engagement through 150 national service projects across Illinois; and

WHEREAS, serving with national and local nonprofits, schools, faith-based organizations and other groups, these citizens tutor and mentor children, coordinate after-school programs, build homes, conduct neighborhood patrols, restore the environment, respond to disasters, build nonprofit capacity and recruit and manage volunteers; and

WHEREAS, on Tuesday, April 13, 2010 National Service and Volunteerism programs across Illinois will convene on the State Capitol to raise awareness of active citizen service in Illinois and to demonstrate the impact of volunteer service in our state:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 13, 2010 as **DOMEDAY** in Illinois, in recognition of the positive impact being made across the state by these committed individuals in a variety of educational, social, and environmental service arenas.

Issued by the Governor April 12, 2010

Filed by the Secretary of State April 16, 2010

2010-125**Illinois Equal Pay Day**

WHEREAS, more than 40 years after the passage of the Equal Pay Act and Title VII of the Civil Rights Act, women and minorities continue to suffer the consequences of inequitable pay differentials; and

PROCLAMATIONS

- WHEREAS, according to statistics released by the U.S. Bureau of Labor Statistics, in 2007, Illinois women earned 78 percent for every dollar earned by Illinois men based on median weekly earnings of full-time and salary workers, indicating little change or progress in pay equity; and
- WHEREAS, over a 40-year period, the gender wage gap costs a full-time female worker \$434,000 in lost wages, impacting Social Security benefits and pensions; and
- WHEREAS, on January 29, 2009, President Barack Obama signed his first bill into law known as the Lilly Ledbetter Fair Pay Act, which fights pay discrimination and fosters equal pay; and
- WHEREAS, equal pay for equal work strengthens the security of families today and eases future retirement costs, while enhancing Illinois' economy; and
- WHEREAS, in 2003, the Illinois Equal Pay Act became law, which prohibits employers in this state with four or more employees from paying unequal wages to men and women for doing the same or substantially similar work. This new law allowed an additional 333,000 Illinois workers to enjoy protections from gender-based discrimination in pay; and
- WHEREAS, Tuesday, April 20 symbolizes the time in the New Year in which wages paid to American women catch up to wages paid to men from the previous year:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 20, 2010 as **ILLINOIS EQUAL PAY DAY**, in recognition of the value of women's skills and contributions to the labor force, and I call on all employers to provide equal pay for equal work, both as a matter of fairness and as a matter of good business.

Issued by the Governor April 12, 2010

Filed by the Secretary of State April 16, 2010

2010-126

Robert Satcher Day

- WHEREAS, space flight has captured the imagination of millions, and National Aeronautics and Space Administration (NASA) astronauts have inspired an interest in the sciences and mathematics for countless youth; and

PROCLAMATIONS

- WHEREAS, Robert Satcher, MD, PhD and NASA astronaut, who most recently served as an assistant professor at The Feinberg School of Medicine at Northwestern University, recently returned from his first space shuttle mission; and
- WHEREAS, Dr. Robert Satcher was also a member of the Robert H. Lurie Comprehensive Cancer Center, and the Institute for Bioengineering and Nanotechnology in Advanced Medicine at Northwestern; and
- WHEREAS, in February 2006 Dr. Robert Satcher completed NASA Astronaut Candidate Training, and in November 2009 he completed his first space flight on STS-129; and
- WHEREAS, STS-129 was the 31st shuttle flight to the International Space Station and carried about 30,000 pounds of replacement parts; and
- WHEREAS, during the mission, Dr. Robert Satcher performed two spacewalks for a total of 12 hours and 19 minutes; and
- WHEREAS, the STS-129 mission was completed in just under 11 days, traveling 4.5 million miles in 171 orbits, and carried home NASA Astronaut Nicole Stott, following her tour of duty aboard the Space Station; and
- WHEREAS, Dr. Robert Satcher has earned numerous professional awards and recognitions throughout his career, and has been active in a variety of community organizations; and
- WHEREAS, in addition to his work in space, Dr. Robert Satcher has completed numerous medical missions for outreach care to underserved areas in Nicaragua, Venezuela, Nigeria, Burkina Faso and Gabon; and
- WHEREAS, on Tuesday, April 13, Dr. Robert Satcher will visit Springfield, Illinois, where he will share his experiences on his recent space flight and be honored by members of the General Assembly:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 13, 2010 as **ROBERT SATCHER DAY** in Illinois.

Issued by the Governor April 12, 2010
Filed by the Secretary of State April 16, 2010

PROCLAMATIONS

2010-127**Armenian Genocide Remembrance Day**

- WHEREAS, the Armenian community, as well as the global community, remembers the Armenian Genocide, which occurred 95 years ago; and
- WHEREAS, during this tragic historical period between the years of 1915 and 1923, Armenians were forced to witness the genocide of their loved ones and the loss of their ancestral homelands; and
- WHEREAS, this extermination and forced relocation of over 1.5 million Armenians by the Ottoman Turks is recognized every year; and
- WHEREAS, Armenians continue to be a people full of hope, courage, faith, and pride in their heritage, working together to rebuild a firm foundation for Armenia; and
- WHEREAS, many of the thousands of Armenian-Americans in Illinois are descendents or survivors of the Armenian genocide, and have been forthright in their efforts to preserve their culture, heritage, and language, while contributing much to our state and our nation's diverse society and economy; and
- WHEREAS, both recognition and education concerning past atrocities such as the Armenian Genocide are crucial in the prevention of future crimes against humanity:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 24, 2010 as **ARMENIAN GENOCIDE REMEMBRANCE DAY** in Illinois, in observance of the 95th Anniversary of the Armenian Genocide.

Issued by the Governor April 14, 2010

Filed by the Secretary of State April 16, 2010

2010-128**Northwestern Illinois State Champions Day**

- WHEREAS, the State of Illinois has a long and rich history of sporting tradition, with many of our state's most notable athletes beginning their careers by participating in high school athletics; and

PROCLAMATIONS

- WHEREAS, a significant number of champion athletes and teams in the Land of Lincoln hail from Northwestern Illinois; and
- WHEREAS, the Lady Cougars of Eastland High School in Lanark, Illinois won their second consecutive Illinois High School Association (IHSA) Class 1A State Volleyball Championship; and
- WHEREAS, the Winnebago High School Lady Indians are IHSA Class 1A Girls State Cross Country Champions; and
- WHEREAS, Michael Sojka, wrestler for the Winnebago High School Indians, won the IHSA Class 1A 215-pound State Championship; and
- WHEREAS, the boys cross country team at Newman Central Catholic High School in Sterling, Illinois, are the IHSA Class 1A Boys Cross Country Team State Champions; and
- WHEREAS, wrestler Brian Bahrs, also of Newman Central Catholic High School, is the IHSA Class 1A State Wrestling Champion at the 152-pound weight class; and
- WHEREAS, Trey Griffin, of Lena-Winslow High School in Lena, Illinois, is the IHSA Class 1A State Wrestling Champion for the 171-pound weight class; and
- WHEREAS, Jake Peterson from Polo Community High School won the IHSA Class 1A 285-pound State Wrestling Championship; and
- WHEREAS, Nick Harrison, of the Stillman Valley High School Cardinals won the IHSA Class 1A 119-pound State Championship; and
- WHEREAS, the Falcons, the Varsity Boys Basketball Team from Faith Christian School in Dixon, Illinois, are the Association of Christian Schools International State Champions; and
- WHEREAS, the Lady Falcons, the Varsity Girls Basketball Team from Faith Christian School in Dixon, Illinois, are also the Association of Christian Schools International State Champions; and
- WHEREAS, on April 20, many of these athletes will travel to Springfield, where they will be honored for their athletic accomplishments:

PROCLAMATIONS

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 20, 2010 as **NORTHWESTERN ILLINOIS STATE CHAMPIONS DAY** in recognition of these outstanding young student athletes.

Issued by the Governor April 14, 2010

Filed by the Secretary of State April 16, 2010

2010-129
Oncology Month

WHEREAS, following heart disease, cancer is the second leading cause of death in the United States; and

WHEREAS, Illinois has the 14th highest overall cancer incidence rate among the 50 states and the District of Columbia; and

WHEREAS, 3 out of 4 people in their lifetime will have a family member diagnosed with cancer, 1 in 3 women and 1 in 2 men will be diagnosed with cancer in their lifetime, and approximately 1.4 million new cancer cases will be diagnosed this year; and

WHEREAS, the American Society of Clinical Oncology (ASCO) is a non-profit organization founded in 1964, with overarching goals of improving cancer care and prevention and ensuring that all patients with cancer receive care of the highest quality; and

WHEREAS, nearly 28,000 oncology practitioners belong to ASCO, representing all oncology disciplines (medical, radiation, and surgical oncology) and subspecialties. Members include physicians and health-care professionals participating in approved oncology training programs, oncology nurses, and other practitioner's with a predominant interest in oncology; and

WHEREAS, as the world's leading professional organization representing physicians who treat people with cancer, ASCO is committed to advancing the education of oncologists and other oncology professionals, advocating for policies that provide access to high-quality cancer care, and supporting the clinical trials system and the need for increased clinical and translational research:

PROCLAMATIONS

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim June 2010 as **ONCOLOGY MONTH** in Illinois, in recognition of the dedicated healthcare professionals who treat people with cancer.

Issued by the Governor April 14, 2010

Filed by the Secretary of State April 16, 2010

2010-130**Certified Government Financial Manager Month**

WHEREAS, the Association of Government Accountants (AGA) is a professional organization which has more than 15,000 members in 90 chapters throughout the United States and around the world, including chapters in Illinois in Chicago and Springfield; and

WHEREAS, there are more than 250 active members representing state, federal, municipal and private sector accountants, auditors, and financial managers in Illinois; and

WHEREAS, AGA Chicago and Springfield Chapter members have responded to AGA's mission of Advancing Government Accountability, as it continues its broad education efforts with emphasis on high standards of conduct, honor, and character in its Code of Ethics; and

WHEREAS, the AGA Chicago and Springfield chapters are making significant advances both in professional ability and in service to the citizens of Illinois by mastering increasingly technical and complex requirements; and

WHEREAS, the Certified Government Financial Manager (CGFM) program of AGA provides a means of demonstrating professionalism and competency by requiring CGFM candidates to have appropriate educational and employment history and to pass a 3-part examination requiring expertise in the Government Environment, Governmental Financial Management and Control, and Governmental Accounting, Financial Reporting and Budgeting, and requires each CGFM holder to maintain certification by completing comprehensive training sessions totaling 80 hours over a 2-year period; and

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 2010 as **CERTIFIED GOVERNMENT FINANCIAL MANAGER MONTH** in Illinois, in recognition

PROCLAMATIONS

of the unique skills and special knowledge of the professionals who specialize in government financial management.

Issued by the Governor April 14, 2010

Filed by the Secretary of State April 16, 2010

2010-131**Elks National Youth Week**

- WHEREAS, the Benevolent and Protective Order of Elks is one of the largest and most active fraternal organizations in the world, boasting more than 1.1 million members nationwide; and
- WHEREAS, the Elks are dedicated to providing youth with a future full of hope and promise by providing college scholarships to graduating high school seniors. This continued dedication has made the Elks the largest private source of college scholarships in the nation; and
- WHEREAS, in 1997, the Elks made seven promises to America's youth, among which were: sponsoring drug-free prom or graduation parties in 2,000 communities by the year 2000, developing mentoring relationships with 20,000 youth and involving 275,000 youth in community service initiatives, and donating \$34.9 million a year in support of scouting, athletic programs, and other youth organizations and programs; and
- WHEREAS, by making this commitment to future generations, members of the organization are taking the meaning of their motto, "Elks Care, Elks Share," to a whole new level; and
- WHEREAS, the Elks Lodges of the State of Illinois will observe the first week in May as Elks National Youth week in tribute to our youth and to honor them for their achievements and contributions to the life of our communities and the state and nation as a whole; and
- WHEREAS, it is our responsibility to guide, inspire and encourage our youth to go forth to serve America, our privilege to manifest a lively interest in all their activities and ambitions, and help prepare them for the duties and opportunities of citizenship, which is the objective of Elks National Youth Week:

PROCLAMATIONS

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 1-7, 2010 as **ELKS NATIONAL YOUTH WEEK** in Illinois, and encourage all citizens to recognize our youth for their achievements and contributions to their communities.

Issued by the Governor April 14, 2010

Filed by the Secretary of State April 16, 2010

2010-132**Illinois Rescue and Restore Outreach Day**

WHEREAS, human trafficking is a modern-day form of slavery. Victims of human trafficking are subjected to force, fraud, or coercion, for the purpose of sexual exploitation or forced labor. Victims are young children, teenagers, men, and women; and

WHEREAS, approximately 800,000 victims annually are trafficked across international borders worldwide, and between 14,500 and 17,500 of those victims are trafficked into the U.S. According to the U.S. Department of State, victims are generally trafficked into the U.S. from Asia, Central and South America, and Eastern Europe; and

WHEREAS, prior to the enactment of the Trafficking Victims Protection Act of 2000 (TVPA) in October 2000, no comprehensive Federal law existed to protect victims of trafficking or to prosecute their traffickers. The TVPA is intended to prevent human trafficking overseas, to increase prosecution of human traffickers in the United States, and to protect victims and provide Federal and state assistance to certain victims so that they can rebuild their lives in the United States; and

WHEREAS, the Trafficking Victims Protection Act of 2000 was reauthorized in 2008 to provide added protections for victims of human trafficking and more stringent penalties for those convicted of human trafficking, and will provide funding to assist and serve victims of human trafficking, and to investigate severe forms of human trafficking; and

WHEREAS, the state of Illinois passed the Trafficking in Persons and Involuntary Servitude Act in 2005 which remains one of the strictest anti-trafficking laws in the country, and defines three new criminal offenses including the involuntary servitude of a minor, and increases access to social services for victims, and imposes severe penalties on traffickers; and

PROCLAMATIONS

WHEREAS, many victims trafficked into the United States do not speak and understand English and are therefore isolated and unable to communicate with service providers, law enforcement, and others who might be able to help them; and

WHEREAS, you can help a victim by calling the National Human Trafficking Resource Center Hotline at 1-888-3737-888, which will help you determine whether or not you have encountered victims of human trafficking, and will identify local resources available in your community to help victims, and will help you coordinate with local social service organizations to help protect and serve victims so they can begin the process of restoring their lives:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim April 24, 2010 as **ILLINOIS RESCUE AND RESTORE OUTREACH DAY**, and encourage all citizens to learn more about human trafficking, as well as thank all those who have helped the victims of this true injustice.

Issued by the Governor April 14, 2010

Filed by the Secretary of State April 16, 2010

2010-133**National Children's Mental Health Awareness Day**

WHEREAS, addressing the continuing mental healthcare needs of children, youth, and their families today bears on the future wellbeing of all Illinoisans; and

WHEREAS, the need for comprehensive and coordinated mental healthcare services for children and adolescents must be of vital concern and responsibility to our local communities; and

WHEREAS, the Illinois Department of Human Services Division of Mental Health and Division of Community Health and Prevention join with the Illinois Children's Mental Health Partnership to commemorate the observance of National Children's Mental Health Awareness Day by affirming the benefits and value of the work being done by the recent beneficiaries of federal SAMHSA grants in Illinois, Project LAUNCH, Project Family CARE, Project Connect, and Project Access; and

PROCLAMATIONS

WHEREAS, it is fitting that we set aside a day each year for the observance of the mental healthcare requirements of our young, to see where progress has been made, and to assess where there is more work to be done:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 6, 2010 as **NATIONAL CHILDREN'S MENTAL HEALTH AWARENESS DAY** in Illinois, and urge every citizen, state and local agency, and private organization committed to advancing the mental wellbeing of children and adolescents to come together to raise awareness of this cause and of the importance of sustaining year-round mental health programs for children and youth and their families.

Issued by the Governor April 14, 2010

Filed by the Secretary of State April 16, 2010

2010-134**John H. Geiger Day**

WHEREAS, on June 19, 1925, John H. Geiger was born in Minden, Iowa to Hugo and Martha Geiger. His parents were very active American Legion and Auxiliary members and John had attended the Hawkeye Boys State Program; and

WHEREAS, at the age of seventeen, John enlisted in the United States Army. He served with the 47th Tank Battalion in the 11th Armored Division in Europe where he was hospitalized as a result of wounds sustained at the Battle of the Bulge; and

WHEREAS, John received the American Theater Service Medal, European African Middle Eastern Service Medal and the Good Conduct Medal while in the United States Army; and

WHEREAS, John served in the United States Army from June 1943 through March 1946; and

WHEREAS, his father signed him into The American Legion while he was still in the service; and

WHEREAS, in 1946, John transferred his Legion membership to Colonel Hiram J. Slifer Post number 135 in Chicago. John has held virtually every elected office in The American Legion. He was elected Department of Illinois State Commander in 1960 and from there he was elected National

PROCLAMATIONS

Executive Committeeman representing Illinois in our national organization from 1963 to 1965; and

WHEREAS, upon his release from active duty John enrolled in the University of Illinois. He graduated in 1950 with a Bachelor of Science Degree in Architectural Engineering; and

WHEREAS, while at the U of I he met and married Vivienne DeBaets. John and Vivienne would have a family of six children comprising of four daughters and two sons; and

WHEREAS, after working with a company in Chicago, John started his own architectural firm and operated it for eleven years, whereupon he went to work as an architect for United Airlines in 1966; and

WHEREAS, at The American Legion National Convention held in Houston Texas in 1971, John H. Geiger was elected National Commander, which is the highest elected office in the organization; and

WHEREAS, now retired, John resides in Des Plaines, Illinois and continues to remain active in mentoring younger Veterans to be effective leaders of The American Legion to assist Veterans of all Theaters of Action, and their families, to insure they receive their earned benefits and necessary care for quality of life:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 1, 2010 as **JOHN H. GEIGER DAY** in Illinois, to honor him for not only serving our country in her time of need but to also for dedicating his life to serving those who have also served.

Issued by the Governor April 14, 2010

Filed by the Secretary of State April 16, 2010

2010-135**Korean War Remembrance Day**

WHEREAS, the Korean War began on June 25, 1950 and raged for three bloody years, and one and a half million United States service members, including thousands from Illinois, answered the call to arms during the war; and

WHEREAS, 54,246 United States citizens, including 1,754 Illinois residents, lost their lives while fighting in Korea; and

PROCLAMATIONS

- WHEREAS, a total of 103,284 United States soldiers were wounded during the fighting in Korea, 7,140 taken prisoner, and 8,177 were listed as missing in action; and
- WHEREAS, a total of 131 Medals of Honor were received for exceptional bravery and courage by United States soldiers fighting in Korea, 93 posthumously, including eight Medals of Honor received by soldiers from Illinois, six posthumously; and
- WHEREAS, the service and sacrifice of United States soldiers during the Korean War is equal to the service and sacrifice of United States soldiers in any of our nation's wars throughout our history; and
- WHEREAS, the number of living Korean War veterans continues to dwindle each year, giving fewer opportunity to share their experiences and to accept the thanks for their service from a grateful nation; and
- WHEREAS, the Korean War is often referred to as "The Forgotten War" because it fell between the conclusion of World War II and the beginning of the Vietnam War, and because the shaky truce that ended open hostilities in 1953 left the conflict without official closure; and
- WHEREAS, the 60th anniversary of the start of the Korean War occurs on June 25, 2010; and
- WHEREAS, the State of Illinois is commemorating the 60th anniversary of the Korean War by supplying information each month about the state's involvement in the conflict, starting in June 2010 and running through July 2013, to the state's newspapers, radio and TV stations; and
- WHEREAS, the Illinois Historic Preservation Agency, Illinois Department of Veterans Affairs, Illinois Korean Memorial Association, and the Abraham Lincoln Presidential Library and Museum are sponsoring "Illinois Remembers the Forgotten War" along with media partners the Illinois Press Association and the Illinois Broadcasters Association, to ensure that "The Forgotten War" is forgotten no more in Illinois:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim June 25, 2010 as **KOREAN WAR REMEMBRANCE DAY** in Illinois, and encourage all Illinois residents to remember and appreciate the brave men and women who served honorably and paid the ultimate

PROCLAMATIONS

price defending our freedom during the Korean War, to ensure that this generation, and those to follow, never forget these heroes and the values for which they fought.

Issued by the Governor April 14, 2010

Filed by the Secretary of State April 16, 2010

2010-136
National Nurses Week

WHEREAS, the nearly 2.9 million registered nurses in the United States comprise our nation's largest health care profession; and

WHEREAS, the depth and breadth of the registered nursing profession meets the different and emerging health care needs of the American population in a wide range of settings; and

WHEREAS, the American Nurses Association, as the voice for the registered nurses of this country, is working to chart a new course for a healthy nation that relies on increasing delivery of primary and preventive health care; and

WHEREAS, a renewed emphasis on primary and preventive health care will require the better utilization of all of our nation's registered nursing resources; and

WHEREAS, professional nursing has been demonstrated to be an indispensable component in the safety and quality of care of hospitalized patients; and

WHEREAS, the demand for registered nursing services will be greater than ever because of the aging of the American population, the continuing expansion of life-sustaining technology, and the explosive growth of home health care services; and

WHEREAS, that more qualified registered nurses will be needed in the future to meet the increasingly complex needs of health care consumers in this community; and

WHEREAS, the cost-effective, safe and quality health care services provided by registered nurses will be an ever more important component of the U.S. health care delivery system in the future; and

PROCLAMATIONS

WHEREAS, the American Nurses Association has declared the week of May 6-12 as National Nurses Week, with the theme "Nurses: Caring Today for a Healthy Tomorrow," in celebration of the ways in which registered nurses strive to provide safe and high quality patient care and map out the way to improve our health care system:

THEREFORE, I, Pat, Quinn, Governor of the State of Illinois, do hereby proclaim May 6 – 12, 2010 as **NATIONAL NURSES WEEK** in Illinois, and encourage all citizens to recognize and honor nurses in their communities, for the hard work and invaluable services they provide for citizens.

Issued by the Governor April 14, 2010

Filed by the Secretary of State April 16, 2010

2010-137**National Transportation Week and Day**

WHEREAS, our transportation system not only gives us freedom and mobility, allowing us to move from place to place, but it also boosts the nation's economy, and strengthens our nation's security; and

WHEREAS, advancing knowledge of the transportation industry and increasing public awareness on the significant nature transportation plays in the nation's economy, are two goals the National Defense Transportation Association (NDTA) has set forth for National Transportation Week; and

WHEREAS, the first National Transportation Week was observed in 1953 with the help of the Women's Transportation Club of Houston. This group originally set up a scholarship program benefiting transportation degree students at the University of Houston, but with no interested applicants; and

WHEREAS, seeing that the students and the public were virtually unaware and uninterested in the transportation industry, attempts were then made to sway past Presidents of the United States to proclaim National Transportation Week as a way of promoting the transportation industry, though their efforts were not officially honored until 1962; and

WHEREAS, in Illinois, not only has our Department of Transportation been expanding the road system and supporting public transportation, but also has been successful in reducing highway fatalities, improving opportunities for

PROCLAMATIONS

small, women, and minority owned businesses and upgrading process management throughout the organization; and

WHEREAS, the observance of National Transportation Week, including National Transportation Day, provides an opportunity for the transportation community to join together for greater awareness about the importance of transportation and also focuses on making youth aware of transportation-related careers:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 17-22, 2010 as **NATIONAL TRANSPORTATION WEEK** and May 21, 2010 as **NATIONAL TRANSPORTATION DAY** in Illinois, in recognition of the dedicated transportation professionals and military service members for their tireless efforts to make America's transportation network the best in the world.

Issued by the Governor April 14, 2010

Filed by the Secretary of State April 16, 2010

2010-138**National Water Safety Month**

WHEREAS, water safety education plays a vital role in preventing recreational water-related injuries and deaths; and

WHEREAS, by taking proactive steps learned through water-safety education, people can ensure healthy practices when enjoying water recreation. These healthy practices, for example, can prevent water-borne illnesses; and

WHEREAS, trained and certified aquatics professionals who develop water-safety rules allow for water recreation activities to be both fun and safe at the same time; and

WHEREAS, the safest aquatic recreational activities are in treated-water facilities; and

WHEREAS, effective water-safety programs are one of the best ways to prevent water-related injuries and deaths:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 2010 as **NATIONAL WATER SAFETY MONTH** in Illinois, and encourage all citizens to support and promote the importance of practicing safety in water recreation.

PROCLAMATIONS

Issued by the Governor April 14, 2010
Filed by the Secretary of State April 16, 2010

2010-139**Postpartum Mood Disorders Awareness Month**

WHEREAS, up to 80 percent of new mothers experience changes in their emotional health following childbirth, regardless of race, age, culture or socioeconomic status. Of this number, 15-20 percent experience more severe symptoms, collectively known as Postpartum Mood Disorders; and

WHEREAS, in 2006, there were 180,503 live births in Illinois, resulting in an estimated 27,075-36,100 mothers who struggled with moderate to severe postpartum emotional symptoms in Illinois alone. Postpartum Mood Disorders (PPMDs) have been called "The most significant complication associated with childbirth". PPMDs interfere with mother-infant bonding and disrupt the entire family unit; and

WHEREAS, there are many forms of Postpartum Mood Disorders, including the milder "Baby Blues" and more severe Postpartum Depression, Postpartum Panic Disorder, and Postpartum Obsessive-Compulsive Disorder. The most severe disorder, Postpartum Psychosis, is a life-threatening mental illness associated with a 10 percent suicide/infanticide rate; and

WHEREAS, with proper awareness, education, intervention, and resources, Postpartum Mood Disorders are nearly 100 percent treatable; and

WHEREAS, increasing public awareness among all Illinois families on the prevalence, identification, and treatment of Postpartum Mood Disorders has significant potential to save lives and prevent the unnecessary suffering experienced by so many families following childbirth:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 2010 as **POSTPARTUM MOOD DISORDERS AWARENESS MONTH** in Illinois, in order to raise awareness of this serious and debilitating disorder that affects childbearing women and their families.

Issued by the Governor April 14, 2010

PROCLAMATIONS

Filed by the Secretary of State April 16, 2010

2010-140
Raoul Wallenberg Day

WHEREAS, the International Raoul Wallenberg Foundation is a non-profit organization with a mission to promote peace among nations and to honor all those who were heroes of the Holocaust; and

WHEREAS, the organization carries the name of the Swedish diplomat, Raoul Wallenberg, who saved tens of thousands of Jews in Hungary during World War II before his disappearance at the hands of Soviet troops in 1945; and

WHEREAS, in 1944, Raoul Wallenberg was chosen to lead a mission to rescue the two hundred thousand Jews of Budapest after the Nazi invasion of Hungary in March of that year; and

WHEREAS, Raoul Wallenberg succeeded in issuing thousands of "protective" passports and, with the aid of three hundred volunteers, established thirty-two "safe houses" within Hungary that harbored 15-20,000 Jews under the protection of the Swedish Legation; and

WHEREAS, Raoul Wallenberg visited Soviet military headquarters on January 17, 1945, where he was subsequently arrested and detained at the Lyublyanka prison in Moscow, never to be seen again; and

WHEREAS, Raoul Wallenberg is an honorary citizen of Canada, Israel, and the city of Budapest. On October 5, 1981 Wallenberg became the second person in history to be awarded Honorary United States Citizenship:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim October 5, 2010 as **RAOUL WALLENBERG DAY** in Illinois, in memory of this noble and heroic man.

Issued by the Governor April 14, 2010

Filed by the Secretary of State April 16, 2010

2010-141
33rd Infantry Brigade Day

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- WHEREAS, citizens of Illinois have, throughout our history, served with honor and distinction in all branches of the military; and
- WHEREAS, the importance of the citizen-Soldier to our national defense is exemplified by the combat record of the Illinois Army National Guard; and
- WHEREAS, units of the Illinois Army National Guard, called to Federal service as the 33rd Infantry (Golden Cross) Division, engaged and defeated our nation's enemies in both world wars; and
- WHEREAS, the history and lineage of the Golden Cross Division continue in the 33rd Infantry Brigade Combat Team, whose recent yearlong mission in Afghanistan as part of Combined Joint Task Force Phoenix VIII constituted the largest overseas deployment of Illinois National Guardsmen since World War II; and
- WHEREAS, during that deployment, the 33rd Infantry Brigade Combat Team sustained losses of 18 dead and more than 90 wounded; and
- WHEREAS, members of their unit, Company D, 1st Battalion, 178th Infantry Regiment, are today dedicating on the grounds of the Woodstock Armory a permanent memorial to Sgt. Christopher Abeyta of Midlothian, Spc. Norman Cain III of Mount Morris and Sgt. Robert Weinger of Round Lake Beach who were killed in action in Afghanistan on March 15, 2009 and Sgt. Lukasz Saczek of Lake in the Hills who died in Afghanistan on May 10, 2009:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 31, 2010 as **33rd INFANTRY BRIGADE DAY** in Illinois, in honor of these fallen, and of their fellow soldiers, and in recognition of the faithful service which they have rendered to our State and our Nation in times of war and peace.

Issued by the Governor April 15, 2010

Filed by the Secretary of State April 16, 2010

2010-142**Vive Tu Vida! Get Up! Get Moving! Wellness Day**

- WHEREAS, Hispanic communities in Illinois and throughout the United States are faced with many challenges every day. One such challenge faced by the Hispanic community, among others, is health and wellness; and

PROCLAMATIONS

- WHEREAS, with a Hispanic population of nearly 12.3 percent, the State of Illinois recognizes the need to confront the healthcare challenges Hispanics face with a proactive strategy that strengthens community alliances and networks; and
- WHEREAS, it is also important to ensure that the state's Hispanic community receives culturally proficient and linguistically appropriate health and human services; and
- WHEREAS, there are a number of organizations, such as the Chicago Hispanic Health Coalition and the National Alliance for Hispanic Health, working to achieve that goal and to be certain that the perspective and experience of the Hispanic community is brought to the forefront of health care services and policy; and
- WHEREAS, the Chicago Hispanic Health Coalition empowers individuals, builds coalitions, and supports organizations, with the goal of promoting healthy behaviors and reducing the risk of illness and injury; and
- WHEREAS, to maximize and coordinate efforts among city and state organizations to promote healthy lifestyle awareness in Chicago's Hispanic communities, the Chicago Hispanic Health Coalition, and the Illinois Departments of Human Services and public Health are joining together with the National Alliance for Hispanic Health to sponsor Vive Tu Vida! Get Up! Get Moving!, the nation's premier annual Hispanic family physical activity and healthy lifestyle event; and
- WHEREAS, more than 45,000 people are expected to attend Vive Tu Vida! Get Up! Get Moving! events in ten cities across the country this year; and
- WHEREAS, these events will feature fun and excitement for the whole family, free health screenings, healthy snacks, and prize drawings, as well as activity stations for soccer, tennis, baseball, basketball, dance, aerobics, yoga and much more; and
- WHEREAS, this year, Chicago will host a Vive Tu Vida! Get Up! Get Moving! event on May 15:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim May 15, 2010 as **¡VIVE TU VIDA! GET UP! GET MOVING! WELLNESS DAY** in Illinois, and encourage

PROCLAMATIONS

all residents to recognize the need for increased health awareness in the Hispanic community and to support the efforts of those participating in this important event.

Issued by the Governor April 15, 2010

Filed by the Secretary of State April 16, 2010

ILLINOIS ADMINISTRATIVE CODE
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