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REGISTER

RULES
OF GOVERNMENTAL
AGENCIES



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INTRODUCTION

The Illinois Register is the official State document for publishing public notice of rulemaking activity initiated by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. Rulemaking activity consists of proposed or adopted new rules; amendments to or repealers of existing rules; and rules promulgated by emergency or peremptory action. Executive Orders and Proclamations issued by the Governor; notices of public information required by State Statute; and activities (meeting agendas; Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State Agencies; is also published in the Register. The Register is a weekly update of the Illinois Administrative Code (a compilation of the rules adopted by State agencies). The most recent edition of the Code, along with the Register, comprise the most current accounting of State agencies' rulemakings. The Illinois Register is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act [5 ILCS 100/1-1, et seq.].

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
11	March 1, 2010	March 12, 2010
12	March 8, 2010	March 19, 2010
13	March 15, 2010	March 26, 2010
14	March 22, 2010	April 2, 2010
15	March 29, 2010	April 9, 2010
16	April 5, 2010	April 16, 2010
17	April 12, 2010	April 23, 2010
18	April 19, 2010	April 30, 2010
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
30	July 12, 2010	July 23, 2010
31	July 19, 2010	July 30, 2010
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
42	October 4, 2010	October 15, 2010
43	October 12, 2010	October 22, 2010
44	October 18, 2010	October 29, 2010
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

Editor's Note: The Regulatory Agenda submission period will end July.1, 2010. The Division will no longer accept Regulatory Agendas after that time. The filing period for January 2011 will start October 1, 2010 with the last day to file being January 3, 2011.

DEPARTMENT ON AGING

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Community Care Program
- 2) Code Citation: 89 Ill. Adm. Code 240
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
240.160	Amendment
240.230	Amendment
240.340	Amendment
240.415	Amendment
240.728	Amendment
240.729	Amendment
240.825	Amendment
240.855	Amendment
240.870	Amendment
245.875	Amendment
240.920	Amendment
240.935	Amendment
240.945	Amendment
240.950	Amendment
240.1110	Amendment
240.1120	Amendment
240.1130	Amendment
240.1520	Amendment
240.1550	Amendment
240.2020	Amendment
240.2040	Amendment
- 4) Statutory Authority: Implementing Public Act 96-958, effective July 1, 2010, and authorized by 20 ILCS 105/4.01(11) and 4.02
- 5) A Complete Description of the Subjects and Issues Involved: These amendments are being proposed in order to improve efficiencies in operational efforts, service utilization, and billing issues under the Community Care Program. Given financial pressures, it is imperative that the Department exercise oversight to control the growth in service utilization, resolve an audit issue regarding erroneous copayments, maximize the State's ability to claim reimbursement for services provided under the Medicaid waiver, and minimize billing problems for service provider agencies that add delay to the payment cycle.

DEPARTMENT ON AGING

NOTICE OF PROPOSED AMENDMENTS

Sections 240.160, 240.340, 240.415, 240.825, 240.855, 240.875, 240.920, 240.935, 240.945, 240.950, 240.1110, 240.1120, 240.1130, 240.1520, 240.2020, and 240.2040: The amendments add internal date restrictors to reflect the elimination of client copayments under the Community Care Program, effective July 1, 2010.

Section 240.160: The amendment adds new definitions for the following terms: "Care Coordinator", "Client", and "Participant".

Section 240.230: The amendment adds Licensed Practical Nurses to the list of individual professionals authorized to administer skilled nursing services at adult day facilities in accordance with the Illinois Nursing Act.

Section 240.728: The amendment revises the subheading and changes the maximum payment levels for approved Plans of Care for in-home service or other combinations of options excluding adult day service under the Community Care Program. A specific dollar amount is being assigned to each DON score in place of a DON score range which will result in some cost-savings over time. Use of the existing methodology has had the unintended consequence of permitting a higher number of units of service to be utilized by a greater number of program participants whose abilities fall at the lower end of each particular range previously set forth in the rule.

Section 240.729: The amendment revises the subheading and changes the maximum payment levels for approved Plans of Care for adult day service or other combinations of options including adult day service under the Community Care Program. A specific dollar amount is being assigned for each DON score in place of a DON score range which will result in some cost-savings over time. Use of the existing methodology has had the unintended consequence of permitting a higher number of units of service to be utilized by a greater number of program participants whose abilities fall at the lower end of each particular range previously set forth in the rule.

Section 240.1520: The amendment revises information about provider reimbursements to reflect the elimination of client copayments and changes provider billing to quarter-unit increments under the Community Care Program, effective July 1, 2010.

Section 240.1550: The amendment changes the hot water temperature limits to allow a greater comfort range at adult day facilities in accordance with a recommendation from the Illinois Adult Day Services Association.

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NOTICE OF PROPOSED AMENDMENTS

Sections 240.2020 and 2040: The amendment revises information about financial reporting requirements for in-home service providers to reflect the elimination of client copayments under the Community Care Program, effective July 1, 2010.

- 6) Published studies or reports, along with the sources of underlying data, used when composing this rulemaking: The proposed amendments for Sections 240.728 and 240.729 are consistent with recommendations made in the *Determination of Need, Service Cost Maximum Study* (2009) required by Public Act 95-565.

A copy of this study is posted on the Department's website at:
<http://www.state.il.us/aging/1athome/oasa/resources/DON.pdf>

- 7) Will this rulemaking replace any emergency rulemaking currently in effect? Yes
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this proposed rulemaking contain incorporations by reference? Yes
- 10) Are there any other proposed amendments pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or enlarge any State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit written comments on this proposed rulemaking within 45 days after the date of publication of this Notice to:

Karen Alice Kloppe
Deputy General Counsel
Illinois Department on Aging
421 E. Capitol Avenue, #100
Springfield, IL 62701-1789

217/785-3346

- 13) Initial Regulatory Flexibility Analysis:

DEPARTMENT ON AGING

NOTICE OF PROPOSED AMENDMENTS

- A) Reporting of small businesses, small municipalities and not for profit corporations affected: Care coordination units and service provider agencies under the Community Care Program will be affected by this rulemaking.
 - 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 Amendments is identical to that of the Emergency Amendments for this rulemaking, and can be found in this issue of the *Illinois Register* on page 10854:

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Procedures and Criteria for Reviewing Applications for Provisional Variances
- 2) Code Citation: 35 Ill. Adm. Code 180
- 3)

<u>Section Numbers</u> :	<u>Proposed Action</u> :
180.101	Amended
180.201	Amended
180.202	Amended
180.203	Repealed
180.204	Repealed
180.301	Amended
180.302	Amended
180.303	Repealed
180.401	Amended
180.402	Amended
- 4) Statutory Authority: Sections 35(b), 36(c), and 37(b) of the Illinois Environmental Protection Act (the Act) [415 ILCS 5/35(b), 36(c), and 37(b)]
- 5) A Complete Description of the Subjects and Issues Involved: The proposal amends Part 180 to reflect 2003 amendments to Sections 35, 36, and 37 of the Act, as well as 2005 amendments to Illinois Pollution Control Board (Board) rules, 35 Ill. Adm. Code 104. Amendments to the Act and to Board rules eliminate the Board's involvement in reviewing and ruling upon applications for provisional variances. The proposed amendments to Part 180 provide that the Illinois Environmental Protection Agency (Agency) shall review applications for provisional variances and make the final decision regarding whether to grant those variances. The proposed amendments eliminate provisions regarding emergency applications for provisional variances and recommendations to the Board. The proposal also consolidates certain requirements for simplification purposes and streamlines the Agency's decision-making process by eliminating the requirement that the Agency perform a "preliminary review" of applications for provisional variances.
- 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

ENVIRONMENTAL PROTECTION AGENCY

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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 proposed rulemakings pending on this Part? No.
- 11) Statement of Statewide Policy Objective: This proposed rulemaking does not create or enlarge a State mandate, as defined in Section 3(b) of the State Mandates Act [30 ILCS 805/3(b) (2006)].
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: The Agency will accept written public comments on this proposal for a period of 45 days after the date of publication in the *Illinois Register*. Comments should reference the Procedures and Criteria for Reviewing Applications for Provisional Variances and be addressed to:
- Dana Vetterhoffer
Assistant Counsel
Illinois Environmental Protection Agency
Division of Legal Counsel
1021 North Grand Avenue East
P.O. Box 19726
Springfield, Illinois 62794-9276
- 217/782-5544
- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: This rulemaking will impact any small business, small municipality and not for profit corporation that files an application for a provisional variance.
- 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 Amendments begins on the next page:

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE A: GENERAL PROVISIONS
CHAPTER II: ENVIRONMENTAL PROTECTION AGENCY

PART 180
PROCEDURES AND CRITERIA FOR REVIEWING
APPLICATIONS FOR PROVISIONAL VARIANCES

SUBPART A: INTRODUCTION

Section	
180.101	Purpose
180.102	Definitions

SUBPART B: APPLICATIONS FOR PROVISIONAL VARIANCES

Section	
180.201	Applicants
180.202	Requirements of the Written Application
180.203	Preliminary Review of the Application <u>(Repealed)</u>
180.204	Emergency Applications <u>(Repealed)</u>

SUBPART C: AGENCY DECISION MAKING

Section	
180.301	Criteria for Reviewing Applications
180.302	Final Agency Action
180.303	Recommendation to the Board <u>(Repealed)</u>

SUBPART D: EXTENSIONS OF PROVISIONAL VARIANCES

Section	
180.401	Applications for Extensions of Provisional Variances
180.402	Criteria for Reviewing Applications for Extensions of Provisional Variances

AUTHORITY: Implementing and authorized by Sections 35(b), 36(c), and 37(b) of the Environmental Protection Act [415 ILCS 5/35(b), 36(c), and 37(b)].

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SOURCE: Adopted at 5 Ill. Reg. 6341, effective June 2, 1981; amended at 34 Ill. Reg. _____, effective _____.

SUBPART A: INTRODUCTION

Section 180.101 Purpose

~~This Part establishes~~~~These rules establish~~ the procedures and the criteria ~~which~~ the Agency will use to review applications and to make final decisions regarding requests for recommendations to the Pollution Control Board (Board) for granting provisional variances. Pursuant to Section 35(b) of the Act, ~~states that such~~ provisional variances shall be granted by the Agency Board *"upon presentation of adequate proof notification from the Agency that compliance on a short term basis with any rule or regulation, requirement or order of the Board, or with any permit requirement, would impose an arbitrary or unreasonable hardship."*

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

SUBPART B: APPLICATIONS FOR PROVISIONAL VARIANCES

Section 180.201 Applicants

- a) Any person subject to the Environmental Protection Act and to the rules or regulations, orders, or permit requirements of the Board, and who has not been granted provisional variances in excess of 90 days during the calendar year, may apply for a provisional variance.
- b) Applications ~~shall~~may be submitted pursuant to ~~either~~ Section 180.202 of this Part ~~or Section 180.204 of these rules.~~

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

Section 180.202 Requirements of the Written Application

- a) Two copies of the application shall be sent to:

Illinois Environmental Protection Agency
Division of (Air Pollution Control, Water Pollution Control,
Land/~~Noise~~ Pollution Control, Public Water Supplies,
as appropriate)

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1021 North Grand Ave. East~~2200 Churchill Road~~
P.O. Box 19276
Springfield, Illinois 62794-9276~~62706~~

- b) The application shall include:
- 1) A statement identifying the regulations, Board Order, or permit requirements from which the variance is requested;
 - 2) A description of the business or activity for which the variance is requested, including pertinent data on location, size, and the population and geographic area affected by the person's~~applicant's~~ operations;
 - 3) The quantity and types of materials used in the process or activity for which the variance is requested, as appropriate;
 - 4) The quantity, types and nature of materials or emissions to be discharged, deposited or emitted under the variance, and the identification of the receiving waterway or land, or the closest receiving Class A and Class B land use, as appropriate;
 - 5) The quantity and types of materials in drinking water exceeding the allowable content, or other pertinent facts concerning variances from the Board's public water supply regulations;
 - 6) An assessment of any adverse environmental impacts that~~which~~ the variance may produce;
 - 7) A statement explaining why compliance with the Act, regulations or Board Order imposes arbitrary or~~and~~ unreasonable hardship;
 - 8) A description of the proposed methods to achieve compliance with the Act, regulations or Board Order, and a timetable for achieving that~~such~~ compliance;
 - 9) A discussion of alternate methods of compliance and of the factors influencing the choice of applying for a provisional variance;
 - 10) A statement of the period, not to exceed 45 days, for which the variance is

ENVIRONMENTAL PROTECTION AGENCY

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requested;

- 11) A statement of whether the personapplicant has been granted any provisional variances within the calendar year, and the terms and duration of thosesuch variances;
- 12) A statement regarding the person'sapplicant's current permit status as related to the subject matter of the variance request;
- 13) Any Board orders in effect regarding the person'sapplicant's activities and any matters currently before the Board in which the personapplicant is a party.

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

Section 180.203 Preliminary Review of the Application (Repealed)

- a) ~~Within five working days of receipt of the application, the Agency shall make a determination to accept the application for review; to reject the application as incomplete, based on the requirements of Section 180.202; or to reject the application as outside the scope of relief provided by provisional variances, applying the criteria in Section 180.301~~
- b) ~~If the application is rejected, notice of such rejection shall be given to the applicant by certified mail, return receipt requested. This notice of rejection shall include an explanation of the Agency's decision.~~
 - 1) ~~Upon receipt of a notice of rejection for incompleteness, the applicant may submit a complete application, which will initiate the review process again.~~
 - 2) ~~Upon receipt of a notice of rejection as not within the scope of relief of provisional variances, the applicant may apply to the Board for a variance pursuant to Section 35(a) of the Act.~~
- e) ~~If the applicant is accepted as complete and within the scope of relief provided by provisional variances, review shall proceed pursuant to Subpart C. The Agency shall give notice to the Board of written applications which are accepted~~

ENVIRONMENTAL PROTECTION AGENCY

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

Section 180.204 Emergency Applications (Repealed)

~~Under emergency circumstances due to causes such as equipment malfunctions, extreme weather conditions or other unforeseeable events, the Agency will consider requests for provisional variances according to the following procedures:~~

- ~~a) The applicant may notify the Agency of circumstances which it believes justify granting a provisional variance on an emergency basis.~~
- ~~b) The Agency shall investigate the circumstances of the request.~~
- ~~c) Based on the information obtained from the applicant and the investigation, the Agency may recommend that the Board grant a provisional variance.~~
- ~~d) The Agency may notify the applicant that certain information described in subsection 180.202(b) must be submitted in writing in support of the request for a provisional variance.~~
- ~~e) The applicant shall provide the information required under (d) within ten working days of notification from the Agency.~~

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

SUBPART C: AGENCY DECISION MAKING

Section 180.301 Criteria for Reviewing Applications

- ~~a) Applications for provisional variances will be accepted for review when all of the following circumstances exist:
 - ~~1) The requested relief is short-term, i.e., not exceeding 45 days;~~
 - ~~2) The applicant would experience arbitrary and unreasonable hardship if required to wait for a variance pursuant to Section 35(a) of the Act; and~~
 - ~~3) The applicant has not been granted provisional variances exceeding 90 days within the calendar year. For purposes of calculating the 90 days~~~~

ENVIRONMENTAL PROTECTION AGENCY

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~~during any calendar year, the number of days of provisional variances granted by the Board shall be totalled, regardless of when compliance was actually achieved by the applicant.~~

~~a~~b) In determining whether to ~~grant~~recommend that the provisional variance ~~be granted~~, the Agency will evaluate the information provided in the application to meet the requirements of Section 180.202(b) ~~of this Part~~er 180.204. Particular consideration will be given to the following information:

- 1) Inclusion of a definite compliance program;
- 2) Evaluation of all reasonable alternatives for compliance; and
- 3) Demonstration that any adverse impacts will be minimal.

~~b~~) The Agency may deny the provisional variance if the application for the variance is incomplete or if the application is outside the scope of relief provided by provisional variances.

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

Section 180.302 Final Agency Action

- ~~a~~) Within 30 days ~~after~~of receipt of an application for a provisional variance or for an extension of a provisional variance, the Agency shall either grant or deny the provisional variance. If the Agency fails to take final action within 30 days, or if the Agency denies the request, the person may initiate a proceeding with the Board under Section 35(a) of the Act. [415 ILCS 5/37(b)] If the Agency denies the provisional variance for incompleteness, the person may submit a complete application, which will initiate the review process again.~~recommend that the Board grant the variance or notify the applicant and the Board that the variance is denied using the procedures of Section 180.203(b).~~
- ~~b~~) If the Agency denies the provisional variance, notice of that denial shall be given to the person by certified mail, return receipt requested. The notice of denial shall include an explanation of the Agency's decision.
- ~~c~~) If the Agency grants the provisional variance, the Agency shall

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promptly provide a copy of its written decision to the Board, and shall give prompt notice of its action to the public by issuing a press release for distribution to newspapers of general circulation in the county. The Board shall maintain for public inspection copies of all provisional variances provided by the Agency. [415 ILCS 5/37(b)]

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

Section 180.303 Recommendation to the Board (Repealed)

- a) ~~The Agency shall submit a recommended order to the Board by personal service or by certified mail, return receipt requested. If a written application was submitted, the Agency shall provide a copy to the Board. The Agency may submit a statement explaining or justifying its recommendation.~~
- b) ~~The recommended order shall state the number of days for which the variance should be granted, any conditions to be imposed, and a draft certification of acceptance.~~

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

SUBPART D: EXTENSIONS OF PROVISIONAL VARIANCES

Section 180.401 Applications for Extensions of Provisional Variances

An application for extension of an order granting a provisional variance shall include:

- a) Information ~~as~~ stated in Section 180.202(b)(7) through (10) of this Part;
- b) Any new information ~~that~~which modifies prior information given to satisfy Section 180.202(b) of this Part.

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

Section 180.402 Criteria for Reviewing Applications for Extensions of Provisional Variances

The Agency shall review requests for extensions of provisional variances and take final action~~make recommendations to the Board~~ in conformity with Subpart C of this Part~~these rules~~.

ENVIRONMENTAL PROTECTION AGENCY

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Collection Agency Act
- 2) Code Citation: 68 Ill. Adm. Code 1210
- 3)

<u>Section Numbers</u> :	<u>Proposed Action</u> :
1210.10	Amendment
1210.25	Amendment
1210.60	Amendment
1210.70	Amendment
1210.80	Repealed
1210.90	Repealed
1210.105	Amendment
1210.110	Amendment
1210.140	Amendment
1210.170	Amendment
1210.235	Amendment
1210.240	Amendment
1210.260	New Section
- 4) Statutory Authority: Implementing the Collection Agency Act [225 ILCS 425] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7))
- 5) A complete description of the subjects and issues involved: Section 1210.260, Unprofessional Conduct, is being added in an effort to clarify acts and practices that are unethical or unprofessional and for which the Division may undertake disciplinary proceedings. Included within this Section is the incorporation of the Code of Ethics and Professional Responsibility of the Association of Credit and Collection Professionals. Also included is a determination that a reasonable collection fee shall not exceed 29% of the principle balance. The fee for restoration of a lapsed license has been added. Makes numerous non-substantive changes, including changing references throughout the entire Part from "Department" to "Division" to reflect the consolidation of agencies into the Department of Financial and Professional Regulation and the creation of the Division of Professional Regulation. Obsolete language is also being removed and other technical changes are being made, especially relating to branch offices.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

- 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 has no impact on local governments.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:
- Craig Cellini, Rules Coordinator
Department of Financial and Professional Regulation
320 West Washington, 3rd Floor
Springfield, Illinois 62767-0001
- 217/785-0813
- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities, and not-for-profit corporations affected: None
- B) Reporting, bookkeeping, or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: A potential licensee must have at least one year experience working in the credit field or a related area.
- 14) Regulatory Agenda on which this rulemaking was summarized: July 2009

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

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TITLE 68: PROFESSIONS AND OCCUPATIONS

CHAPTER VII: DEPARTMENT OF FINANCIAL PROFESSIONAL REGULATION

SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1210

COLLECTION AGENCY ACT

Section

1210.10	Definitions
1210.20	Officer
1210.25	Application for Registration
1210.30	Harassment Defined (Repealed)
1210.40	Section 9.21 of Act Defined (Repealed)
1210.50	Posing as an Attorney (Repealed)
1210.60	Communication by Agency
1210.70	Use of Pseudonyms
1210.80	Doing Business at More Than One Office or Location <u>(Repealed)</u>
1210.90	Additional <u>Offices</u> Office or <u>Changes</u> Change of Location of Office <u>(Repealed)</u>
1210.100	Notices (Repealed)
1210.105	Change of Ownership
1210.110	Termination or Change in Registration
1210.120	Address for Notice (Repealed)
1210.130	Use of Street Addresses (Repealed)
1210.140	Records and Documents to be Kept by Collection Agency
1210.150	Recording of Payments
1210.160	Multiple Creditors
1210.170	Availability of Books, Records, Forms and Stationery
1210.180	Accounting and Remitting Collected Funds
1210.190	Creditor Accounts
1210.200	Trust Accounts (Repealed)
1210.210	Notice for Hearing (Repealed)
1210.220	Procedures for Hearing (Repealed)
1210.230	Default Disposition of a Hearing (Repealed)
1210.235	Renewals
1210.237	Fees
1210.240	Granting Variances
1210.250	Construction of Rules and Regulations (Repealed)
<u>1210.260</u>	<u>Unprofessional Conduct</u>

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AUTHORITY: Implementing the Collection Agency Act [225 ILCS 425] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Rules and Regulations Promulgated for the Administration of the Illinois Collection Agency Act, effective December 3, 1976; codified at 5 Ill. Reg. 11025; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 7448, effective June 15, 1982; transferred from Chapter I, 68 Ill. Adm. Code 210 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1210 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2919; amended at 17 Ill. Reg. 1535, effective January 25, 1993; amended at 22 Ill. Reg. 16479, effective September 4, 1998; amended at 24 Ill. Reg. 508, effective December 31, 1999; amended at 34 Ill. Reg. _____, effective _____.

Section 1210.10 Definitions

The following definitions shall apply to this Part:

"Act" means the Collection Agency Act [225 ILCS 425]~~(Ill. Rev. Stat. 1991, ch. 111, par. 2001 et seq.)~~.

"Agency" means a collection agency as defined in Section 2.02 of the Act.

"Board" means the Collection Agency Licensing and Disciplinary Board.

"Branch Office" means another location with the same name and ownership as the main collection agency license.

"Creditor" means individual, sole proprietorship, partnership or corporation ~~that~~which engages or retains the agency to collect debts due ~~thesueh~~ individual, sole proprietorship, partnership or corporation.

"Department" means the Department of Financial and Professional Regulation ~~of the State of Illinois~~.

"Director" means Director of the Division~~Department~~ of Professional Regulation with the authority delegated by the Secretary of the State of Illinois.

"Division" means the Department of Financial and Professional Regulation-
Division of Professional Regulation.

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"Managerial or Administrative Control" means having authority to conduct the affairs of the agency and direct others in the conduct of the affairs or business of the agency.

"Secretary" means the Secretary of the Department of Financial and Professional Regulation.

"Trust Account" means the special account ~~that~~^{which} all licensed collection agencies shall maintain in accordance with Section 8c of the Act.

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

Section 1210.25 Application for Registration

a) All applications for registration as a collection agency shall be submitted to the ~~Division~~^{Department}, on forms provided by the ~~Division~~^{Department}, and include:

1)a) Collection Agency Application

A) The name and address of all officers of the collection agency (as defined in Section 1210.20). The address shall be an actual street address and shall include the city, state and zip code. A post office box number is not acceptable as an address;

B) A copy of the Articles of Incorporation bearing the seal of the office, in the jurisdiction in which the corporation is organized, whose duty it is to register corporations under the laws of that jurisdiction. If it is a foreign corporation, a copy of the certificate of authority to transact business in this State issued by the Secretary of State is also required;

C) A copy of the authority to transact business under the Assumed Business Name Act [805 ILCS 405], issued by the Secretary of State or county clerk's office, if required by law;

D)b) Proof of a \$25,000 surety bond;

E)e) The name of the bank, savings and loan association or other

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required depository in which the trust account shall be maintained;
and

~~F)d)~~ The required fee set forth in Section 1210.237.

2) Branch Office Application

A) The name and license number of the main collection agency office;

B) Name of the manager at that location; and

C) The required fee set forth in Section 1210.237.

b) If a collection agency intends to conduct business as a collection agency as defined in the Act at more than one office or location and the ownership and name used at each location are identical, the applicant shall file an application for a branch office as referenced in subsection (a)(2). If the ownership and name are not identical, a collection agency application shall be filed in accordance with subsection (a)(1).

c) A licensed collection agency shall notify the Division in writing of a change in location of an existing office within 10 days after the change.

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

Section 1210.60 Communication by Agency

a) A collection agency shall use only the agency name or tradestyle exactly as it appears on the agency's certificate of registration (the certificate) issued by the ~~Division~~Department in all communications; (e.g., ABC Collection Agency cannot use a name such as ABC Acceptance Company), except for skiptracing and envelopes as prohibited by 15 ~~USC~~U.S.C. 1692b.(5).

b) When an agency communicates with a debtor, the agency must state in a written or telephone communication the specific reason for the communication, the name of the creditor, the registered name of the agency, the date of written communication, ~~in written communication~~; and, in oral communication, the identity of the collector making the contact.

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

Section 1210.70 Use of Pseudonyms

The agency shall maintain a listing of all pseudonyms used by an office, employee, or agent of the collection agency in relation to collection agency activities. A listing of pseudonyms shall be maintained by the collection agency one year after termination of employment. This shall be available upon request by the ~~Division~~Department.

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

Section 1210.80 Doing Business at More Than One Office or Location (Repealed)

~~If a collection agency intends to do business at more than one office or location within the State of Illinois, the ownership and name used at each location shall be identical, otherwise a separate application and bond shall be required for each location at which the agency conducts or intends to conduct business.~~

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

Section 1210.90 Additional Offices or Changes of Location of Offices (Repealed)

- ~~a) If an agency opens an additional office(s) or changes the location of an existing office(s) other than at the time of renewal, the agency shall notify the Department in writing of the new address at least 30 days prior to the opening of the office(s) or change of location(s).~~
- ~~b) If, prior to the issuance of a certificate of registration, an agency changes the location of an office or adds an additional office, the agency shall immediately notify the Department, in writing, of the new address.~~

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

Section 1210.105 Change of Ownership

When ~~one share more than 50%~~51% of the assets, stock or equity of a collection agency are ~~transferred~~sold, a new collection agency application shall be filed with the ~~Division~~Department in accordance with Section 1210.25.

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

Section 1210.110 Termination or Change in Registration

- a) The certificate of registration shall terminate:
- 1) When the agency ceases operation;
 - 2) ~~When the agency ceases to operate under the name on the certificate of registration;~~ 3) When the bond is nonrenewed or cancelled; or
 - 3)4) When the certificate of registration is revoked.
- b) The agency shall notify the ~~Division~~Department in writing by certified mail within 10 days when the agency ceases to operate or ceases to operate under the name on the certificate. Notice of bond termination is set forth in Section 8 of the Act.
- c) In the event of a change of the agency name, the registrant shall notify the Division, submit proof of the name change, return the original license and pay the fee required in Section 1210.237. A new license will be issued with the corrected name~~may apply for a new certificate of registration in advance of the effective date of such change by filing an application and paying the appropriate fee as set forth in Section 1210.237. The application shall be handled as an original application.~~
- d) All notices required by this Section shall be sent to the Department of Financial and Professional Regulation-Division of Professional Regulation at 320 West Washington, 3rd Floor, Springfield, Illinois 62786.

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

Section 1210.140 Records and Documents to be Kept by Collection Agency

- a) The current certificate of registration shall be prominently displayed at each location where the agency conducts business.
- b) At each office of a registered collection agency, for each individual debtor's account, the agency shall keep the following:

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- 1) Account records for each account in excess of \$100.00 being processed.
 - A) These records shall contain:
 - i)A) Name, address and phone number, if available, of debtor and all individuals contacted, at any time concerning thesueh collection account, including debtor, debtor's employer and relatives;
 - ii)B) Dates and record of contents of all communications mailed regarding debtor's account;
 - iii)C) Dates and record of contents of each telephone contact with all individuals regarding debtor's account, including identification of individual who made thesueh contact and to whom that individual spoke;
 - iv)D) Name of the creditor, date account was opened with the agency and the amount of the account. The address of the creditor shall be maintained in the agency's records;
 - v)E) Docket information pertaining to all court suits concerning account;
 - vi)F) The date and amount of each collection on each account; and
 - vii)G) Additional charges, which are fees authorized by contract or by court of law. These charges shall be documented by court records or other records available for inspection by the Division~~Department~~.
 - B)H) This subsection does not apply to the report status of the accounts.
- 2) Correspondence files for collection accounts, which shall contain:
 - A) Copies of all correspondence between the agency and creditor concerning accounts;

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- B) Copies of all correspondence between the agency and debtor, debtor's employer, debtor's family and debtor's attorney;
 - C) Instructions from debtor on disbursement of funds among multiple accounts; and
 - D) Copies of all correspondence concerning account between agency and agency's attorney.
- c) When an account is closed by the agency, the account record shall be clearly and boldly marked that the account is closed, and all records shall be kept for a period of ~~twelve (12)~~ months ~~after~~~~from~~ date on which the account was closed.
- d) A collection agency may utilize an electronic data processing system ~~that~~~~which~~ includes the information set forth in this Section.

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

Section 1210.170 Availability of Books, Records, Forms and Stationery

All books, records, forms, and stationery kept or used by an agency at each office of the agency shall be made available to agents of the ~~Division~~~~Department~~ upon request. Failure or refusal to make these records available by the agency shall be grounds for denial, suspension, or revocation of the agency's registration under Section 12(a) of the Act in accordance with 68 Ill. Adm. Code 1110.

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

Section 1210.235 Renewals

- a) Every certificate of registration issued under the Act shall expire on May 31, 2000 and every ~~3~~~~three~~ years thereafter. The holder of a certificate of registration may renew the certificate during the month preceding the expiration date by paying the required fee.
- b) It is the responsibility of each registrant to notify the ~~Division~~~~Department~~ of any change of address. Failure to receive a renewal form from the ~~Division~~~~Department~~ shall not constitute an excuse for failure to pay the renewal

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fee or to renew one's license.

- c) Practicing or offering to practice on a certificate of registration ~~that~~^{which} has expired shall be considered unlicensed activity and shall be grounds for discipline pursuant to Section 9 of the Act.

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

Section 1210.237 Fees

- a) The following fees shall be paid to the ~~Division~~^{Department} and are not refundable:
- 1) Application Fees
 - A) The fee for application for a certificate of registration as a collection agency is \$750.
 - B) The fee for application for a certificate of registration to operate as a branch office is \$250.
 - 2) Renewal Fees
 - A) The fee for the 3-year renewal of a certificate of registration as a collection agency is \$750.
 - B) The fee for the 3-year renewal of a certificate of registration for a branch office is \$150.
 - 3) General Fees
 - A) The fee for the restoration of a license is \$50 plus payment of all lapsed renewal fees.
 - B) The fee for the issuance of a duplicate certificate of registration, for the issuance of a replacement certificate for a certificate that has been lost or destroyed, or for the issuance of a certificate with a change of name or address other than during the renewal period is \$20. No fee is required for name and address changes on

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- ~~Division~~ ~~Department~~ records when no duplicate license is issued.
- ~~C)B)~~ The fee for a certification of a registrant's record for any purpose is \$20.
- ~~D)e)~~ The fee for a wall certificate showing registration shall be the actual cost of producing the certificate.
- ~~E)D)~~ The fee for a roster of registrants shall be the actual cost of producing the roster.
- b) All fees collected under the Act and this Part shall be deposited into the General Professions Dedicated Fund. All monies in the fund shall be used by the ~~Division~~ ~~Department of Professional Regulation~~, as appropriated, for the ordinary and contingent expenses of the ~~Division~~ ~~Department~~.
- c) ~~Returned Checks~~ ~~Fees~~
- 1) Any person who delivers a check or other payment to the ~~Division~~ ~~Department~~ that is returned to the ~~Division~~ ~~Department~~ unpaid by the financial institution upon which it is drawn shall pay to the ~~Division~~ ~~Department~~, in addition to the amount already owed to the ~~Division~~ ~~Department~~, a fee of \$50.
- 2) ~~If the check or other payment was for a renewal or issuance fee and that person practices without paying the renewal fee or issuance fee and the fee for the returned check, an additional fee of \$100 shall be imposed.~~ 3) The ~~fees~~ ~~fee~~ imposed by this Section are in addition to any other discipline provided under the Act for unlicensed practice or practice on a nonrenewed license. The ~~Division~~ ~~Department~~ shall notify the person that fees shall be paid to the Department by certified check or money order within 30 calendar days after the notification.
- ~~3)4)~~ If, after the expiration of 30 days from the date of notification the person has failed to submit the necessary remittance, the ~~Division~~ ~~Department~~ shall automatically terminate the license or certificate or deny the application, without hearing.
- ~~4)5)~~ If, after termination or denial, the person seeks a license or certificate, he

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or she shall apply to the ~~Division~~Department for restoration or issuance of the license or certificate and pay all fees due to the Department. The Director may waive the fees due under this Section in individual cases ~~when~~where the Director finds the fees would be unreasonable or unnecessarily burdensome.

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

Section 1210.240 Granting Variances

- a) The Director may grant variances from ~~this Part~~these rules in individual cases ~~when~~where he ~~or~~/ she finds that:
- 1) The provision from which the variance is granted is not statutorily mandated;
 - 2) No party will be injured by granting the variance; and
 - 3) The rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome.
- b) The Director shall notify the Board in writing of the granting of ~~a~~such variance, and the reasons ~~for granting the variance~~therefor, at the next meeting of the Board.

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

Section 1210.260 Unprofessional Conduct

- a) The Division may suspend or revoke a license, refuse to issue or renew a license or take other disciplinary action based upon its finding of dishonorable, unethical or unprofessional conduct within the meaning of Section 9(a)(31) of the Act, which is interpreted to include, but is not limited to, the following acts or practices:
- 1) Doing business under a designation or business name or identification that misleads creditors, consumers or the general public to believe that it is an entity other than a collection agency;

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- 2) Failure to provide information on a denial or forfeiture of a professional license or registration by any jurisdiction, or any disciplinary action in connection with a license or registration;
 - 3) Misrepresenting qualifications, capacity, experience and abilities of the collection agency and its personnel;
 - 4) Discriminating on the grounds of race, color, creed, sex or national origin in the selection of creditors or dealing with debtors.
- b) The Division hereby incorporates by reference "The Code of Ethics and Professional Responsibility" and the "Code of Operations" of ACA International, The Association of Credit and Collection Professionals, 4040 West 70th Street, P.O. Box 390106, Minneapolis MN 55439-0106, July 25, 2007 with no later amendments or editions.
- c) Reasonable Collection Fees
- 1) Pursuant to Section 9(a) of the Act, the Division may refuse to issue or renew, or may revoke, suspend, place on probation, reprimand or take other disciplinary action as the Division may deem proper, including fines not to exceed \$5,000 for a first violation and not to exceed \$10,000 for a second or subsequent violation, for any one or any combination of the following causes: Collecting or attempting to collect any interest or other charge or fee in excess of the actual debt or claim unless such interest or other charge or fee is expressly authorized by the agreement creating the debt or claim unless expressly authorized by law or unless in a commercial transaction such interest or other charge or fee is expressly authorized in a subsequent agreement. If a contingency or hourly fee arrangement is established under an agreement between a collection agency and a creditor to collect a debt and is paid by a debtor pursuant to a contract between the debtor and the creditor, then that fee arrangement does not violate this subsection (c)(1) unless the fee is unreasonable. The Division shall determine what constitutes a reasonable collection fee.
 - 2) The Division has determined that a reasonable collection fee under an agreement between the debtor and the creditor shall not exceed 29% of the principal balance.

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d) Child Support Collection Fees

- 1) Pursuant to Section 2.04(a-10) of the Act, the Division shall determine a fee rate of not less than 25% but not greater than 35%, based upon presentation by the licensees as to costs to provide the service and a fair rate of return. This rate shall be established by administrative rule.
- 2) The Division has determined that a collection agency shall impose a rate not to exceed 29% of the amount of child support actually collected by the collection agency subject to the provisions of Section 2.04(a)(5) of the Act.

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

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- 1) Heading of the Part: Electrologist Licensing Act
- 2) Code Citation: 68 Ill. Adm. Code 1246
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
1246.40	Amendment
1246.50	Amendment
1246.70	Amendment
1246.80	Amendment
- 4) Statutory Authority: Implementing the Electrologist Licensing Act [225 ILCS 412/33 and 35(b)] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)]
- 5) A complete description of the subjects and issues involved: Provides that licensees are not required to complete CE for the 1st license renewal after issuance of original license. Original rule language only addresses the 2008 license renewals and not subsequent renewals. This rule clarifies that all licensees are exempt from CE requirements for their first license renewal. The fee for restoring a lapsed license is also being increased due to the considerable time and resources involved in their processing.
- 6) Published studies or reports, along with the sources of underlying data, that were used when composing this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking has no impact on local governments.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Craig Cellini, Rules Coordinator

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Department of Financial and Professional Regulation
320 West Washington, 3rd Floor
Springfield, Illinois 62786

217/785-0813 Fax #: 217/557-4451

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities, and not-for-profit corporations affected: Those providing the services of electrologists.
 - B) Reporting, bookkeeping, or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: Electrology skills are required.
- 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 68: PROFESSIONS AND OCCUPATIONS

CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1246

ELECTROLOGIST LICENSING ACT

Section

1246.10	Qualifications for Licensure
1246.20	Examination
1246.30	Application for Licensure by Acceptance of Examination
1246.40	Fees
1246.50	Endorsement
1246.60	Standards of Sterilization and Sanitation
1245.70	Continuing Education
1246.80	Renewals
1246.90	Restoration
1246.100	Inactive Status
1246.105	Granting Variances
1246.110	Dishonorable, Unethical or Unprofessional Conduct

AUTHORITY: Implementing the Electrologist Licensing Act [225 ILCS 412] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Adopted at 29 Ill. Reg. 3873, effective February 22, 2005; amended at 29 Ill. Reg. 18815, effective November 4, 2005; amended at 34 Ill. Reg. _____, effective _____.

Section 1246.40 Fees

The following fees shall be paid to the Division and are not refundable:

- a) Application Fees.
The fee for application for a license as an electrologist is calculated at \$125.
- b) Renewal Fees.
The fee for the renewal of a license as an electrologist shall be calculated at \$62.50 per year.
- c) Examination.

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Applicants for examination shall be required to pay, either to the Division or to the designated testing service, a fee covering the cost of the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged by the Division or the designated testing service, shall result in the forfeiture of the examination fee.

- d) General Fees.
- 1) The fee for the restoration of a license other than from inactive status is ~~\$50~~\$20 plus payment of all lapsed renewal fees ~~not to exceed \$500~~.
 - 2) The fee for the issuance of a duplicate license, for the issuance of a replacement license, for a license that has been lost or destroyed, or for the issuance of a license with a change of name or address other than during the renewal period is \$20. No fee is required for name and address changes on Division records when no duplicate license is issued.
 - 3) The fee for a certification of a licensee's record for any purpose is \$20.
 - 4) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.
 - 5) The fee for a roster of persons licensed as electrologists in this State shall be the actual cost of producing the roster.

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

Section 1246.50 Endorsement

- a) An applicant for licensure as an electrologist who is licensed under the laws of another state shall file an application with the Division that shall include:
- 1) Documentation certifying that applicant meets the education requirements set forth in Section 1246.10(b);
 - 2) Documentation from the jurisdiction of original licensure and the state by which the applicant is currently licensed, stating whether the file on the

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applicant contains any disciplinary actions taken or pending, and the applicant's license number;

- 3) Proof of successful completion of the examination; ~~and~~
 - 4) ~~Complete work history; and~~5) The required fee.
- b) The Division shall examine each endorsement application to determine whether the requirements and examination in the jurisdiction at the date of licensing were substantially equivalent to the requirements and examination then in force in this State and whether the applicant has otherwise complied with the Act.
 - c) The Division shall either issue a license by endorsement to the applicant or notify the applicant in writing of the reasons for the denial of the application.

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

Section 1246.70 Continuing Education

For the April 2010 renewal and every renewal thereafter, in order to renew a license, the licensee shall be required to complete 30 hours of continuing education. One Continuing Education Unit (CEU) is defined as 10 contact hours of participation in ~~a qualifying an organized~~ continuing education ~~activity~~ ~~experience~~.

- a) Qualifying continuing education activities are the following:
 - 1) courses offered or approved by the American Electrology Association or its affiliates;
 - 2) ~~courses offered or approved by the Society for Clinical & Medical Hair Removal, Inc.; hospital or medical school sponsored educational offerings; provided the coursework is related to health issues of practitioners; and~~
 - 3) credit-bearing college courses and other post-graduate classes for continuing education credit offered at a regionally accredited academic institution, provided the coursework is ~~in a subject area relevant to~~ ~~clearly related to electrology theory, technical and clinical aspects of electrolysis; , electrology research, ethical or legal aspects of practicing electrolysis or health issues of electrologists.~~

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- 4) hospital or medical school sponsored educational offerings, provided the subject area is relevant to electrolysis; and
- 5) courses from another state that are approved by that state's licensing agency or professional electrology organization, provided the coursework is in a subject area relevant to electrolysis.

- b) Continuing education activities shall meet the following requirements:
- 1) the activity involves face-to-face instruction or a home study program;
 - 2) the provider implements a mechanism to monitor and document physical attendance at such instruction or to verify licensee completion in the case of a home study program;
 - 3) the provider retains written records for a period of 3 years from the participant's actual successful completion of the activity, including but not limited to: content description; instructor; date of activity; location of activity; list of participants; participant's evaluation of instruction presented; and number of contact hours; and
 - 4) the provider issues a certificate of completion after the participant's successful completion of the activity. The certificate shall include the participant's name, provider's name, title or subject area of the activity, date and location of attendance, and number of contact hours completed.
- c) Certification of CE Requirements
- 1) Each renewal applicant shall certify on the renewal application full compliance with CE requirements as stated in subsections (a) and (b) above.
 - 2) A renewal applicant is not required to complete continuing education for the first renewal following the issuance of the original license.
 - 3) The Division may require additional evidence demonstrating compliance with the CE requirements. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of compliance (e.g.,

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certificate of attendance or completion). Evidence shall be required in the context of the ~~Division's~~~~Department's~~ random audit in accordance with Section 60 of the Act.

- d) Waiver of CE Requirements
- 1) Any renewal applicant seeking renewal of a license without having fully complied with these CE requirements shall file with the Division a renewal application along with the required fee, a statement setting forth the facts concerning non-compliance and a request for waiver of the CE requirements on the basis of these facts. A request for waiver shall be made prior to the renewal date. If the Division finds, from such affidavit or any other evidence submitted, that extreme good cause has been shown for granting a waiver, the Division shall waive enforcement of CE requirements for the renewal period for which the applicant has applied.
 - 2) Extreme hardship shall be determined on an individual basis and be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:
 - A) Full-time service in the armed forces of the United States of America during a substantial part of the prerenewal period;
 - B) An incapacitating illness documented by a statement from a currently licensed physician;
 - C) A physical inability to travel to the sites of approved programs documented by a currently licensed physician; and
 - D) Any other similar extenuating circumstance.
 - 3) Any renewal applicant who, prior to the expiration date of the license, submits a request for a waiver, in whole or in part, pursuant to the provisions of this Section shall be deemed to be in good standing until the final decision on the application is made by the Division.

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

Section 1246.80 Renewals

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

- a) The first renewal date for licensure under the Electrologist Licensing Act [225 ILCS 412] (Act) shall be April 30, 2008. Thereafter, every license issued under the Act shall expire on April 30 of even numbered years. The holder of the license may renew the license during the month preceding the expiration date by paying the required fee and proof of 30 hours of continuing education in accordance with Section 1245.70.
- b) It is the responsibility of each license holder to notify the Division of any change of address. Failure to receive a renewal form from the Division shall not constitute an excuse for failure to pay the renewal fee.
- c) Practice on an expired license shall be considered the unlicensed practice of electrology and subject to discipline or other penalties set forth in Section 75 of the Act.
- d) A renewal applicant is not required to complete continuing education for the first renewal following the issuance of the original license.

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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- 1) Heading of the Part: Podiatric Medical Practice Act of 1987
- 2) Code Citation: 68 Ill. Adm. Code 1360
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
1360.60	Amendment
1360.70	Amendment
- 4) Statutory Authority: Implementing the Podiatric Medical Practice Act of 1987 [225 ILCS 100] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)]
- 5) A Complete Description of the Subjects and Issues Involved: Public Act 95-235 was the sunset reauthorization of the Podiatric Medical Practice Act of 1987. A previous rulemaking implemented its provisions, including an increase in the number of continuing education hours required for license renewal. The CE change was not made, however, in the requirements for the restoration of a license (Section 1360.60); this proposed rulemaking corrects that oversight. In addition, changes are being made concerning CE hours that may be earned through non-supervised individual activities to greatly increase the options available to licensees for meeting the CE requirement.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemakings 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 has no impact on local governments.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Interested persons may submit written comments to:

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

Department of Financial and Professional Regulation
Attention: Craig Cellini
320 West Washington, 3rd Floor
Springfield, IL 62786

217/785-0813 Fax: 217/557-4451

All written comments received within 45 days of this issue of the *Illinois Register* will be considered.

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: Those providing podiatric services
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: Podiatric skills are required for licensure.
- 14) Regulatory Agenda on which this rulemaking was summarized: July 2010

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

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

TITLE 68: PROFESSIONS AND OCCUPATIONS

CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1360

PODIATRIC MEDICAL PRACTICE ACT OF 1987

Section

1360.10	Statutory Authority (Repealed)
1360.20	Approved Colleges of Podiatry
1360.30	Application for Examination
1360.40	Examination
1360.45	Application for Licensure on the Basis of Examination
1360.50	Endorsement
1360.55	Renewals
1360.60	Restoration
1360.65	Temporary Licenses
1360.70	Continuing Education
1360.75	Visiting Professor Permits
1360.80	Definition of "Human Foot" (Repealed)
1360.85	Advertising
1360.86	Mandatory Reporting of Impaired Podiatric Physicians by Health Care Institutions
1360.90	Granting Variances
1360.95	Dishonorable, Unprofessional and Unethical Conduct Standards
1360.APPENDIX A	Curriculum Requirements (Repealed)
1360.APPENDIX B	Clinical Training Requirements (Repealed)

AUTHORITY: Implementing the Podiatric Medical Practice Act of 1987 [225 ILCS 100] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

SOURCE: Adopted at 4 Ill. Reg. 50, p. 58, effective December 3, 1980; codified at 5 Ill. Reg. 11053; amended at 5 Ill. Reg. 14171, effective December 3, 1981; emergency amendment at 6 Ill. Reg. 915, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 7448, effective June 15, 1982; amended at 6 Ill. Reg. 8402, effective July 2, 1982; amended at 7 Ill. Reg. 7668, effective June 15, 1983; amended at 9 Ill. Reg. 5377, effective April 4, 1985; transferred from Chapter I, 68 Ill. Adm. Code 360 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1360 (Department of Professional Regulation) pursuant to P.A.

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NOTICE OF PROPOSED AMENDMENTS

85-225, effective January 1, 1988, at 12 Ill. Reg. 2962; amended at 13 Ill. Reg. 4234, effective March 21, 1989; amended at 14 Ill. Reg. 701, effective December 28, 1989; amended at 16 Ill. Reg. 13281, effective August 18, 1992; amended at 18 Ill. Reg. 16433, effective October 21, 1994; amended at 20 Ill. Reg. 10692, effective July 26, 1996; amended at 23 Ill. Reg. 12681, effective October 5, 1999; amended at 30 Ill. Reg. 4704, effective March 1, 2006; amended at 33 Ill. Reg. 14111, effective September 28, 2009; amended at 34 Ill. Reg. _____, effective _____.

Section 1360.60 Restoration

- a) A person seeking restoration of a license that has expired for 5 years or less shall have the license restored upon payment of \$100 plus all lapsed renewal fees required by Section 18(a)(4) of the Act and proof of ~~10050~~ hours of continuing education, as defined in Section 1360.70 of this Part, earned within the 2 years preceding restoration of the license.
- b) A person seeking restoration of a license that has been placed on inactive status for 5 years or less shall have the license restored upon payment of the current renewal fee and proof of ~~10050~~ hours of continuing education, as defined in Section 1360.70 of this Part, earned within 2 years preceding the restoration of the license.
- c) A person seeking restoration of a license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Division, together with the fee required by Section 18(a)(4) of the Act, and be scheduled for an interview before the Board. The person shall also submit either:
 - 1) Certification of active practice in another jurisdiction and proof of ~~10050~~ hours continuing education as defined in Section 1360.70 of this Part during the 2 years prior to restoration. Such evidence shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the applicant was authorized to practice during the term of active practice; or
 - 2) Proof of successful completion of the PM Lexis examination in accordance with Section 1360.40 within one year before applying for restoration.

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- d) Pursuant to Section 15(D) of the Act, anyone applying for restoration of a license that has expired or been placed on inactive status while in military service shall submit an affidavit attesting to that service. If the application is made within 2 years after discharge and if all other provisions of Section 15(D) are met, the applicant will only be required to pay the current renewal fee and will not be required to submit proof of continuing education.
- e) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Division because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the licensee seeking restoration of a license shall be requested to:
- 1) Provide such information as may be necessary; and/or
 - 2) Appear for an interview before the Board to explain such relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information. Upon the recommendation of the Board and approval by the Division, an applicant's license shall be restored.

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

Section 1360.70 Continuing Education

- a) Continuing Education Hour Requirements
- 1) Every renewal applicant who applies for renewal of a license as a podiatric physician must complete 100 hours of continuing education (CE) relevant to the practice of podiatric medicine.
 - 2) A prerenewal period is the 24 months preceding January 31 of each odd-numbered year.
 - 3) A renewal applicant is not required to comply with CE requirements for the first renewal.
 - 4) Podiatric physicians licensed in Illinois but residing and practicing in other states must comply with the CE requirements set forth in this Section.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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- b) Approved Continuing Education
- 1) All continuing education hours must be earned by verified attendance at or participation in a program or course sponsored, approved or given by a sponsor approved by the Council on Podiatric Medical Education; sponsored by the Illinois Podiatric Medical Association; or which is offered or sponsored by an approved continuing education sponsor who meets the requirements set forth in subsection (c), except for those activities provided in subsections (b)(2), (3), (4), (5), and (6).
 - 2) A maximum of 18 hours of credit per prerenewal period may be earned through postgraduate training programs (i.e., extern, residency, or fellowship programs) approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association as provided for in Section 5(G) of the Act.
 - 3) A maximum of 18 hours per prerenewal period may be earned for verified teaching in an approved podiatric medical college which meets the standards set forth in Section 1360.20 and/or as an instructor of continuing education through an approved sponsor. One hour of credit will be granted for actual presentation, plus actual preparation time of up to 2 hours for each hour of presentation. Preparation time shall not be allowed for presentations of the same course, and will only be allowed for additional study or research.
 - 4) Up to 15 total credit hours per prerenewal period may be claimed for papers, publications, books, presentations and exhibits. The preparation of each published paper, book chapter or audio-visual presentation dealing with Podiatric Medicine which is made available to health professionals may be claimed as 5 hours of credit. A presentation or exhibit must be before a professional audience of podiatrists or other health professionals. Five credit hours may be claimed for only the first time the information is published or presented.
 - 5) Up to ~~5015~~ total credit hours per prerenewal period may be earned through nonsupervised individual activities in the following areas:
 - A) Self-Instruction – ~~Up to 3 hours of~~ credit may be claimed for the use of audio-visual materials, programmed education materials,

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electronic teaching devices and the individual reading of podiatric medical literature.

- B) Patient Care Review – ~~credit~~Up to 3 hours may be claimed for time spent in programs concerned with the review and evaluation of patient care. This includes such activities as peer review.
 - C) Self-assessment – ~~Up to 3 hours of~~ credit may be claimed for time spent in self-assessment programs. These would include, for example, quizzes completed by the podiatrist after reading professional publications of a scientific or patient-care oriented nature, or completion of aptitude questionnaires provided by various organizations and societies.
 - D) Specialty Board or Specialty Organization Preparation – ~~credit~~Up to 6 hours may be claimed for nonsupervised individual activities carried out in preparation for an examination or to satisfy other requirements for membership in a specialty organization. No additional credit may be claimed for taking and/or passing an examination given by the board or organization.
- 6) Up to 10 hours of credit per prerenewal period may be claimed for verified formal learning experiences sponsored by hospitals, agencies, organizations or other institutions which are not approved continuing education sponsors, in subjects that facilitate the podiatrist's performance, such as courses in computerized patient-record systems, practice management, risk management or training – including advanced degree programs in education, health administration, and similar subjects.
- c) Approved CE Sponsors and Programs
- 1) Sponsor, as used in this Section, shall mean the Council on Podiatric Medical Education and its approved sponsors, the Illinois Podiatric Medical Association, or a person, firm, association, corporation, or any other group which has been approved and authorized by the Board and validated by the Illinois Podiatric Medical Association Continuing Education Committee to coordinate and present continuing education courses or programs.

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- 2) A sponsor shall submit the fee set forth in Section 18(a)(10) of the Act, along with a sponsor application that certifies:
 - A) That all courses and programs offered by the sponsor for CE credit will comply with the criteria in subsection (c)(3) and all other criteria in this Section;
 - B) That the sponsor will be responsible for verifying attendance at each course or program, and provide a certificate of attendance as set forth in subsection (d);
 - C) That, upon request by the Division, the sponsor will submit such evidence (e.g., certificate of attendance or course materials) as is necessary to establish compliance with this Section. Such evidence shall be required when the Division has reason to believe that there is not full compliance with the statute and this Part and that this information is necessary to ensure compliance.
- 3) All courses and programs shall:
 - A) Contribute to the advancement, extension and enhancement of professional clinical skills and scientific knowledge in the practice of podiatric medicine;
 - B) Provide experiences which contain scientific integrity, and subject matter and course material relevant to podiatric medicine;
 - C) Be developed and presented by persons with education and/or experience in the subject matter of the program;
 - D) Specify the course objectives, course content and teaching methods to be used; and
 - E) Specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for license renewal.
- 4) All programs given by approved sponsors shall be open to all licensed podiatric physicians and not be limited to members of a single organization or group.

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- 5) Continuing education credit hours used to satisfy the CE requirements of another jurisdiction may be applied to fulfill the CE requirements of the State of Illinois.
- 6) Each sponsor shall reapply by January 31 of each year. The sponsor shall submit to the Division, along with the completed sponsor application and the fee set forth in Section 18(a)(10) of the Act, a list of courses and programs offered within the last 12 months, which includes a brief description, location, date and time of the course.
- 7) Certification of Attendance. It shall be the responsibility of a sponsor to provide each participant in an approved program or course with a certificate of attendance or participation. The sponsor's certificate of attendance shall contain:
 - A) The name and address of the sponsor;
 - B) The name and address of the participant;
 - C) A brief statement of the subject matter;
 - D) The number of hours attended in each program;
 - E) The date and place of the program; and
 - F) The signature of the sponsor.
- 8) The sponsor shall maintain attendance records for not less than five years.
- 9) The sponsor shall be responsible for assuring that no renewal applicant shall receive CE credit for time not actually spent attending the program.
- 10) Upon the failure of any sponsor to comply with any of the foregoing requirements, the Division, after notice to the sponsor and hearing before and recommendation by the Board (see 68 Ill. Adm. Code 1110), shall thereafter refuse to accept for CE credit attendance at or participation in any of such sponsor's CE activities until such time as the Division receives assurances of compliance with this Section.

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- 11) Notwithstanding any other provision of this Section, the Division or Board may evaluate any sponsor of any approved continuing education program at any time to ensure compliance with the requirements of this Section.
- d) Certification of Compliance with CE Requirements
 - 1) Each renewal applicant shall certify, on the renewal application, full compliance with the CE requirements set forth in subsections (a) and (b).
 - 2) The Division may require additional evidence demonstrating compliance with the CE requirements. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of such compliance. Such additional evidence will be required in the context of the Division's random audit.
 - 3) When there appears to be a lack of compliance with CE requirements, an applicant will be notified in writing and may request an interview with the Board.
 - e) Continuing Education Earned in Other Jurisdictions
 - 1) If a renewal applicant will be earning or has earned CE hours in another jurisdiction, but is not licensed in that jurisdiction and the course is not presented by an approved sponsor, the applicant shall submit an individual program approval request form, along with a \$20 processing fee, to have the program reviewed. The Board shall review and recommend approval or disapproval of the program using the criteria set forth in subsection (c)(5) of this Section. Applicants may seek individual program approval prior to the participation in the course or program. All individual program approval requests shall be submitted 90 days prior to the expiration date of the license.
 - 2) If a licensee fails to submit an out of state CE approval form within the required time frame, late approval may be obtained by submitting the approval request form with the \$20 processing fee plus a \$50 per credit hour late fee not to exceed \$300. The Board shall review and recommend approval and disapproval of the program using the criteria set forth in subsection (b) of this Section.

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- f) Waiver of CE Requirements
- 1) Any renewal applicant seeking renewal of a license without having fully complied with these CE requirements shall file with the Division a renewal application along with the required fee set forth in Section 18(a)(3) of the Act, a statement setting forth the facts concerning such non-compliance, and request for waiver of the CE requirements on the basis of such facts. The request for waiver shall be made prior to the renewal date. If the Division, upon the written recommendation of the Board, finds from such affidavit or any other evidence submitted, that extreme hardship has been shown for granting a waiver, the Division shall waive enforcement of the requirements for the renewal period for which the applicant has applied.
 - 2) Extreme hardship shall be determined on an individual basis by the Board and be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:
 - A) Full time service in the Armed Forces of the United States of America during a substantial part of such period;
 - B) An incapacitating illness documented by a statement from a currently licensed physician;
 - C) A physical inability to travel to the sites of approved programs documented by a currently licensed physician; or
 - D) Any other similar extenuating circumstances.
 - 3) Any renewal applicant who, prior to the expiration date of a license, submits a request for a waiver, in whole or in part, pursuant to the provisions of this Section shall be deemed to be in good standing until the final Division decision on the application has been made.

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

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

217/782-1233

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

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

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was inadvertently omitted when the most recent regulatory agenda was published.

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER d: MEDICAL PROGRAMS

PART 140

MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section

- 140.1 Incorporation By Reference
- 140.2 Medical Assistance Programs
- 140.3 Covered Services Under Medical Assistance Programs
- 140.4 Covered Medical Services Under AFDC-MANG for non-pregnant persons who are 18 years of age or older (Repealed)
- 140.5 Covered Medical Services Under General Assistance
- 140.6 Medical Services Not Covered
- 140.7 Medical Assistance Provided to Individuals Under the Age of Eighteen Who Do Not Qualify for AFDC and Children Under Age Eight
- 140.8 Medical Assistance For Qualified Severely Impaired Individuals
- 140.9 Medical Assistance for a Pregnant Woman Who Would Not Be Categorically Eligible for AFDC/AFDC-MANG if the Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
- 140.10 Medical Assistance Provided to Incarcerated Persons

SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section

- 140.11 Enrollment Conditions for Medical Providers
- 140.12 Participation Requirements for Medical Providers
- 140.13 Definitions
- 140.14 Denial of Application to Participate in the Medical Assistance Program
- 140.15 Recovery of Money
- 140.16 Termination or Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program
- 140.17 Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program
- 140.18 Effect of Termination or Revocation on Persons Associated with Vendor
- 140.19 Application to Participate or for Reinstatement Subsequent to Termination,

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	Suspension or Barring
140.20	Submittal of Claims
140.21	Reimbursement for QMB Eligible Medical Assistance Recipients and QMB Eligible Only Recipients and Individuals Who Are Entitled to Medicare Part A or Part B and Are Eligible for Some Form of Medicaid Benefits
140.22	Magnetic Tape Billings (Repealed)
140.23	Payment of Claims
140.24	Payment Procedures
140.25	Overpayment or Underpayment of Claims
140.26	Payment to Factors Prohibited
140.27	Assignment of Vendor Payments
140.28	Record Requirements for Medical Providers
140.30	Audits
140.31	Emergency Services Audits
140.32	Prohibition on Participation, and Special Permission for Participation
140.33	Publication of List of Sanctioned Entities
140.35	False Reporting and Other Fraudulent Activities
140.40	Prior Approval for Medical Services or Items
140.41	Prior Approval in Cases of Emergency
140.42	Limitation on Prior Approval
140.43	Post Approval for Items or Services When Prior Approval Cannot Be Obtained
140.44	Withholding of Payments Due to Fraud or Misrepresentation
140.55	Recipient Eligibility Verification (REV) System
140.71	Reimbursement for Medical Services Through the Use of a C-13 Invoice Voucher Advance Payment and Expedited Payments
140.72	Drug Manual (Recodified)
140.73	Drug Manual Updates (Recodified)

SUBPART C: PROVIDER ASSESSMENTS

Section	
140.80	Hospital Provider Fund
140.82	Developmentally Disabled Care Provider Fund
140.84	Long Term Care Provider Fund
140.94	Medicaid Developmentally Disabled Provider Participation Fee Trust Fund/Medicaid Long Term Care Provider Participation Fee Trust Fund
140.95	Hospital Services Trust Fund
140.96	General Requirements (Recodified)
140.97	Special Requirements (Recodified)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

- 140.98 Covered Hospital Services (Recodified)
- 140.99 Hospital Services Not Covered (Recodified)
- 140.100 Limitation On Hospital Services (Recodified)
- 140.101 Transplants (Recodified)
- 140.102 Heart Transplants (Recodified)
- 140.103 Liver Transplants (Recodified)
- 140.104 Bone Marrow Transplants (Recodified)
- 140.110 Disproportionate Share Hospital Adjustments (Recodified)
- 140.116 Payment for Inpatient Services for GA (Recodified)
- 140.117 Hospital Outpatient and Clinic Services (Recodified)
- 140.200 Payment for Hospital Services During Fiscal Year 1982 (Recodified)
- 140.201 Payment for Hospital Services After June 30, 1982 (Repealed)
- 140.202 Payment for Hospital Services During Fiscal Year 1983 (Recodified)
- 140.203 Limits on Length of Stay by Diagnosis (Recodified)
- 140.300 Payment for Pre-operative Days and Services Which Can Be Performed in an Outpatient Setting (Recodified)
- 140.350 Copayments (Recodified)
- 140.360 Payment Methodology (Recodified)
- 140.361 Non-Participating Hospitals (Recodified)
- 140.362 Pre July 1, 1989 Services (Recodified)
- 140.363 Post June 30, 1989 Services (Recodified)
- 140.364 Prepayment Review (Recodified)
- 140.365 Base Year Costs (Recodified)
- 140.366 Restructuring Adjustment (Recodified)
- 140.367 Inflation Adjustment (Recodified)
- 140.368 Volume Adjustment (Repealed)
- 140.369 Groupings (Recodified)
- 140.370 Rate Calculation (Recodified)
- 140.371 Payment (Recodified)
- 140.372 Review Procedure (Recodified)
- 140.373 Utilization (Repealed)
- 140.374 Alternatives (Recodified)
- 140.375 Exemptions (Recodified)
- 140.376 Utilization, Case-Mix and Discretionary Funds (Repealed)
- 140.390 Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.391 Definitions (Recodified)
- 140.392 Types of Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.394 Payment for Subacute Alcoholism and Substance Abuse Services (Recodified)
- 140.396 Rate Appeals for Subacute Alcoholism and Substance Abuse Services

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

(Recodified)

140.398 Hearings (Recodified)

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section

140.400	Payment to Practitioners
140.402	Copayments for Noninstitutional Medical Services
140.403	Telehealth Services
140.405	SeniorCare Pharmaceutical Benefit (Repealed)
140.410	Physicians' Services
140.411	Covered Services By Physicians
140.412	Services Not Covered By Physicians
140.413	Limitation on Physician Services
140.414	Requirements for Prescriptions and Dispensing of Pharmacy Items – Prescribers
140.416	Optometric Services and Materials
140.417	Limitations on Optometric Services
140.418	Department of Corrections Laboratory
140.420	Dental Services
140.421	Limitations on Dental Services
140.422	Requirements for Prescriptions and Dispensing Items of Pharmacy Items – Dentists (Repealed)
140.425	Podiatry Services
140.426	Limitations on Podiatry Services
140.427	Requirement for Prescriptions and Dispensing of Pharmacy Items – Podiatry (Repealed)
140.428	Chiropractic Services
140.429	Limitations on Chiropractic Services (Repealed)
140.430	Independent Clinical Laboratory Services
140.431	Services Not Covered by Independent Clinical Laboratories
140.432	Limitations on Independent Clinical Laboratory Services
140.433	Payment for Clinical Laboratory Services
140.434	Record Requirements for Independent Clinical Laboratories
140.435	Advanced Practice Nurse Services
140.436	Limitations on Advanced Practice Nurse Services
140.438	Imaging Centers
140.440	Pharmacy Services
140.441	Pharmacy Services Not Covered
140.442	Prior Approval of Prescriptions

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

- 140.443 Filling of Prescriptions
- 140.444 Compounded Prescriptions
- 140.445 Legend Prescription Items (Not Compounded)
- 140.446 Over-the-Counter Items
- 140.447 Reimbursement
- 140.448 Returned Pharmacy Items
- 140.449 Payment of Pharmacy Items
- 140.450 Record Requirements for Pharmacies
- 140.451 Prospective Drug Review and Patient Counseling
- 140.452 Mental Health Services
- 140.453 Definitions
- 140.454 Types of Mental Health Services
- 140.455 Payment for Mental Health Services
- 140.456 Hearings
- 140.457 Therapy Services
- 140.458 Prior Approval for Therapy Services
- 140.459 Payment for Therapy Services
- 140.460 Clinic Services
- 140.461 Clinic Participation, Data and Certification Requirements
- 140.462 Covered Services in Clinics
- 140.463 Clinic Service Payment
- 140.464 Hospital-Based and Encounter Rate Clinic Payments
- 140.465 Speech and Hearing Clinics (Repealed)
- 140.466 Rural Health Clinics (Repealed)
- 140.467 Independent Clinics
- 140.469 Hospice
- 140.470 Eligible Home Health Providers
- 140.471 Description of Home Health Services
- 140.472 Types of Home Health Services
- 140.473 Prior Approval for Home Health Services
- 140.474 Payment for Home Health Services
- 140.475 Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices
- 140.476 Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices for Which Payment Will Not Be Made
- 140.477 Limitations on Equipment, Prosthetic Devices and Orthotic Devices
- 140.478 Prior Approval for Medical Equipment, Supplies, Prosthetic Devices and Orthotic Devices
- 140.479 Limitations, Medical Supplies
- 140.480 Equipment Rental Limitations

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

140.481	Payment for Medical Equipment, Supplies, Prosthetic Devices and Hearing Aids
140.482	Family Planning Services
140.483	Limitations on Family Planning Services
140.484	Payment for Family Planning Services
140.485	Healthy Kids Program
140.486	Illinois Healthy Women
140.487	Healthy Kids Program Timeliness Standards
140.488	Periodicity Schedules, Immunizations and Diagnostic Laboratory Procedures
140.490	Medical Transportation
140.491	Limitations on Medical Transportation
140.492	Payment for Medical Transportation
140.493	Payment for Helicopter Transportation
140.494	Record Requirements for Medical Transportation Services
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AUTHORITY: Implementing and authorized by Articles III, IV, V, VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg.

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8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; preemptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; preemptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; preemptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; preemptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg.

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11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections

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140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; Notice of Corrections to Adopted Amendment at 15 Ill. Reg. 1174; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg.

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17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment suspended at 17 Ill. Reg. 18902, effective October 12, 1993; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended at 18 Ill. Reg. 17286, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455,

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effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. Reg. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days; emergency expired April 29, 1999; amended at 23 Ill. Reg. 5796, effective April 30, 1999; amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9874, effective August 3, 1999; amended at 23 Ill. Reg. 12697, effective October 1, 1999; amended at 23 Ill. Reg. 13646, effective November 1, 1999; amended at 23 Ill. Reg. 14567, effective December 1, 1999; amended at 24 Ill. Reg. 661, effective January 3, 2000; amended at 24 Ill. Reg. 10277, effective July 1, 2000; emergency amendment at 24 Ill. Reg. 10436, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15086, effective October 1, 2000; amended at 24 Ill. Reg. 18320, effective December 1, 2000; emergency amendment at 24 Ill. Reg. 19344, effective December 15, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 3897, effective March 1, 2001; amended at 25 Ill. Reg. 6665, effective May 11, 2001; amended at 25 Ill. Reg. 8793, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 8850, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 11880, effective September 1, 2001; amended at 25 Ill. Reg. 12820, effective October 8, 2001; amended at 25 Ill. Reg. 14957,

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effective November 1, 2001; emergency amendment at 25 Ill. Reg. 16127, effective November 28, 2001, for a maximum of 150 days; emergency amendment at 25 Ill. Reg. 16292, effective December 3, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 514, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 663, effective January 7, 2002; amended at 26 Ill. Reg. 4781, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 5984, effective April 15, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 7285, effective April 29, 2002; emergency amendment at 26 Ill. Reg. 8594, effective June 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11259, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 12461, effective July 29, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16593, effective October 22, 2002; emergency amendment at 26 Ill. Reg. 12772, effective August 12, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13641, effective September 3, 2002; amended at 26 Ill. Reg. 14789, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 15076, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16303, effective October 25, 2002; amended at 26 Ill. Reg. 17751, effective November 27, 2002; amended at 27 Ill. Reg. 768, effective January 3, 2003; amended at 27 Ill. Reg. 3041, effective February 10, 2003; amended at 27 Ill. Reg. 4364, effective February 24, 2003; amended at 27 Ill. Reg. 7823, effective May 1, 2003; amended at 27 Ill. Reg. 9157, effective June 2, 2003; emergency amendment at 27 Ill. Reg. 10813, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 13784, effective August 1, 2003; amended at 27 Ill. Reg. 14799, effective September 5, 2003; emergency amendment at 27 Ill. Reg. 15584, effective September 20, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16161, effective October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18629, effective November 26, 2003; amended at 28 Ill. Reg. 2744, effective February 1, 2004; amended at 28 Ill. Reg. 4958, effective March 3, 2004; emergency amendment at 28 Ill. Reg. 6622, effective April 19, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7081, effective May 3, 2004; emergency amendment at 28 Ill. Reg. 8108, effective June 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 9640, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10135, effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 11161, effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12198, effective August 11, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13775, effective October 1, 2004; amended at 28 Ill. Reg. 14804, effective October 27, 2004; amended at 28 Ill. Reg. 15513, effective November 24, 2004; amended at 29 Ill. Reg. 831, effective January 1, 2005; amended at 29 Ill. Reg. 6945, effective May 1, 2005; emergency amendment at 29 Ill. Reg. 8509, effective June 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12534, effective August 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 14957, effective September 30, 2005; emergency amendment at 29 Ill. Reg. 15064, effective October 1, 2005, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 29 Ill. Reg. 15985, effective October 5, 2005, for the remainder of the maximum 150 days; emergency

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amendment at 29 Ill. Reg. 15610, effective October 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 16515, effective October 5, 2005, for a maximum of 150 days; amended at 30 Ill. Reg. 349, effective December 28, 2005; emergency amendment at 30 Ill. Reg. 573, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 796, effective January 1, 2006; amended at 30 Ill. Reg. 2802, effective February 24, 2006; amended at 30 Ill. Reg. 10370, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 12376, effective July 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 13909, effective August 2, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 14280, effective August 18, 2006; expedited correction at 31 Ill. Reg. 1745, effective August 18, 2006; emergency amendment at 30 Ill. Reg. 17970, effective November 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18648, effective November 27, 2006; emergency amendment at 30 Ill. Reg. 19400, effective December 1, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 388, effective December 29, 2006; emergency amendment at 31 Ill. Reg. 1580, effective January 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 2413, effective January 19, 2007; amended at 31 Ill. Reg. 5561, effective March 30, 2007; amended at 31 Ill. Reg. 6930, effective April 29, 2007; amended at 31 Ill. Reg. 8485, effective May 30, 2007; emergency amendment at 31 Ill. Reg. 10115, effective June 30, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 14749, effective October 22, 2007; emergency amendment at 32 Ill. Reg. 383, effective January 1, 2008, for a maximum of 150 days; peremptory amendment at 32 Ill. Reg. 6743, effective April 1, 2008; peremptory amendment suspended at 32 Ill. Reg. 8449, effective May 21, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at 32 Ill. Reg. 18323, effective November 12, 2008; peremptory amendment repealed by emergency rulemaking at 32 Ill. Reg. 18422, effective November 12, 2008, for a maximum of 150 days; emergency expired April 10, 2009; peremptory amendment repealed at 33 Ill. Reg. 6667, effective April 29, 2009; amended at 32 Ill. Reg. 7727, effective May 5, 2008; emergency amendment at 32 Ill. Reg. 10480, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27, 2008; amended at 32 Ill. Reg. 17133, effective October 15, 2008; amended at 33 Ill. Reg. 209, effective December 29, 2008; amended at 33 Ill. Reg. 9048, effective June 15, 2009; emergency amendment at 33 Ill. Reg. 10800, effective June 30, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 11287, effective July 14, 2009; amended at 33 Ill. Reg. 11938, effective August 17, 2009; amended at 33 Ill. Reg. 12227, effective October 1, 2009; emergency amendment at 33 Ill. Reg. 14324, effective October 1, 2009, for a maximum of 150 days; emergency expired February 27, 2010; amended at 33 Ill. Reg. 16573, effective November 16, 2009; amended at 34 Ill. Reg. 516, effective January 1, 2010; amended at 34 Ill. Reg. 903, effective January 29, 2010; amended at 34 Ill. Reg. 3761, effective March 14, 2010; amended at 34 Ill. Reg. 5215, effective March 25, 2010; amended at 34 Ill. Reg. _____, effective _____.

SUBPART E: GROUP CARE

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Section 140.513 Notification of Admissions and ChangesChange in Resident Status

- a) ~~Except as provided in subsection (c) of this Section, in the event of a resident's death, a long term care facility shall notify the Department within five working days after the death by sending a telefax transmittal of the Department approved form to the designated Department of Human Services (DHS) contact. The facility shall maintain a copy of the Department approved form and the fax confirmation sheet as evidence of timely submission.~~
- a)b) All long term care providers shall report admissions and all changes in resident status, including, but not limited to, death, discharge, bed reserve/temporary absence, changes in patient credit, third party liability (TPL) and Medicare coverage, to the Department through the Medical Electronic Data Interchange (MEDI) system or through the Recipient Eligibility Verification (REV) System (see Section 140.55). Except as indicated in subsection (c), a facility shall send an original copy of the notification of death, discharge or any other changes in a resident's status, on the Department approved form, to the facility's designated DHS contact within five working days after the change.
- b)e) All admissions and changes in resident status shall be reported through MEDI or REV within five working days after the change occurs. Facilities that participate in the Recipient Eligibility Verification (REV) System (see Section 140.55) shall electronically submit a notification to the Department of any change in a resident's status through their REV vendor within five working days after the change.
- c)d) Reported admissions and changes in resident status shall be used for the purposes of determining Medicaid reimbursement. Income verification for any patient credit change and forms required for admission shall continue to be submitted to the Department of Human Services local office caseworker. All admissions and changes in resident status are subject to Department review. Facilities with the highest incidences of overpayments shall be notified by the Department and required to participate in the REV System. Such facilities shall electronically submit a notification to the Department of any change in a resident's status through their REV vendor within five working days after the change. For any such facility, this requirement may be removed by the Department after one year of compliance by the facility.

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- d) Failure to comply with the requirements outlined in this Section may result in denial or delay of payment or termination or suspension of the facility's participation in the Medical Assistance Program.

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

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

<u>Section Numbers:</u>	<u>Proposed Action:</u>
148.20	Amendment
148.25	Amendment
148.140	Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]
- 5) Complete Description of the Subjects and Issues Involved: Because the Illinois Department of Public Health adopted the "Freestanding Emergency Center Demonstration Program Code", which regulates freestanding emergency centers, including licensure, nursing services, physical plant, patient rights, violations, fines, and the scope of services they may provide, these proposed amendments define such a facility and identify the mechanism for reimbursement (Ambulatory Procedures Listing) for these outpatient services.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
148.117	Amendment	34 Ill. Reg. 691; January 15, 2010
148.126	Amendment	34 Ill. Reg. 691; January 15, 2010
148.295	Amendment	34 Ill. Reg. 691; January 15, 2010
148.462	New Section	34 Ill. Reg. 691; January 15, 2010
- 11) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

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- 12) Time, Place, and manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Jeanette Badrov
General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue E., 3rd Floor
Springfield IL 62763-0002

217/782-1233

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

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

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not-for-profit corporations affected: None
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this Rulemaking was Summarized: January 2010

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER d: MEDICAL PROGRAMS

PART 148

HOSPITAL SERVICES

SUBPART A: GENERAL PROVISIONS

Section

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

SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

Section

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

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

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

SUBPART C: SEXUAL ASSAULT EMERGENCY TREATMENT PROGRAM

Section	
148.500	Definitions
148.510	Reimbursement

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SUBPART D: STATE CHRONIC RENAL DISEASE PROGRAM

Section

148.600	Definitions
148.610	Scope of the Program
148.620	Assistance Level and Reimbursement
148.630	Criteria and Information Required to Establish Eligibility
148.640	Covered Services

148.TABLE A	Renal Participation Fee Worksheet
148.TABLE B	Bureau of Labor Statistics Equivalence
148.TABLE C	List of Metropolitan Counties by SMSA Definition

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

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

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

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

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150 days; amended at 29 Ill. Reg. 19973, effective November 23, 2005; amended at 30 Ill. Reg. 383, effective December 28, 2005; emergency amendment at 30 Ill. Reg. 596, effective January 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 955, effective January 9, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 2827, effective February 24, 2006; emergency amendment at 30 Ill. Reg. 7786, effective April 10, 2006, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 30 Ill. Reg. 12400, effective July 1, 2006, for the remainder of the 150 days; emergency expired September 6, 2006; amended at 30 Ill. Reg. 8877, effective May 1, 2006; amended at 30 Ill. Reg. 10393, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 11815, effective July 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18672, effective November 27, 2006; emergency amendment at 31 Ill. Reg. 1602, effective January 1, 2007, for a maximum of 150 days; emergency amendment at 31 Ill. Reg. 1997, effective January 15, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 5596, effective April 1, 2007; amended at 31 Ill. Reg. 8123, effective May 30, 2007; amended at 31 Ill. Reg. 8508, effective June 1, 2007; emergency amendment at 31 Ill. Reg. 10137, effective July 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 11688, effective August 1, 2007; amended at 31 Ill. Reg. 14792, effective October 22, 2007; amended at 32 Ill. Reg. 312, effective January 1, 2008; emergency amendment at 32 Ill. Reg. 518, effective January 1, 2008, for a maximum of 150 days; emergency amendment at 32 Ill. Reg. 2993, effective February 16, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. 8718, effective May 29, 2008; amended at 32 Ill. Reg. 9945, effective June 26, 2008; emergency amendment at 32 Ill. Reg. 10517, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27, 2008; amended at 33 Ill. Reg. 501, effective December 30, 2008; peremptory amendment at 33 Ill. Reg. 1538, effective December 30, 2008; emergency amendment at 33 Ill. Reg. 5821, effective April 1, 2009, for a maximum of 150 days; emergency expired August 28, 2009; amended at 33 Ill. Reg. 13246, effective September 8, 2009; amended at 34 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 148.20 Participation

- a) Payment for hospital inpatient, outpatient and clinic services shall be made only when provided by a hospital, as described in Section 148.25(b), or a distinct part unit, as described in Section 148.25(c), for covered services, as described in Section 148.50.
- b) Notwithstanding any other provisions of this Part, reimbursement to hospitals for services provided October 1, 1992; through March 31, 1994; shall be as follows:

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- 1) Base Inpatient Payment Rate. For inpatient hospital services rendered, or, if applicable, for inpatient hospital admissions occurring, on and after October 1, 1992, and on or before March 31, 1994, the Department shall reimburse hospitals for inpatient services at the base inpatient payment rate calculated for each hospital, as of June 30, 1993. The term "base inpatient payment rate" shall include the reimbursement rates calculated effective October 1, 1992, under the following Sections: 148.130, 148.260, 148.270, and 148.280.
 - 2) Exemptions. The provisions of subsection (b)(1)-~~above~~ shall not apply to:
 - A) Hospitals reimbursed under Sections 148.82, 148.160, or 148.170. Reimbursement for such hospitals shall be in accordance with Sections 148.82, 148.160, or 148.170, as applicable.
 - B) Hospitals reclassified as rural hospitals as described in Section 148.40(f)(4). Reimbursement for such hospitals shall be in accordance with Section 148.40(f)(4) and Section 148.260 or 89 Ill. Adm. Code 149.100(c)(1)(A), whichever is applicable.
 - C) The inpatient payment adjustments described in Sections 148.120, 148.150, and 148.290. Reimbursement for such inpatient payment adjustments shall be in accordance with Sections 148.120, 148.150, and 148.290, and shall be in addition to the base inpatient payment rate described in subsection (b)(1)-~~above~~.
- c) [Payment for freestanding emergency center services shall only be made when provided by a freestanding emergency center as defined in Section 148.25\(h\) of this Part.](#)

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

Section 148.25 Definitions and Applicability

- a) Payment for hospital inpatient, hospital outpatient and hospital clinic services shall be made only to a hospital or a distinct part hospital unit as defined in this Section.
- b) The term "hospital" means:

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- 1) For the purpose of hospital inpatient reimbursement, any institution, place, building, or agency, public or private, whether organized for profit or not-for-profit, which is located in the State and is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act or any institution, place, building or agency, public or private, whether organized for profit or not-for-profit, which meets all comparable conditions and requirements of the Hospital Licensing Act in effect for the state in which it is located. In addition, unless specifically indicated otherwise, for the purpose of inpatient reimbursement, the term "hospital" shall also include:
 - A) County-owned hospitals, meaning all county-owned hospitals that are located in an Illinois county with a population of over 3 million.
 - B) A hospital organized under the University of Illinois Hospital Act.
 - C) A hospital unit that is adjacent to or on the premises of the hospital and licensed under the Hospital Licensing Act or the University of Illinois Hospital Act.
- 2) For the purpose of hospital outpatient reimbursement, the term "hospital" shall, in addition to the definition described in subsection (b)(1) of this Section, include an encounter rate hospital. An encounter rate hospital is defined as:
 - A) An Illinois county-owned hospital located in a county with a population exceeding three million;
 - B) A hospital organized under the University of Illinois Hospital Act;
or
 - C) A county-operated outpatient facility located in a county with a population exceeding three million that is also located in the State of Illinois.
- 3) For the purpose of non hospital-based clinic reimbursement, the term "hospital" shall mean:

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- A) A county-operated outpatient facility, as described in subsection (b)(2)(D) of this Section; or
 - B) A Certified Hospital Organized Satellite Clinic, as described in 89 Ill. Adm. Code 140.461(f)(1)(B) and subsection (b)(5)(B) of this Section.
- 4) For the purpose of hospital-based clinic reimbursement, the term "hospital" shall mean a hospital-based clinic meeting the provisions of 89 Ill. Adm. Code 140.461(a) and Section 148.40(d).
- 5) For the purpose of Maternal and Child Health reimbursement, as described in 89 Ill. Adm. Code 140.464 and Section 148.140(d)(6), the term "Maternal and Child Health Managed Care Clinic" shall mean a clinic meeting the requirements of 89 Ill. Adm. Code 140.461(f). The following four categories of Maternal and Child Health Managed Care Clinics are recognized under the Healthy Moms/Healthy Kids Program, as described in 89 Ill. Adm. Code 140, Subpart G:
- A) Certified Hospital Ambulatory Primary Care Centers (CHAPCC), as described in 89 Ill. Adm. Code 140.461(f)(1)(A);
 - B) Certified Hospital Organized Satellite Clinics (CHOSC), as described in 89 Ill. Adm. Code 140.461(f)(1)(B);
 - C) Certified Obstetrical Ambulatory Care Centers (COBACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(C); and
 - D) Certified Pediatric Ambulatory Care Centers (CPACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(D).
- 6) For the purpose of disproportionate share hospital adjustments, the term "hospital" shall, in addition to the definition in subsection (b)(1) of this Section, mean the facilities operated by the Department of Human Services, including facilities that are accredited by the Joint Commission on Accreditation of Health Organizations (JCAHO).
- c) For the purpose of hospital inpatient reimbursement, the term "distinct part

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hospital unit" means a hospital, as defined in subsection (b)(1) of this Section, that meets the following ~~qualifications~~qualification(s):

- 1) Distinct Part Psychiatric Units. A distinct part psychiatric unit is a hospital, with a functional psychiatric unit, that is enrolled with the Department to provide inpatient psychiatric services (category of service 21).
- 2) Distinct Part Rehabilitation Units. A distinct part rehabilitation unit is a hospital, with a functional rehabilitation unit, that is enrolled with the Department to provide inpatient rehabilitation services (category of service 22).
- d) A major teaching hospital is defined as a hospital having four or more graduate medical education programs accredited by the American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral Training, or the American Dental Association Joint Commission on Dental Accreditation. Except, in the case of a hospital devoted exclusively to physical rehabilitation, as defined in 89 Ill. Adm. Code 149.50(c)(2), or in the case of a children's hospital, as defined in 89 Ill. Adm. Code 149.50(c)(3), only one certified program is required to be so classified.
- e) Except as provided in subsection (d) of this Section, a teaching hospital is defined as a hospital having at least one, but no more than three, graduate medical education programs accredited by the American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral Training, or the American Dental Association Joint Commission on Dental Accreditation.
- f) A non-teaching hospital is defined as:
 - 1) A hospital that reports teaching costs on the Medicare or Medicaid cost reports but has no graduate medical education programs; or
 - 2) A hospital that reports no teaching costs on the Medicare or Medicaid cost reports and that has no graduate medical education programs.
- g) Definitions. Unless specifically stated otherwise, the definitions of terms used in Sections 148.130, 148.260, 148.270, and 148.280, and in 89 Ill. Adm. Code 149

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are as follows:

- 1) "Base period" means the two most recent cost report years for which audited cost reports are available for at least 90 percent of cost reporting hospitals.
- 2) "Rate period" means:
 - A) For admissions, or if applicable, dates of service, on or after October 1, 1992, and on or before March 31, 1994, the 18 month period beginning on October 1, 1992, and ending on March 31, 1994.
 - B) Beginning with admissions, or if applicable, dates of service, on or after April 1, 1994, the period beginning 90 days after the effective date of DRG PPS rates under the federal Medicare Program and ending 90 days after any subsequent DRG PPS rate change under the federal Medicare Program.
- 3) "Rural hospital" means a hospital that is:
 - A) Located:
 - i) Outside a metropolitan statistical area; or
 - ii) Located 15 miles or less from a county that is outside a metropolitan statistical area and that is licensed to perform medical/surgical or obstetrical services and has a combined approved total bed capacity of 75 or fewer beds in these two service categories as of the effective date of P.A. 88-88 (July 14, 1993), as determined by the Illinois Department of Public Health.
 - B) The Illinois Department of Public Health must have been notified in writing of any changes to a facility's bed count on or before the effective date of P.A. 88-88 (July 14, 1993).
- 4) "Urban hospital" means a hospital that is located in a metropolitan statistical area that does not meet the criteria described in subsection (g)(3)

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of this Section.

- h) The term "freestanding emergency center" means a facility that provides comprehensive emergency treatment services 24 hours per day, on an outpatient basis, and has been issued a license by the Illinois Department of Public Health under the Emergency Medical Services (EMS) Systems Act [210 ILCS 50] as a freestanding emergency center, or a facility outside of Illinois that meets conditions and requirements comparable to those found in the EMS Systems Act in effect for the jurisdiction in which it is located.

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

SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

Section 148.140 Hospital Outpatient and Clinic Services

- a) Fee-For-Service Reimbursement
- 1) Reimbursement for hospital outpatient services shall be made on a fee-for-service basis, except for:
 - A) Those services that meet the definition of the Ambulatory Procedure Listing (APL) as described in subsection (b) of this Section.
 - B) End stage renal disease treatment (ESRDT) services, as described in subsection (c) of this Section.
 - C) Those services provided by a Certified Pediatric Ambulatory Care Center (CPACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(D) and Section 148.25(b)(5)(D).
 - D) Those services provided by a Critical Clinic Provider as described in subsection (e) of this Section.
 - E) Those services provided by a Freestanding Emergency Center, as described in subsection (g) of this Section.
 - 2) Except for the procedures under the APL groupings described in

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subsection (b) of this Section, fee-for-service reimbursement levels shall be at the lower of the hospital's usual and customary charge to the public or the Department's statewide maximum reimbursement screens. Hospitals will be required to bill the Department utilizing specific service codes. However, all specific client coverage policies (relating to client eligibility and scope of services available to those clients) that pertain to the service billed are applicable to hospitals in the same manner as to non-hospital providers who bill fee for service.

- 3) With respect to those hospitals described in Section 148.25(b)(2)(A), the reimbursement rate described in subsection (a)(2) of this Section shall be adjusted on a retrospective basis. The retrospective adjustment shall be calculated as follows:
 - A) The reimbursement rates described in subsection (a)(2) of this Section shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports.
 - B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.
- 4) Maternal and Child Health Program rates, as described in 89 Ill. Adm. Code 140 Table M, shall be paid to Certified Hospital Ambulatory Primary Care Centers (CHAPCC), as described in 89 Ill. Adm. Code 140.461(f)(1)(A) and Section 148.25(b)(5)(A), Certified Hospital Organized Satellite Clinics (CHOSC), as described in 89 Ill. Adm. Code 140.461(f)(1)(B) and Section 148.25(b)(5)(B), and Certified Obstetrical Ambulatory Care Centers (COBACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(C), and Section 148.25(b)(5)(C). Maternal and Child Health Program rates shall also be paid to Certified Pediatric Ambulatory Care Centers (CPACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(D) and Section 148.25(b)(5)(D), for covered services as described in 89 Ill. Adm. Code 140.462(e)(3), that are provided to non-assigned Maternal and Child Health Program clients, as described in 89 Ill. Adm. Code 140.464(b)(1).

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- 5) Certified Pediatric Ambulatory Care Centers (CPACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(D) and Section 148.25(b)(5)(D), shall be reimbursed in accordance with 89 Ill. Adm. Code 140.464(b)(2) for assigned clients.
 - 6) Hospitals described in Sections 148.25(b)(2)(A) and 148.25(b)(2)(B) shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year.
 - 7) With the exception of the retrospective adjustment described in subsection (a)(3) of this Section, no year-end reconciliation is made to the reimbursement rates calculated under this Section.
- b) Ambulatory Procedure Listing (APL)
Effective January 1, 2006, the Department will reimburse hospitals for certain hospital outpatient procedures as described in subsection (b)(1) of this Section.
- 1) APL Groupings
Under the APL, a list was developed that defines those technical procedures that require the use of the hospital outpatient setting, its technical staff or equipment. These procedures are separated into separate groupings based upon the complexity and historical costs of the procedures. The groupings are as follows:
 - A) Surgical Groups
 - i) Surgical group 1(a) consists of intense surgical procedures. Group 1(a) surgeries require an operating suite with continuous patient monitoring by anesthesia personnel. This level of service involves advanced specialized skills and highly technical operating room personnel using high technology equipment. The rate for this surgical procedure group shall be \$1,794.00.
 - ii) Surgical group 1(b) consists of moderately intense surgical procedures. Group 1(b) surgeries generally require the use of an operating room suite or an emergency room treatment suite, along with continuous monitoring by anesthesia personnel and some specialized equipment. The rate for

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this surgical procedure group shall be \$1,049.00.

- iii) Surgical group 1(c) consists of low intensity surgical procedures. Group 1(c) surgeries may be done in an operating suite or an emergency room and require relatively brief operating times. Such procedures may be performed for evaluation or diagnostic reasons. The rate for this surgical procedure group shall be \$752.00.
- iv) Surgical group 1(d) consists of surgical procedures of very low intensity. Group 1(d) surgeries may be done in an operating room or emergency room, have a low risk of complications, and include some physician-administered diagnostic and therapeutic procedures. Certain dental procedures performed by dentists are included in this group. In order for a dental procedure to be eligible for reimbursement in the outpatient setting, the following criteria must be met: patient requires general anesthesia or conscious sedation; patient has a medical condition that places the patient at an increased surgical risk, such as, but not limited to, cardiopulmonary disease, congenital anomalies, history of complications associated with anesthesia, such as hyperthermia or allergic reaction, or bleeding diathesis; or the patient cannot be safely managed in an office setting because of behavioral, developmental, or mental disorder. The rate for this surgical procedure group shall be \$287.00.

B) Diagnostic and Therapeutic Groups

- i) Diagnostic and therapeutic group 2(a) consists of advanced or evolving technologically complex diagnostic or therapeutic procedures. Group 2(a) procedures are typically invasive and must be administered by a physician. The rate for this surgical procedure group shall be \$941.00.
- ii) Diagnostic and therapeutic group 2(b) consists of technologically complex diagnostic and therapeutic procedures that are typically non-invasive. Group 2(b)

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procedures typically include radiological consultation or a diagnostic study. The rate for this procedure group shall be \$304.00.

iii) Diagnostic and therapeutic group 2(c) consists of other diagnostic tests. Group 2(c) procedures are generally non-invasive and may be administered by a technician and monitored by a physician. The rate for this procedure group shall be \$176.00.

iv) Diagnostic and therapeutic group 2(d) consists of therapeutic procedures. Group 2(d) procedures typically involve parenterally administered therapeutic agents. Either a nurse or a physician is likely to perform such procedures. The rate for this procedure group shall be \$136.00.

C) Group 3 reimbursement for services provided in a hospital emergency department will be made in accordance with one of the three levels described in this Section. Emergency Services mean those services that are for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect that the absence of immediate attention would result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part. The determination of the level of service reimbursable by the Department shall be based upon the circumstances at the time of the initial examination, not upon the final determination of the client's actual condition, unless the actual condition is more severe.

i) Emergency Level I refers to Emergency Services provided in the hospital's emergency department for the alleviation of severe pain or for immediate diagnosis and/or treatment of conditions or injuries that pose an immediate significant threat to life or physiologic function or requires an intense

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level of physician or nursing intervention. An "intense level" is defined as more than two hours of documented one-on-one nursing care or interactive treatment. The rate for this service shall be \$181.00.

- ii) Emergency Level II refers to Emergency Services that do not meet the definition in this Section of Emergency Level I care, but that are provided in the hospital emergency department for a medical condition manifesting itself by acute symptoms of sufficient severity. The rate for this service shall be \$67.00.
 - iii) Non-Emergency/Screening Level means those services provided in the hospital emergency department that do not meet the requirements of Emergency Level I or II stated in this Section. For such care, the Department will reimburse the hospital either applicable current FFS rates for the services provided or a screening fee, but not both. The rate for this service shall be \$26.00.
- D) Group 4 for observation services is established to reimburse such services that are provided when a patient's current condition does not warrant an inpatient admission but does require an extended period of observation in order to evaluate and treat the patient in a setting that provides ancillary resources for diagnosis or treatment with appropriate medical and skilled nursing care. The hospital may bill for both observation and other APL procedures but will be reimbursed only for the procedure (group) with the highest reimbursement rate. Observation services will be reimbursed under one of three categories:
- i) for at least 60 minutes but less than six hours and 31 minutes of services, the rate shall be \$74.00;
 - ii) for at least six hours and 31 minutes but less than 12 hours and 31 minutes of services, the rate shall be \$222.00; or
 - iii) for at least 12 hours and 31 minutes or more of services, the rate shall be \$443.00.

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- E) Group 5 for psychiatric treatment services is established to reimburse for certain outpatient treatment psychiatric services that are provided by a hospital that is enrolled with the Department to provide inpatient psychiatric services. Under this group, the Department will reimburse, at different rates, Type A and Type B Psychiatric Clinic Services, as defined in Section 148.40(d)(1). A different rate will also be reimbursed to children's hospitals as defined in 89 Ill. Adm. Code 149.50(c)(3)(A).
- i) The rate for Type A psychiatric clinic services shall be \$68.00.
 - ii) The rate for Type A psychiatric clinic services provided by a Children's Hospital shall be \$102.00.
 - iii) The rate for Type B psychiatric clinic services shall be \$101.00.
 - iv) The rate for Type B psychiatric clinic services provided by a Children's Hospital shall be \$102.00.
- F) Group 6 for physical rehabilitation services is established to reimburse for certain outpatient physical rehabilitation services. Under this group, the Department will reimburse for services provided by a hospital enrolled with the Department to provide outpatient-physical rehabilitation services at a different rate than will be reimbursed for physical rehabilitation services provided by a hospital that is not enrolled with the Department to provide physical rehabilitation services. A different rate will also be reimbursed to children's hospitals as defined in 89 Ill. Adm. Code 149.50(c)(3)(A).
- i) The rate for rehabilitation services provided by a hospital enrolled with the Department to provide outpatient physical rehabilitation shall be \$130.00.

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- ii) The rate for rehabilitation services provided by a hospital that is not enrolled with the Department to provide physical rehabilitation shall be \$115.00.
 - iii) The rate for rehabilitation services provided by Children's Hospitals shall be \$130.00.
- 2) Each of the groups described in subsection (b)(1) of this Section will be reimbursed by the Department considering the following:
- A) The Department will provide cost outlier payments for specific devices and drugs associated with specific APL procedures. Such payments will be made if:
 - i) The device or drug is on an approved list maintained by the Department. In order to be approved, the Department will consider requests from medical providers and shall base its decision on medical appropriateness of the device or drug and the costs of such device or drug; and
 - ii) The provision of such devices or drugs is deemed to be medically appropriate for a specific client, as determined by the Department's physician consultants.
 - B) Additional payment for such devices or drugs, as described in subsection (b)(2)(A) of this Section, will require prior authorization by the Department unless it is determined by the Department's professional medical staff that prior authorization is not warranted for a specific device or drug. When such prior authorization has been denied for a specific device or drug, the decision may be appealed as allowed by 89 Ill. Adm. Code 102.80(a)(7) and in accordance with the provisions for assistance appeals at 89 Ill. Adm. Code 104.
 - C) The amount of additional payment for devices or drugs, as described in subsection (b)(2)(A) of this Section, will be based on the following methodology:
 - i) The product of a cost to charge ratio that, in the case of cost

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reporting hospitals as described in Section 148.130(d), or in the case of other non-cost reporting providers, equals 0.5 multiplied by the provider's total covered charges on the qualifying claim, less the APL payment rate multiplied by four;

- ii) If the result of subsection (b)(2)(C)(i) of this Section is less than or equal to zero, no additional payment will be made. If the result is greater than zero, the additional payment will equal the result of subsection (b)(2)(C)(i) of this Section, multiplied by 80 percent. In such cases, the provider will receive the sum of the APL payment and the additional payment for such high cost devices or drugs.
- D) For county-owned hospitals located in an Illinois county with a population greater than three million, reimbursement rates for each of the reimbursement groups shall be equal to the amounts described in subsection (b)(1) of this Section multiplied by a factor of 2.72, except that physical rehabilitation services provided by a general care hospital not enrolled with the Department to provide outpatient physical rehabilitation services shall be reimbursed at a rate of \$230.00 and the reimbursement rate for Type B psychiatric clinic services shall be \$224.00.
- E) Reimbursement rates for hospitals not required to file an annual cost report with the Department may be lower than those listed in this Section.
- F) Reimbursement for each APL group described in this subsection (b) shall be all-inclusive for all services provided by the hospital, regardless of the amount charged by a hospital. No separate reimbursement will be made for ancillary services or the services of hospital personnel. Exceptions to this provision are that hospitals shall be allowed to bill separately, on a fee-for-service basis, for professional outpatient services of a physician providing direct patient care who is salaried by the hospital; chemotherapy services provided in conjunction with radiation therapy services; and occupational or speech therapy services provided in conjunction with rehabilitation services as described in subsection

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(b)(1)(F) of this Section. For the purposes of this Section, a salaried physician is a physician who is salaried by the hospital; a physician who is reimbursed by the hospital through a contractual arrangement to provide direct patient care; or a group of physicians with a financial contract to provide emergency department care. Under APL reimbursement, salaried physicians do not include radiologists, pathologists, nurse practitioners, or certified registered nurse anesthetists and no separate reimbursement will be allowed for such providers.

- 3) The assignment of procedure codes to each of the reimbursement groups in subsection (b)(1) of this Section are detailed in the Department's Hospital Handbook and in notices to providers.
- 4) A one-time fiscal year 2000 payment will be made to hospitals. Payment will be based upon the services, specified in this Section, provided on or after July 1, 1998, and before July 1, 1999, which were submitted to the Department and determined eligible for payment (adjudicated) by the Department on or prior to April 30, 2000, excluding services for Medicare/Medicaid crossover claims and claims that resulted in a zero payment by the Department. A one-time amount of:
 - A) \$27.75 will be paid for each service for procedure code W7183 (Psychiatric clinic Type A for adults).
 - B) \$24.00 will be paid for each service for APL Group 5 (Psychiatric clinic Type A only) provided by a children's hospital as defined in 89 Ill. Adm. Code 149.50(c)(3)(A).
 - C) \$15.00 will be paid for each service for APL Group 6 (Physical rehabilitation services) provided by a children's hospital as defined in 89 Ill. Adm. Code 149.50(c)(3)(A).
- 5) County Facility Outpatient Adjustment
 - A) Effective for services provided on or after July 1, 1995, county owned hospitals in an Illinois county with a population of over three million shall be eligible for a county facility outpatient adjustment payment. This adjustment payment shall be in addition

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to the amounts calculated under this Section and are calculated as follows:

- i) Beginning with July 1, 1995, hospitals under this subsection shall receive an annual adjustment payment equal to total base year hospital outpatient costs trended forward to the rate year minus total estimated rate year hospital outpatient payments, multiplied by the resulting ratio derived when the value 200 is divided by the quotient of the difference between total base year hospital outpatient costs trended forward to the rate year and total estimated rate year hospital outpatient payments divided by one million.
 - ii) The payment calculated under this subsection (b)(5)(A) may be adjusted by the Department to ensure compliance with aggregate and hospital specific federal payment limitations.
 - iii) The county facility outpatient adjustment under this subsection shall be made on a quarterly basis.
- B) County Facility Outpatient Adjustment Definition. The definitions of terms used with reference to calculation of the county facility outpatient adjustment are as follows:
- i) "Base Year" means the most recently completed State fiscal year.
 - ii) "Rate Year" means the State fiscal year during which the county facility adjustment payments are made.
 - iii) "Total Estimated Rate Year Hospital Outpatient Payments" means the Department's total estimated outpatient date of service liability, projected for the upcoming rate year.
 - iv) "Total Hospital Outpatient Costs" means the statewide sum of all hospital outpatient costs derived by summing each hospital's outpatient charges derived from actual paid

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claims data multiplied by the hospital's cost-to-charge ratio.

- 6) **No Year-End Reconciliation**
With the exception of the retrospective rate adjustment described in subsection (b)(8) of this Section, no year-end reconciliation is made to the reimbursement rates calculated under this subsection (b).
 - 7) **Rate Adjustments**
With respect to those hospitals described in Section 148.25(b)(2)(A), the reimbursement rates described in subsection (b)(5) of this Section shall be adjusted on a retrospective basis. The retrospective adjustment shall be calculated as follows:
 - A) The reimbursement rates described in subsection (b)(5) of this Section shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports.
 - B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.
 - 8) Services are available to all clients in geographic areas in which an encounter rate hospital or a county-operated outpatient facility is located. All specific client coverage policies (relating to client eligibility and scope of services available to those clients) that pertain to the service billed are applicable to hospitals reimbursed under the Ambulatory Care Program in the same manner as to encounter rate hospitals and to non-hospital and hospital providers who bill and receive reimbursement on a fee-for-service basis.
 - 9) Hospitals described in Section 148.25(b)(2)(A) and (b)(2)(B) shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year.
- c) Payment for outpatient end-stage renal disease treatment (ESRDT) services provided pursuant to Section 148.40(c) shall be made at the Department's

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payment rates, as follows:

- 1) For inpatient hospital services provided pursuant to Section 148.40(c)(1), the Department shall reimburse hospitals pursuant to Sections 148.240 through 148.300 and 89 Ill. Adm. Code 149.
- 2) For outpatient services or home dialysis treatments provided pursuant to Section 148.40(c)(2) or (c)(3), the Department will reimburse hospitals and clinics for ESRDT services at a rate that will reimburse the provider for the dialysis treatment and all related supplies and equipment, as defined in 42 CFR 405.2163 (1994). This rate will be that rate established by Medicare pursuant to 42 CFR 405.2124 and 413.170 (1994).
- 3) Payment for non-routine services. For services that are provided during outpatient or home dialysis treatment pursuant to Section 148.40(c)(2) or (c)(3) but are not defined as a routine service under 42 CFR 405.2163 (1994), separate payment will be made to independent laboratories, pharmacies, and medical supply providers pursuant to 89 Ill. Adm. Code 140.430 through 140.434, 140.440 through 140.450, and 140.475 through 140.481, respectively.
- 4) Payment for physician services relating to ESRDT will be made separately to physicians, pursuant to 89 Ill. Adm. Code 140.400.
- 5) With respect to those hospitals described in Section 148.25(b)(2)(A), the reimbursement rates described in this subsection (c) shall be adjusted on a retrospective basis. The retrospective adjustment shall be calculated as follows:
 - A) The reimbursement rates described in this subsection (c) shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports.
 - B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

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- 6) With the exception of the retrospective rate adjustment described in subsection (c)(5) of this Section, no year-end reconciliation is made to the reimbursement rates calculated under this subsection (c).
 - 7) Hospitals described in Section 148.25(b)(2)(A) and (b)(2)(B) of this Section shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year.
- d) Non Hospital-Based Clinic Reimbursement
- 1) County-Operated Outpatient Facility Reimbursement
Reimbursement for all services provided by county-operated outpatient facilities, as described in Section 148.25(b)(2)(C), that do not qualify as either a Maternal and Child Health Program managed care clinics, as described in 89 Ill. Adm. Code 140.461(f), or as a Critical Clinic Provider, as described in subsection (e) of this Section, shall be on an all-inclusive per encounter rate basis as follows:
 - A) Base Rate. The per encounter base rate shall be calculated as follows:
 - i) Allowable direct costs shall be divided by the number of direct encounters to determine an allowable cost per encounter delivered by direct staff.
 - ii) The resulting quotient, as calculated in subsection (d)(1)(A)(i) of this Section, shall be multiplied by the Medicare allowable overhead rate factor to calculate the overhead cost per encounter.
 - iii) The resulting product, as calculated in subsection (d)(1)(A)(ii) of this Section, shall be added to the resulting quotient, as calculated in subsection (d)(1)(A)(i) of this Section to determine the per encounter base rate.
 - iv) The resulting sum, as calculated in subsection (d)(1)(A)(iii) of this Section, shall be the per encounter base rate.

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B) Supplemental Rate

- i) The supplemental service cost shall be divided by the total number of direct staff encounters to determine the direct supplemental service cost per encounter.
- ii) The supplemental service cost shall be multiplied by the allowable overhead rate factor to calculate the supplemental overhead cost per encounter.
- iii) The quotient derived in subsection (d)(1)(B)(i) of this Section shall be added to the product derived in subsection (d)(1)(B)(ii) of this Section, to determine the per encounter supplemental rate.
- iv) The resulting sum, as described in subsection (d)(1)(B)(iii) of this Section, shall be the per encounter supplemental rate.

C) Final Rate

- i) The per encounter base rate, as described in subsection (d)(1)(A)(iv) of this Section, shall be added to the per encounter supplemental rate, as described in subsection (d)(1)(B)(iv) of this Section, to determine the per encounter final rate.
- ii) The resulting sum, as determined in subsection (d)(1)(C)(i) of this Section, shall be the per encounter final rate.
- iii) The per encounter final rate, as described in subsection (d)(1)(C)(ii) of this Section, shall be adjusted in accordance with subsection (d)(2) of this Section.

2) Rate Adjustments

Rate adjustments to the per encounter final rate, as described in subsection (d)(1)(C)(iii) of this Section, shall be calculated as follows:

- A) The reimbursement rates described in subsections (d)(1)(A)

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through (d)(1)(C) and (e)(2) of this Section shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports. The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

- B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.
 - C) The final rate described in subsection (d)(1)(C) of this Section shall be no less than \$147.09 per encounter.
- 3) County-operated outpatient facilities, as described in Section 148.25(b)(2)(C), shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year. No year-end reconciliation is made to the reimbursement calculated under this subsection (d).
 - 4) Services are available to all clients in geographic areas in which an encounter rate hospital or a county-operated outpatient facility is located. All specific client coverage policies (relating to client eligibility and scope of services available to those clients) that pertain to the service billed are applicable to encounter rate hospitals in the same manner as to hospitals reimbursed under the Ambulatory Care Program and to non-hospital and hospital providers who bill and receive reimbursement on a fee-for-service basis.
- e) Critical Clinic Providers
 - 1) Effective for services provided on or after September 27, 1997, a clinic owned or operated by a county with a population of over three million, that is within or adjacent to a hospital, shall qualify as a Critical Clinic Provider if the facility meets the efficiency standards established by the Department. The Department's efficiency standards under this subsection (e) require that the quotient of total encounters per facility fiscal year for

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the Critical Clinic Provider divided by total full time equivalent physicians providing services at the Critical Clinic Provider shall be greater than:

- A) 2700 for reimbursement provided during the facility's cost reporting year ending during 1998,
 - B) 2900 for reimbursement provided during the facility's cost reporting year ending during 1999,
 - C) 3100 for reimbursement provided during the facility's cost reporting year ending during 2000,
 - D) 3600 for reimbursement provided during the facility's cost reporting year ending during 2001, and
 - E) 4200 for reimbursement provided during the facility's cost reporting year ending during 2002.
- 2) Reimbursement for all services provided by any Critical Clinic Provider shall be on an all-inclusive per-encounter rate that shall equal reported direct costs of Critical Clinic Providers for each facility's cost reporting period ending in 1995, and available to the Department as of September 1, 1997, divided by the number of Medicaid services provided during that cost reporting period as adjudicated by the Department through July 31, 1997.
- 3) Critical Clinic Providers, as described in this subsection (e), shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year. No year-end reconciliation is made to the reimbursement calculated under this subsection (e).
- 4) The reimbursement rates described in this subsection (e) shall be no less than the reimbursement rates in effect on July 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports. The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

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- f) **Critical Clinic Provider Pharmacies**
Prescribed drugs, dispensed by a pharmacy that is a Critical Clinic Provider, that are not part of an encounter reimbursable under subsection (e) of this Section shall be reimbursed at the rate described in subsection (e)(2) of this Section.
- g) [Freestanding Emergency Centers](#)
[A Freestanding Emergency Center \(FEC\), as defined in Section 148.25\(h\) of this Part, is eligible to enroll for reimbursement of emergency services.](#)
[Reimbursement for the emergency services provided in an FEC shall be made at the applicable APL group rate identified in subsection \(b\) of this Section.](#)
[Payment for salaried physician services performed in conjunction with an APL procedure shall be made in accordance with subsection \(b\) of this Section.](#)

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

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- 1) Heading of the Part: Regulations under Illinois Securities Law of 1953
- 2) Code Citation: 14 Ill. Adm. Code 130
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
130.848	New
130.849	New
- 4) Statutory Authority: 815 ILCS 5/1
- 5) A Complete Description of the Subjects and Issues Involved: Section 130.848: this proposed Section regulates advertising by State registered investment advisers. Currently, federally covered investment advisers are subject to an advertising rule adopted by the U.S. Securities and Exchange Commission. The proposed rule prohibits an investment adviser that is registered or required to be registered in Illinois from using any advertisement that contains any untrue statement of material fact or that is otherwise misleading.

Section 130.849: this proposed Section codifies the current Federal Trade Commission requirement that registered investment advisers must have a written consumer privacy policy for their client's information.
- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? Yes
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: The proposed rule at Section 130.848 is intended to prevent the use of any misleading or untrue advertisement by an investment adviser that is registered or required to be registered in the State of Illinois.. Currently, investment advisers under the jurisdiction of the U.S. Securities and Exchange Commission are already subject to this type of regulation. The adoption of this proposed rule will ensure that all investment advisers are subject to the same advertising rules.

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The proposed rule at Section 130.849 codifies the current federal requirement that State registered investment advisers devise and maintain a written consumer privacy policy regarding the protection and use of client information.

12) Time, Place and Manner in which interested parties may comment on this proposed rulemaking:

Tanya Solov, Director
IL Securities Dept.
69 W. Washington St.
Suite 1220
Chicago, IL 60602

312/793-3384

All comments must be in writing.

13) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: Applies solely to investment advisers that are registered or required to be registered in the State of Illinois.
- B) Reporting, bookkeeping and other procedures required for compliance: No new requirements for the submission of data are created under either of these proposed rules. Any advertisements utilized by a State registered investment adviser or an adviser's consumer privacy policy are subject to review by the examination staff as part of a books and records review and must be maintained pursuant to existing regulations.
- 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 14: COMMERCE
SUBTITLE A: REGULATION OF BUSINESS
CHAPTER I: SECRETARY OF STATEPART 130
REGULATIONS UNDER ILLINOIS SECURITIES LAW OF 1953

SUBPART A: RULES OF GENERAL APPLICATION

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130.100	Business Hours of the Securities Department
130.101	Computation of Time
130.110	Payment of Fees
130.120	Place of Filing
130.130	Date of Filing
130.135	Registration of Securities under Section 5 or 7 of the Act Utilizing the SRD
130.140	Requirements as to Proper Form
130.141	Additional Information
130.142	Additional Exhibits (Repealed)
130.143	Information Unknown or Not Reasonably Available
130.144	Requirements as to Paper, Printing, and Language
130.145	Number of Copies – Signatures
130.190	Provisions for Granting of Variance from Rules

SUBPART B: DEFINITIONS

Section	
130.200	Definitions of Terms Used in the Act and the Rules
130.201	Definition of the Term "Investment Contract", as Used in Section 2.1 of the Act
130.202	Definition of the Term "Fractional Undivided Interest", as Used in Section 2.1 of the Act with Reference to Oil and/or Gas Leases, Rights or Royalties
130.205	Definition of the Term "Issuer" as Used in Section 2.2 of the Act as Applied to Fractional Interests in Oil, Gas and Other Mineral Leases, Rights or Royalties
130.210	Definition of Acts Not Constituting a "Sale" or "Offer" as Used in Section 2.5 or 2.5a of the Act
130.211	Definition of Acts Not Constituting an "Offer" of Securities under Section 5, 6, 7 or 8 of the Act
130.212	Definition of Acts Not Constituting an "Offer" Under Section 2.5a of the Act (Testing the Waters)

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- 130.215 Definition of "Commission From an Underwriter or Dealer Not in Excess of the Usual and Customary Distributors' or Sellers' Commissions", as Used in Section 2.6 of the Act for Certain Transactions
- 130.216 Definition of "Participates" and "Participation", as Used in Section 2.6 of the Act in Relation to Certain Transactions
- 130.220 Definition of "Regularly Engaged in Securities Sales Activities", as Used in Section 2.9 of the Act
- 130.221 Exclusion of Certain Persons from the Definition of Investment Adviser in Section 2.11 of the Act
- 130.225 Definition of "Investment Fund Shares", as Used in Section 2.15 of the Act in Relation to Certain Issuers
- 130.233 Definition of the Phrase "Promissory Note or Draft, Bill of Exchange or Bankers' Acceptance" as Used in Section 3(L) of the Act
- 130.234 Definition, For Certain Purposes, of the Terms "Employee Security-Purchase Plan", "Employee Profit-Sharing Trust or Plan", "Employee Pension Trust or Plan", as Used in Section 3.N and Section 3.O of the Act (Repealed)
- 130.235 Definition, For Certain Purposes, of the Terms "Employee Profit-Sharing Trust or Plan", "Employee Pension Trust or Plan", as Used in Section 3.O of the Act (Repealed)
- 130.241 Definition of the Term "Institutional Investor" under Sections 4C and 4D of the Act
- 130.242 Definition of the Term "Financial Institution" under Section 4.C of the Act
- 130.244 Definition of "Issuer Required to File Reports Pursuant to the Provisions of Section 13 or Section 15(d) of the Federal 1934 Act" with Respect to Certain Foreign Private Issuers and "Reports Required to be Filed at Regular Intervals Pursuant to the Provisions of Section 13 or Section 15(d)" as Used in Section 4(F)(1) of the Act
- 130.245 Definition of the Terms "Balance Sheet" and "Income Statement", as Used in Section 4.F of the Act
- 130.246 Definition of the Terms "Residents of this State", "Aggregate Sales Price" and "Sales Made in Reliance Upon the Exemption" Under Section 4.G of the Act and "General Advertising or General Solicitation" Under Sections 4.G, 4.H, 4.M and 4.R of the Act
- 130.247 Definition of the Term "Public" as Used in Section 4(G)(4) of the Act
- 130.248 Definition of the Terms "Offers for Sale" and "Solicitations of Offers to Buy", as Used in Section 4.L of the Act
- 130.250 Definition, For Certain Purposes, of the Terms "Commissions, Remuneration or Discounts", as Used in Section 4 and Section 5 of the Act
- 130.251 Definition of the Term "Maximum Aggregate Price", as Used in Section 5 of the

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- Act
- 130.270 Definition of Certain Persons Not Considered to Be Dealers Under Section 2.7 of the Act
- 130.280 Definition of the Term "Branch Office" of a Registered Dealer, as Used in Section 8 of the Act
- 130.281 Definition of the Term "Branch Office" of a Registered Investment Adviser, as Used in Section 8 of the Act
- 130.282 Definition, For Certain Purposes, of the Term "Officers", as Used in Section 2.9 and Section 8.B.(6) of the Act
- 130.285 Definition, for Certain Purposes, of the Terms "Inequitable", "Tend to Work a Fraud or Deceit", "Inequitable Practice in the Sale of Securities", and "Fraudulent Business Practices", as Used in Section 8 and Section 11 of the Act
- 130.291 Definition of the Terms "Fraudulent" and "Work or Tend to Work a Fraud or Deceit" as Used in Sections 11.E and 12.F of the Act for Purposes of the Payment of Completion Costs in Connection with the Offer or Sale of Securities involving an Oil, Gas or Other Mineral Lease, Right or Royalty

SUBPART C: FEDERAL COVERED SECURITIES AND TRANSACTIONS

- Section
- 130.293 Issuers of Covered Securities Required to File Notifications and Pay Fees and the Refusal to File Notifications or Pay Fees
- 130.370 Automated Quotation System Deemed to Have Substantially Equivalent Standards for Designation as Required By One or More Exchanges Set Forth in Section 3(G) of the Act (Repealed)

SUBPART D: EXEMPT TRANSACTIONS

- Section
- 130.420 Uniform Limited Offering Exemption Pursuant to Section 4.D of the Act
- 130.436 Procedures for Applying for Trading Authorization Pursuant to Section 4(F)(2) of the Act
- 130.440 Procedures for Filing Reports of Sale under Section 4.G of the Act
- 130.441 Calculation of Number of Persons Under Section 4.G or 4.M of the Act
- 130.442 Report of Sale of Securities pursuant to Section 4.G of the Act
- 130.490 Procedures for Filing Reports of Sale under Section 4.P of the Act
- 130.491 Report of Sale of Securities Pursuant to Section 4(P) of the Act
- 130.492 Exemption from Registration for Certain Canadian Broker-Dealers and Agents and for Transactions Effected by Certain Canadian Broker-Dealers

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SUBPART E: REGISTRATION OF SECURITIES

Section	Title of Securities
130.501	Title of Securities
130.502	Financial Statement Requirements
130.503	Disclaimer of Control
130.505	Formal Requirements as to Consents
130.506	Consents Required in Special Cases
130.507	Application to Dispense with Consent
130.508	Consent to Use of Material Incorporated by Reference
130.510	Procedures for Registration of Securities by Coordination under Section 5.A of the Act
130.520	Procedures for Registration of Securities by Qualification under Section 5.B of the Act
130.525	Procedures for Registration of Securities by Qualification under Section 5.B(7) of the Act, Small Company Offering Registration ("SCOR") on Form U-7
130.530	Renewal of Registration of Securities Under Section 5.E of the Act
130.531	Computation of Fees
130.532	Registration of Additional Securities Pursuant to Section 5(C)(2) of the Act
130.533	Formal Requirements for Amendments Under Section 5 of the Act
130.534	Powers to Amend or Withdraw Registration Statement
130.535	Signatures of Amendments
130.536	Delaying Amendments
130.538	Withdrawal of Registration Statement, Amendment or Exhibit Filed Under the Federal 1933 Act
130.540	Procedure with Respect to Abandoning Registration Statements, Applications for Trading Authorizations and Post-Effective Amendments
130.550	Additional Fees Under Section 5 of the Act
130.570	Legibility of Prospectuses
130.571	Presentation of Information in Prospectuses
130.572	Summaries or Outlines of Documents
130.573	Preparation of Application for Registration
130.574	Incorporation of Certain Information by Reference
130.575	Form of and Limitation Upon Incorporation by Reference
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130.577	Prospectuses Supplementing Preliminary Material Supplied Previously
130.578	Application of Amendments to this Part Governing Contents of Prospectuses
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- the Act
- 130.582 Contents of Prospectus When Two or More Registrations Are in Effect Under Section 5.B of the Act
- 130.590 Identifying Statements
- 130.591 Requirements as to Appraisals
- 130.592 Omission of Substantially Identical Documents
- 130.593 Incorporation of Exhibits by Reference

SUBPART F: FACE AMOUNT CERTIFICATE CONTRACTS

- Section
- 130.600 Preamble
- 130.610 Procedures for Registration of Face Amount Certificate Contracts by Coordination under Section 6.A of the Act
- 130.630 Renewal of Registration of Face Amount Certificate Contracts Under Section 6.F of the Act
- 130.650 Additional Fees Under Section 6 of the Act

SUBPART G: INVESTMENT FUND SHARES

- Section
- 130.700 Preamble
- 130.701 Title of Investment Fund Shares Registered Under Section 5 or 7 of the Act
- 130.710 Procedures for Registration of Investment Fund Shares by Coordination under Section 7.A of the Act
- 130.715 Amendatory Statement for the Registration of Additional Class or Classes or the Reporting of a Change in Organization or Operations Pursuant to Section 7(D) of the Act
- 130.730 Renewal of Registration of Investment Fund Shares Under Section 7(G) of the Act
- 130.750 Additional Fees Under Section 7 of the Act
- 130.771 Acts Which "Work or Tend to Work a Fraud or Deceit", in Connection with Offers, Sales or Dispositions of Investment Fund Shares

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- 130.805 Exemptions From Registration as an Investment Adviser Under Section 8.A of the

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- 130.806 Acts Not Requiring a Notification Filing of a Federal Covered Investment Adviser or Registration as an Investment Adviser or Investment Adviser Representative Under Section 8 of the Act
- 130.810 Procedures for Registration as a Dealer Under Section 8.B of the Act
- 130.811 Procedures for Perfecting an Investment Adviser Exemption under Section 2.11(6) of the Act (Repealed)
- 130.820 Procedure for Renewal and Withdrawal from Registration as a Dealer
- 130.821 Reporting of Dealer Branch Office Locations and Required Fees
- 130.822 Examinations Deemed Satisfactory for Purposes of Determining Sufficient Knowledge of Each Principal Under Section 8.B(9)(a) of the Act Prior to Registration as a Dealer
- 130.823 Procedure for Requesting Waiver of Dealer, Salesperson, Investment Adviser, Investment Adviser Representative, or Principal Examination Requirements
- 130.824 Financial Statements to be Filed by a Registered Dealer
- 130.825 Records Required of Dealers and Customer Fees
- 130.826 Registered Dealer Net Capital Requirements
- 130.827 Confirmations
- 130.828 Notice of Materially Adverse Financial Condition Required to Be Filed With the Securities Department By a Registered Dealer
- 130.829 Investor Protection Requirement of a Dealer Registered Under Section 8 of the Act
- 130.832 Examinations Deemed Satisfactory for Purposes of Determining Sufficient Knowledge Under Section 8.C(7) of the Act for Registration as a Salesperson
- 130.836 Hardship Exemption
- 130.837 Transition to Electronic Filing
- 130.838 Procedures for Federal Covered Investment Adviser Notification Filing and Fees Under Section 8.C-5 of the Act
- 130.839 Procedures for Registration as an Investment Adviser Representative Under Section 8.D-5 of the Act
- 130.840 Procedures for Registration as an Investment Adviser Under Section 8.D of the Act
- 130.841 Reporting of Investment Adviser Branch Office Location(s) and Required Fees
- 130.842 Examinations and Education Programs Deemed Satisfactory for Purposes of Determining Sufficient Knowledge for Each Principal Under Section 8.D.(9) of the Act Prior to Registration as an Investment Adviser
- 130.843 Examination and Education Program Requirements for Registration the Act
- 130.844 Statement of Financial Condition to Be Filed By a Registered Investment Adviser Which Retains Custody of Client's Cash or Securities or Accepts Pre-Payment of

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130.846	Written Disclosure Statements of a Registered Investment Adviser
130.847	Financial and Disciplinary Information That Investment Advisers Must Disclose to Clients
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130.853	Account Transactions
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130.855	Use of Senior Certifications and Professional Designations
130.860	Additional Fees Under Section 8 of the Act
130.872	Procedure with Respect to Abandoned Dealer Applications
130.873	Procedure with Respect to Abandoned Investment Adviser Applications

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130.1001	Service of Process upon the Secretary of State

SUBPART K: PROCEDURES FOR ADMINISTRATIVE HEARINGS

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130.1520	Request for Non-Binding Statements

SUBPART P: SAVINGS PROVISIONS

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130.1661	Investors Syndicate of America, Inc.
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130.1701	Inspection of Applications
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- 130.APPENDIX A Uniform Consent to Service of Process
130.APPENDIX B Uniform Application to Register Securities
130.APPENDIX C Uniform Application for Broker-Dealer Registration
130.APPENDIX D Subordinated Loan Agreement for Equity Capital

AUTHORITY: Implementing and authorized by the Illinois Securities Law of 1953 [815 ILCS 5].

SOURCE: Filed February 23, 1977, effective March 5, 1977; amended at 5 Ill. Reg. 9139, effective August 27, 1981; amended at 6 Ill. Reg. 6455, effective May 19, 1982; codified at 6 Ill. Reg. 12674; emergency amendment at 7 Ill. Reg. 17427, effective December 31, 1983, for a maximum of 150 days; emergency expired May 31, 1984; emergency amendment at 8 Ill. Reg. 1476, effective January 18, 1984, for a maximum of 150 days; emergency expired June 17, 1984; emergency repealer at 8 Ill. Reg. 3803, effective March 14, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13419, effective July 12, 1984; amended at 8 Ill. Reg. 13840, effective July 19, 1984; emergency amendment at 8 Ill. Reg. 13889, effective July 20, 1984, for a maximum of 150 days; emergency expired December 17, 1984; amended at 9 Ill. Reg. 208, effective December 20, 1984; emergency amendment at 10 Ill. Reg. 393, effective January 1, 1986, for a maximum of 150 days; emergency expired May 30, 1986; amended at 10 Ill. Reg. 10753, effective June 3, 1986; recodified at 10 Ill. Reg. 19554; emergency amendment at 13 Ill. Reg. 11017, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 14 Ill. Reg. 884, effective December 30, 1989; amended at 14 Ill. Reg. 5188, effective March 26, 1990; emergency amendment at 15 Ill. Reg. 14303, effective November 1, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 6000, effective March 27, 1992; amended at 20 Ill. Reg. 14185, effective October 21, 1996; amended at 21 Ill. Reg. 7523, effective May 23, 1997; amended at 21 Ill. Reg. 7770, effective May 23, 1997; amended at 21 Ill. Reg. 8415, effective June 20, 1997; emergency amendment at 21 Ill. Reg. 9828, effective July 8, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 15892, effective December 1, 1997; amended at 22 Ill. Reg. 1933, effective January 1, 1998; emergency amendment at 24 Ill. Reg. 341, effective December 31, 1999, for a maximum of 150 days; amended at 24 Ill. Reg. 7401, effective May 1, 2000; emergency amendment at 25 Ill. Reg. 973, effective January 1, 2001, for a maximum of 150 days; emergency expired May 30, 2001; amended at 25 Ill. Reg. 8817, effective July 6, 2001; amended at 26 Ill. Reg. 14843, effective September 30, 2002; amended at 27 Ill. Reg. 9490, effective June 9, 2003; emergency amendment at 29 Ill. Reg. 15087, effective September 23, 2005, for a maximum of 150 days; emergency expired February 19, 2006; emergency amendment at 30 Ill. Reg. 13009, effective July 11, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18211, effective October 31, 2006; amended at 33 Ill. Reg. 12817, effective September 8, 2009; amended at 34 Ill. Reg. _____, effective _____.

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SUBPART H: REGISTRATION OF DEALERS, SALESPERSONS AND INVESTMENT ADVISERS AND INVESTMENT ADVISER REPRESENTATIVES

Section 130.848 Advertisements by Investment Advisers

- a) It shall be a fraudulent business practice under Section 8 of the Act for any investment adviser registered or required to be registered under the Act, directly or indirectly, to publish, circulate, or distribute in any manner any advertisement:
- 1) That refers, directly or indirectly, to any testimonial of any kind concerning the investment adviser or concerning any advice, analysis, report or other service rendered by an investment adviser; or
 - 2) That refers, directly or indirectly, to past specific recommendations of an investment adviser that were or would have been profitable to any person; provided, however, that this shall not prohibit an advertisement that sets out or offers to furnish a list of all recommendations made by the investment adviser within the immediately preceding period of not less than one year if the advertisement, and the list, if it is furnished separately:
 - A) state the name of each security recommended, the date and nature of each recommendation (e.g., whether to buy, sell or hold), the market price at that time, the price upon which the recommendation was to be acted, and the market price of each security as of the most recent practicable date; and
 - B) contain the following cautionary legend on the first page in print or type as large as the largest print or type used in the body or text: "It should not be assumed that recommendations made in the future will be profitable or will equal the performance of the securities in this list."; or
 - 3) That represents, directly or indirectly, that any graph, chart, formula or other device being offered can in and of itself be used to determine which securities to buy or sell, or when to buy or sell them; or that represents, directly or indirectly, that any graph, chart, formula or other device being offered will assist any person in making his or her own decisions as to which securities to buy or sell, or when to buy or sell them, without

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prominently disclosing in the advertisement the limitations and the difficulties with respect to its use; or

- 4) That contains any statement to the effect that any report, analysis or other service will be furnished free or without charge, unless the report, analysis or other service actually is or will be furnished entirely free and without any condition or obligation, directly or indirectly; or
- 5) That contains any untrue statement of a material fact, or that is otherwise false or misleading.

b) For the purposes of this Section, the term advertisement shall include any notice, circular, letter or other written communication addressed to more than one person, or any notice or other announcement in any publication or by radio or television, or any electronically available or distributed communication that offers:

- 1) Any analysis, report, or publication concerning securities, or that is to be used in making any determination as to when to buy or sell any security, or which security to buy or sell; or
- 2) Any graph, chart, formula, or other device to be used in making any determination as to when to buy or sell any security, or which security to buy or sell; or
- 3) Any other investment advisory service with regard to securities.

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

Section 130.849 Consumer Information Privacy Provisions

An investment adviser, registered or required to be registered pursuant to Section 8.D of the Act, shall comply with the privacy provisions of subtitle A of Title V of the federal Gramm-Leach-Bliley Act (15 USC 6801-09) and the Federal Trade Commission regulations at 16 CFR 313 (Privacy of Consumer Financial Information).

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

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF PROPOSED AMENDMENT

- 1) Heading of the Part: The Administration and Operation of the Teachers' Retirement System
- 2) Code Citation: 80 Ill. Adm. Code 1650
- 3) Section Number: 1650.410 Proposed Action: Amendment
- 4) Statutory Authority: Implementing and authorized by Article 16 of the Illinois Pension Code [40 ILCS 5/Art. 16]
- 5) A Complete Description of the Subjects and Issues Involved: An amendment to Section 1650.410(b)(1)(C) dealing with return of contributions for excess service will include, within the definition of "excess service" for refund purposes, the period of service in excess of 34 years if (1) the member is over age 60, or (2) retires reciprocally and the System is not the last employer. Members in these two situations may retire with 34 years of service without needing to exercise the Early Retirement Option. It would be unfair not to give members in these two situations an excess service refund.
- 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 rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objective: This rulemaking does not create or expand a State mandate under the State Mandates Act [30 ILCS 805].
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed amendment may be submitted in writing for a period of 45 days following publication of this Notice to:

Cynthia Fain
Sr. Asst. General Counsel

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF PROPOSED AMENDMENT

Teachers' Retirement System
2815 West Washington,
P. O. Box 19253
Springfield, Illinois 62794-9253

217/753-0375

- 13) Initial Regulatory Flexibility Analysis: These rules will not affect small businesses.
- A) Types of small businesses, small municipalities and not for profit corporations affected: None
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: January 2006

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

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF PROPOSED AMENDMENT

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES

SUBTITLE D: RETIREMENT SYSTEMS

CHAPTER III: TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

PART 1650

THE ADMINISTRATION AND OPERATION OF THE
TEACHERS' RETIREMENT SYSTEM

SUBPART A: REPORTS BY BOARD OF TRUSTEES

Section

1650.10 Annual Financial Report (Repealed)

SUBPART B: BASIC RECORDS AND ACCOUNTS

Section

1650.110 Membership Records
1650.120 Claims Records (Repealed)
1650.130 Individual Accounts (Repealed)
1650.140 Ledger and Accounts Books (Repealed)
1650.150 Statistics (Repealed)
1650.160 Confidentiality of Records
1650.180 Filing and Payment Requirements
1650.181 Early Retirement Incentive Payment Requirements (Repealed)
1650.182 Waiver of Additional Amounts Due
1650.183 Definition of Employer's Normal Cost

SUBPART C: FILING OF CLAIMS

Section

1650.201 Disability Benefits – Application Procedure; Effective Date
1650.202 Disability Benefits – Definitions
1650.203 Disability Retirement Annuity – Definitions
1650.204 Gainful Employment – Consequences
1650.205 Medical Examinations and Investigation of Disability Claims
1650.206 Physician Certificates
1650.207 Disability Due to Pregnancy
1650.208 Disability Payments
1650.209 Computation of Annual Salary When Member Has Different Semester Salary

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF PROPOSED AMENDMENT

	Rates (Repealed)
1650.210	Claim Applications
1650.211	Disability Recipient Eligible to Receive an Age or Disability Retirement Annuity
1650.220	Reclassification of Disability Claim (Repealed)
1650.221	When Member Becomes Annuitant
1650.222	Death Out of Service
1650.230	Medical Examinations and Investigations of Claims (Repealed)
1650.240	Refunds; Canceled Service; Repayment
1650.250	Death Benefits
1650.260	Evidence of Age
1650.270	Reversionary Annuity – Evidence of Dependency
1650.271	Evidence of Parentage
1650.272	Eligible Child Dependent By Reason of a Physical or Mental Disability
1650.280	Evidence of Marriage
1650.290	Offsets

SUBPART D: MEMBERSHIP AND SERVICE CREDITS

Section	
1650.301	Early Retirement Without Discount – Return to Teaching from a Break in Service
1650.310	Effective Date of Membership
1650.315	Verifying Service Credit
1650.320	Method of Calculating Service Credits
1650.325	Method of Calculating Service Credit for Recipients of a Disability Benefit or Occupational Disability Benefit
1650.330	Duplicate Service Credit
1650.335	Unreported Regular Service Credit and Earnings
1650.340	Service Credit for Leaves of Absence
1650.341	Service Credit for Involuntary Layoffs
1650.345	Service Credit for Periods Away From Teaching Due to Pregnancy
1650.346	Service Credit for Periods Away From Teaching Due to Adoption
1650.350	Service Credit for Unused Accumulated Sick Leave Upon Retirement
1650.351	Employer Contribution for Excess Sick Leave
1650.355	Purchase of Optional Service – Required Minimum Payment
1650.356	Payroll Deduction Program (Repealed)
1650.357	Employer Payment of Member's Optional Service and/or Upgrade Contribution Balance (Repealed)
1650.360	Settlement Agreements and Judgments
1650.370	Calculation of Average Salary (Renumbered)

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF PROPOSED AMENDMENT

- 1650.380 Definition of Actuarial Equivalent (Repealed)
- 1650.390 Independent Contractors
- 1650.391 Optional 2.2 Upgrade of Earned and Credited Service
- 1650.392 2.2 Upgrade of Optional Service Not Credited at Initial Upgrade

SUBPART E: CONTRIBUTION CREDITS AND PAYMENTS

Section

- 1650.410 Return of Contributions for Duplicate or Excess Service
- 1650.415 Return of Optional Increase in Retirement Annuity Contributions
- 1650.416 Optional Increase in Retirement Annuity – 1% Contribution Reduction
- 1650.417 Mandatory Distributions Pursuant to Section 401(a)(9) of the Internal Revenue Code
- 1650.420 Interest on Deficiencies (Repealed)
- 1650.430 Installment Payments (Repealed)
- 1650.440 Small Deficiencies, Credits or Death Benefit Payments (Repealed)
- 1650.450 Compensation Recognized As "Salary"
- 1650.451 Reporting of Conditional Payments
- 1650.460 Calculation of Average Salary
- 1650.470 Rollover Distributions
- 1650.480 Rollovers to the System
- 1650.481 Employer Contribution Required for Salary Increases in Excess of 6%
- 1650.482 Contracts and Collective Bargaining Agreements – Loss of Exemption from Employer Contributions
- 1650.483 Employer Contributions for Salary Increases in Excess of 6% and Excess Sick Leave Exemption from Contributions
- 1650.484 Members Not Covered by Collective Bargaining Agreements or Employment Contracts
- 1650.485 Employer Contributions for Salary Increases in Excess of 6% – Receipt of Bill

SUBPART F: ANNUITANTS AND BENEFICIARIES

Section

- 1650.505 Beneficiary (Repealed)
- 1650.510 Re-entry Into Service (Repealed)
- 1650.511 Separation from Service
- 1650.512 Verification of Compliance with Post-Retirement Employment Limitations
- 1650.520 Suspension of Benefits
- 1650.530 Power of Attorney

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF PROPOSED AMENDMENT

- 1650.540 Conservators/Guardians
- 1650.550 Presumption of Death
- 1650.560 Benefits Payable on Death
- 1650.561 Valid Beneficiary Designations
- 1650.570 Survivors' Benefits
- 1650.571 Payment of Monthly Survivor Benefits to a Trust
- 1650.575 Full-time Student – Receipt of Survivors Benefits Until Age 22
- 1650.580 Evidence of Eligibility
- 1650.590 Comptroller Offset
- 1650.595 Overpayments

SUBPART G: ATTORNEY GENERALS' OPINION

- Section
- 1650.605 Policy of the Board Concerning Attorney Generals' Opinion (Repealed)

SUBPART H: ADMINISTRATIVE REVIEW

- Section
- 1650.610 Staff Responsibility
- 1650.620 Right of Appeal
- 1650.630 Form of Written Request
- 1650.635 Presiding Hearing Officer – Duties and Responsibilities
- 1650.640 Prehearing Procedure
- 1650.641 Claims Hearing Committee Hearing Packet
- 1650.650 Hearing Procedure
- 1650.660 Rules of Evidence (Repealed)

SUBPART I: AMENDMENTS TO BYLAWS AND RULES

- Section
- 1650.710 Amendments

SUBPART J: RULES OF ORDER

- Section
- 1650.810 Parliamentary Procedure

SUBPART K: PUBLIC RECORD REQUESTS

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF PROPOSED AMENDMENT

Section

1650.910	Summary and Purpose (Repealed)
1650.920	Definitions (Repealed)
1650.930	Submission of Requests
1650.940	Form and Content of FOIA Requests (Repealed)
1650.950	Appeal of a Denial (Repealed)
1650.960	Executive Director's Response to Appeal (Repealed)
1650.970	Response to FOIA Requests (Repealed)
1650.980	Inspection of Records at System Office
1650.990	Copies of Public Records
1650.995	Materials Immediately Available

SUBPART L: BOARD ELECTION PROCEDURES

Section

1650.1000	Nomination of Candidates
1650.1001	Elections Date/Election Day – Defined
1650.1010	Petitions
1650.1020	Eligible Voters
1650.1030	Election Materials
1650.1040	Marking of Ballots
1650.1050	Return of Ballots
1650.1060	Observation of Ballot Counting
1650.1070	Certification of Ballot Counting
1650.1080	Challenges to Ballot Counting
1650.1090	Special Election to Fill Un-Expired Term of Elected Trustee

SUBPART M: QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDERS

Section

1650.1110	Definitions
1650.1111	Requirements for a Valid Qualified Illinois Domestic Relations Order
1650.1112	Requirements for a Valid QILDRO Calculation Order
1650.1113	Required Forms
1650.1114	Filing a QILDRO or a Calculation Order with the System
1650.1115	Benefits Affected by a QILDRO
1650.1116	Effect of a Valid QILDRO
1650.1117	QILDROs Against Persons Who Became Members Prior to July 1, 1999

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

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1650.1118	Alternate Payee's Address
1650.1119	Electing Form of Payment
1650.1120	Automatic Annual Increases
1650.1121	Reciprocal Systems QILDRO Policy Statement (Repealed)
1650.1122	Providing Benefit Information for Divorce Purposes
1650.1123	Suspension and Expiration of a QILDRO
1650.1124	Income Tax Reporting
1650.1125	Lump-Sum Death Benefit Allocation to Alternate Payee

SUBPART N: PAYROLL DEDUCTION PROGRAM

Section

1650.1200	Payroll Deduction Program Guidelines
1650.1201	Employer Responsibility Under the Payroll Deduction Program
1650.1202	Payroll Deduction Agreements – Suspensions and Terminations
1650.1203	Payroll Deduction Program – Full Time Employment Defined
1650.1204	Payroll Deduction Program – Disability Defined
1650.1205	Employer Payment of Member's Optional Service, Refund and/or Upgrade Contribution Balance

SUBPART O: RETIREMENT BENEFITS

Section

1650.2900	Excess Benefit Arrangement
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SUBPART P: COMPETITIVE SELECTION PROCEDURES
FOR INVESTMENT SERVICES

Section

1650.3000	Summary and Purpose
1650.3005	Definitions
1650.3010	Manager Database
1650.3015	Emerging Investment Managers
1650.3020	Public Market Searches
1650.3025	Small and Mid Cap Equity Searches
1650.3030	Private Market and Commingled Fund Searches
1650.3035	Private Market Real Estate Separate Account Searches
1650.3040	Consultant Searches
1650.3045	Evaluation by Investment Committee

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

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AUTHORITY: Implementing and authorized by Articles 1 and 16 of the Illinois Pension Code [40 ILCS 5/Arts. 1 and 16]; Freedom of Information Act [5 ILCS 140]; Internal Revenue Code (26 USC 1 et seq.); Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100/5-15].

SOURCE: Filed June 20, 1958; emergency rules adopted at 2 Ill. Reg. 49, p. 249, effective November 29, 1978, for a maximum of 150 days; adopted at 3 Ill. Reg. 9, p. 1, effective March 3, 1979; codified at 8 Ill. Reg. 16350; amended at 9 Ill. Reg. 20885, effective December 17, 1985; amended at 12 Ill. Reg. 16896, effective October 3, 1988; amended at 14 Ill. Reg. 18305, effective October 29, 1990; amended at 15 Ill. Reg. 16731, effective November 5, 1991; amended at 17 Ill. Reg. 1631, effective January 22, 1993; amended at 18 Ill. Reg. 6349, effective April 15, 1994; emergency amendment at 18 Ill. Reg. 8949, effective May 24, 1994, for a maximum of 150 days; emergency modified at 18 Ill. Reg. 12880; amended at 18 Ill. Reg. 15154, effective September 27, 1994; amended at 20 Ill. Reg. 3118, effective February 5, 1996; emergency amendment at 21 Ill. Reg. 483, effective January 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 2422, effective January 31, 1997; amended at 21 Ill. Reg. 4844, effective March 27, 1997; emergency amendment at 21 Ill. Reg. 17159, effective December 9, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 7243, effective April 9, 1998; emergency amendment at 22 Ill. Reg. 7314, effective April 9, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 9374, effective May 14, 1998, for a maximum of 150 days; emergency rule modified in response to JCAR Objection at 22 Ill. Reg. 11640; emergency amendment at 22 Ill. Reg. 13151, effective June 29, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 15620, effective August 17, 1998; amended at 22 Ill. Reg. 19079, effective October 1, 1998; amended at 22 Ill. Reg. 22090, effective December 1, 1998; amended at 23 Ill. Reg. 3079, effective February 23, 1999; amended at 24 Ill. Reg. 2440, effective January 27, 2000; amended at 24 Ill. Reg. 10300, effective June 26, 2000; amended at 25 Ill. Reg. 203, effective December 22, 2000; amended at 26 Ill. Reg. 2758, effective February 11, 2002; amended at 26 Ill. Reg. 11476, effective July 11, 2002; amended at 27 Ill. Reg. 1668, effective January 17, 2003; amended at 27 Ill. Reg. 9209, effective May 28, 2003; amended at 28 Ill. Reg. 10055, effective June 29, 2004; amended at 29 Ill. Reg. 1546, effective January 14, 2005; amended at 29 Ill. Reg. 13244, effective August 9, 2005; amended at 30 Ill. Reg. 194, effective December 23, 2005; amended at 30 Ill. Reg. 472, effective December 21, 2005; amended at 30 Ill. Reg. 11728, effective June 23, 2006; amended at 30 Ill. Reg. 17525, effective October 18, 2006; amended at 31 Ill. Reg. 10688, effective July 13, 2007; amended at 32 Ill. Reg. 4073, effective February 28, 2008; amended at 32 Ill. Reg. 7979, effective May 6, 2008; amended at 32 Ill. Reg. 13534, effective August 6, 2008; amended at 33 Ill. Reg. 4401, effective March 3, 2009; amended at 33 Ill. Reg. 15863, effective November 2, 2009; amended at 34 Ill. Reg. 4900, effective March 22, 2010; amended at 34 Ill. Reg. 7787, effective May 21, 2010; amended at 34 Ill. Reg. _____, effective _____.

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF PROPOSED AMENDMENT

SUBPART E: CONTRIBUTION CREDITS AND PAYMENTS

Section 1650.410 Return of Contributions for Duplicate or Excess Service

- a) In the event contributions to the System are made in error for service covered by another public employee pension system in Illinois, such contributions shall be returned to the member.
- b) If a member contributes to the System for optional teaching service, but is unable to claim all of this service at the date of retirement or death because the service is determined to be excess service, then the contributions for such excess service or a portion thereof may upon request be returned to the member or the member's beneficiaries.
 - 1) The term "excess service" shall mean:
 - A) that period of service in excess of the number of years of service necessary for members retiring under 40 ILCS 5/16-133.2(b) to receive the 75% maximum benefit under Section 16-133(e) of the Illinois Pension Code [40 ILCS 5/16-133(e)] if the member elected pursuant to Section 16-129.1 [40 ILCS 5/16-129.1] to upgrade the retirement benefit based upon pre-July 1998 service; or
 - B) that period of service exceeding the amount of service allowed to be purchased under Section 16-127(b)(2) [40 ILCS 5/16-127(b)(2)]; or
 - C) that period of service in excess of 35 years of creditable service (34 years if the member is over age 60 or retires reciprocally and the System is not the last employer) if the member elected pursuant to 40 ILCS 5/16-129.1 to upgrade the retirement benefit based upon pre-July 1998 service.
 - 2) To determine the amount of contributions to be returned to a member pursuant to subsection (b)(1)(A) of this Section, the System shall apply the following formula:
 - A) divide the total cost of all optional teaching service purchased by

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF PROPOSED AMENDMENT

the member by the total amount of optional teaching service purchased.

- B) multiply the resulting average cost of optional teaching service by the amount of excess service the member requests to be returned.
 - C) the resulting figure shall be the amount returned to the member at retirement.
- 3) The return of contributions under subsection (b)(1)(B) of this Section shall be limited to the amount attributable to the purchase of optional service under Section 16-127 [40 ILCS 5/16-127].
 - 4) If a member elects to receive a return of contributions under subsection (b) of this Section, he or she may not utilize the optional service removed from the member's service record due to the return of contribution as a basis for receiving the 25% return of contributions for each year of service over 34 years provided in 40 ILCS 5/16-129.1.
 - 5) No interest shall be payable upon the amount returned.

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

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED RULES

- 1) Heading of the Part: Renewable Portfolio Standard and Clean Coal Standard for Alternative Retail Electric Suppliers and Utilities Operating Outside Their Service Areas
- 2) Code Citation: 83 Ill. Adm. Code 455
- 3)

<u>Section Numbers</u> :	<u>Adopted Action</u> :
455.10	New Section
455.20	New Section
455.30	New Section
455.100	New Section
455.110	New Section
455.120	New Section
455.130	New Section
455.140	New Section
455.150	New Section
455.200	New Section
455.210	New Section
- 4) Statutory Authority: Implementing and authorized by Sections 16-115 and 16-115D of the Public Utilities Act [220 ILCS 5/16-115 and 16-115D]
- 5) Effective Date of Rules: July 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 rules, including any materials incorporated by reference, is on file in the Commission's Springfield office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: March 5, 2010; at 34 Ill. Reg. 2875
- 10) Has JCAR issued a Statement of Objection to these rules? No
- 11) Differences between proposal and final version: Section 455.10: Add definition "Retail electric supplier". In text of rules, replace "an ARES or electric utility serving retail customers outside its service areas" with "RES".

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED RULES

Section 455.10: In definition of "supplied" add: "provided, however, that only with respect to determining whether a combined heat and power system in Illinois supplies electricity primarily to or for the benefit of facilities identified in Section 16-115D(h) of the Act. "Supplied" also includes energy generated by a combined heat and power system and used at those facilities, regardless of whether it passes through the customer meter".

Section 455.20(a): Add "The requirement to maintain original records pursuant to this Section may be satisfied by the retention of electronic rather than paper record, provided these are electronic business records that would otherwise be admissible under Illinois law."

Section 455.100: Add "or, except as provided in Section 455.140, to an ARES that is exempt from the requirements of Section 16-115D of the Act".

Section 455.130(a): Add "For determining the number of megawatt-hours of renewable energy credits that must be purchased for compliance, a RES may convert alternative compliance payment dollar amounts into megawatt-hour equivalents, by multiplying the payment by the total RPS percentage requirement and then dividing by the applicable alternative compliance payment rate (the latter expressed in dollars per megawatt-hour), at which point a RES may allocate in any manner desired the megawatt-hour equivalents of its alternative compliance payments toward satisfying the wind, solar photo-voltaic, and non-specific renewable energy requirements for the compliance period."

Section 455.140(a): Change "Any" to "An". After "ARES" add "certified only to serve facilities owned by itself or its affiliate, and/or facilities electrically integrated with the electrical system of facilities owned by itself or its affiliate, and/or facilities adjacent to a site on which a combined heat and power system is located may seek a determination that it is exempt from application of Section 16-115D and Section 16-115(d) of the Act pursuant to Section 16-115D(h) of the Act. An ARES whose certificate is not so limited and grants it authority to serve retail customers generally is not eligible for the exemption pursuant to Section 16-115D(h) of the Act. Add "request a determination that it is exempt under Section 16-115D(h) of the Act either in its original application for certification as an ARES or subsequently in a separate petition to the Commission filed" after "must first". Delete "A new petition must be filed if, in subsequent compliance years, new or additional conditions give rise to the exception from application of the provisions of Section 16-115D and Section 16-115(d) of the Act relating to procurement of renewable energy resources."

Section 455.140(b): Add subsection (3).

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED RULES

Section 455.140(d)(2): Change "January" to "June". Add "In the further alternative, if designation of the subject combined heat and power system as a qualifying facility has not been sought from the FERC, petitioner may present information and documentation demonstrating that the system meets the criteria for a qualifying facility specified in 18 CFR 292.205 in its testimony. (See 18 CFR 292.205 as of June 1, 2010.) No amendment or later addition is included."

Section 455.140(f): Delete "The Commission shall enter an order listing which, if any, of the combined heat and power systems identified in the petition meet the criteria listed in Section 16-115D(h) of the Act for the initial compliance period identified in the petition."

Section 455.140(h): To the beginning of subsection, add "In the case of any Section 16-115D(h) Request submitted by separate petition filed on or before June 15, 2010, the Commission shall enter an order granting or denying the request no more than 60 days after the petition is filed." Replace "any metered electricity supplied from the combined heat and power systems determined by the Commission to give rise to the exception under" with "the ARES pursuant to".

Section 455.140: Add subsection (i).

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter 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 Rulemaking: These rules establish various requirements and procedures for ARES and electric utilities operating outside their service area relative to the renewable portfolio standard and clean coal standard. General provisions are contained in Subpart A, provisions regarding the renewable portfolio standard are contained in Subpart B, and provisions regarding the clean coal standard are contained in Subpart C.
- 16) Information and questions regarding these adopted rules shall be directed to:

Conrad S. Rubinkowski
Office of General Counsel

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED RULES

Illinois Commerce Commission
527 East Capitol Avenue
Springfield, IL 62701

217/785-3922

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

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED RULES

TITLE 83: PUBLIC UTILITIES
CHAPTER I: ILLINOIS COMMERCE COMMISSION
SUBCHAPTER c: ELECTRIC UTILITIES

PART 455

RENEWABLE PORTFOLIO STANDARD AND CLEAN COAL
STANDARD FOR ALTERNATIVE RETAIL ELECTRIC SUPPLIERS
AND UTILITIES OPERATING OUTSIDE THEIR SERVICE AREAS

SUBPART A: GENERAL PROVISIONS

Section	
455.10	Definitions and Incorporations
455.20	Record Retention, Additional Documentation, and Confidential Information
455.30	Waivers

SUBPART B: RENEWABLE PORTFOLIO STANDARD REQUIREMENTS

Section	
455.100	Applicability of Subpart B
455.110	Obligation to Procure Renewable Energy Resources
455.120	Annual Report of Compliance with Renewable Energy Portfolio Standard
455.130	Alternative Compliance Payment Requirements
455.140	Procedures for Section 16-115D(h) Determination Based on the Operation of Combined Heat and Power Systems
455.150	Other Commission Proceedings

SUBPART C: COMPLIANCE WITH CLEAN COAL STANDARD REQUIREMENTS

Section	
455.200	Applicability of Subpart C
455.210	Reporting of Compliance with Clean Coal Standard

AUTHORITY: Implementing and authorized by Sections 16-115 and 16-115D of the Public Utilities Act [220 ILCS 5/16-115 and 16-115D].

SOURCE: Emergency rules adopted at 34 Ill. Reg. 3115, effective February 19, 2010, for a maximum of 150 days; emergency expired July 18, 2010; adopted at 34 Ill. Reg. 10721, effective July 19, 2010.

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED RULES

SUBPART A: GENERAL PROVISIONS

Section 455.10 Definitions and Incorporations

The following terms as used in this Part shall have the following meanings:

"Act" means the Public Utilities Act [220 ILCS 5].

"Alternative retail electric supplier" or "ARES" has the same meaning as in Section 16-102 of the Act.

"Clean coal facility" has the same meaning as in Section 1-10 of the IPA Act.

"Clean coal standard" means the various requirements imposed by Sections 16-115(d)(5) and 16-116(c) of the Act on ARES and electric utilities serving retail customers outside their service areas to source electricity from clean coal facilities.

"Commission" means the Illinois Commerce Commission.

"Compliance period" or "compliance year" means each 12-month period beginning June 1 and ending May 31, commencing June 1, 2009, and the comparable 12-month period in each succeeding year.

"Delivery services" has the same meaning as in Section 16-102 of the Act.

"Electric cooperative" has the same meaning as in Section 3.4 of the Electric Supplier Act [220 ILCS 30/3.4].

"IPA Act" means the Illinois Power Agency Act [20 ILCS 3855].

"M-RETS" means the Midwest Renewable Energy Tracking System or its successor.

"Municipal system" means any public utility owned and operated by any political subdivision or municipal corporation of the State of Illinois, or owned by such an entity and operated by its lessee or agent.

ILLINOIS COMMERCE COMMISSION

NOTICE OF ADOPTED RULES

"PJM-GATS" means the PJM Environmental Information System Generation Attribute Tracking System or its successor.

"Renewable energy credit" or "REC" has the same meaning as in Section 1-10 of the IPA Act.

"Renewable energy resources" has the same meaning as in Section 1-10 of the IPA Act.

"Renewable portfolio standard" or "RPS" means the various requirements imposed by Section 16-115D of the Act on ARES and electric utilities serving retail customers outside their service area.

"Retail customer" has the same meaning as in Section 16-102 of the Act.

"Retail electric supplier" or "RES" includes both ARES and electric utilities serving or seeking to serve retail customers outside their service area.

"Supplied", in relation to a quantity of energy, means energy obtained by an RES and delivered to a retail customer by an electric utility providing delivery services to the retail customer, with the quantity of energy measured at the customer meter; provided, however, that only with respect to determining whether a combined heat and power system in Illinois supplies electricity primarily to or for the benefit of facilities identified in Section 16-115 D(h) of the Act. "Supplied" also includes energy generated by a combined heat power system used at those facilities, regardless of whether it passes through the customer meter.

Section 455.20 Record Retention, Additional Documentation, and Confidential Information

- a) In addition to any other requirements of this Part or of any other applicable law, a RES shall maintain original records of all contracts and bills associated with Illinois retail customers who received electricity for at least 36 months beyond the end of the compliance period during which the electricity was supplied. All these records and any other documentation or information regarding the compliance by a RES with the renewable portfolio standard and clean coal standard shall be made available to the Commission or its Staff upon written request. The requirement to maintain original records pursuant to this Section may be satisfied

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by the retention of electronic rather than paper records, provided these are electronic business records that would otherwise be admissible under Illinois law.

- b) If information contained in any report filed pursuant to this Part or provided to the Commission or Staff upon written request contains or reflects commercially or financially sensitive information or trade secrets, the RES may file that information with the Commission on a confidential basis. To be filed confidentially, the information shall be accompanied by an affidavit that sets forth both the reasons for the confidentiality and a public synopsis of the information as required by Section 16-115D(e) of the Act. If a report contains information filed on a confidential basis, the RES shall file both a "confidential" and a "public" version of the report and attached documentation, with all confidential information marked "Confidential". Commission Staff is authorized to publicly disclose documentation and information provided pursuant to this Part without a confidential designation pursuant to Section 5-108 of the Act.

Section 455.30 Waivers

- a) A RES may request a waiver of any of the provisions of this Part. A request for a waiver shall be made by petition. The petition shall be verified by a person or persons having knowledge of the facts and shall set forth a full statement of the reasons for the requested waiver. A waiver shall not be granted if the provision from which a waiver is sought is statutorily mandated, or if the request for a waiver is otherwise contrary to law.
- b) The burden of proof in any request for a waiver shall be upon the RES requesting the waiver. A request for waiver shall be granted upon good cause being shown by the RES. While other factors may be considered, and shall be mentioned if considered, the following factors shall be considered in determining whether good cause exists for the requested waiver:
- 1) Whether the rule from which the waiver is granted would, as applied to the particular case, be unreasonable or unnecessarily burdensome.
 - 2) Whether the granting of a waiver would provide a competitive advantage to the requesting party.
 - 3) If the waiver relates to an information filing requirement, whether other information the RES would provide if the waiver is granted permits an

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assessment of compliance with applicable requirements in a complete and timely manner.

- 4) The expense to the RES in providing the information or otherwise complying with the provision that is the subject of the waiver request.

SUBPART B: RENEWABLE PORTFOLIO STANDARD REQUIREMENTS

Section 455.100 Applicability of Subpart B

This Subpart does not apply to electric cooperatives or municipal systems making an election under Section 17-300 of the Act to become an ARES or, except as provided in Section 455.140, to an ARES that is exempt from the requirements of Section 16-115D of the Act.

Section 455.110 Obligation to Procure Renewable Energy Resources

- a) Each RES shall procure cost-effective renewable energy resources in accordance with the requirements of Section 16-115D of the Act.
- b) For ARES, the obligation to procure renewable energy resources is expressed in units of electricity (megawatt-hours) and is measured as a percentage of the actual amount of metered electricity supplied to the ARES' Illinois retail customers during each compliance year, pursuant to contracts executed or extended after March 15, 2009 (see 220 ILCS 5/16-115D(a)(2) and (6)).
- c) For electric utilities serving retail customers outside their service area, the obligation to procure renewable energy resources is expressed in units of electricity (megawatt-hours) and is measured as a percentage of the actual amount of metered electricity supplied in the State by the utility outside of its service area during each compliance year, pursuant to contracts executed or extended after March 15, 2009 (see 220 ILCS 5/16-115D(a)(2), (a)(6) and (g)).
- d) The minimum quantity of renewable energy resources to be procured for each compliance year shall be calculated based on the annual percentages set forth in Section 1-75(c)(1) of the IPA Act.
- e) At least 50% of the obligation to procure renewable energy resources must be satisfied by making alternative compliance payments, and the balance of the obligation to procure renewable energy resources may be satisfied by generating

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electricity using renewable energy resources, purchasing electricity generated using renewable energy resources, purchasing renewable energy credits from renewable energy resources, or making alternative compliance payments (see 220 ILCS 5/16-115D(b)(2)).

- f) Alternative compliance payment rate. The "maximum alternative compliance payment rate" for each compliance year shall be equal to the maximum allowable annual estimated average net increase due to the costs of the utility's purchase of renewable energy resources included in the amounts paid by eligible retail customers in connection with electric service, as described in Section 1-75(c)(2) of the IPA Act for the compliance period, as established in the approved procurement plan. The "actual alternative compliance payment rate" will be equal to the lower of the maximum alternative compliance payment rate or the total amount of dollars the utility actually spent on renewable resources for the compliance period divided by the forecasted load of eligible retail customers, at the customers' meters, as previously established in the Commission-approved procurement plan for that compliance year. (See Section 16-115D(d)(1) of the Act.)
- g) To the extent to which a RES seeks to meet its obligation to procure renewable energy resources by generating electricity using renewable energy resources, purchasing electricity generated using renewable energy resources, or purchasing renewable energy credits, the Act establishes minimum percentages that must be procured from specific renewable resource types (wind and solar photovoltaic) and specifies the locations where the resources must be located (within Illinois, within states that adjoin Illinois or within portions of the PJM and MISO footprint in the United States) (see 220 ILCS 5/16-115D(a)(3)). For purposes of this Subpart, the states that adjoin Illinois are Wisconsin, Indiana, Iowa, Kentucky, Michigan and Missouri.

Section 455.120 Annual Report of Compliance with Renewable Energy Portfolio Standard

By September 1, 2010, and by September 1 of each succeeding year, each RES shall file with the Chief Clerk of the Commission and provide to the Directors of the Energy Division and the Financial Analysis Division of the Commission, or to their successors, a compliance report for the compliance year ending May 31 of that year, showing compliance with the renewable portfolio standard of Section 16-115D of the Act for the applicable compliance period. The report shall be titled "Annual Report of Compliance with Renewable Portfolio Standard".

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- a) At a minimum, the compliance report shall provide, contain or show, for the applicable compliance year, and for each utility service area within which the ARES serves Illinois retail customers or the electric utility serves retail customers outside its service area the following:
- 1) The total quantity of metered electricity supplied to Illinois retail customers by the ARES or the quantity of metered electricity supplied by an electric utility in Illinois outside the utility's service area. The report shall show this information, in megawatt-hours, by service area for each electric utility that is subject to Section 1-75(c) of the IPA Act;
 - 2) The quantity of metered electricity supplied to Illinois retail customers by the ARES, or the quantity of metered electricity supplied by an electric utility in Illinois outside the utility's service area, pursuant to contracts executed or extended after March 15, 2009. The report shall show this information, by utility service territory, in megawatt-hours;
 - 3) The quantity of RECs (in megawatt-hours), whether directly purchased or arising from generating electricity or purchasing electricity generated from renewable energy resources, that were retired for purposes of meeting the requirements of the renewable portfolio standard for the compliance period. The report shall also show the quantity and percentage of these RECs that were derived from wind-powered generation resources. For compliance periods starting on and after June 1, 2015, the report shall also show the quantity and percentage of these RECs that were derived from solar photovoltaic resources. All REC quantities reported shall be categorized by regional REC tracking system: PJM-GATS and M-RETS; and
 - 4) The alternative compliance payments that were made for purposes of meeting the requirements of the renewable portfolio standard for the compliance period.
- b) Compliance methods other than alternative compliance payments
- 1) If a RES seeks to comply with the RPS by generating electricity using renewable energy resources, purchasing electricity generated using renewable energy resources, or purchasing renewable energy credits, the only acceptable proof of compliance shall be in the form of verifiable

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documentation from PJM-GATS or M-RETS of the retirement of renewable energy credits associated with the production of electricity using renewable energy resources in accordance with Section 16-115D(a)(4) of the Act. Prior to identification of renewable energy resources as required under Section 16-115D(a)(4) of the Act, RECs meeting the definition of renewable energy resources as used in the Act and the type and locational requirements of Section 455.110(g) shall qualify for purposes of compliance.

- 2) If any of these means of compliance are used by the RES during a compliance period, the annual report shall be accompanied by documentation from PJM-GATS and M-RETS of the RECs that were retired for purposes of meeting the requirements of the renewable portfolio standard for the compliance period. At a minimum, the documentation provided shall show:
 - A) the month and year that the electricity associated with the RECs was generated;
 - B) the retirement status of the RECs;
 - C) the State RPS for which the RECs were retired; and
 - D) whether the renewable resource associated with the RECs was located in Illinois, within states that adjoin Illinois or within portions of the PJM and MISO footprint in the United States.
- c) If metered electricity supplied to Illinois retail customers by an RES is supplied during the compliance period pursuant to contracts that were not executed or extended after March 15, 2009, the ARES or utility shall provide a list, by utility service area, of those Illinois retail customers who received electricity that was not supplied pursuant to contracts executed or extended after March 15, 2009. The list shall include the following information: account numbers and the quantity of electricity (in megawatt-hours) supplied to the account numbers during the compliance period that was not supplied pursuant to contracts executed or extended after March 15, 2009.
- d) If the Commission has entered an order pursuant to Section 16-115D(h) of the Act determining that the provisions of Section 16-115D and Section 16-115(d) of the

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Act relating to procurement of renewable energy resources do not apply to a RES, the RES shall include in its annual compliance report:

- 1) The docket number of the Commission proceeding in which a Commission order determined that the provisions of Section 16-115D and Section 16-115(d) of the Act relating to procurement of renewable energy resources do not apply to the RES;
 - 2) a statement indicating whether the conditions or circumstances giving rise to the Commission's determination continued to apply to the RES during the compliance year; and
 - 3) the further demonstrations identified in the Commission's order of compliance with the criteria identified in Section 16-115D(h) of the Act.
- e) All reports filed or provided under this Section shall be verified by an executive officer of the filing party having knowledge of the facts before either a notary public or other officer authorized to administer oaths.

Section 455.130 Alternative Compliance Payment Requirements

- a) Alternative compliance payments for each service area within which a RES supplied electricity shall be equal to the actual alternative compliance payment rate for the compliance period for the service area multiplied by the actual amount of metered electricity supplied pursuant to contracts executed or extended after March 15, 2009 to retail customers within the service area during the compliance period, multiplied by the result of one minus the ratio (which cannot exceed $\frac{1}{2}$) of the quantity of renewable energy resources used to comply with the requirements of Section 16-115D within the service area to the product of the percentage of renewable energy resources required for the compliance period under Section 16-115D(a)(3) of the Act and the actual amount of metered electricity supplied pursuant to contracts executed or extended after March 15, 2009 to retail customers within the service area during the compliance period. (See 220 ILCS 5/16-115D(b) and (d)(3).) For determining the number of megawatt-hours of renewable energy credits that must be purchased for compliance, a RES may convert alternative compliance payment dollar amounts into megawatt-hour equivalents, by multiplying the payment by the total RPS percentage requirement and then dividing by the applicable alternative compliance payment rate (the latter expressed in dollars per megawatt-hour), at which point a RES may allocate in

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any manner desired the megawatt-hour equivalents of its alternative compliance payments toward satisfying the wind, solar photo-voltaic, and non-specific renewable energy requirements for the compliance period.

- b) The dollar amount of alternative compliance payments shall be calculated using the applicable alternative compliance payment rates approved by the Commission.
- c) Alternative compliance payments shall be made by September 1, 2010 for the compliance period of June 1, 2009 to May 31, 2010, and by September 1 of each succeeding year for each subsequent compliance period.
- d) Alternative compliance payments shall be made by check, payable to "Illinois Commerce Commission", and shall be delivered to the following address:

Illinois Commerce Commission
Administrative Services Division
Attn: Manager of the Revenues Section
Re: Illinois Power Agency Renewable Energy Resources Fund
527 East Capitol Avenue
Springfield IL 62701

Alternative compliance payments shall be deemed made only when actually received at the office of the Commission at the specified address. Payment by a check that does not clear after being deposited by the Commission shall be deemed to not have been made.

- e) Alternative compliance payments shall be accompanied by a letter to the Chief Clerk of the Commission and the Director of the Energy Division or their successors containing the following information:
 - 1) "Re: Illinois Power Agency Renewable Energy Resources Fund";
 - 2) Name and address of RES;
 - 3) The RES' FEIN;
 - 4) Name and telephone number of person writing the letter;
 - 5) Dollar amount of the check (alternative compliance payment);

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- 6) Check number;
 - 7) Compliance period for which the payment is being made (e.g., June 1, 2009 through May 31, 2010); and
 - 8) An indication whether the payment is intended to satisfy the balance of alternative compliance payment requirements for the compliance period or whether more payments may be forthcoming.
- f) The Commission shall deposit all amounts received into the Illinois Power Agency Renewable Energy Resources Fund, a special fund in the State treasury administered by the Illinois Power Agency.
 - g) The Commission shall carry forward to subsequent compliance periods the dollar amount of any compliance payments recognized by the Commission to be in excess of requirements, unless and to the extent to which the RES petitions for and is granted permission to apply to the Illinois Power Agency for a refund.

Section 455.140 Procedures for Section 16-115D(h) Determination Based on the Operation of Combined Heat and Power Systems

- a) An ARES certified only to serve facilities owned by itself or its affiliate, and/or facilities electrically integrated with the electrical system of facilities owned by itself or its affiliate, and/or facilities adjacent to a site on which a combined heat and power system is located may seek a determination that it is exempt from application of Section 16-115D and Section 16-115(d) of the Act pursuant to Section 16-115D(h) of the Act. An ARES whose certificate is not so limited and grants it authority to serve retail customers generally is not eligible for the exemption pursuant to Section 16-115D(h) of the Act. An ARES claiming that Section 16-115D and Section 16-115(d) of the Act do not apply to it pursuant to Section 16-115D(h) of the Act must first request a determination that it is exempt under Section 16-115D(h) of the Act either in its original application for certification as an ARES or subsequently in a separate petition to the Commission filed pursuant to the Commission's Rules of Practice (83 Ill. Adm. Code 200) ("Section 16-115D(h) Request") and receive an order from the Commission granting its request for this determination. If the Commission enters an order granting a Section 16-115D(h) Request, the ARES shall start or continue to file annual reports under this Part and must certify and demonstrate in each annual

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report that the conditions giving rise to the exemption from application of the provisions of Section 16-115D and Section 16-115(d) of the Act relating to procurement of renewable energy resources continue to apply or exist in each compliance year.

- b) To obtain a determination that the provisions of Section 16-115D and Section 16-115(d) of the Act relating to procurement of renewable energy resources do not apply to it pursuant to Section 16-115D(h) of the Act, an ARES shall demonstrate, at a minimum, the following:
 - 1) that it operates a combined heat and power system in Illinois or that it has a corporate affiliate that operates a combined heat and power system in this State;
 - 2) that this combined heat and power system supplies electricity primarily to or for the benefit of:
 - A) facilities owned by the ARES, its subsidiary, or other corporate affiliate;
 - B) facilities electrically integrated with the electrical system of facilities owned by the ARES, its subsidiary, or other corporate affiliate; or
 - C) facilities that are adjacent to the site on which the combined heat and power system is located; and
 - 3) that it is certified, or requesting certification, only to serve facilities owned by itself or its affiliate, and/or facilities adjacent to a site or which a combined heat and power system is located.
- c) For purposes of this Part, a combined heat and power system means a cogeneration facility, as defined in 18 CFR 292.202, that meets the criteria for qualifying cogeneration facilities specified in 18 CFR 292.205. These incorporations of federal standards are as of June 1, 2010. No later amendment or edition is included.
- d) A Section 16-115D(h) Request shall include, at a minimum, the following:

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- 1) A description of the combined heat and power system or systems in Illinois relied upon pursuant to Section 16-115D(h) for the exemption from application of the provisions of Section 16-115D and Section 16-115(d) of the Act.
- 2) For each system identified in subsection (d)(1), documentation of compliance with the information collection requirements established by the Federal Energy Regulatory Commission (FERC) in FERC Form No. 556, or any successor information collection requirements established by FERC, to obtain and maintain status as a qualifying facility. (See 18 CFR 131.80 as of June 1, 2010. No later amendment or edition is included.) This documentation shall include a copy of all applications for self-certification, self-recertification, certification, and recertification, and their associated FERC docket numbers. In the alternative, a petitioner may provide this documentation with the testimony submitted with its petition, but shall indicate in the petition that the documentation is attached to its testimony. In the further alternative, if designation of the subject combined heat and power system as a qualifying facility has not been sought from the FERC, petitioner may present information and documentation demonstrating that the system meets the criteria for a qualifying facility specified in 18 CFR 292.205 in its testimony. (See 18 CFR 292.205 as of June 1, 2010. No amendment or later addition is included.)
- 3) For each combined heat and power system identified in subsection (d)(1), a proposed method to demonstrate that, for the initial and each subsequent compliance period, the petitioner or its corporate affiliate operated the system and that the system supplied electricity primarily to or for the benefit of:
 - A) facilities owned by the petitioner, its subsidiary, or other corporate affiliate;
 - B) facilities electrically integrated with the electrical system of facilities owned by the petitioner, its subsidiary, or other corporate affiliate; or
 - C) facilities that are adjacent to the site on which the combined heat and power system is located.

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- e) Direct testimony shall be filed at the time the petition is filed. At a minimum, this testimony shall demonstrate that, for the initial compliance period over which the exemption is sought, using, to the extent practicable, the methods provided in subsection (d)(3), the petitioner or its corporate affiliate operated (or will operate) the system and that the system supplied (or will supply) electricity primarily to or for the benefit of:
- 1) facilities owned by the petitioner, its subsidiary, or other corporate affiliate;
 - 2) facilities electrically integrated with the electrical system of facilities owned by the petitioner, its subsidiary, or other corporate affiliate; or
 - 3) facilities that are adjacent to the site on which the combined heat and power system is located.
- f) The Commission shall specify the method or methods it adopted for making the demonstrations described in subsection (d)(3), and annual reports shall utilize the same method or methods to make these demonstrations for future compliance periods.
- g) For any subsequent compliance period, the ARES or shall include within the annual report required by Section 455.120 information and documentation sufficient to make the demonstrations described in subsection (d)(3) using the methods adopted by the Commission pursuant to subsection (f) for the combined heat and power systems found by the Commission to meet the criteria listed in Section 16-115D(h) of the Act for the initial compliance period.
- h) In the case of any Section 16-115D(h) Request submitted by separate petition filed on or before June 15, 2010, the Commission shall enter an order granting or denying the request no more than 60 days after the petition is filed. If the Commission enters an order granting a Section 16-115D(h) Request, the provisions of Section 16-115D and Section 16-115(d) of the Act relating to procurement of renewable energy resources shall not apply to the ARES pursuant to Section 16-115D(h) of the Act.

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- i) Unless otherwise ordered by the Commission, the order granting or denying any petition filed under this Section 455.140 shall be entered within 90 days after the petition is filed.

Section 455.150 Other Commission Proceedings

- a) After receipt of an annual report required by Section 455.120 or the due date for these reports, whichever occurs first, the Commission may initiate, on its own motion or, in its discretion, upon the petition of an interested party, and for each RES, a docketed proceeding to investigate whether the RES or utility has complied with the requirements of Section 16-115D of the Act and this Subpart, to determine the amount by which alternative compliance payments have been insufficient or in excess of requirements, and, if applicable, to determine if the demonstrations described in Section 455.140(d)(3) have been made. Pursuant to Section 16-115D(f) of the Act, the RES shall have the burden of proof in this proceeding.
- b) A RES may petition the Commission for permission to apply to the Illinois Power Agency for a refund of compliance payments recognized by the Commission to be in excess of requirements. The Commission will coordinate with the Illinois Power Agency in developing a process and procedure to implement this subsection (b).

SUBPART C: COMPLIANCE WITH CLEAN COAL STANDARD REQUIREMENTS

Section 455.200 Applicability of Subpart C

This Subpart does not apply to electric cooperatives or municipal systems making an election under Section 17-300 of the Act to become an ARES.

Section 455.210 Reporting of Compliance with Clean Coal Standard

- a) Within 90 days after approval by the Illinois General Assembly of the initial clean coal facility, each RES shall enter into a sourcing agreement with the initial clean coal facility consistent with the provisions of Section 16-115(d)(5) of the Act. Within 30 days after entering into this sourcing agreement, each RES shall file with the Chief Clerk of the Commission, and provide to the Directors of the Energy Division and the Financial Analysis Division, or their successors, a report

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confirming that it has entered into the sourcing agreement and attaching a signed copy of the sourcing agreement.

- b) By the earliest September 1 following commercial operation of the initial clean coal facility, and by September 1 of each succeeding year, each RES that is required under the Act or the IPA Act to enter into a sourcing agreement with the initial clean coal facility shall file with the Chief Clerk of the Commission, and provide to the Directors of the Energy Division and the Financial Analysis Division, or their successors, a report showing the amount of energy purchased (or financially settled, if the sourcing agreement is executed as a contract for differences) from the initial clean coal facility by the RES, by month, during the most recent compliance year. The report shall also show how these amounts were consistent with the requirements of Section 16-115(d)(5) of the Act. Each report shall be accompanied by documentation from the initial clean coal facility verifying the amount of energy purchased.
- c) To enable the Commission to monitor progress toward the State's goal that, by January 1, 2025, 25% of the electricity used in the State shall be generated by cost-effective clean coal facilities, beginning no later than September 1, 2010, and by September 1 of each subsequent year, each RES shall file with the Chief Clerk of the Commission, and provide to the Directors of the Energy Division and the Financial Analysis Division, or their successors, a report showing the amount of energy purchased by the RES from clean coal facilities other than the initial clean coal facility, by month, during the most recent compliance year. Each report shall be accompanied by documentation from the clean coal facility verifying the amount of energy purchased.
- d) All reports filed or provided under this Section shall be verified by an executive officer of the filing party having knowledge of the facts before either a notary public or other officer authorized to administer oaths.

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

<u>Section Numbers:</u>	<u>Adopted 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 50(h) of the Act [215 ILCS 180/50(h)] and Section 401 of the Illinois Insurance Code [215 ILCS 5/401]
- 5) Effective Date of Rulemaking: July 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 rulemaking, including any material incorporated by reference, is on file in the principal office of the Division of Insurance and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: 34 Ill. Reg. 5952; April 30, 2010
- 10) Has JCAR issued a Statement of Objection to this Rulemaking? No
- 11) Differences between proposal and final version:

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- a. Made numerous punctuation, stylistic and grammatical changes at JCAR's request; made several spelling corrections.
- b. AUTHORITY note – added "Section 50(h) of the Act [215 ILCS 180/50(h)] and" after "authorized by".
- c. Section 5430.20(b)(2) – changed "by regulation" to "in 50 Ill. Adm. Code 2008.40".
- d. Section 5430.20(b)(4) – changed "Chapter 55 of Title 10, U.S. Code" to "10 USC 55".
- e. Section 5430.30, definition of "Act" – deleted "/1 through 90".
- f. Section 5430.30, definition of "Best Evidence" – changed "items (1) and (2)" to "the prior two items", and changed "items (1), (2) and (3)" to "the prior three items".
- g. Section 5430.30, definition of "Code" – deleted all text after "Code" and added "[215 ILCS 5]".
- h. Section 5430.30, definition of "Final Adverse Definition", 4th line – added "[215 ILCS 134]" after "Act".
- i. Section 5430.30, definition of "Independent Review Organization" – changed "review organization" to "Review Organization or IRO".
- j. Section 5430.30, definition of "Medical or Scientific Evidence", 3rd paragraph – added "(42 USC 1861(t)(2))" after "Act"; 6th paragraph, changed "items (1) through (5)" to "this definition".
- k. Section 5430.40(b) – after "must file" added "with the Director".
- l. Section 5430.50(b), 3rd line; Section 5430.70, 3rd line; Section 5430.APPENDIX D, number 6(e), 2nd line and 7(g), 2nd line – changed "Uniform External Review" to "Independent Review Organizations".

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- m) Section 5430.60(c), 3rd and 4th lines and 5430.60(d)(2), 3rd line – changed "subsections (a) and (b) of this Section" to "subsection (b)".
- n) Section 5430.60(d)(3), 3rd and 4th lines – changed "10-5 through 10-70" to "Art. 10".
- o) Section 5430.80(b), 6th line – changed "Article VIII, Part 21" to "Sections 8-2101 through 8-2105".
- p) Section 5430.80(f), 14th line – added "of the Department" after "decision".
- q) Section 5430.APPENDIX B, 7th paragraph, 3rd line and 5430.APPENDIX C, 7th paragraph, 3rd line – deleted "statement".
- r) Section 5430.APPENDIX B, 8th paragraph, 2nd item – deleted all text after "sent to" and added "the covered person and, if applicable, his or her authorized representative on [Date]".
- s) Section 5430.APPENDIX D, item 6(h) – changed "a copy of their state licenses, their" to "the physician's license number of each reviewer and his or her".
- t) Section 5430.APPENDIX D, item 7(a)(iii) – changed "70" to "65" to correct an error that occurred in the Act as well as in the First Notice text.
- u) Section 5430.APPENDIX D, item 8(a) – changed "fee \$1000 biennial" to "entity fee of \$1000 biennially"; item 8(b), changed "fee \$1500 biennial" to "entity fee of \$1500 biennially".
- v) Section 5430.APPENDIX D, item 9 – in the 5th line, changed "Uniform External Review" to "Independent Review Organization"; 7th line, changed "Uniform External Review" to "Independent Review".
- w) Section 5430.APPENDIX E, item 5 – in the 5th line, changed "Uniform External Review
- x) Standards" to "Independent Review Organization Accreditation Standards"; in the 7th line, changed "Uniform External Review" to "Independent Review".

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- 12) Have all 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: The Illinois General Assembly passed the Health Carrier External Review Act 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 rule 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.
- 16) Information and questions regarding this adopted rulemaking shall be directed to:

Dave Grant, Health Care Coordinator, Managed Care Unit
Department of Insurance
320 West Washington Street
Springfield, Illinois 62767-0001

217/782-6369

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

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NOTICE OF ADOPTED 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
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5430.APPENDIX F	Illinois or NAIC Biographical Affidavit

AUTHORITY: Implementing the Health Carrier External Review Act [215 ILCS 180] and authorized by Section 50(h) of the Act [215 ILCS 180/50(h)] and Section 401 of the Illinois Insurance Code [215 ILCS 5/401].

SOURCE: Adopted at 34 Ill. Reg. 10741, effective July 16, 2010.

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.

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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 in 50 Ill. Adm. Code 2008.40;
 - 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

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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

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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 meets 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);

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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.

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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 with the Director 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

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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:

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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 Independent Review Organizations.
- 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 Independent Review Organizations 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 the covered person and, if applicable, his or her authorized representative 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 meets 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 meets 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 Independent Review Organizations, 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, the physician's license number of each reviewer and his or her contact information and 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

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both the standard external review process and the expedited external review process set forth in the Act that include, at a minimum:

- 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 65 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;

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- ii. The covered person whose treatment is the subject of the external review or the covered person's authorized representative;
 - 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 Independent Review Organizations 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.

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- 9. 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 Independent Review Organization Standards of the American Accreditation Healthcare Commission (URAC) and has submitted evidence of accreditation by URAC for Independent 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

INDEPENDENT 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 Independent Review Organization Accreditation Standards of the American Accreditation Healthcare Commission (URAC) and has submitted evidence of accreditation by URAC for Independent 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 Affidavit

ILLINOIS BIOGRAPHICAL AFFIDAVIT

Full name and address of company (do not use group name)		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>		
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.		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>		
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
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>		
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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	(Notary Public)
My commission expires: _____	
Important Notice: Disclosure of this information is required under Illinois Department of Insurance Rules.	

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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b. Other names used at any time (including aliases).

3. a. Are you a citizen of the United States? _____

b. Are you a citizen of any other country? If so, what country? _____

4. Affiant's Occupation or Profession. _____

5. Affiant's business address. _____

Business telephone. _____

6. Education and Training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

Graduate Studies:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

Other Training:

<u>Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

7. List of memberships in professional societies and associations.

<u>Name of</u>	<u>Address of</u>	<u>Telephone Number</u>

DEPARTMENT OF INSURANCE

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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

DEPARTMENT OF INSURANCE

NOTICE OF ADOPTED RULES

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

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

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

<u>Section Numbers</u> :	<u>Adopted Action</u> :
130.50	Amendment
130.70	Amendment
130.80	Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 1 and 4(1) and (5) of the State Parks Act [20 ILCS 835/1 and 4(1) and (5)], and by Sections 805-305 and 805-515 of the Civil Administrative Code of Illinois [20 ILCS 805/805-305 and 805-515]
- 5) Effective Date of Amendments: July 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 amendments, including all material incorporated by reference, is on file in the Department of Natural Resources' principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: April 16, 2010; 34 Ill. Reg. 5519
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No agreements were necessary
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: Amendments to this Part were made to amend campground registration requirements, eliminate the \$10 camping surcharge for Monday

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

nights following a holiday weekend and to add language indicating that qualifying refunds for unused time will be made less the non-refundable reservation fee.

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

George Sisk, Legal Counsel
Department of Natural Resources
One Natural Resources Way
Springfield IL 62702-1271

217/782-1809

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

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

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

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

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

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

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150 days; emergency expired October 8, 1992; amended at 16 Ill. Reg. 15982, effective October 2, 1992; amended at 18 Ill. Reg. 1126, effective January 18, 1994; amended at 19 Ill. Reg. 6462, effective April 28, 1995; amended at 20 Ill. Reg. 6683, effective May 6, 1996; amended at 21 Ill. Reg. 9034, effective June 26, 1997; amended at 22 Ill. Reg. 3076, effective January 23, 1998; amended at 22 Ill. Reg. 11781, effective June 24, 1998; amended at 23 Ill. Reg. 8376, effective July 7, 1999; amended at 24 Ill. Reg. 1634, effective January 13, 2000; amended at 24 Ill. Reg. 13699, effective August 23, 2000; amended at 27 Ill. Reg. 12630, effective July 21, 2003; amended at 28 Ill. Reg. 6118, effective April 15, 2004; amended at 29 Ill. Reg. 20445, effective December 2, 2005; amended at 32 Ill. Reg. 181, effective December 19, 2007; amended at 32 Ill. Reg. 8406, effective May 21, 2008; amended at 34 Ill. Reg. 10791, effective July 16, 2010.

Section 130.50 Registrations

- a) A permit will be issued and fees collected at the time the camp is established with the camp shelter in place or as soon as possible thereafter (see Sections 130.70 and 130.80). A responsible adult (18 years of age or older) from the camping party must register for the party and thereby acknowledge compliance with the rules and regulations of the park for the party.
- b) The camping attendant has the authority to assign sites.
- c) Curfew: the provisions of Section 1 of the Child Curfew Act [720 ILCS 555/1] with reference to curfew for persons under the age of 17 years are in effect on Department of Natural Resources' properties.
- d) No camping equipment shall be placed on any campground site while that site is occupied by another camping party. A person acquiring a permit must have camp shelter at the time of registration and must occupy the site at that time.
- e) In "emergency situations", the camping attendant may designate an area and charge a fee commensurate with facilities provided (see Section 130.70).
- f) Reservations will be accepted at selected sites offering reservation service. A \$5 non-refundable fee must be submitted for each site reserved. The full amount of the reservation fee shall be the applicable first night's camping fee and utility fee (if applicable), in addition to the \$5 per campsite non-refundable reservation fee, and is required at the time reservation is made. The Department may set, by public announcement, minimum stay requirements and reservation cut-off dates. Cancellations made after the reservation cut-off dates will be subject to loss of

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

~~one night's camping and utility fee (if applicable)The reservation fee insures that a reserved campsite will be held until 3:00 p.m. of the next day assuring reservation holders of a campsite in the event of late arrival.~~

(Source: Amended at 34 Ill. Reg. 10791, effective July 16, 2010)

Section 130.70 Fees and Charges

- a) The full amount of the camping fee and, if applicable, the utility fee shall be collected at the time the permit is issued. If checks are taken, they shall be made payable to the Illinois Department of Natural Resources and the site identified. Camping fees vary according to the type of campground and are as follows:
- 1) Spring-Summer Camping (rates apply May 1 through September 30, except at the World Shooting Complex during sanctioned shooting events when camping is reserved for event participants via a licensing agreement between the event sponsor and the Department)
- A) Class AA Sites: Camping fee of \$15 per night per site, \$10 utility fee. Sites having availability to showers, electricity, water hookups, sewer hookups, and vehicular access. The camping fee shall be \$25 per night on Friday, Saturday and Sunday ~~off~~ the Memorial Day and Labor Day holiday weekends ~~(Friday, Saturday, Sunday and Monday)~~ and on ~~the nights of July 2, July 3 and July 4, unless July 4 falls on a~~ Friday, Saturday and, Sunday nights of the Independence Day weekend if July 4 falls on a Friday, Saturday, Sunday or Monday, ~~then such increase shall be effective for the four night period beginning Friday of the July 4 weekend.~~
- B) Class A Sites: Camping fee of \$10 per night per site, \$10 utility fee. Sites having availability to showers, electricity and vehicular access. The camping fee shall be \$20 per night on Friday, Saturday and Sunday ~~off~~ the Memorial Day and Labor Day holiday weekends ~~(Friday, Saturday, Sunday and Monday)~~ and on ~~the nights of July 2, July 3 and July 4, unless July 4 falls on a~~ Friday, Saturday and, Sunday nights of the Independence Day weekend if July 4 falls on a Friday, Saturday, Sunday or Monday, ~~then such increase shall be effective for the four night period~~

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~~beginning Friday of the July 4 weekend.~~

- C) Class A Premium Sites: Camping fee of \$15 per night per site, \$10 utility fee. Sites having availability to showers, electricity and vehicular access. The camping fee shall be \$25 per night on Friday, Saturday and Sunday of the Memorial Day and Labor Day holiday weekends (~~Friday, Saturday, Sunday and Monday~~) and on ~~the nights of July 2, July 3 and July 4, unless July 4 falls on a~~ Friday, Saturday and Sunday nights of the Independence Day weekend if July 4 falls on a Friday, Saturday, Sunday or Monday; ~~then such increase shall be effective for the four night period beginning Friday of the July 4 weekend.~~
- D) Class B-E Sites: Camping fee of \$8 per night per site, \$10 utility fee. Sites having availability to electricity and vehicular access.
- E) Class B-E Premium Sites: Camping fee of \$10 per night per site, \$10 utility fee. Sites having availability to electricity and vehicular access.
- F) Class B-S Sites: Camping fee of \$10 per night per site. Sites having availability to showers and vehicular access.
- G) Class B-S Premium Sites: Camping fee of \$12 per night per site. Sites having availability to showers and vehicular access.
- H) Class C Sites: Camping fee of \$8 per night per site. Sites having vehicular access or tent camp/primitive sites (walk-in or backpack) having availability to showers.
- I) Class D Sites: Camping fee of \$6 per night per site. Tent camping or primitive sites with no vehicular access.
- J) Youth Group Camping: \$2 per person, minimum daily camping fee of \$20.
- K) Adult Group Camping: \$4 per person, minimum daily camping fee of \$40.

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- L) Each member of an organized group utilizing facilities furnished at Dixon Springs State Park, Horseshoe Lake State Fish and Wildlife Area (Alexander County) and Pere Marquette State Park shall pay a fee of \$4 per night. At Dixon Springs and Horseshoe Lake State Fish and Wildlife Area (Alexander County), a deposit of \$40 will be required before confirmation of a reservation. The deposits will be credited to the total camping fee. At Pere Marquette, a deposit of \$100 will be required before confirmation of a reservation. The deposits will be credited to the total camping fee. At Pere Marquette, deposit balances will not be refunded until inspection is made of the facilities after the group departs. If damages warrant, Pere Marquette will have authority to retain this deposit. Fees for day use of the group camps at Dixon Springs, Horseshoe Lake State Fish and Wildlife Area (Alexander County) and Pere Marquette shall be \$50 per day.
- M) **Rent-A-Camp Tents**
Tents will be made available at designated State parks and recreational areas throughout the Department's statewide system. Rent-A-Camp Tent areas will provide, at additional fees of \$8 and \$12 per night, one large tent (approximately 10' x 13') or one extra large tent (approximately 14' x 14'), respectively (erected), with wood floor, one charcoal grill, one picnic table, one trash barrel, and either 4 sleeping cots per large tent or 8 sleeping cots per extra large tent. The total overnight fee for a Rent-A-Camp Tent will be based on the basic fees of \$8 or \$12 per night in addition to the class of camping rate on which the Rent-A-Camp site is located.
- N) **Rent-A-Camp Cabin areas** will provide, at a basic cabin rental fee of \$25 per night, one 2-bedroom cabin with 2 bunk beds, one full-sized bed, ceiling fans, electric heaters, table with chairs, one charcoal grill, one picnic table, and one trash barrel. The total overnight fee for a Rent-A-Camp Cabin will be based on the basic fee plus Class specific utility and camping fees, as follows:
- i) **Rent-A-Camp Cabins at Class A Sites:**
\$25 cabin rental plus \$10 utility fee and \$10 camping fee per night, per site at all sites having availability to showers and vehicular access.

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- ii) Rent-A-Camp Cabins at Class A Premium Sites:
\$25 cabin rental plus \$10 utility fee and \$15 camping fee per night, per site at all sites having availability to showers and vehicular access.
 - iii) Individual Rent-A-Cabins at Dixon Springs State Park:
rented individually – not by organized groups pursuant to subsection (a)(1)(L); \$30 cabin rental fee per unit.
- O) A \$5 per campsite non-refundable reservation fee must be remitted at those facilities offering reservation services. This fee applies to reservations for group campsites as well as individual site reservations and individual Rent-A-Camp Cabin and individual Rent-A-Camp Tent reservations. In addition to the \$5 non-refundable fee, the full amount of the first night's camping and utility fee (if applicable) is required at the time reservations are made.
- P) Dumping of wastewater from recreational vehicles and camping trailers by persons who are not registered campers will cost \$5 per vehicle.
- 2) Fall-Winter Camping (rates apply October 1 through April 30, except at the World Shooting Complex during sanctioned shooting events when camping is reserved for event participants via a licensing agreement between the event sponsor and the Department)
- A) As long as buildings, water and electrical service are available, regardless of the date, the regular camping fee will apply.
 - B) When cold weather requires closing down buildings and shutting off water in any Class A or B campgrounds, the fee shall be reduced commensurate with the services and facilities available for use.
 - C) The fee for primitive campsites shall be \$6 per site. When a change in facilities is made and a campsite is reclassified, the fee for a site will change automatically.

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- b) Exceptions: Employees, Concessionaires, and Special Legislation
- 1) Persons who qualify and are placed in the campground host program at approved camping sites will not be required to pay the established camping fee.
 - 2) The concessionaire, manager, or a responsible employee designated by the concessionaire will not be charged the regular camping fee. Rent will be paid at the rate established by the Department or pursuant to the concession lease.
 - 3) An Illinois resident age 62 or older, or a person who has a Class 2 disability as defined in Section 4A of the Illinois Identification Card Act [15 ILCS 335/4A] or a disabled veteran, or a former prisoner of war as defined in Section 5 of the Department of Veterans Affairs Act [20 ILCS 2805/5], is entitled to the following camping fee provisions, upon qualifying, which will allow the spouse or minor (under 18) children, or minor grandchildren to be included in the camping party. All other members must be registered and pay the regular camping fee for the facilities provided.
 - A) Illinois residents age 62 or older will be charged one-half the established camping fee on any Monday, Tuesday, Wednesday, or Thursday, at Class AA, A Premium, A, B-E Premium, B-E, B-S Premium, and B-S sites but must pay the entire established camping fee on all sites on any Friday, Saturday or Sunday, and, if at a site with utilities, must pay the entire utility fee for each day of camping. Verification of age may be made by any document required by law to establish proof of age and date of birth and issued by a federal or state governmental agency. No fee on Class C and D sites Monday through Thursday.
 - B) Illinois residents who have a Class 2 disability and present a current Illinois Disabled Person Identification Card issued by the Secretary of State will be charged one-half the established camping fee for Class AA, A Premium, A, B-E Premium, B-E, B-S Premium and B-S sites on any Monday, Tuesday, Wednesday or Thursday, but must pay the entire established camping fee for any

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Friday, Saturday or Sunday, and, if at a site with utilities, must pay the entire utility fee for each day of camping. No fee on Class C and D sites. Parents or legal guardians, aged 18 or over, of minors who have a current Class 2 Illinois Disabled Person Identification Card may register the campsite at the reduced rate specified in this subsection (b)(3)(B) for disabled persons, provided the disabled minor is present and camping at the same site as the parent or legal guardian.

- C) An Illinois resident who is a disabled veteran or former prisoner of war may camp without being charged a camping fee, but if at a site with utilities, must pay the entire utility fee for each day of camping. An individual wishing to qualify for free camping under the provisions stated above must be able to submit the appropriate document issued by the Illinois Department of Veterans' Affairs (see 20 ILCS 2805/5).

- c) World Shooting and Recreational Complex (WSRC)
The Department may establish the fees for use of all or parts of the campground at the WSRC through the negotiation of contracts for events to be held at the WSRC. The Department shall consider the numbers of camping spaces reserved and the services provided at each campsite when establishing fees by contract. All other fees set forth in this Section shall apply to public camping at the WSRC.

(Source: Amended at 34 Ill. Reg. 10791, effective July 16, 2010)

Section 130.80 Refunds

- a) A refund of camping and utility fees for unused time shall be made, within 7 days after departure, upon the request of the registered camper. No personal check refunds shall be made sooner than 10 days after the check has been deposited to insure clearance. Refunds will be made in the field out of current cash receipts. Refunds for Camper's Permit will be prepared and appropriate copies submitted to accounting. Full refunds of camping and utility fees (if applicable) for reserved camp sites shall be made, less the non-refundable reservation fee, provided the camper cancels the reservation before the reservation cut-off date set by the Department. Cancellations made after the reservation cut-off date will be subject to loss of one night's camping and utility fee (if applicable). No refunds will be made for no-shows unless the reservation has been cancelled.

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- b) Refund forms must be completed whenever a camper requests a refund for the unused portion of this camping permit.
- c) The person requesting the refund must show identification at the time of the refund.
- d) The camper's copy of the permit must be surrendered at the time of the refund.
- e) Rent-A-Camp reservation fees will not be refunded by the Department.
- f) No refunds will be made for reservation fees unless the campground is closed by the Department.
- g) The deposit required for organized group camps at Pere Marquette, Dixon Springs and Horseshoe Lake State Fish and Wildlife Area (Alexander County) will be non-refundable unless notice of cancellation is received at least 30 days prior to reservation date.
- h) ~~There is no refund of the first night's cabin/tent fee or camping and utility fee made as part of a campsite reservation that is canceled less than 3 days prior to the date of arrival.~~

(Source: Amended at 34 Ill. Reg. 10791, effective July 16, 2010)

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NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Squirrel Hunting
- 2) Code Citation: 17 Ill. Adm. Code 690
- 3) Section Number: 690.30 Adopted Action:
Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 1.2, 1.3, 1.4, 2.1, 2.2, 2.28 and 3.5 of the Wildlife Code [520 ILCS 5/1.2, 1.3, 1.4, 2.1, 2.2, 2.28 and 3.5]
- 5) Effective Date of Amendment: July 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 amendment, including all material incorporated by reference, is on file in the Department of Natural Resources' principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: April 9, 2010; 34 Ill. Reg. 5102
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No agreements were necessary
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This Part was amended to update sites open to hunting and update site-specific information for the 2010 hunting season.
- 16) Information and questions regarding this adopted amendment shall be directed to:

George Sisk, Legal Counsel

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENT

Department of Natural Resources
One Natural Resources Way
Springfield IL 62702-1271

217/782-1809

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

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENT

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

Section

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

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

SOURCE: Adopted at 5 Ill. Reg. 8017, effective July 24, 1981; codified at 5 Ill. Reg. 10642; emergency amendment at 5 Ill. Reg. 11382, effective October 14, 1981, for a maximum of 150 days; emergency expired March 12, 1982; amended at 6 Ill. Reg. 9642, effective July 21, 1982; amended at 7 Ill. Reg. 8809, effective July 15, 1983; emergency amendment at 7 Ill. Reg. 9690, effective August 1, 1983, for a maximum of 150 days; emergency expired December 29, 1983; amended at 8 Ill. Reg. 16789, effective August 30, 1984; amended at 9 Ill. Reg. 11614, effective July 16, 1985; amended at 10 Ill. Reg. 15601, effective September 16, 1986; amended at 11 Ill. Reg. 9549, effective May 5, 1987; amended at 12 Ill. Reg. 12246, effective July 15, 1988; amended at 13 Ill. Reg. 10606, effective June 15, 1989; amended at 14 Ill. Reg. 10816, effective June 20, 1990; amended at 15 Ill. Reg. 10012, effective June 24, 1991; amended at 16 Ill. Reg. 11087, effective June 30, 1992; amended at 17 Ill. Reg. 10842, effective July 1, 1993; amended at 18 Ill. Reg. 8624, effective May 31, 1994; amended at 19 Ill. Reg. 10664, effective July 1, 1995; amended at 20 Ill. Reg. 10882, effective August 5, 1996; amended at 21 Ill. Reg. 9095, effective June 26, 1997; amended at 22 Ill. Reg. 14844, effective August 3, 1998; amended at 23 Ill. Reg. 9074, effective July 28, 1999; amended at 24 Ill. Reg. 8947, effective June 19, 2000; amended at 25 Ill. Reg. 9903, effective July 17, 2001; amended at 26 Ill. Reg. 13845, effective September 5, 2002; amended at 27 Ill. Reg. 12640, effective July 21, 2003; amended at 28 Ill. Reg. 11893, effective July 27, 2004; amended at 29 Ill. Reg. 9786, effective June 27, 2005; amended at 30 Ill. Reg. 12229, effective June 28, 2006; amended at 31 Ill. Reg. 11700, effective July 27, 2007; amended at 32 Ill. Reg. 14819, effective August 27, 2008; amended at 33 Ill. Reg. 13900, effective September 21, 2009; amended at 34 Ill. Reg. 10802, effective July 16, 2010.

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

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- a) All the regulations in 17 Ill. Adm. Code 510, General Hunting and Trapping on Department-Owned or Managed Sites, apply in this Part, unless this Part is more restrictive. Violation of a site specific regulation is a petty offense (see 520 ILCS 5/2.28).
- b) Hunting with .22 caliber or smaller rimfire firearms or muzzleloading black powder rifles is allowed at those sites listed in the following subsections that are followed by a (1). Hunting with air rifles is allowed at those sites listed in the following subsections that are followed by a (3).
- c) Check-in, check-out and reporting of harvest is required at those sites listed in the following subsections that are followed by a (2).
- d) Statewide regulations apply at the following sites:

Anderson Lake State Conservation Area (2)

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

Argyle Lake State Park (2)

Big Bend State Fish and Wildlife Area (2)

Big River State Forest (2)

[Butterfield Trail State Recreation Area \(1\) \(2\)](#)

Cache River State Natural Area (1) (2)

Campbell Pond State Wildlife Management Area

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

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

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

Chain O'Lakes State Park (opens Wednesday after permit pheasant season)

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for 5 consecutive days, except closed on Christmas Day; 8:00 a.m. to 4:00 p.m.; daily quota filled on first come-first served basis; DNR issued back patch must be worn while hunting; only shot size of No. 3 steel, No. 4 bismuth, No. 5 tungsten-iron, tungsten-matrix, tungsten-polymer or smaller may be used) (2)

Crawford County State Conservation Area (1) (2)

Cypress Pond State Natural Area (1) (2)

Deer Pond State Natural Area (1) (2)

Devil's Island State Fish and Wildlife Area

Dog Island State Wildlife Management Area (1) (2)

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

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

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

Fort Massac State Park (2)

Hanover Bluff State Natural Area (2)

[Iroquois County State Wildlife Area \(closed during all deer seasons\) \(1\) \(2\)](#)

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

Kinkaid Lake State Fish and Wildlife Area (1)

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

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site) (1) (2)

Marseilles State Fish and Wildlife Area (Monday through Thursday only through October 31; during August, hunting allowed west of E. 2450 Road only; open daily November 1 through the end of the site archery deer season; closed during the site firearm and muzzleloading deer seasons; unauthorized personnel may not be on the site outside of the posted check station operating hours; hunters may only enter the site from designated parking lots) (2)

Marshall State Conservation Area (1) (2)

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

Mississippi River Fish and Waterfowl Management Area (Pools 25 and 26) (1) ([3](#))

Mississippi River Pools 16, 17, 18 (1)

Mississippi River Pools 21, 22, 24 (1)

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

Nauvoo State Park (Max Rowe Unit only)

Oakford State Conservation Area (1)

Peabody River King State Fish and Wildlife Area (east subunit closes November 1) (2)

Rall Woods State Natural Area (2)

Randolph County State Conservation Area (2)

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

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Red Hills State Park (2)

Rend Lake Project Lands and Waters (1)

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

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

Sam Dale Lake State Conservation Area (2)

Sam Parr State Park (2)

Sangamon County State Conservation Area

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

Sielbeck Forest State Natural Area (1) (2)

Skinner Farm State Habitat Area (2)

Spoon River State Forest (1) (2) (3)

Stephen A. Forbes State Park (2)

Tapley Woods State Natural Area (2)

Trail of Tears State Forest (1) (2)

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

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

Washington County State Conservation Area (2)

Weinberg-King State Park (1) (2)

Weinberg-King State Park – Cecil White Unit

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

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

Wildcat Hollow State Forest (1)

[Winston Tunnel State Natural Area \(2\)](#)

[Wise Ridge State Natural Area \(1\) \(3\)](#)

Witkowsky State Wildlife Area (opens after second firearm deer season)
(2)

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

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

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

Hamilton County State Conservation Area (2)

Pyramid State Park (2)

Siloam Springs State Park (2)

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

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

Jubilee College State Park ([season reopens the day after the archery deer season closes and remains open until the end of the statewide season](#)) (2)
(3)

Kankakee River State Park (2)

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Momence Wetlands State Natural Area (2)

Sangchris Lake State Park (2)

Silver Springs State Park (2)

Spring Lake State Fish and Wildlife Area (season reopens the day after the archery deer season closes and remains open until the end of the statewide season)(2) (3)

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

Beaver Dam State Park (statewide opening through September 30)

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

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

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

Copperhead Hollow State Fish and Wildlife Area (1)

Fox Ridge State Park (1)

Harry "Babe" Woodyard State Natural Area

Hidden Springs State Forest (1)

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

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Hurricane Creek State Habitat Area (season closes October 31)

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

Kickapoo State Park (season opens day after Labor Day)

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

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

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

Meeker State Habitat Area (obtain permit at Sam Parr State Park headquarters) (1)

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

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

Newton Lake State Fish and Wildlife Area (closed during site deer seasons)

Pere Marquette State Park (season opens day after Labor Day)

Pyramid State Park – Captain Unit (1)

Pyramid State Park – Denmark Unit (1)

Pyramid State Park – East Conant Unit (1)

Pyramid State Park – Galum Unit (1)

Ramsey Lake State Park

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Sand Ridge State Forest ([closed during the controlled pheasant season](#)~~loses October 31~~) (1)

Sanganois State Fish and Wildlife Area (1)

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

Ten Mile Creek State Fish and Wildlife Area (1)

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

Castle Rock State Park (2)

French Bluff State Natural Area (1) (2)

~~Iroquois County State Wildlife Management Area (1) (2)~~

Mackinaw State Fish and Wildlife Area ([season reopens the day after the archery deer season closes and remains open until the end of the statewide season](#)) (1) (2) (3)

Mt. Vernon Game Propagation Center (2)

Sandy Ford State Natural Area (2)

Weldon Springs – Piatt County Unit (2)

Woodford County State Fish and Wildlife Area (2)

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

Green River State Wildlife Area (2)

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

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

(Source: Amended at 34 Ill. Reg. 10802, effective July 16, 2010)

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

<u>Section Numbers</u> :	<u>Adopted Action</u> :
715.21	Amendment
715.40	Amendment
- 4) Statutory Authority: Implementing and authorized by Sections 1.3, 1.4, 1.20, 2.9, 2.10 and 2.11 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 1.20, 2.9, 2.10 and 2.11]
- 5) Effective Date of Amendments: July 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 amendments, including any material incorporated by reference, is on file in the Department of Natural Resources' principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: April 9, 2010; 34 Ill. Reg. 5114
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No agreements were necessary
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This Part was amended to update the list of open sites for the 2010 hunting season.
- 16) Information and questions regarding these adopted amendments shall be directed to:

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

George Sisk, Legal Counsel
Department of Natural Resources
One Natural Resources Way
Springfield IL 62702-1271

217/782-1809

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

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED AMENDMENTS

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

Section

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

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

SOURCE: Adopted at 13 Ill. Reg. 14950, effective September 6, 1989; amended at 14 Ill. Reg. 12421, effective July 20, 1990; amended at 15 Ill. Reg. 11618, effective August 2, 1991; amended at 16 Ill. Reg. 11101, effective June 30, 1992; amended at 17 Ill. Reg. 10858, effective July 1, 1993; amended at 18 Ill. Reg. 10013, effective June 21, 1994; amended at 19 Ill. Reg. 11806, effective August 3, 1995; amended at 20 Ill. Reg. 10898, effective August 5, 1996; amended at 21 Ill. Reg. 9110, effective June 26, 1997; amended at 22 Ill. Reg. 14866, effective August 3, 1998; amended at 23 Ill. Reg. 9091, effective July 28, 1999; amended at 24 Ill. Reg. 8965, effective June 19, 2000; amended at 25 Ill. Reg. 11460, effective August 14, 2001; amended at 26 Ill. Reg. 13855, effective September 5, 2002; amended at 27 Ill. Reg. 12650, effective July 21, 2003; amended at 28 Ill. Reg. 11904, effective July 27, 2004; amended at 29 Ill. Reg. 15542, effective September 27, 2005; amended at 29 Ill. Reg. 18938, effective November 4, 2005; amended at 30 Ill. Reg. 14518, effective August 24, 2006; amended at 31 Ill. Reg. 11711, effective July 27, 2007; amended at 32 Ill. Reg. 14830, effective August 27, 2008; amended at 33 Ill. Reg. 13911, effective September 21, 2009; amended at 34 Ill. Reg. 10814, effective July 16, 2010.

Section 715.21 Turkey Permit Requirements – Special Hunts

Special hunt sites are defined as those sites which are owned or controlled by agencies/entities other than the Department, or sites at which the Department only controls a portion of the property designated for hunting, which issue hunting permits through the Department of Natural

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Resources' Permit Office. The Permit Office issues turkey hunting permits for sites listed below:

Crab Orchard National Wildlife Refuge (Williamson County)

~~Savanna Army Depot (Jo Daviess County)~~

(Source: Amended at 34 Ill. Reg. 10814, effective July 16, 2010)

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

a) Statewide regulations shall apply for the following sites:

Copperhead Hollow State Fish and Wildlife Area

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

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

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

Mississippi River Pools 16, 17, 18

Mississippi River Pools 21, 22, 24

Nauvoo State Park (Max Rowe Unit only)

Pere Marquette State Park (south of Graham Hollow Road)

Rend Lake Project Lands (portion in Jefferson County only)

Weinberg-King State Park – Cecil White Unit

Wise Ridge State Natural Area

b) Statewide regulations shall apply except that all hunters must check in, check out,

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and report harvest at those sites listed below. Quotas, where listed, shall be on a first come-first served basis. Hunters shall not be allowed to sign in prior to 4 a.m. each day of the season.

Argyle Lake State Park

Big River State Forest

Cache River State Natural Area (Johnson County portion only)

Cape Bend State Fish and Wildlife Area

Cypress Pond State Natural Area

Deer Pond State Natural Area

Devil's Island State Fish and Wildlife Area

Dog Island State Wildlife Management Area

Ferne Clyffe State Park

Fort de Chartres State Historic Site (muzzleloading shotguns only)

Giant City State Park

Hanover Bluff State Natural Area

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

Kinkaid Lake State Fish and Wildlife Area

Rall Woods State Natural Area

Ray Norbut State Fish and Wildlife Area

Sahara Woods State Fish and Wildlife Area

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Saline County State Conservation Area

Siloam Springs State Park

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

Skinner Farm State Habitat Area

Spoon River State Forest

Tapley Woods State Natural Area

Trail of Tears State Forest

Turkey Bluffs State Fish and Wildlife Area

Union County State Conservation Area – Firing Line Management Unit Only

Weinberg-King State Park

Weinberg-King State Park – Scripps Unit

Weinberg-King State Park – Spunky Bottoms Unit

Winston Tunnel State Natural Area

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

Apple River Canyon State Park – Salem and Thompson Units

Crawford County State Conservation Area

Jim Edgar Panther Creek State Fish and Wildlife Area

Meeker State Habitat Area

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Newton Lake State Fish and Wildlife Area

Sam Parr State Park

Sand Ridge State Forest

Witkowsky State Wildlife Area

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

Rock Cut State Park

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

(Source: Amended at 34 Ill. Reg. 10814, effective July 16, 2010)

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Department of Natural Resources
One Natural Resources Way
Springfield IL 62702-1271

217/782-1809

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

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NOTICE OF ADOPTED AMENDMENT

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

Section

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

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

SOURCE: Adopted and codified at 8 Ill. Reg. 7825, effective May 22, 1984; emergency amendments at 8 Ill. Reg. 20086, effective October 12, 1985, for a maximum of 150 days; emergency expired March 2, 1985; amended at 9 Ill. Reg. 14311, effective September 5, 1985; amended at 11 Ill. Reg. 9556, effective May 5, 1987; amended at 12 Ill. Reg. 12254, effective July 15, 1988; amended at 13 Ill. Reg. 12831, effective July 21, 1989; amended at 14 Ill. Reg. 12413, effective July 20, 1990; amended at 15 Ill. Reg. 11611, effective August 2, 1991; amended at 16 Ill. Reg. 11093, effective June 30, 1992; amended at 16 Ill. Reg. 15442, effective September 28, 1992; amended at 17 Ill. Reg. 281, effective December 28, 1992; amended at 17 Ill. Reg. 10850, effective July 1, 1993; amended at 18 Ill. Reg. 10104, effective June 21, 1994; amended at 19 Ill. Reg. 11799, effective August 3, 1995; amended at 20 Ill. Reg. 10890, effective August 5, 1996; amended at 21 Ill. Reg. 9102, effective June 26, 1997; amended at 22 Ill. Reg. 14856, effective August 3, 1998; amended at 23 Ill. Reg. 9082, effective July 28, 1999; amended at 24 Ill. Reg. 8956, effective June 19, 2000; amended at 25 Ill. Reg. 11448, effective August 14, 2001; amended at 26 Ill. Reg. 13867, effective September 5, 2002; amended at 27 Ill. Reg. 12658, effective July 21, 2003; amended at 28 Ill. Reg. 13612, effective September 24, 2004; amended at 29 Ill. Reg. 18345, effective August 26, 2005; amended at 29 Ill. Reg. 18944, effective November 4, 2005; amended at 30 Ill. Reg. 12240, effective June 28, 2006; amended at 31 Ill. Reg. 11723, effective July 27, 2007; amended at 32 Ill. Reg. 14843, effective August 27, 2008; amended at 33 Ill. Reg. 13918, effective September 21, 2009; amended at 34 Ill. Reg. 10821, effective July 16, 2010.

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

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

* Anderson Lake Conservation Area (1)

Apple River Canyon State Park – Salem and Thompson Units (1)

Argyle Lake State Park (1)

Beaver Dam State Park (2)

Big Bend State Fish and Wildlife Area (1)

Big River State Forest (1)

[Butterfield Trail State Recreation Area \(1\)](#)

Cache River State Natural Area (1)

Campbell Pond State Wildlife Management Area

Cape Bend State Fish and Wildlife Area (1)

Carlyle Lake Lands and Waters – Corps of Engineers Managed Lands

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

Castle Rock State Park (1)

Chain O'Lakes State Park (closed Wednesday through Sunday of pheasant season; opens Monday prior to pheasant season and closes Tuesday following close of pheasant season; reopens December 26 through the close of regular season) (1)

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Chauncey Marsh State Natural Area (permit available at Red Hills State Park) (2)

Clinton Lake State Recreation Area (2)

Coffeen Lake State Fish and Wildlife Area (2)

Copperhead Hollow State Fish and Wildlife Area (2)

Crawford County State Conservation Area (1)

Cypress Pond State Natural Area (1)

Deer Pond State Natural Area (1)

Devil's Island State Fish and Wildlife Area

Dixon Springs State Park (1)

Dog Island State Wildlife Management Area (1)

Eagle Creek State Park (2)

Eldon Hazlet State Park (archery hunting is closed in the designated controlled pheasant hunting area on days when the controlled pheasant hunting program is in operation) (1)

Ferne Clyffe State Park (1)

Fort de Chartres State Historic Site

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

Fort Massac State Park (1)

Frank Holten State Park (opens November 1; crossing of Harding Ditch within confines of site allowed, no hunting from Harding Ditch right-of-way) (1)

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

Giant City State Park (1)

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Green River State Wildlife Area (1)

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

Hanover Bluff State Natural Area (1)

Harry "Babe" Woodyard State Natural Area (2)

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

* Horseshoe Lake State Park – Gabaret, Mosenthein and Chouteau Island Units (Madison County) (2)

Iroquois County State Wildlife Area

Jim Edgar Panther Creek State Fish and Wildlife Area (2)

Johnson-Sauk Trail State Park (closed Wednesday through Sunday during site's pheasant permit season) (1)

Jubilee College State Park (1)

Kaskaskia River State Fish and Wildlife Area (no hunting within 50 yards of the Baldwin Lake Waterfowl Rest Area's main north-south road; this defined waterfowl rest area is closed until the Columbus Day holiday) (1 – except south of Highway 154 and north of Highway 13)

Kickapoo State Park (2)

Kinkaid Lake State Fish and Wildlife Area

Kishwaukee River State Fish and Wildlife Area (1)

Lowden-Miller State Forest (1)

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Mackinaw River State Fish and Wildlife Area (1)

Marseilles State Fish and Wildlife Area (closed each Friday, Saturday, and Sunday in October; unauthorized personnel may not be on the site outside of the posted check station operating hours; hunters may only enter the site from designated parking lots) (1)

Marshall State Fish and Wildlife Area (Duck Ranch Unit closed 7 days prior to the duck season through the close of duck season) (1)

Mautino State Fish and Wildlife Area (2)

Meeker State Habitat Area (obtain permit at Sam Parr State Park) (2)

Mermet Lake State Fish and Wildlife Area (1)

Middle Fork State Fish and Wildlife Area (2)

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

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

Mississippi River Pools 16, 17 and 18

Mississippi River Pools 21, 22 and 24

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

[Mt. Vernon Propagation Center \(1\)](#)

Nauvoo State Park (Max Rowe Unit only)

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

Oakford State Conservation Area

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

Pere Marquette State Park (2)

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Pyramid State Park

Pyramid State Park – East Conant Unit (2)

Rall Woods State Natural Area (1)

* Ramsey Lake State Park (2)

* Randolph County State Conservation Area

Rauchfuss Hill State Recreation Area (1)

Ray Norbut State Fish and Wildlife Area (1)

* Red Hills State Park (1)

* Rend Lake Project Lands and Waters

Sahara Woods State Fish and Wildlife Area (1)

Saline County State Conservation Area (1)

* Sam Dale Lake Conservation Area (2)

* Sam Parr State Park (1)

Sand Ridge State Forest (2)

Sandy Ford State Natural Area (1)

Sanganois State Fish and Wildlife Area (2)

* Sangchris Lake State Park (site will be closed to archery deer and turkey hunting during the second firearm deer season) (1) (2)

* Shabbona Lake State Park (1)

Shelbyville Lake – Corps of Engineers Managed Lands

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- Shelbyville State Wildlife Management Area (2)
- Sielbeck Forest State Natural Area (1)
- Siloam Springs State Park (1) (2)
- * Siloam Springs State Park – Buckhorn Unit (resident hunters only) (1) (2)
- Skinner Farm State Habitat Area (1)
- * South Shore State Park (1)
- Spoon River State Forest (1)
- * Spring Lake State Fish and Wildlife Area (2)
- Starved Rock State Park/Matthiessen State Park (no turkey hunting in the nature preserves; open only in areas where archery deer hunting is allowed other than nature preserves; must have valid archery deer permit in possession to hunt turkeys; open concurrent with site archery deer season) (1)
- * Stephen A. Forbes State Park (2)
- Tapley Woods State Natural Area (1)
- Ten Mile Creek State Fish and Wildlife Area (2)
- Trail of Tears State Forest (1)
- Turkey Bluffs State Fish and Wildlife Area
- Union County State Conservation Area (firing line unit – Statewide season, Public Hunting Area October 1 through October 31, reopens with the close of the Quota Zone goose season) (1)
- * Washington County State Conservation Area (1)
- Wayne Fitzgerald State Park (no hunting during controlled hunts as posted at the site) (1)

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Weinberg-King State Park (1)

Weinberg-King State Park – Cecil White Unit

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

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

Wildcat Hollow State Forest

[Winston Tunnel State Natural Area \(1\)](#)

[Wise Ridge State Natural Area \(2\)](#)

Witkowsky State Wildlife Area (1)

(Source: Amended at 34 Ill. Reg. 10821, effective July 16, 2010)

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NOTICE OF ADOPTED RULES

- 1) Heading of the Part: Park and Recreational Facility Construction Act Grant Program
- 2) Code Citation: 17 Ill. Adm. Code 3070
- 3)

<u>Section Numbers</u> :	<u>Adopted Action</u> :
3070.10	New Section
3070.20	New Section
3070.30	New Section
3070.40	New Section
3070.50	New Section
3070.60	New Section
3070.70	New Section
3070.80	New Section
- 4) Statutory Authority: Implementing and authorized by the Park and Recreational Facility Construction Act [525 ILCS 35]
- 5) Effective Date of Rules: July 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 rulemaking, including any material incorporated by reference, is on file in the Department of Natural Resources' principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: April 16, 2010; 34 Ill. Reg. 5530
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version:

In the Authority Note and Section 3070.30(b), the statutory citation for the Park and Recreational Facility Construction Act was incorrectly identified when the proposed rule was filed. The correct citation is "[30 ILCS 764]".

In Section 3070.10(a), the hyphen prior to "recreation" was removed.

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In Section 3070.30(a), "projects awarded" was changed to "project funds awarded".

In Section 3070.40(a), "must be submitted in accordance with a schedule publicly announced by the Department" was changed to "will be due no later than 45 days after the public announcement by the Department that funds have been made available for this program."

In Section 3070.50(a)(1) – following "following purposes:" added "land acquisition,".

In Section 3070.50(a)(3)(E) – the "and" at the end of the subsection was removed.

3070.50(a)(3)(F) – the existing subsection "F" was relabeled as "G)" and "described in subsections (a)(3)(A)-(E)" was changed to "described in subsections "(a)(3)(A) through (F)"; and a new subsection "F" was added: "linear corridors for trails and/or greenways; and".

In the introductory paragraph in Section 3070.60, "evaluation criteria" was changed to "evaluation criteria in this Section."

In Section 3070.60(a)(4), "Disability" was changed to "Disabilities".

In Section 3070.60(e) – following "inner-urban areas" added "involving land acquisitions of a time-sensitive nature".

In Section 3070.70(d), "completed to Department specifications" was changed to "accepted as complete by the Department"

In Section 3070.70(h), "State laws" was changed to "the Grant Funds Recovery Act [30 ILCS 705] and the State Records Act [5 ILCS 160]".

In Section 3070.70(q) – changed incorrect statutory citation to "[30 ILCS 580]".

- 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: This Part sets forth the objectives and guidelines for implementing a grant program which provides for grants to be disbursed by the Department to eligible local governments for park and recreation unit construction projects.
- 16) Information and questions regarding these adopted rules shall be directed to:

George Sisk, Legal Counsel
Department of Natural Resources
One Natural Resources Way
Springfield IL 62702-1271

217/782-1809

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

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF ADOPTED RULES

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER g: GRANTSPART 3070
PARK AND RECREATIONAL FACILITY
CONSTRUCTION ACT GRANT PROGRAM

Section	
3070.10	Program Objective
3070.20	Eligibility Requirements
3070.30	Assistance Formula
3070.40	General Procedures for Grant Applications and Awards
3070.50	Eligible Project Costs
3070.60	Project Evaluation Priorities
3070.70	Program Compliance Requirements
3070.80	Program Information/Contact

AUTHORITY: Implementing and authorized by the Park and Recreational Facility Construction Act [30 ILCS 764].

SOURCE: Adopted at 34 Ill. Reg. 10831, effective July 16, 2010.

Section 3070.10 Program Objective

- a) The Park and Recreational Facility Construction Act (PARC) provides for grants to be disbursed by the Department of Natural Resources (Department) to eligible local governments for park and recreation unit construction projects.
- b) Park or recreation unit construction project means the acquisition, development, construction, reconstruction, rehabilitation, improvement, architectural planning, and installation of capital facilities consisting of buildings, structures, and land for park or recreation purposes and open spaces and natural areas, as those terms are defined in Section 10 of the Illinois Open Land Trust Act [525 ILCS 33].

Section 3070.20 Eligibility Requirements

Any unit of local government is eligible for assistance under the PARC grant program. Local government means counties, townships, municipalities, park districts, conservation districts,

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forest preserve districts, river conservancy districts and any other units of local government authorized by Illinois law to expend public funds for the acquisition and development of land for public indoor/outdoor park, recreation or conservation purposes.

Section 3070.30 Assistance Formula

The PARC program shall operate on a reimbursement basis providing up to the following maximum percentages for funding assistance:

- a) Of the total amount of PARC project funds awarded statewide, 20% shall be awarded to the Chicago Park District, provided that the Chicago Park District complies with the provisions of State law and this Part, and 80% shall be awarded to local government units outside of the City of Chicago.
- b) Any grant under the Park and Recreational Facility Construction Act [30 ILCS 764] (Act) to a local government shall be conditioned upon the State providing assistance up to 75% of the approved project costs, with the exception of those local governments defined as disadvantaged, which shall be eligible for up to 90% State funding assistance provided that no more than 10% of the amount so appropriated in any fiscal year under the Act is made available for disadvantaged local governments.
- c) The Department will determine which local governments are considered disadvantaged based on calculations using the most current published Illinois Census data and Illinois Department of Revenue information. The Department may consider a unit of local government's request for inclusion as a disadvantaged applicant. If so requested, the unit of local government must submit verifiable data to justify its request. The Department may consider other available data in its calculations, but reserves the final determination on whether an applicant meets the definition of a disadvantaged community.

Section 3070.40 General Procedures for Grant Applications and Awards

- a) Grant applications for assistance under this program will be due no later than 45 days after the public announcement by the Department that funds have been made available for this program. Failure to submit a completed application to the Department by the specified application deadline will result in project rejection for that grant cycle.

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- b) Necessary application materials and instructions are available through the Department (see subsection (d)). Awarding of grants will be on a competitive basis and will be made under authority of the Director of the Department of Natural Resources.
- c) Project grant applications consist of the following basic components, at a minimum:
 - 1) applicant's name, address and telephone number;
 - 2) an itemized proposed project cost estimate;
 - 3) project narrative statement describing the project concept, location, need for and objectives of the project, anticipated benefits, proposed usages and method of financing or accomplishing the project;
 - 4) project location map, site plat map and proposed development plan;
 - 5) project environmental evaluation;
 - 6) proof of land ownership or usage rights for proposed development (construction) projects or commitment of title insurance for project property planned for acquisition;
 - 7) a signed document by the applicant verifying the applicant has the resources to initially finance and subsequently manage the project area and will comply with program regulations and indemnify the Department from any liability relative to the project; and
 - 8) a schedule of proposed expenditures/reimbursements from anticipated start through project completion.
- d) A program information packet may be obtained from the Division of Grant Administration, Illinois Department of Natural Resources, One Natural Resources Way, Springfield IL 62702-1271, telephone 217/782-7481.

Section 3070.50 Eligible Project Costs

- a) Grant assistance may be obtained for the following items:

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- 1) Rehabilitation or Construction Projects with Capital Expenditures. Capital expenditure means an outlay of capital that confers long-term benefits that permanently improve the property's value or usefulness. Capital expenditures generally include, but are not limited to, one or more of the following purposes: land acquisition, architectural planning and engineering design costs in association with a larger bondable project; demolition (in preparation for additional work); site preparation and improvement; utility work; new construction of buildings and structures; reconstruction or improvement of existing buildings or structures; initial furniture and equipment integral to the project; replacement of currently utilized assets by a better asset; and expansion of existing buildings or facilities. Work that constitutes repairs, maintenance or remodeling of a limited nature or scope and that is not done as part of a larger bondable project shall not be considered bondable capital expenditures. A non-bondable project is generally one that maintains or preserves the existing condition, use or size of a capital asset and that is neither in the nature of a betterment nor a change to the capital asset's condition, use or size. Generally, this work does not significantly add to the value of the capital asset nor appreciably prolong the life of the capital asset. Eligible project types include, but are not limited to, the following:
 - A) demolition in preparation for additional indoor/outdoor recreation purposes;
 - B) site preparation and improvements for indoor/outdoor recreation purposes;
 - C) utility work for indoor/outdoor recreation purposes;
 - D) reconstruction or improvement of existing buildings or structures for indoor/outdoor recreation purposes;
 - E) expansion of existing buildings or facilities for indoor/outdoor recreation purposes; and
 - F) new construction of buildings and structures for indoor/outdoor recreation purposes.

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- 2) The following are operating or other types of expenditures that are not considered capital expenditures:
 - A) projects with a total cost of less than \$25,000;
 - B) feasibility studies, long-range development plans, master plans, and historical or archaeological research;
 - C) costs of repairs or maintenance that are normally anticipated to occur;
 - D) remodeling of a limited nature or scope that is not done as part of a larger bondable project;
 - E) costs of staff or resident labor and material;
 - F) ongoing operational and administrative expenses;
 - G) installation of fire alarms, smoke detectors, or connections of building monitoring systems to a central or off-site central monitor, unless included in a larger bondable project; and
 - H) purchase of vehicles or construction equipment.
- 3) Land acquisition costs (fee simple title or permanent easement, etc.) for public park and/or conservation purposes, including associated eligible appraisal costs. Eligible projects include, but are not limited to, acquisition of land for the following:
 - A) construction of new public indoor/outdoor recreation buildings, structures and facilities;
 - B) expansion of existing public indoor/outdoor recreation buildings, structures and facilities;
 - C) general park purposes such as regional, community and neighborhood parks and playfields;
 - D) frontage on public surface waters for recreation use;

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- E) open space/conservation purposes to protect floodplains, wetlands, natural areas, wildlife habitat and unique geologic or biologic features;
 - F) linear corridors for trails and/or greenways; and
 - G) additions to the projects described in subsections (a)(3)(A) through (F).
- b) Acquisition of land from another public agency (excluding school districts) is not eligible for PARC grant assistance.
 - c) Project costs for which reimbursement is sought cannot be incurred by the project applicant prior to grant approval notification. Costs incurred prior to Department approval are ineligible for grant assistance with the exception of architectural and engineering fees. For acquisition projects, costs are considered incurred when a property deed, lease or other conveyance is accepted by the local sponsor or first payment is made on the project property or to an escrow account for the property.
 - d) Development project costs are considered incurred on the date construction contracts are signed or actual physical work begins on the project site or project materials are delivered.
 - e) No grant funds shall be awarded for the acquisition or development of land that will not be available for general public indoor/outdoor recreation use.
 - f) PARC grant funds cannot be used to match other State or federal grant funds.

Section 3070.60 Project Evaluation Priorities

The following factors are used by the Department in evaluating and recommending local project applications for funding consideration. These priorities are listed in this Section and also available in the Department's PARC Local Participation Grant Manual (available from Illinois Department of Natural Resources Division of Grant Administration, One Natural Resources Way, Springfield IL 62702-1271). Department grant staff, in consultation with executive and appropriate resource staff, review all applications in accordance with the established evaluation criteria in this Section. Department grant staff recommendations are forwarded to the Director for PARC grant approval.

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- a) Statewide Local Needs Assessment – 55%
- 1) useful life of existing facilities and improvements in comparison to the Department's schedule of Useful Life of Park and Recreation Facilities;
 - 2) address public health and safety needs;
 - 3) sponsor has high economic need;
 - 4) correct accessibility deficiencies as defined by the Americans With Disabilities Act (42 USC 12101);
 - 5) projects that provide the greatest benefit in terms of cost per capita within the applicant's jurisdictional boundaries; and
 - 6) land acquisition.
- b) Statewide Comprehensive Outdoor Recreation Priorities – 10%
Projects are evaluated in terms of their ability to address major outdoor recreation and conservation issues identified by the Department in its Statewide Outdoor Recreation Plan. These include, but are not limited to, natural area and wetland preservation, protection of endangered/threatened species and critical habitat resources, conservation education, creation of greenways and long distance trail corridors, water-based recreation, recreation for disadvantaged populations and adaptive re-use/redevelopment of urban lands, including brownfields.
- c) Project Concept and Site Characteristics – 15%
The project proposal is evaluated in terms of the site's physical and aesthetic qualities, including accessibility; soil, topographic and hydrologic characteristics; site vegetation; compatibility with adjacent land uses; environmental intrusion on the site; impacts to cultural and natural resources; suitability for the construction of a new building, structure or facility; and the overall recreational diversity provided by the project. Consideration is also given for the use of recycled materials, composting, water or resource-conservancy materials, methods, products or practices.
- d) Local Planning – 10%

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The major consideration under this criterion is public support and input into the project plan and existence of a comprehensive local recreation and/or open space plan identifying the proposed project as a priority. Consideration is also given for unique recreational opportunities not specifically identified in a local plan but having documented widespread public support.

- e) Other Considerations – 10%
Relevant factors considered in evaluating the overall merits of a project and need for funding include projects located in inner-urban areas; involving land acquisitions of a time-sensitive nature; proposing initial site development; involving private donations; representing economic revitalization efforts; or from applicants not previously benefitting from PARC assistance.
- f) Penalty Factors
Consideration is given to the applicant's past performance in completing open space lands acquisition and development (OSLAD) or other Department grant projects or unresolved project violations and the ability to properly maintain the project site.

Section 3070.70 Program Compliance Requirements

- a) Any property acquired or developed through assistance from the Illinois PARC grant program must be open to the public for indoor/outdoor recreation use as set forth in this Part without regard to race or color, creed, national origin, sex or disability.
- b) All development projects receiving grant assistance shall be bound by the terms of this program for a period of 20 years. All properties acquired with PARC assistance are required to have a covenant placed on the deed at the time of recording that stipulates the property must be used, in perpetuity, solely for indoor/outdoor recreation purposes and cannot be sold or exchanged, in whole or part, to another party without approval from the Department.
- c) Property acquired or developed with PARC funds may not be converted to a use other than public outdoor recreation use as provided in this Part without prior Department approval. Approval for property conversion will be granted only if the project sponsor substitutes replacement property of at least equal fair market value and comparable outdoor recreation usefulness, quality and location.

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- d) For projects receiving acquisition assistance, an appraisal must be provided by the sponsoring agency and submitted to the Department for review and certification to establish the fair market value of the property. The appraisal must be accepted as complete by the Department.
- e) For projects receiving development assistance, the sponsoring agency must possess either fee simple title or other means of legal control and tenure (easement, lease, etc.) over the property being improved for a period of 20 years. The Department will consider, on a case-by-case basis, lease arrangements for shorter periods when State statute prohibits a unit of local government from entering into such a long-term agreement, or other circumstances beyond the control of the unit of local government prohibit such arrangements. The sponsor must also adhere to applicable local bidding and procurement requirements and make available to the Department, upon request, all working plans, specifications, contract documents and cost estimates for review prior to commencing work. The format for any advertisement or prospectus soliciting and inviting bids, indicating submission deadlines, must also be presented, upon request, to the Department for review prior to publication.
- f) The local project sponsor is required to enter into an agreement with the Department for an amount agreed upon as necessary to complete the approved project, specifying the related grant reimbursement amount and program compliance regulations.
- g) Upon project completion, the project sponsor must submit a certified project billing request (expenditure statement) listing/verifying all funds expended on the project for which grant reimbursement is sought, as well as required billing documentation, as follows:
 - 1) Acquisition Project: Proof of good faith negotiations or fair market value offer to land seller, copy of property deed and title insurance policy (Judgement Order in case of condemnation) showing ownership transferred to the local project sponsor, and copies of canceled checks showing proof of payment to seller.
 - 2) Development Projects: Copy of construction as-built drawings (no larger than 11" x 17") and verification of actual project costs.

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- h) All financial records on approved projects must be maintained and retained, in accordance with the Grant Funds Recovery Act [30 ILCS 705] and the State Records Act [5 ILCS 160], by the project sponsor for possible State audit after final reimbursement payment is made by the Department.
- i) The sponsoring agency must permanently post a PARC grant acknowledgment sign at the project site. The wording for the PARC sign will be provided by the Department.
- j) Projects assisted with PARC grant funds shall be implemented in accordance with all applicable federal, State and local laws, ordinances and regulations relating to public agency expenditure of funds for public works projects.
- k) The sponsoring agency must observe and comply with the provisions of the Prevailing Wage Act [820 ILCS 130/4], which apply to the wages of laborers, mechanics and other workers employed in any public works, and with the prevailing wage requirements of the Illinois Procurement Code [30 ILCS 500/25-60].
- l) It shall be understood by the project sponsor that a Department representative may make periodic inspections of the project as construction progresses and that a final inspection and acceptance of the completed project may be made by a representative or agent of the Department prior to final payment of grant reimbursement to the local sponsoring agency.
- m) The sponsoring agency shall indemnify, protect, defend and hold harmless the Department from any and all liability, costs, damages, expenses, or claims arising under, through or by virtue of the construction, operation and maintenance of PARC assisted facilities.
- n) In connection with and prior to the construction and the subsequent operation and maintenance of PARC assisted facilities, it shall be understood that the project sponsor is responsible for obtaining any and all necessary construction permits, licenses or forms of consent, as required by law. Failure to obtain any required permits may jeopardize approved grant funding.
- o) The sponsoring agency must comply with and abide by the following operation and maintenance provisions:

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- 1) All lands and facilities assisted with PARC funds shall be continuously operated and maintained by the sponsoring agency in a safe and attractive manner at no cost to the Department and be operated and utilized in such a manner as to maximize the intended benefits to the public.
 - 2) The Department shall have access to PARC assisted facilities at all times for inspection purposes to ensure the project sponsor's continued compliance with this Part.
 - 3) The sponsoring agency may enter into a contract or agreement with responsible concessionaires to operate and/or construct facilities for dispersing food to the public and/or any other services as may be desired by the public and the sponsoring agency for enjoyable and convenient use of the PARC assisted site.
 - 4) Any and all concession revenue in excess of the costs of operation and maintenance of the PARC lands and/or facilities shall be used for the improvement of those lands or facilities or similar nearby public facilities. All sub-leases or licenses entered into by the sponsoring agency with third persons relating to accommodations or concessions to be provided for or at the PARC facility for benefit of the public shall be submitted to the Department, upon request, for its approval prior to the sublease or license being entered into or granted by the sponsoring agency.
- p) Conflict of Interests
- 1) No official or employee of the local political subdivision who is authorized in his or her official capacity to negotiate, make, accept, or approve or to take part in decisions regarding a contract or subcontract in connection with an approved PARC grant project shall have any financial or other personal interest in any such contract or subcontract.
 - 2) No person performing services for the local political subdivision in connection with an approved PARC grant project shall have a financial or other personal interest other than his or her employment or retention by the local political subdivision in any contract or subcontract in connection with an approved PARC grant project. No officer or employee of such person retained by the local political subdivision shall have any financial or other personal interest in any real property acquired under an approved

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PARC grant project unless that interest is openly disclosed upon the public records of the local political subdivision and the officer, employee or person has not participated in the acquisition for or on behalf of the local political subdivision.

- q) The project sponsor certifies that it provides a drug free workplace and related employee assistance as defined and required by the Drug Free Workplace Act [30 ILCS 580].
- r) Pursuant to Section 2-105(A)(4) of the Human Rights Act [775 ILCS 5/2-105(A)(4)], the project sponsor certifies that it has a written sexual harassment policy that includes, at a minimum, the following information:
 - 1) the illegality of sexual harassment;
 - 2) the definition of sexual harassment under State law;
 - 3) a description of sexual harassment utilizing examples;
 - 4) the contractor's internal complaint process, including penalties;
 - 5) the legal recourse, investigation and complaint process available through the Illinois Department of Human Rights and the Human Rights Commission and directions on how to contact both; and
 - 6) protection against retaliation as provided by Section 6-101 of the Illinois Human Rights Act. A copy of the policy shall be provided to the Department of Human Rights upon request.
- s) Program Violations and Project Termination
 - 1) The State will unilaterally rescind project agreements at any time prior to the commencement of the project in the event that State funds are not appropriated for the grant program. After project commencement, agreements may be rescinded, modified or amended only by mutual agreement with the local political subdivision. A project shall be deemed to be commenced when the local political subdivision makes any expenditure or incurs any obligation with respect to the project.

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- 2) Failure by the local sponsoring agency to comply with any of the program terms listed in this Section shall be cause for the suspension of all grant assistance obligations, unless, in the judgement of the Department, the failure was due to no fault of the local sponsoring agency (e.g., statutory changes, acts of God).

Section 3070.80 Program Information/Contact

For information on the PARC Grant Program, contact:

Illinois Department of Natural Resources
Division of Grant Administration
One Natural Resources Way
Springfield IL 62702-1271

Telephone: 217/782-7481

FAX: 217/782-9599

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF ADOPTED RULES

- 1) Heading of the Part: Certified Assessors for Fire Department Assessment Centers
- 2) Code Citation: 41 Ill. Adm. Code 145
- 3)

<u>Section Numbers</u> :	<u>Adopted Action</u> :
145.5	New Section
145.10	New Section
145.20	New Section
145.30	New Section
145.40	New Section
145.50	New Section
145.60	New Section
145.70	New Section
145.80	New Section
- 4) Statutory Authority: Authorized by and implementing Section 50 of the Fire Department Promotion Act [50 ILCS 742/50]
- 5) Effective Date of the Rulemaking: July 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, including any material incorporated by reference, are on file in the agency's principal office and available for public inspection.
- 9) Date Notice of Proposal Published in Illinois Register: 34 Ill. Reg. 2877; March 5, 2010
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version: In Section 145.5, definitions of "appointing authority", "assessment center", "department", and "parties" were added.

In Section 145.10, subsection (c) was added to specify which fire department are subject to this Part and clarify that use of certified assessors in the promotion examination process is optional.

OFFICE OF THE STATE FIRE MARSHAL

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Section 145.50, 145.60, and 145.70 were rewritten to clarify the process of assessor selection and to require the roster of certified assessors to be posted on OSFM's website.

Section 145.80 was added to provide a process for interested parties to request rosters from OSFM.

Other, non-substantive changes in wording and formatting were also made.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending? No
- 15) Summary and Purpose of the Rulemaking: This rulemaking establishes the qualification for individuals that participate as assessors in promotional assessment centers conducted on behalf of units of local government to determine the qualifications of firefighters for promotion to supervisory ranks.
- 16) Information and questions regarding this adopted rulemaking shall be directed to:

Alec Messina, Interim General Counsel
Office of the State Fire Marshal
1035 Stevenson Dr.
Springfield, IL 62703-4259

217/785-0969

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

OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF ADOPTED RULES

TITLE 41: FIRE PROTECTION
CHAPTER I: OFFICE OF THE STATE FIRE MARSHALPART 145
CERTIFIED ASSESSORS FOR
FIRE DEPARTMENT ASSESSMENT CENTERS

Section	
145.5	Definitions
145.10	Introduction
145.20	Requirements for Certification
145.30	Requirements to Renew Certification
145.40	JLMC List of Certified Assessors
145.50	Roster of Certified Assessors
145.60	Assessor Selection by the Parties
145.70	Use of Roster of Certified Assessors
145.80	Special Requests

AUTHORITY: Implementing and authorized by Section 50 of the Fire Department Promotion Act [50 ILCS 742/50].

SOURCE: Adopted at 34 Ill. Reg. 10847, effective July 16, 2010.

Section 145.5 Definitions

"Act" means the Fire Department Promotion Act [50 ILCS 742].

"Appointing authority" means the Board of Fire and Police Commissioners, Board of Fire Commissioners, Civil Service Commissioners, Superintendent or Department Head, Fire Protection District Board of Trustees, or other entity having the authority to administer and grant promotions in an affected department.

"Assessment center" is an examination process that is designed to simulate situations that are common to the rank being tested and designed to measure the knowledge, skills, abilities and personal characteristics of the individual candidate in a given situation.

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"Assessor" means a person qualified under JLMC standards to evaluate candidates for promotion within an Illinois fire department during an assessment center.

"Department" means a fire department operated by a municipality or fire protection district affected by the Act and this Part (see Section 145.10(c)).

"JLMC" means the Joint Labor and Management Committee created by Section 50 of the Act.

"OSFM" means the Office of the State Fire Marshal.

"Parties" means the employer and exclusive bargaining representative to a collective bargaining agreement covering the candidates for promotion.

Section 145.10 Introduction

- a) The Fire Department Promotion Act [50 ILCS 742] establishes the Joint Labor and Management Committee (JLMC) for the purpose of establishing the experience, training and certification requirements for individuals that will grade candidates for promotion during an assessment center. Individuals who meet the requirements established by JLMC will be certified by JLMC for a 2 year period and listed on a Roster of Certified Assessors maintained by OSFM.
- b) The JLMC is composed of 2 representatives from the Illinois Fire Chiefs Association and 2 representatives from the Associated Fire Fighters of Illinois. Questions, comments and requests for an application to submit for certification can be obtained by contacting JLMC through either of the following organizations:
 - 1) Illinois Fire Chiefs Association
P.O. Box 7
Skokie IL 60076
847/966-0786
 - 2) Associated Fire Fighters of Illinois
927 S. Second St.
Springfield IL 62704
217/522-8180

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- c) This Part is applicable to all full-time municipal fire departments (with a population less than 1,000,000) subject to a collective bargaining agreement and all full-time fire departments operated by fire protection districts. Subject to any collective bargaining agreement, fire departments may use persons employed or appointed by the jurisdiction administering the examination. However, fire departments are encouraged to utilize certified assessors if an assessment center is part of the promotion process.

Section 145.20 Requirements for Certification

An individual desiring to be a certified assessor must apply to JLMC for certification and meet the following minimum requirements established by JLMC:

- a) Possess a minimum of 10 years of service as a full-time sworn firefighter, including at least 3 years of service as a company officer or higher;
- b) Successfully complete the Basic Assessor Training Course administered by a JLMC approved provider that conforms to the training syllabus established by JLMC;
- c) Successfully complete the practical requirements established by JLMC and participate in 2 assessment centers as a non-grading assessor. For persons who have experience as assessors before the established requirements for certification and who have completed at least two assessment centers, the JLMC may waive the requirements to participate in additional assessment centers as a non-grading assessor; and
- d) Sign a pledge to comply with the Code of Ethics for Illinois Assessors.

Section 145.30 Requirements to Renew Certification

The certified assessor must meet the following requirements during a 2 year certification period in order to be re-certified by JLMC:

- a) Participate in 4 assessment centers; and
- b) Complete at least 4 hours of continuing education each year (8 hours total for the 2 year term).

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Section 145.40 JLMC List of Certified Assessors

JLMC will provide to OSFM a list of all certified assessors and will, at least annually, amend that list by adding new assessors, removing assessors and confirming continuing education hours and assessment center participation for each certified assessor.

Section 145.50 Roster of Certified Assessors

OSFM will establish and maintain a roster of the assessors that JLMC has certified and post that information on the agency's website.

Section 145.60 Assessor Selection by the Parties

- a) Parties to a promotion process may agree to:
 - 1) enter into their own contract with a particular testing company to provide certified assessors;
 - 2) request OSFM to provide a random list of certified assessors from which the parties can select; or
 - 3) procure a roster from OSFM as provided in Section 145.80.
- b) The parties to a promotion process may also agree to permit members of the appointing authority or non-certified assessors that have specialized technical expertise to participate on the assessment panel.
- c) Parties to a collective bargaining agreement covering the candidates for the promotion for which certified assessors are required may agree to their own process to select certified assessors.

Section 145.70 Use of Roster of Certified Assessors

- a) Should either party request a panel of certified assessors from OSFM, *OSFM will select at random from the roster a panel numbering not less than 2 times the number of assessors required and provide that list within 7 days after receiving the request.*

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- b) *The parties shall augment the number by a factor of 50% by designating certified assessors who may serve as alternates to the primary assessors.*
- c) *The parties shall select certified assessors from the list supplied by OSFM.*
- d) *The parties shall notify OSFM, within 7 days following the receipt of the list, of the assessors they have selected. If the parties fail to notify OSFM of their selection of certified assessors within the 7 days, OSFM shall appoint the certified assessors required from the list of certified assessors provided.*
- e) *Unless the parties agree to an alternate selection procedure, each party shall alternatively strike a name from the list provided by OSFM until the required number of assessors remains. A coin toss shall determine which party strikes the first name.*
- f) *In the event a certified assessor is not able to participate in the assessment center for which he or she was selected, either of the parties involved in the promotion process may request that additional names of certified assessors be provided by OSFM. [50 ILCS 742/50(h)]*

Section 145.80 Special Requests

- a) An interested individual may obtain a complete roster from the OSFM website. If an individual does not have access to the internet or requests a particular roster search (e.g., area of the State in which the assessor provides services, areas of special knowledge, etc.), he or she may submit a special request to OSFM. Special requests for rosters shall be in writing, explain the purpose and proposed use of the request and be submitted or faxed to OSFM's Springfield office. In addition, the request may be submitted through the OSFM website.
- b) OSFM reserves the right to deny any special request that contains information that might constitute an invasion of privacy of certified assessors or if it will be used for solicitation or commercial purposes that OSFM finds objectionable.

DEPARTMENT ON AGING

NOTICE OF EMERGENCY AMENDMENTS

- 1) Heading of the Part: Community Care Program
- 2) Code Citation: 89 Ill. Adm. Code 240
- 3)

<u>Section Numbers:</u>	<u>Emergency Action:</u>
240.160	Amendment
240.230	Amendment
240.340	Amendment
240.415	Amendment
240.728	Amendment
240.729	Amendment
240.825	Amendment
240.855	Amendment
240.870	Amendment
245.875	Amendment
240.920	Amendment
240.935	Amendment
240.945	Amendment
240.950	Amendment
240.1110	Amendment
240.1120	Amendment
240.1130	Amendment
240.1520	Amendment
240.1550	Amendment
240.2020	Amendment
240.2040	Amendment
- 4) Statutory Authority: Implementing Public Act 96-958, effective July 1, 2010, and authorized by 20 ILCS 105/4.01(11) and 4.02
- 5) Effective Date of Emergency Amendments: July 15, 2010
- 6) If this emergency rulemaking is to expire before the end of the 150-day period, please specify the date on which it is to expire: This rulemaking is not set to expire before the end of the 150-day period.
- 7) Date filed with the Index Department: July 15, 2010

DEPARTMENT ON AGING

NOTICE OF EMERGENCY AMENDMENTS

- 8) A copy of the emergency amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Reason for Emergency: These emergency amendments are being filed in order to improve efficiencies in operational efforts, service utilization, and billing issues under the Community Care Program consistent with the rulemaking grant of authority under Public Act 96-958 (the Emergency Budget Act of Fiscal Year 2011). Given financial pressures, it is imperative that the Department exercise oversight to control the growth in service utilization, resolve an audit issue regarding erroneous copayments, maximize the State's ability to claim reimbursement for services provided under the Medicaid waiver, and minimize billing problems for service provider agencies that add delay to the payment cycle.
- 10) A Complete Description of the Subjects and Issues Involved: Sections 240.160, 240.340, 240.415, 240.825, 240.855, 240.875, 240.920, 240.935, 240.945, 240.950, 240.1110, 240.1120, 240.1130, 240.1520, 240.2020, and 240.2040: The amendments add internal date restrictors to reflect the elimination of client copayments under the Community Care Program, effective July 1, 2010.

Section 240.160: The amendment adds new definitions for the following terms: "Care Coordinator", "Client", and "Participant".

Section 240.230: The amendment adds Licensed Practical Nurses to the list of individual professionals authorized to administer skilled nursing services at adult day facilities in accordance with the Illinois Nursing Act.

Section 240.728: The amendment revises the subheading and changes the maximum payment levels for approved Plans of Care for in-home service or other combinations of options excluding adult day service under the Community Care Program. A specific dollar amount is being assigned to each DON score in place of a DON score range which will result in some cost-savings over time. Use of the existing methodology has had the unintended consequence of permitting a higher number of units of service to be utilized by a greater number of program participants whose abilities fall at the lower end of each particular range previously set forth in the rule.

Section 240.729: The amendment revises the subheading and changes the maximum payment levels for approved Plans of Care for adult day service or other combinations of options including adult day service under the Community Care Program. A specific dollar amount is being assigned for each DON score in place of a DON score range

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NOTICE OF EMERGENCY AMENDMENTS

which will result in some cost-savings over time. Use of the existing methodology has had the unintended consequence of permitting a higher number of units of service to be utilized by a greater number of program participants whose abilities fall at the lower end of each particular range previously set forth in the rule.

Section 240.1520: The amendment revises information about provider reimbursements to reflect the elimination of client copayments and changes provider billing to quarter-unit increments under the Community Care Program, effective July 1, 2010.

Section 240.1550: The amendment changes the hot water temperature limits to allow a greater comfort range at adult day facilities in accordance with a recommendation from the Illinois Adult Day Services Association.

Sections 240.2020 and 2040: The amendment revises information about financial reporting requirements for in-home service providers to reflect the elimination of client copayments under the Community Care Program, effective July 1, 2010.

- 11) Are there any proposed amendments to this Part pending? No
- 12) Statement of Statewide Policy Objectives: This emergency rulemaking does not create or enlarge any State mandate.
- 13) Information and questions regarding this emergency rulemaking shall be directed to:

Karen Alice Kloppe
Deputy General Counsel
Illinois Department on Aging
421 E. Capitol Avenue, #100
Springfield, Illinois 62701-1789

217/785-3346

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

DEPARTMENT ON AGING

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER II: DEPARTMENT ON AGINGPART 240
COMMUNITY CARE PROGRAM

SUBPART A: GENERAL PROGRAM PROVISIONS

Section

- 240.100 Community Care Program
- 240.110 Department Prerogative
- 240.120 Services Provided
- 240.130 Maintenance of Effort
- 240.140 Program Limitations
- 240.150 Completed Applications Prior to August 1, 1982 (Repealed)
- 240.160 Definitions

EMERGENCY

SUBPART B: SERVICE DEFINITIONS

Section

- 240.210 In-home Service
- 240.220 Chore-Housekeeping Service (Repealed)
- 240.230 Adult Day Service

EMERGENCY

- 240.235 Emergency Home Response Service
- 240.240 Information and Referral
- 240.250 Demonstration/Research Projects
- 240.260 Case Management Service
- 240.270 Alternative Provider
- 240.280 Individual Provider

SUBPART C: RIGHTS AND RESPONSIBILITIES

Section

- 240.300 Applicant/Client Rights and Responsibilities
- 240.310 Right to Apply
- 240.320 Nondiscrimination
- 240.330 Freedom of Choice

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- 240.340 Confidentiality/Safeguarding of Case Information
- EMERGENCY
- 240.350 Applicant/Client/Authorized Representative Cooperation
- 240.360 Reporting Changes
- 240.370 Voluntary Repayment

SUBPART D: APPEALS

Section

- 240.400 Appeals and Fair Hearings
- 240.405 Representation
- 240.410 When the Appeal May Be Filed
- 240.415 What May Be Appealed
- EMERGENCY
- 240.420 Group Appeals
- 240.425 Informal Review
- 240.430 Informal Review Findings
- 240.435 Withdrawing an Appeal
- 240.436 Cancelling an Appeal
- 240.440 Examining Department Records
- 240.445 Hearing Officer
- 240.450 The Hearing
- 240.451 Conduct of Hearing
- 240.455 Continuance of the Hearing
- 240.460 Postponement
- 240.465 Dismissal Due to Non-Appearance
- 240.470 Rescheduling the Appeal Hearing
- 240.475 Recommendations of Hearing Officer
- 240.480 The Appeal Decision
- 240.485 Reviewing the Official Report of the Hearing

SUBPART E: APPLICATION

Section

- 240.510 Application for Community Care Program
- 240.520 Who May Make Application
- 240.530 Date of Application
- 240.540 Statement to be Included on Application

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SUBPART F: ELIGIBILITY

Section

240.600	Eligibility Requirements
240.610	Establishing Eligibility
240.620	Home Visit
240.630	Determination of Eligibility
240.640	Eligibility Decision
240.650	Continuous Eligibility
240.655	Frequency of Redeterminations
240.660	Extension of Time Limit

SUBPART G: NON-FINANCIAL REQUIREMENTS

Section

240.710	Age
240.715	Determination of Need
240.720	Clients Prior to Effective Date of This Section (Repealed)
240.725	Clients After Effective Date of This Section (Repealed)
240.726	Emergency Budget Act Reduction (Repealed)
240.727	Minimum Score Requirements
240.728	Maximum Payment Levels for <u>Plans of Care Including In-homeHomemaker</u> Service
240.729	Maximum Payment Levels for <u>Plans of Care Including</u> Adult Day Care -Service <u>EMERGENCY</u>
240.730	Plan of Care
240.735	Supplemental Information
240.740	Assessment of Need
240.750	Citizenship
240.755	Residence
240.760	Furnishing of Social Security Number

SUBPART H: FINANCIAL REQUIREMENTS

Section

240.800	Financial Factors
240.810	Assets
240.815	Exempt Assets

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240.820	Asset Transfers
240.825	Income
	<u>EMERGENCY</u>
240.830	Unearned Income Exemptions
240.835	Earned Income
240.840	Potential Retirement, Disability and Other Benefits
240.845	Family
240.850	Monthly Average Income
240.855	Applicant/Client Expense for Care
	<u>EMERGENCY</u>
240.860	Change in Income
240.865	Application For Medical Assistance (Medicaid)
240.870	Determination of Applicant/Client Monthly Expense for Care
	<u>EMERGENCY</u>
240.875	Client Responsibility
	<u>EMERGENCY</u>

SUBPART I: DISPOSITION OF DETERMINATION

Section	
240.905	Prohibition of Institutionalized Individuals From Receiving Community Care Program Services
240.910	Written Notification
240.915	Service Provision
240.920	Reasons for Denial
	<u>EMERGENCY</u>
240.925	Frequency of Redeterminations (Renumbered)
240.930	Suspension of Services
240.935	Discontinuance of Services to Clients
	<u>EMERGENCY</u>
240.940	Penalty Payments
240.945	Notification
	<u>EMERGENCY</u>
240.950	Reasons for Termination
	<u>EMERGENCY</u>
240.955	Reasons for Reduction or Change

SUBPART J: SPECIAL SERVICES

DEPARTMENT ON AGING

NOTICE OF EMERGENCY AMENDMENTS

Section

- 240.1010 Nursing Facility Screening
- 240.1020 Interim Services
- 240.1040 Intense Service Provision
- 240.1050 Temporary Service Increase

SUBPART K: TRANSFERS

Section

- 240.1110 Individual Transfer Request – Vendor to Vendor – No Change in Service
EMERGENCY
- 240.1120 Individual Transfer Request – Vendor to Vendor – With Change in Service
EMERGENCY
- 240.1130 Individual Transfers – Case Coordination Unit to Case Coordination Unit
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SUBPART M: CASE COORDINATION UNITS AND PROVIDERS

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- 240.1310 Standard Contractual Requirements for Case Coordination Units and Providers
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- 240.1398 Safeguarding Case Information (Repealed)
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- 240.1542 Administrative Requirements for Emergency Home Response Service Providers
- 240.1545 Chore-Housekeeping Staff Positions, Qualifications and Responsibilities (Repealed)
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240.1660	Provider Performance Reviews
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240.1665	Contract Actions for Failure to Comply with Community Care Program Requirements

SUBPART Q: CASE COORDINATION UNIT PROCUREMENT

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240.1710	Procurement Cycle For Case Management Services
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SUBPART R: ADVISORY COMMITTEE

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240.1920	Contract Specific Variations
240.1930	Fixed Unit Rate of Reimbursement for Homemaker Service
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- 240.2020 Financial Reporting of ~~In-homeHomemaker~~ Service
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- 240.2040 Minimum Direct Service Worker Costs for ~~In-homeHomemaker~~ Service
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- 240.2050 Cost Categories for Homemaker Service

AUTHORITY: Implementing Section 4.02 and authorized by Section 4.01(11) of the Illinois Act on the Aging [20 ILCS 105/4.02 and 4.01(11)].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 1, p. 67, effective December 20, 1979, for a maximum of 150 days; adopted at 4 Ill. Reg. 17, p. 151, effective April 25, 1980; amended at 4 Ill. Reg. 43, p. 86, effective October 15, 1980; emergency amendment at 5 Ill. Reg. 1900, effective February 18, 1981, for a maximum of 150 days; amended at 5 Ill. Reg. 12090, effective October 26, 1981; emergency amendment at 6 Ill. Reg. 8455, effective July 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 14953, effective December 1, 1982; amended at 7 Ill. Reg. 8697, effective July 20, 1983; codified at 8 Ill. Reg. 2633; amended at 9 Ill. Reg. 1739, effective January 29, 1985; amended at 9 Ill. Reg. 10208, effective July 1, 1985; emergency amendment at 9 Ill. Reg. 14011, effective August 29, 1985, for a maximum of 150 days; amended at 10 Ill. Reg. 5076, effective March 15, 1986; recodified at 12 Ill. Reg. 7980; amended at 13 Ill. Reg. 11193, effective July 1, 1989; emergency amendment at 13 Ill. Reg. 13638, effective August 18, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 17327, effective November 1, 1989; amended at 14 Ill. Reg. 1233, effective January 12, 1990; amended at 14 Ill. Reg. 10732, effective July 1, 1990; emergency amendment at 15 Ill. Reg. 2838, effective February 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 10351, effective July 1, 1991; emergency amendment at 15 Ill. Reg. 14593, effective October 1, 1991, for a maximum of 150 days; emergency amendment at 15 Ill. Reg. 17398, effective November 15, 1991, for a maximum of 150 days; emergency amendment suspended at 16 Ill. Reg. 1744; emergency amendment modified in response to a suspension by the Joint Committee on Administrative Rules and reinstated at 16 Ill. Reg. 2943; amended at 15 Ill. Reg. 18568, effective December 13, 1991; emergency amendment at 16 Ill. Reg. 2630, effective February 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 2901, effective February 6, 1992, to expire June 30, 1992; emergency amendment at 16 Ill. Reg. 4069, effective February 28, 1992, to expire June 30, 1992; amended at 16 Ill. Reg. 11403, effective June 30, 1992; emergency amendment at 16 Ill. Reg. 11625, effective July 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 11731, effective June 30, 1992; emergency rule added at 16 Ill. Reg. 12615, effective July 23, 1992, for a maximum of 150 days; modified at 16 Ill. Reg. 16680; amended at 16 Ill. Reg.

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14565, effective September 8, 1992; amended at 16 Ill. Reg. 18767, effective November 27, 1992; amended at 17 Ill. Reg. 224, effective December 29, 1992; amended at 17 Ill. Reg. 6090, effective April 7, 1993; amended at 18 Ill. Reg. 609, effective February 1, 1994; emergency amendment at 18 Ill. Reg. 5348, effective March 22, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 13375, effective August 19, 1994; amended at 19 Ill. Reg. 9085, effective July 1, 1995; emergency amendment at 19 Ill. Reg. 10186, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 12693, effective August 25, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 16031, effective November 20, 1995; amended at 19 Ill. Reg. 16523, effective December 1, 1995; amended at 20 Ill. Reg. 1493, effective January 10, 1996; emergency amendment at 20 Ill. Reg. 5388, effective March 22, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 8995, effective July 1, 1996; amended at 20 Ill. Reg. 10597, effective August 1, 1996; amended at 21 Ill. Reg. 887, effective January 10, 1997; amended at 21 Ill. Reg. 6183, effective May 15, 1997; amended at 21 Ill. Reg. 12418, effective September 1, 1997; amended at 22 Ill. Reg. 3415, effective February 1, 1998; amended at 23 Ill. Reg. 2496, effective February 1, 1999; amended at 23 Ill. Reg. 5642, effective May 1, 1999; amended at 26 Ill. Reg. 9668, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 10829, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17358, effective November 25, 2002; emergency amendment at 28 Ill. Reg. 923, effective December 26, 2003, for a maximum of 150 days; amended at 28 Ill. Reg. 7611, effective May 21, 2004; emergency amendment at 30 Ill. Reg. 10117, effective June 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 11767, effective July 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 16281, effective September 29, 2006; amended at 30 Ill. Reg. 17756, effective October 26, 2006; amended at 32 Ill. Reg. 7588, effective May 5, 2008; emergency amendment at 32 Ill. Reg. 10940, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27, 2008; amended at 32 Ill. Reg. 17929, effective November 10, 2008; amended at 32 Ill. Reg. 19912, effective December 12, 2008; amended at 33 Ill. Reg. 4830, effective March 23, 2009; amended at 34 Ill. Reg. 3448, effective March 8, 2010; emergency amendment at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days.

SUBPART A: GENERAL PROGRAM PROVISIONS

Section 240.160 Definitions**EMERGENCY**

"Adequate plan of care" means a plan of care that provides the minimum services needed to protect the health, safety and welfare of a client.

"Adjusted rate" means a rate other than the established fixed rate of reimbursement.

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"Administrative corrections" means allowable revisions to a proposal permitted and/or performed by the Department in cases of apparent clerical mistakes and in cases where the applicant/Department has reason to believe a mistake may have been made and verification from the applicant has been provided. These actions shall be taken prior to award.

"Administrative costs" means those allowable costs related to the management and organizational maintenance of the provider.

"Adverse action" means the denial of CCP service; a reduction in dollars in the monthly cost of care according to the CCP Client Agreement – Plan of Care; a change in service type that could increase the client's incurred monthly expense for care prior to July 1, 2010; or the termination from CCP service.

"Allegations" means unsubstantiated accusations or statements.

"Allowable costs" means those cost categories, as delineated in Section 240.2050, which will be considered in setting a fixed rate.

"Allowable maximums" means the highest authorized allocation available for services per month based upon Determination of Need scores.

"Appellant" means the applicant/client/authorized representative initiating an appeal as a result of Department action or inaction.

"Assistance with task" means giving aid or support in the performance of a task.

"Assistive device" means crutches, walker, wheel chair, hearing aid, etc.

"Authorized representative" means an agent designated, verbally or in writing, by the applicant/client to be his/her representative, or the applicant's/client's guardian. In the event that an applicant/client is unable to physically write his/her signature, the CCU may sign for the applicant/client at the applicant's/client's verbal request.

"Authorized representative of the provider" means an owner, officer, or employee of the provider agency who has the authority to commit the agency to a financial and/or contractual responsibility.

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"Authorized provider" means a provider who holds a valid contract with the Department to provide Community Care Program (CCP) services.

"Available resources" means assistance provided to an applicant/client by family/friends, church, community, etc.

"Best interest", as used in Section 240.1630, means the determined needs of the client population are being met.

"Burial merchandise" means gravesites, crypts, mausoleums, urns, caskets, vaults, gravemarkers or other repositories for the remains of deceased persons, shrouds, etc.

"Calendar year" means from January 1 through December 31.

"Capable person" means a person who is qualified to perform the functions required.

"Care Coordinator" means a trained individual who is employed to assess needs, conduct eligibility screenings, and perform care coordination services and case management functions under the Community Care Program.

"CCP" means Community Care Program.

"CCU in good standing" (See: Contractor in good standing)

"Client" means a participant who receives services under the Community Care Program.

"Close-out review" means a review performed at the close of the period of time allowed for correction of findings of non-compliance to determine if those corrections have been made and that the newly drawn review sample of client/provider files reflects on-going compliance.

"Closed caseload" means a caseload restricted to those clients already receiving service and refers only to individual providers; no new clients shall be accepted and current clients who discontinue service for any reason will not be reinstated into this caseload.

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"Community-based services" means services provided in a congregate setting in a client's community (i.e., adult day care).

"Comparable human service program" means a program that offers services that are similar to CCP services (e.g., home health aide, maid service).

"Compliance" means adherence to the CCP rules, policy and procedures and the contract with the Department, and all applicable federal, state and local laws/rules/ordinances.

"Components" means specified parts of the service as defined in the applicable Section.

"Confused and disoriented" means unable to clearly and accurately differentiate as to time, person and/or place.

"Continuous eligibility" means that the client has met eligibility requirements each time a subsequent redetermination was administered.

"Contractor in good standing" means a CCP contractor who is currently in compliance or within the permitted timeframe allotted for remedy to come into compliance with the Department's rules and contract.

"Control date" means a starting point for purposes of calculating a time frame; the count begins the next work or calendar day.

"Cost report" means a report of all categorized allowable costs to a provider that are directly associated with services purchased by the Department for its clients in categories as defined in Section 240.2050. The provider shall use the Direct Service Worker Cost Certification and the Detailed Cost Certification forms.

"Daily census maximum" means the total square footage of adult day care client-allotted space divided by 40 sq. ft. equals the daily maximum number of clients that may be served in the adult day care facility.

"Department" means the Illinois Department on Aging.

"Director" means the Director of the Illinois Department on Aging.

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"Discontinuance" means the cessation of Community Care Program services provided to a client for non-payment of incurred expense for care prior to July 1, 2010.

"Documentation" means tangible documents or supporting references or records used to record client contact, determine eligibility or substantiate adherence to rules.

"Documenting" means making written entries on the Case Record Recording Sheet regarding contact with an applicant/client; and/or the viewing or receiving of a document to be placed in applicant/client/worker files to substantiate adherence to rules.

"Emergency" means a sudden unexpected occurrence demanding immediate action (e.g., client illness, illness/death of a member of the client's family, etc.).

"Emergency home response service" or "EHRS" means a 24-hour emergency communication link to assistance outside the client's home based on the client's health and safety needs and mobility limitations. This service is provided by a 2-way voice communication system consisting of a base unit and an activation device worn by the client that will automatically link the client to a professionally staffed support center. The support center assesses the situation and directs an appropriate response whenever this system is engaged by a client.

"Errands" means performance of services outside the home such as essential shopping, picking up medications, and essential business needs as indicated in the plan of care.

"Escort" means accompanying those clients who are dependent on personal physical assistance to enable them to reach and use community resources in order to ensure their access to local services and to allow them to maintain independent living as required by the plan of care.

"Essential" means basic, indispensable or necessary.

"Exit conference" means the meeting at the Illinois Department on Aging between representatives of the Department and the director, or his/her designee, and of the reviewed agency to resolve the agency's objection to the findings of the

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Compliance Review Report. These conferences shall be called when the findings indicate evidence of serious client-related concerns (e.g., Type I findings).

"Face-to-face" means direct communication while physically in the presence of another person or persons.

"Face-to-face review" means an informal review (see Section 240.425) conducted in the appeal process by the Department in the home of an appellant with the applicant/client (and appellant, if appellant is other than the applicant/client) present. (A hearing is conducted by a Hearing Officer – see Section 240.450.)

"FUTA" means the Federal Unemployment Tax Act.

"Fiscally sound agency" means a CCU or provider that has on file at the Department documentation that supports that the CCU or provider has adequate financial resources to perform the terms of the contract (e.g., a line of credit from a financial institution).

"Fraudulent information" means purposely erroneous or untruthful information.

"Geographic area" means a physical area (e.g., county) of the State within which a contractor is authorized to provide services to Community Care Program clients.

"Historical costs" means the total allowable costs incurred for all programs the provider provided for the previous reporting year, which are presented via certified report by the provider.

"Home maintenance and repairs" means those non-routine tasks, excluding any work requiring a ladder or requiring specialized skills on the part of the worker, necessary to maintain a safe and healthful environment for the client as required by the plan of care (e.g., defrosting the refrigerator; cleaning the oven; dusting walls and woodwork; cleaning closets, cupboards and insides of windows; changing filters on and cleaning humidifiers; clearing hazards from outside steps and sidewalks if transportation and/or escort is required by the plan of care; replacing light bulbs).

"Imminent" means likely to occur (e.g., injury or institutionalization).

"Incomplete proposal" means the written offer to the Request for Proposal (e.g.,

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attachments, appendices) that fails to include all requirements as stated in the Request for Proposal.

"Incurred monthly expense" means the client's share of the cost of care for CCP services provided during a previous monthly period prior to July 1, 2010.

"Informal review" means the act of determining the facts relating to an appeal in an informal manner by the Department (see Section 240.425).

"Informality" means an irregularity that is a matter of form or variation from the exact requirement of the Request for Proposal, the correction or waiver of which would not be prejudicial to other applicants (e.g., failure to return number of copies of signed proposals as required by the Request for Proposal).

"In-home services" means services provided in the client's residence with the client present or on behalf of the client (e.g., homemaker service).

"Intermediate Care Facility" or "ICF" means a facility that provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. ICFs are for residents who have long term illnesses or disabilities that may have reached a relatively stable plateau.

"Licensed Practical Nurse" or "LPN" means a nurse who has graduated from a formally approved program of practical nursing education and has been licensed by the appropriate state authority.

"Mandated time period" means the time frame required by pertinent rule.

"M.D." means medical doctor who is registered in the State of Illinois.

"Memorandum of Understanding" means a written document, executed by the applicant/client/authorized representative, CCU representative and provider representative in which all parties agree to cooperate and in which activities are specified that must be fulfilled by each party.

"Observing client's functioning" means watching for any change in the client's needs that could indicate that a redetermination of eligibility and/or a revision in the Client Agreement – Plan of Care is necessary (e.g., client is experiencing

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increasing difficulty in walking; client is becoming increasingly confused and disoriented; client's daughter is no longer available to prepare meals for the client; etc.).

"Occupancy costs" means the costs of depreciation, amortization of leasehold improvements, rent, property taxes, interest and other related costs.

"On-Notice" means the Department sanction imposed on a provider or CCU requiring that provider or CCU to bring specified services or requirements into compliance.

"Parent organization" means an entity to which the contractual party is a subsidiary.

"Participant" (See: "Client")

"Performance of task" means to carry out an action, function or process.

"Period of stay" means period of time during which implementation of a contract action is temporarily delayed.

"Planning and Service Area" or "PSA" means a designated geographic area.

"Post-screening" means screening performed after a client has entered a nursing home due to an emergency situation or oversight without prescreening.

"Potentially" means having the capability of occurring, but not yet in existence (e.g., deterioration in the client's condition).

"Program support costs" means those allowable costs not included as direct service or administrative costs.

"Proposal" means the written offer made by an applicant in response to Department Request for Proposal.

"Provider Agreement" means purchase of service agreement.

"Provider community experience" means documentation of having provided service within the community in which the provider has applied to provide CCP

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services.

"Provider in good standing" (See: Contractor in good standing)

"Providers" means those service providers with whom the Department does business through contracts on a reimbursement basis for units of service delivery to specified clients.

"Reasonable" means using and showing reason or sound judgement, sensible, not excessive.

"Reasonable and diligent effort" means perseverance on the part of the applicant/client in his/her attempt to dispose of the asset (e.g., as evidenced by copies of the advertisement for the sale of the asset).

"Registered Nurse" or "RN" means a nurse who has graduated from a formal program of nursing education and has been licensed by the appropriate state authority.

"Reinstatement" means the resumption of services, within an established time frame, at the same level provided prior to a suspension/discontinuance of the services.

"Related parties" means any other entities having a legal or contractual relationship with the contractual party.

"Request for Proposal" or "RFP" means a form of invitation to bid that the Department uses to obtain homemaker, adult day care services and demonstration/research projects under the ~~Community Care Program (CCP)~~. The RFP explains the purpose of the invitation to bid, outlines the scope of the work and solicits proposals from provider agencies for the funding of services undertaken by the Department.

"Responsible person" means a capable person who does not appear to be disoriented or confused and is presumed to be acting in the best interest of another individual.

"Rotation plan" means a Department approved plan for the equitable distribution of clients to providers (used only if client does not indicate a choice of providers).

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"Routine procedures" means procedures performed in a hospital that result in no perceptible change in the client's physical/mental health needs (e.g., tests, blood work-ups, x-rays, dialysis, etc.).

"Service area" means any area in which a provider has been awarded a contract to provide CCP services.

"Skilled Nursing Facility" or "SNF" means a group care facility licensed by the Illinois Department of Public Health that provides skilled nursing care, continuous skilled nursing observations, restorative nursing and other services under professional direction with frequent medical supervision. SNFs are provided for patients who need the type of care and treatment required during the post acute phase of illness or during reoccurrences of symptoms in long-term illness (89 Ill. Adm. Code 101.20).

"Special diet" means a dietary restriction based upon the health and safety needs of the client and prescribed by a physician (e.g., sodium free, fat, protein, diabetic, etc.); whereas a modified diet relates to a diet containing easy to chew foods. A modified diet may be part of a specialized diet.

"State fiscal year" means from July 1 through June 30.

"Suspension" means the temporary cessation of the provision of Community Care Program services provided to a client.

"Suspension of referrals" means closed intake of new clients to a specific contractor.

"Termination" means the permanent cessation of the provision of Community Care Program services and eligibility of services.

"Threat" means the existence of circumstances that indicate the intent of an individual or group to destroy the property of or to injure or punish another individual or group. These circumstances might be the display of a weapon at an adult day care center.

"Too highly impaired applicant/client" means an applicant/client who needs 24 hour a day care, for whom CCP cannot develop a plan of care to protect his/her

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physical, mental and environmental needs and who does not have sufficient outside support from family, friends, church et. al., to provide for those needs (as determined by Part B – Unmet Need for Care – of the Community Care Program – Determination of Need). (Refer to Section 240.715.)

"Unallowable costs" means those costs that will not be considered in determining the fixed rate or in meeting the required minimum direct service expenditure.

"Unit of service" means a measured length of service, such as an hour, a day, a visit, a one-way trip, or some other measurable service component that will enable the Department to determine the amount of service provided individually or in aggregate to or on behalf of a client.

"Validation of provider community experience" means the documentation of letters from community agencies attesting to experience with the provider within the community.

"Validity of client billing" means the accuracy of the billing and documentation thereof.

"Work days" means Monday through Friday at a minimum, excluding provider designated holidays.

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

SUBPART B: SERVICE DEFINITIONS

Section 240.230 Adult Day Service**EMERGENCY**

Adult day service is the direct care and supervision of adults aged 60 and over in a community-based setting for the purpose of providing personal attention; and promoting social, physical and emotional well-being in a structured setting.

- a) Required Service Components
 - 1) Assessment of the client's strengths and needs and development of an individual written plan of care for each client that establishes specific

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client goals for all service components to be provided or arranged for by the service provider.

- A) The individual plan of care is to be established by the adult day service team consisting of Program Coordinator/Director and Program Nurse, and may include other staff at the option of the program Coordinator/Director.
 - B) The individualized plan of care is to be established not later than the fourth week of service.
 - C) The individualized plan of care shall address the needs identified by the Case Coordination Unit (CCU), as described in the Determination of Need (DON), Client Agreement – Plan of Care and approved by the client's physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner in accordance with Section 240.730 of this Part.
 - D) The individualized plan of care shall address the need identified by the service provider's staff and client/caregiver during the individualized plan of care process.
 - E) The client, caregiver and other service providers shall have the opportunity to contribute to the development, implementation and evaluation of the individualized plan of care.
 - F) Reassessing the client's needs and reevaluating the appropriateness of the individualized plan of care shall be done as needed, but at least semi-annually.
- 2) A balance of purposeful activities to meet the client's interrelated needs and interests (social, intellectual, cultural, economic, emotional, physical and spiritual) designed to improve or maintain the optimal functioning of the client.
- A) Activity programming shall take into consideration individual differences in age, health status, sensory deficits, lifestyle, ethnicity, religious affiliation, values, experiences, needs, interests and abilities by providing for a variety of types and levels of

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involvement.

- B) Time for rest and relaxation shall be provided as needed or prescribed.
 - C) Activity opportunities shall be available whenever the service provider's facility is in operation and clients are in attendance.
 - D) A monthly calendar of activities shall be prepared and posted in a visible place.
- 3) Assistance with or supervision of activities of daily living (e.g., walking, eating, toileting and personal care), as needed.
 - 4) Provision of health-related services appropriate to the client's needs as identified in the provider's assessment and/or physician's orders, including health monitoring, nursing intervention on a moderate or intermittent basis for medical conditions and functional limitations, medication monitoring, medication administration or supervision of self-administration, and coordination of health services.
 - 5) A daily meal meeting one-third of the adult "Recommended Daily Dietary Allowances" established by the Food and Nutrition Board of the National Research Council – National Academy of Sciences, 10th Revised Edition, 1989, no later amendments or editions are included. Supplementary nutritious snacks shall also be provided. Special diets shall be provided as directed by the client's physician.
 - 6) Agency provision or arrangement for transportation, with at least one vehicle physically accessible, to enable clients to receive adult day service at the adult day service provider's site and participate in sponsored outings.
 - 7) Provision of emergency care as appropriate in accordance with established adult day service provider policies and Section 240.1510 of this Part.
- b) Ancillary Service Components
 - 1) Ancillary services, including physical, occupational, speech and creative

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arts therapies may be provided by site staff or through contractual arrangements when needed by clients. If provided, ancillary services shall be within the framework of the individualized plan of care and in accordance with professional practice standards and applicable State and federal regulations.

- 2) Skilled nursing services, including, but not limited to, catheter installation, irrigations and care, dressings, enemas, oxygen therapy, suction/posturing, ostomy care and restorative nursing such as bladder retraining. (All ~~these~~^{above} procedures/interventions require physician orders and shall be administered by a Registered Nurse or a Licensed Practical Nurse, in accordance with the Illinois Nursing Act [225 ILCS 65].)

- 3) Shopping assistance.

- 4) Escort to medical and social services.

AGENCY NOTE: Reimbursement for costs of ancillary services is not included in the unit rate paid by the Department and will not be paid by the Department.

c) Unit of Service

- 1) One unit of adult day service is defined as one direct client contact hour (excluding transportation time) provided to a client. A direct client contact hour is defined as 60 consecutive minutes of active programming, i.e., providing one or a combination of the service components listed in subsections (a)(2) through (7).
- 2) One unit of documented adult day service transportation, provided by the adult day service provider, is defined as a one-way trip per client to or from the adult day service provider's site and the client's home. No more than two units of transportation shall be provided per client in a 24 hour period, and shall not include trips to a physician, shopping, or other miscellaneous trips.
- 3) For services (including transportation, if specified in the plan of care) which the provider was unable to provide due to the client's absence without prior notification (see Section 240.350 of this Part), the provider shall be reimbursed as follows:

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- A) Two and one half units of documented adult day service per occurrence to a maximum of five units per client per State fiscal year.
 - B) One unit of documented adult day service transportation, provided by the adult day service provider, per occurrence to a maximum of two units per client per State fiscal year.
- 4) Refer to Section 240.1950.

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

SUBPART C: RIGHTS AND RESPONSIBILITIES

Section 240.340 Confidentiality/Safeguarding of Case Information**EMERGENCY**

- a) For the protection of applicants/clients, any information about an applicant's/client's case is confidential and may be used only for purposes directly related to the administration of the Community Care Program. Information ~~that~~which is considered to be included in the administration of the program is as follows:
 - 1) Establishing an applicant's/client's initial/continuing eligibility;
 - 2) Establishing the extent of an applicant's/client's assets and, income, determination of the expense to be incurred by the client for care prior to July 1, 2010, and determination of need under the CCP;
 - 3) Finding and linking needed services and resources available to an eligible client;
 - 4) Assuring the health and safety of the client~~;~~;
 - 5) Collecting data for the Department's demonstration/research projects.
- b) Use of information for commercial, personal, political or other purposes not

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specified in this Section is specifically prohibited.

- c) The Department, Case Coordination Units (CCUs) and vendors shall inform all agencies and governmental departments to whom information is furnished that this material is confidential and must be so considered by the agency or governmental department.
- d) Any information received from other agencies or persons, which includes the express statement that the information is not to be released to the client or to any other person or agency under any circumstances, is prohibited from release as case information. Requests for such information shall be referred to the originator of the restricted information.
- e) If any information about a client or document contained in the applicant's/client's case file is to be used for any purpose other than the administration of the Community Care Program, the Case Coordination Unit or the vendor shall obtain a Release Information form signed by the applicant/client/authorized representative. The Release Information form shall be placed in the applicant's/client's file.

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

SUBPART D: APPEALS

Section 240.415 What May be Appealed**EMERGENCY**

The following action of Case Coordination Units (CCUs), providers, or the Department may be appealed:

- a) Refusal to accept an application or reapplication.
- b) Failure to act upon an application within the mandated time period, unless delayed in any manner by the applicant/client/authorized representative in the determination of eligibility process.
- c) A decision to deny an application or request.

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- d) Failure to advise prescreened individuals that they have a choice of:
 - 1) nursing home placement; or
 - 2) receiving in-home or community-based services, if eligible; or
 - 3) declining either of the subsection (d)(1) or (d)(2)-above options.
- e) A decision to reduce, terminate or in any way change the Community Care Program services or the manner in which those services are provided. If the decision to reduce, terminate or in any way change CCP services is based on automatic, non-discretionary changes in eligibility, rates or benefits required by Federal or State statute or regulation, which adversely affects some or all clients, the appeal will be automatically denied and the individual affected will not be afforded a hearing.
- f) A decision to deny a request for redetermination.
- g) Failure to make a decision or take appropriate action on any request made by a client within 15 calendar days from the date of thesueh request.
- h) The validity and accuracy of the amount billed to a client by a Community Care Program Provider for the client's incurred expense for care provided prior to July 1, 2010.
- i) A decision by a CCU to uphold a provider decision with which the applicant/client does not agree.
- j) Failure to advise the applicant/client of his/her right to choose a Department authorized provider in the service area of the applicant/client to provide the services required by the plan of care.
- k) Failure of a CCU to advise an applicant/client of any of his/her rights under the Community Care Program.
- l) Failure of a CCU or provider to comply with Community Care Program rules.

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

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SUBPART G: NON-FINANCIAL REQUIREMENTS

**Section 240.728 Maximum Payment Levels for Plans of Care Including In-homeHomemaker Service
EMERGENCY**

Maximum monthly service dollars are calculated according to the applicant's/client's total Determination of Need score and approved Plan of Care for in-home service or other combination of options excluding adult day service. These maximum monthly service dollars will be adjusted by the Department to be consistent with any future unit rate adjustments for Community Care Program (CCP) providers.

<u>DON SCORE</u>	<u>SERVICE MAXIMUM LEVEL</u>
<u>29</u>	<u>\$ 309</u>
<u>30</u>	<u>343</u>
<u>31</u>	<u>377</u>
<u>32</u>	<u>411</u>
<u>33</u>	<u>463</u>
<u>34</u>	<u>514</u>
<u>35</u>	<u>548</u>
<u>36</u>	<u>583</u>
<u>37</u>	<u>617</u>
<u>38</u>	<u>651</u>
<u>39</u>	<u>686</u>
<u>40</u>	<u>720</u>
<u>41</u>	<u>754</u>
<u>42</u>	<u>788</u>
<u>43</u>	<u>823</u>
<u>44</u>	<u>857</u>
<u>45</u>	<u>908</u>
<u>46</u>	<u>960</u>
<u>47</u>	<u>1,011</u>
<u>48</u>	<u>1,063</u>
<u>49</u>	<u>1,114</u>
<u>50</u>	<u>1,166</u>
<u>51</u>	<u>1,217</u>
<u>52</u>	<u>1,268</u>
<u>53</u>	<u>1,320</u>

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<u>54</u>	<u>1,371</u>
<u>55</u>	<u>1,423</u>
<u>56</u>	<u>1,474</u>
<u>57</u>	<u>1,543</u>
<u>58</u>	<u>1,577</u>
<u>59</u>	<u>1,611</u>
<u>60</u>	<u>1,645</u>
<u>61</u>	<u>1,680</u>
<u>62</u>	<u>1,714</u>
<u>63</u>	<u>1,748</u>
<u>64</u>	<u>1,783</u>
<u>65</u>	<u>1,817</u>
<u>66</u>	<u>1,868</u>
<u>67</u>	<u>1,937</u>
<u>68</u>	<u>2,005</u>
<u>69</u>	<u>2,074</u>
<u>70</u>	<u>2,143</u>
<u>71</u>	<u>2,211</u>
<u>72</u>	<u>2,280</u>
<u>73</u>	<u>2,348</u>
<u>74</u>	<u>2,417</u>
<u>75</u>	<u>2,485</u>
<u>76</u>	<u>2,554</u>
<u>77</u>	<u>2,605</u>
<u>78</u>	<u>2,691</u>
<u>79</u>	<u>2,760</u>
<u>80</u>	<u>2,828</u>
<u>81</u>	<u>2,897</u>
<u>82</u>	<u>2,965</u>
<u>83</u>	<u>3,034</u>
<u>84</u>	<u>3,102</u>
<u>85</u>	<u>3,154</u>
<u>86</u>	<u>3,205</u>
<u>87</u>	<u>3,257</u>
<u>88</u>	<u>3,291</u>
<u>89</u>	<u>3,325</u>
<u>90</u>	<u>3,359</u>
<u>91</u>	<u>3,394</u>
<u>92</u>	<u>3,428</u>

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<u>93</u>	<u>3,462</u>
<u>94</u>	<u>3,497</u>
<u>95</u>	<u>3,531</u>
<u>96</u>	<u>3,565</u>
<u>97</u>	<u>3,599</u>
<u>98</u>	<u>3,634</u>
<u>99</u>	<u>3,668</u>
<u>100</u>	<u>3,702</u>

- a) ~~Individuals scoring from 29 thru 32 points shall be eligible for services costing no less than \$1 and not to exceed \$211 monthly.~~
- b) ~~Individuals scoring from 33 thru 36 points shall be eligible for services costing no less than \$1 and not to exceed \$350 monthly.~~
- e) ~~Individuals scoring from 37 thru 45 points shall be eligible for services costing no less than \$1 and not to exceed \$533 monthly.~~
- d) ~~Individuals scoring from 46 thru 56 points shall be eligible for services costing no less than \$1 and not to exceed \$665 monthly.~~
- e) ~~Individuals scoring from 57 thru 67 points shall be eligible for services costing no less than \$1 and not to exceed \$873 monthly.~~
- f) ~~Individuals scoring from 68 thru 78 points shall be eligible for services costing no less than \$1 and not to exceed \$1,007 monthly.~~
- g) ~~Individuals scoring from 79 thru 87 points shall be eligible for services costing no less than \$1 and not to exceed \$1,371 monthly.~~
- h) ~~Individuals scoring from 88 thru 100 points shall be eligible for services costing no less than \$1 and not to exceed \$1,598 monthly.~~

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

Section 240.729 Maximum Payment Levels for Plans of Care Including Adult Day Care Service
EMERGENCY

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Maximum monthly service dollars are calculated according to the applicant's/client's total Determination of Need score and approved Plan of Care for adult day service or other combination of options including adult day service. These maximum monthly service dollars will be adjusted by the Department to be consistent with any future unit rate adjustments for CCP providers. Applicable service maximum levels for Community Care Program clients who, based on an approved plan of care, receive adult day care service are:

DON SCORE RANGE	SERVICE MAXIMUM LEVEL
<u>29-32</u>	\$ <u>657236</u>
<u>3033-36</u>	<u>778590</u>
<u>3137-45</u>	<u>898708</u>
<u>3246-56</u>	<u>1,019828</u>
<u>3357-67</u>	<u>1,157944</u>
<u>3468-78</u>	<u>1,2951,007</u>
<u>3579-87</u>	<u>1,4334,371</u>
<u>3688-100</u>	<u>1,5714,598</u>
<u>37</u>	<u>1,658</u>
<u>38</u>	<u>1,745</u>
<u>39</u>	<u>1,814</u>
<u>40</u>	<u>1,884</u>
<u>41</u>	<u>1,953</u>
<u>42</u>	<u>2,005</u>
<u>43</u>	<u>2,058</u>
<u>44</u>	<u>2,110</u>
<u>45</u>	<u>2,162</u>
<u>46</u>	<u>2,215</u>
<u>47</u>	<u>2,267</u>
<u>48</u>	<u>2,319</u>
<u>49</u>	<u>2,372</u>
<u>50</u>	<u>2,407</u>
<u>51</u>	<u>2,442</u>
<u>52</u>	<u>2,477</u>
<u>53</u>	<u>2,512</u>
<u>54</u>	<u>2,547</u>
<u>55</u>	<u>2,583</u>
<u>56</u>	<u>2,618</u>
<u>57</u>	<u>2,653</u>
<u>58</u>	<u>2,688</u>

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<u>59</u>	<u>2,723</u>
<u>60</u>	<u>2,759</u>
<u>61</u>	<u>2,794</u>
<u>62</u>	<u>2,829</u>
<u>63</u>	<u>2,864</u>
<u>64</u>	<u>2,899</u>
<u>65</u>	<u>2,934</u>
<u>66</u>	<u>2,970</u>
<u>67</u>	<u>3,005</u>
<u>68</u>	<u>3,057</u>
<u>69</u>	<u>3,109</u>
<u>70</u>	<u>3,162</u>
<u>71</u>	<u>3,214</u>
<u>72</u>	<u>3,266</u>
<u>73</u>	<u>3,319</u>
<u>74</u>	<u>3,371</u>
<u>75</u>	<u>3,423</u>
<u>76</u>	<u>3,476</u>
<u>77</u>	<u>3,528</u>
<u>78</u>	<u>3,580</u>
<u>79</u>	<u>3,633</u>
<u>80</u>	<u>3,685</u>
<u>81</u>	<u>3,737</u>
<u>82</u>	<u>3,790</u>
<u>83</u>	<u>3,842</u>
<u>84</u>	<u>3,894</u>
<u>85</u>	<u>3,947</u>
<u>86</u>	<u>3,999</u>
<u>87</u>	<u>4,051</u>
<u>88</u>	<u>4,104</u>
<u>89</u>	<u>4,156</u>
<u>90</u>	<u>4,208</u>
<u>91</u>	<u>4,260</u>
<u>92</u>	<u>4,313</u>
<u>93</u>	<u>4,365</u>
<u>94</u>	<u>4,417</u>
<u>95</u>	<u>4,470</u>
<u>96</u>	<u>4,522</u>
<u>97</u>	<u>4,574</u>

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98
99
100

4,627
4,679
4,731

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

SUBPART H: FINANCIAL REQUIREMENTS

Section 240.825 Income**EMERGENCY**

- a) Documentation of all currently available income ~~that~~^{which} is not specified as exempt shall be provided during the applicant's/client's determination/redetermination of eligibility for ~~the Community Care Program (CCP)~~.
- b) The first \$25-~~00~~ of earned or unearned income (other than Supplemental Security Income (SSI) or contributions from a spouse or other individual) is exempt from consideration in determining the monthly expense for care to be assessed in accordance with Section 240.855 of this Part prior to July 1, 2010. A client is eligible for only one \$25-~~00~~ exemption regardless of the types or sources of earned or unearned income.
- c) In accordance with provisions of 89 Ill. Adm. Code 120.379, an applicant/client whose spouse (i.e., community spouse) is not receiving CCP services; may divert income to his/her spouse so that the spouse may have exempt income up to the amount exempted by the Illinois Department of Healthcare and Family Services (see ~~Public Aid, at~~ 89 Ill. Adm. Code 120.379(e)); for a community spouse. This income shall be exempt in determining the monthly expense for care to be assessed the CCP applicant/client prior to July 1, 2010.
- d) Except for income exempted in accordance with subsection (a) ~~above~~, all income diverted in accordance with provisions of 89 Ill. Adm. Code 120.379 from a spouse who resides in a long term care facility to a CCP applicant/client shall be considered in determining the monthly expense for the care to be assessed the CCP applicant/client prior to July 1, 2010.

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(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

Section 240.855 Applicant/Client Expense for Care
EMERGENCY

The requirements of Section 240.855 are applicable to all CCP clients for services provided prior to July 1, 2010.

- a) An eligible CCP applicant/client ~~of the Community Care Program (CCP)~~ or the applicant's/client's authorized representative shall sign the Client Agreement – Plan of Care agreeing to pay a portion of all income in excess of the federal poverty level to the provider for expense to be incurred monthly for care.
 - 1) Adjustments in the federal poverty level shall be made annually and shall become effective the first day of each State fiscal year.
 - 2) Client payments to the provider shall not exceed the client's monthly incurred expense for care.
- b) Refusal by the eligible applicant/authorized representative to sign the required Client Agreement – Plan of Care for payment of the expense to be incurred monthly for care shall result in denial of the application.
- c) Refusal by the client/authorized representative to sign the required Client Agreement – Plan of Care for payment of the expense to be incurred monthly for care shall result in termination of CCP services.

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

Section 240.870 Determination of Applicant/Client Monthly Expense for Care
EMERGENCY

- a) The requirements of Section 240.870 are applicable to all CCP clients for services provided prior to July 1, 2010.
- b) The amount of the expense ~~that which~~ will be incurred monthly for ~~Community Care Program (CCP)~~ services by the eligible applicant/client shall be determined

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in the following manner:

- 1)a) Calculate available income by:
 - A)1) determining applicant/client/family total monthly non-exempt income;⁵ and
 - B)2) deducting the protected income, which is based upon the effective federal poverty level and the number of persons in the family.
- 2)b) Determine the applicant's/client's monthly cost for care by multiplying the units of ~~services~~^{service(s)} provided each month to the applicant/client by the following client fixed fee share rates:

Homemaker – \$5.30 per unit
Adult Day Care – \$3.50 per unit
- 3)e) Select the appropriate CCP Fee Schedule, based upon:
 - A)1) the number of persons in the family who are receiving CCP services; and
 - B)2) a score of 56 or fewer total points or a score of 57 or more total points on the Determination of Need.
- 4) If two or more members of a family are receiving CCP services, the selection of the appropriate Fee Schedule to be used under subsection (b)(3) will be based upon the highest point count scored.
- 5)d) Use the available income and the applicant's/client's monthly cost for care with the appropriate Fee Schedule to determine the amount of applicant/client expense ~~that~~^{which} will be incurred monthly for CCP services.

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

Section 240.875 Client Responsibility**EMERGENCY**

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- a) The following requirements of Section 240.875 are applicable to all CCP clients for services provided prior to July 1, 2010:
- 1) Payment of an incurred monthly expense for ~~Community Care Program (CCP)~~ services, arrived at by use of the formula outlined in Section 240.870 shall be the responsibility of the client.
 - 2)b) If a client fails to make payment of the incurred monthly expense for more than ~~thirty (30)~~ calendar days from the date of the bill from the vendor, the vendor shall, request the Case Coordination Unit (CCU) to discontinue services to the client. The request shall be submitted in conformance with Section 240.935.
 - 3)e) Discontinued services shall be reinstated upon receipt of payment by the client to the vendor of the outstanding incurred monthly expense or upon receipt of a plan of payment of incurred expense as agreed upon by the vendor and the client. There shall be no loss of benefits to the client upon reinstatement due to the non-payment and discontinuance of services. Prior to reinstatement, the vendor shall notify the CCU that the past due payment has been received, or a plan of payment has been agreed upon and the CCU shall perform a redetermination of need for services.
- b)d) If a client desires services in addition to those authorized by ~~CCP~~the Community Care Program, the client shall be responsible for full payment for those additional services.

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

SUBPART I: DISPOSITION OF DETERMINATION

Section 240.920 Reasons for Denial**EMERGENCY**

Denial of ~~Community Care Program (CCP)~~ eligibility shall be based upon one or more of the reasons identified in this Section:

- a) Applicant is less than 60 years of age at the time of the determination of

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eligibility.

- b) Applicant is not in need of CCP services: scored less than 29 total points/less than 15 points on Part A, Level of Impairment, of the Determination of Need.
- c) Applicant/authorized representative refuses to sign Client Agreement – Plan of Care.
- d) Applicant/authorized representative refuses to sign Client Agreement – Plan of Care based upon the expense to be incurred monthly for services provided prior to July 1, 2010, as required on the Client Agreement – Plan of Care.
- e) Applicant/authorized representative does not agree with plan of care/hours of service.
- f) Applicant is deceased.
- g) Applicant has been institutionalized for more than 60 calendar days from the date of application.
- h) Applicant/authorized representative voluntarily withdraws application.
- i) Applicant cannot be located to determine eligibility for or to provide CCP services.
- j) Applicant/authorized representative has not provided reasonable documentation supporting eligibility as required by the Department or its Case Coordination Unit (CCU) within 90 calendar days after the date of receipt of the completed application.
- k) Applicant/authorized representative has not cooperated with the Department/CCU/vendor as required and as specified by Section 240.350.
- l) Applicant does not meet citizenship requirements.
- m) Applicant does not meet residency requirements.
- n) A plan of care cannot be developed that adequately meets the applicant's determined needs.

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- 1) The determination that an adequate plan of care cannot be developed shall be sought first through the Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner endorsement. Failure to obtain the supportive endorsement that an adequate plan of care cannot be developed shall be so documented.
 - 2) If the Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner fails to provide the supportive endorsement, the CCU shall make the determination that an adequate plan of care cannot be developed in accordance with Section 240.715.
- o) The total value of applicant's non-exempt assets is in excess of \$17,500.
 - p) Applicant has not provided the Physician, Nurse Practitioner, Registered Nurse or Christian Science Practitioner endorsement as required by Section 240.730(d).
 - q) Eligibility could not be established for an applicant who was receiving interim services based upon presumptive eligibility as required by Section 240.1020 and Section 240.865.
 - r) Applicant/authorized representative provided fraudulent information.
 - s) Applicant whose CCP services were previously denied or terminated for non-cooperation as set forth in Section 240.350 shall be denied services upon re-application, except as the situation or condition ~~that~~^{which} led to the memorandum of understanding (see Section 240.350) has been permanently resolved.
 - t) Applicant has an outstanding bill for CCP services provided prior to July 1, 2010 ~~that~~^{this application which} he/she refuses to pay.
 - u) Applicant chooses not to receive CCP services from the list of authorized vendors and has so indicated on the Client's Vendor Selection form.
 - v) Applicant received interim services provided prior to July 1, 2010~~in the past~~ for which an incurred expense was never paid.
 - w) Applicant has transferred non-exempt assets within the past 36 months for the purpose of obtaining CCP services.

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- x) Applicant/authorized representative has not reported or refused to provide documentation of changes in circumstances ~~that~~~~which~~ have occurred prior to eligibility determination as required by Section 240.360.
- y) Applicant refuses to apply for and, if eligible, enroll in medical assistance under Article V of the Illinois Public Aid Code [305 ILCS 5/Art. V] as required by Section 240.865.

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

Section 240.935 Discontinuance of Services to Clients**EMERGENCY**

- a) The following requirements of Section 240.935 are applicable to all CCP clients for services provided prior to July 1, 2010.
 - 1) When a client fails to make payment, or refuses to make payment of his/her incurred expenses for ~~Community Care Program (CCP)~~ services provided by an authorized vendor within ~~thirty (30)~~ calendar days from the date of the vendor's bill to the client, the vendor may request the Case Coordination Unit (CCU) to discontinue services. (See Section 240.1520.) The CCU shall notify the client by regular mail on or before ~~fifteen (15)~~ calendar days from the date of the vendor request to discontinue services and the discontinuance shall be effective no sooner than ~~fifteen (15)~~ calendar days from the date of the notice.
 - 2)b) The vendor may, upon discontinuance, request reimbursement from the Department not to exceed ~~one hundred twenty (120)~~ calendar days charges to the client.
- b)e) Discontinued services may be reinstated only upon payment of the indebtedness by the client within one ~~(1)~~-year from the effective date of discontinuance of services. Upon receipt of ~~the such~~ payment, CCP services shall be reinstated without loss of benefits on or before ~~fifteen (15)~~ calendar days from the date of receipt. Written notification of reinstatement shall be provided to the client and the ~~vendors~~~~vendor(s)~~ by regular mail.

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~~c)d~~ If discontinued services are not reinstated based on payment of indebtedness by the client within one ~~(1)~~-year from the effective date of discontinuance, services shall be terminated by the CCU.

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

Section 240.945 Notification**EMERGENCY**

a) Any client whose ~~Community Care Program (CCP)~~ services are being changed in the following manner shall be advised of the change by written notice: change of service type; reduced amount of service; increased monthly incurred expense prior to July 1, 2010; or termination.

- 1) ~~The Such~~ written notice shall be sent to a client by certified mail, return receipt requested, or given to the client personally, in which case the individual is to provide a signed and dated receipt for the notice. In the event of death of a client, regular mail is acceptable.
- 2) The notice shall clearly state the reason for the action being taken.
- 3) The client shall be notified of the action being taken no later than ~~fifteen~~ ~~(15)~~ calendar days from the date of redetermination and the action shall be effective no sooner than ~~fifteen~~ ~~(15)~~ calendar days from the date of the notice if the action is adverse to the client (see Section 240.160 for a definition of adverse action). This time frame does not apply to termination as a result of the non-cooperative act specified in Section 240.350(b)(1).
- 4) In the event of death of the client, the termination shall be effective the date of the notice. The Case Action Notice form shall be dated and mailed/hand delivered on the same day.

b) A CCP client's ~~service~~ ~~service(s)~~, as specified in subsection (a) ~~above~~, may be changed or reduced at the request of the client and not require the ~~fifteen~~ ~~(15)~~ calendar day notice period under the following circumstances:

- 1) the client provides the CCU with a signed statement that the change or

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reduction is at the client's request;

- 2) the CCU, client and vendor mutually agree to the initiation of the change or reduction on the agreed upon date (which may be less than the required ~~fifteen~~(15) calendar days from the date of the notice to the client);
 - 3) A written notice is provided to the client (either by certified mail, return receipt requested, or handed to the client, with a receipt provided by the client for the notice) prior to the initiation of the change or reduction. The notice shall indicate the agreed upon effective date;
 - 4) rights of appeal shall not be denied to a client who has requested a change or reduction in CCP services; and
 - 5) the CCU has documented all of the requirements of this subsection (b)above and placed the client's statement in the client's file.
- c) When a redetermination of eligibility requires an increase, no change in service, or no change in the amount of expense to be incurred by the client (if applicable), the client shall be notified in writing. ~~TheSuch~~ notice shall be mailed by regular mail to the client within ~~fifteen~~(15) calendar days from the date of the redetermination.
- d) A copy of any notification mailed/hand delivered to a client shall be mailed/provided to the appropriate vendor on the same date it is mailed/hand delivered to the client.

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

Section 240.950 Reasons for Termination**EMERGENCY**

A client shall be terminated from ~~the Community Care Program (CCP)~~ for one or more of the reasons identified in this Section:

- a) client is deceased;
- b) client is an in-patient of any institution or is otherwise not available for services

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for more than 60 calendar days;

- c) client's condition has improved and there is no longer a need for CCP services as measured by the CCP Determination of Need (DON);
- d) client cannot be located;
- e) client has requested termination of services;
- f) client refuses transfer to a different vendor/Case Coordination Unit (CCU) and the current vendor/CCU cannot provide services needed by the client;
- g) client has failed to cooperate with the Department/CCU/vendor as required and as specified in Section 240.350;
- h) client no longer meets citizenship requirements;
- i) client no longer meets residency requirements;
- j) a plan of care cannot be developed that adequately meets the client's determined needs in accordance with Section 240.715.
 - 1) Such determination shall be sought first through the Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner endorsement. Failure to obtain the endorsement shall be so documented.
 - 2) If the Physician/Nurse Practitioner/Registered Nurse/Christian Science Practitioner fails to provide the supportive endorsement, the CCU shall make the determination that an adequate plan of care (see Section 240.730(d)) cannot be developed;
- k) client's non-exempt assets have increased and exceed \$17,500;
- l) client failed to report the transfer of non-exempt assets as required by Section 240.820;
- m) client, initially determined eligible prior to July 6, 1982 (see Section 240.800(a) and (b)), who has had continuous service since that time, refuses to declare income/assets upon redetermination;

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- n) client has failed to report or refused to provide documentation of changes in circumstances as required by Section 240.360;
- o) client refuses to sign a Client Agreement – Plan of Care (see Section 240.855(c));
- p) client rejects CCP services under Section 240.330 and has so indicated on the Client's Vendor Selection form; or
- q) a client, whose CCP services were discontinued for non-payment of incurred expense for services provided prior to July 1, 2010~~care~~, has not made payment for the indebtedness; and has not received CCP services for more than one year (see Section 240.935(e)).

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

SUBPART K: TRANSFERS

Section 240.1110 Individual Transfer Request – Vendor to Vendor – No Change in Service
EMERGENCY

- a) The Department, a Case Coordination Unit (CCU) or a client/authorized representative may request a transfer for provision of ~~Community Care Program (CCP)~~ services from one vendor to another vendor, within the same service area, and without any change in service needs. The transfer request may be initiated by verbally advising the CCU of the desired change in vendor. The CCU shall verbally advise the client of the vendor choices available. The CCU shall complete a new Client Agreement – Plan of Care and Client's Vendor Selection forms based upon that verbal advice from the client as to his/her selection.
- b) Reasons for the CCU to authorize a vendor to vendor transfer with no change in services provided may include:
 - 1) the needs of a client are not being met by the current vendor; or
 - 2) the client has exercised his/her right of freedom of choice and requested transfer.

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- c) Within ~~five (5)~~ work days from the date of receipt of a verbal request to effect a transfer, the CCU shall forward a Client's Vendor Selection form and new Client Agreement to the client/authorized representative for signature.
- d) Within ~~thirty (30)~~ calendar days from the date of receipt of the signed Client's Vendor Selection form and Client Agreement:
- 1) the CCU shall:
 - A1) complete a Case Action Notice establishing the effective date of transfer; and
 - B2) forward:
 - iA) the original Case Action Notice to the client/authorized representative;
 - iiB) a copy of the Case Action Notice, the original Client Agreement and a copy of the Case Documentation for Determination of Need to the receiving vendor on the same day the original Case Action Notice is sent to the client;
 - iiiC) a copy of the Case Action Notice to transferring vendor.
 - 23) ~~upon~~ receipt of the vendor's signature on the Client Agreement – Plan of Care, the CCU shall place a copy of the executed Client Agreement – Plan of Care ~~shall be placed~~ in the CCU's client file and a copy shall be forwarded to the client.
- e) The effective date of the transfer shall be within ~~fifteen (15)~~ calendar days from the date of the Case Action Notice and service shall be initiated by the receiving vendor without service interruption.
- f) If a delay in any of the ~~above~~ time frames established in this Section is caused by the documented action or inaction of the client/authorized representative, time frames shall be extended by the number of calendar days of the delay.
- g) If a client has any outstanding incurred expense due to the transferring vendor for services provided prior to July 1, 2010, ~~the~~ incurred expense must be paid in

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full in accordance with Section 240.935 and Section 240.1130,
~~subsection~~(d)(4)(B).

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

Section 240.1120 Individual Transfer Request – Vendor to Vendor – With Change in Service
EMERGENCY

- a) A request for transfer of a ~~Community Care Program (CCP)~~ client from one vendor to another vendor within the same service area ~~that~~which requires a change in the services provided shall be effected by the Case Coordination Unit (CCU) following a redetermination of need. The request may be initiated by the Department, CCU, the vendor, or the client/authorized representative verbally or in writing to the CCU. The CCU shall complete the redetermination of need, including obtaining a completed and signed Client's Vendor Selection form and Client Agreement – Plan of Care from the client/authorized representative, within ~~thirty (30)~~ calendar days from the date of the request unless delayed by the client/authorized representative.
- b) Reasons for a vendor to vendor transfer with a required change in service may include:
 - 1) a change in the client's condition;~~s~~ and
 - 2) the vendor's inability to meet the service needs of the client, as required by the plan of care.
- c) The CCU shall:
 - 1) no later than ~~fifteen (15)~~ calendar days from the date of redetermination, complete in accordance with Section 240.945 and forward:
 - A) the original Case Action Notice to the client/authorized representative;
 - B) a copy of the Case Action Notice, the original Client Agreement – Plan of Care and a copy of the Case Documentation for the

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Determination of Need to the receiving vendor on the same day the original Case Action Notice is sent to the client;

- C) a copy of the Case Action Notice to the transferring vendor.
- 2) Upon receipt of the vendor's signature on the Client Agreement – Plan of Care, a copy of the executed Client Agreement – Plan of Care shall be placed in CCU's client file and a copy shall be forwarded to the client.
- d) The effective date of transfer shall be no later than ~~fifteen (15)~~ calendar days from the date of the Case Action Notice and service shall be initiated by the receiving vendor without service interruption.
- e) If any delay in any of the ~~above~~ time frames established in this Section is caused by the documented action or inaction of the client/authorized representative, time frames shall be extended by the number of calendar days of delay.
- f) If a client has any outstanding incurred expense due to the transferring vendor, for services provided prior to July 1, 2010, the~~such~~ incurred expense must be paid in full in accordance with Section 240.935 and Section 240.1130 ~~subsection~~(d)(4)(B).

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

Section 240.1130 Individual Transfers – Case Coordination Unit to Case Coordination Unit
EMERGENCY

- a) A ~~CCP~~Community Care Program client may transfer from one Case Coordination Unit (CCU) service area to another CCU service area with continuous eligibility pending a redetermination of eligibility by the receiving CCU. ~~The~~Such transfer may be requested by the Department, a CCU, or the client/authorized representative verbally or in writing.
- b) A reason for transfer from CCU to CCU shall be a geographic change in the client's residence.
- c) The effective date of transfer shall be within ~~fifteen (15)~~ calendar days from the

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date of the Case Action Notice and services shall be initiated by the receiving vendor without service interruption.

- d) To implement the transfer, the transferring CCU, within ~~five (5)~~ work days from the date of a request or notice of need to transfer, or ~~five (5)~~ work days prior to the effective date of transfer, whichever provides the most notification to the receiving CCU, shall:
- 1) notify the receiving CCU of the impending transfer and the desired date of transfer; ~~and~~
 - 2) forward to the receiving CCU the original case record of the transferring client; ~~and~~
 - 3) forward the Case Action Notice to client/authorized representative and a copy to the transferring vendor; ~~and-~~
 - 4) ~~transfer, if the~~ If a client who is transferring from one CCU to another CCU has any outstanding incurred expense due to the transferring vendor for services provided prior to July 1, 2010, the transferring CCU shall transfer the client's case record to the receiving CCU and:
 - A) advise the receiving CCU in writing not to begin the vendor selection process or initiation of service until such time as the transferring vendor has advised the receiving CCU in writing that payment in full has been received from the transferring client; ~~;~~ and
 - B) notify the client in writing that services will be discontinued for non-payment of incurred expense for care in accordance with Section 240.935.
- e) The receiving CCU shall:
- 1) ~~Upon~~ receipt of the Client's Case Record, advise the client/authorized representative as to the vendors in the CCU's area ~~that~~ which are authorized, and appropriate, to provide the client's service needs in accordance with the client's plan of care. The client shall advise the CCU as to his/her selection and the CCU shall complete a new Client Agreement – Plan of Care and Client's Vendor Selection ~~form~~ forms.

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- 2) Forward to the client/authorized representative a completed Client's Vendor Selection form and new Client Agreement – Plan of Care for signature.
 - 3) Upon receipt of the signed Client's Vendor Selection form and Client Agreement – Plan of Care, complete a Case Action Notice establishing the effective date of the transfer.
 - 4) Forward:
 - A) the original Case Action Notice to the client/authorized representative;
 - B) a copy of the Case Action Notice, the old Client Agreement – Plan of Care and a copy of the old Case Documentation for the Determination of Need to the receiving vendor on the same day the original Case Action Notice is sent to the client.
 - 5) Upon receipt of the vendor's signature on the new Client Agreement – Plan of Care, a copy of the executed Client Agreement – Plan of Care is to be placed in CCU's client file and a copy shall be forwarded to client.
- f) If any delay in any of the ~~above~~-time frames established by this Section is caused by the documented action or inaction of the client/authorized representative, time frames shall be extended by the number of days of delay.
- g) The receiving CCU shall perform an initial determination of eligibility of the client and develop a new plan of care within ~~thirty (30)~~ calendar days from the date of receipt of the case record.

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

SUBPART O: PROVIDERS

Section 240.1520 Provider Responsibilities
EMERGENCY

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- a) CCP services shall be purchased only from providers certified by the Department to provide those services.
- b) Providers shall carry general liability insurance in the single limit minimum amount of \$1,000,000 per occurrence, \$3,000,000 in the aggregate.
- c) Providers shall also carry the following insurance coverages:
 - 1) worker's compensation for direct service staff;
 - 2) volunteer protection equivalent to employees' coverage, including coverage for volunteer drivers/escorts; and
 - 3) motor vehicle liability, uninsured motorist and medical payments, if agency staff transport clients in agency vehicles, or proof of minimum motor vehicle liability, uninsured motorist and medical payments, if agency staff transport clients in the staffs' own vehicles.
- d) The policies or current letters documenting all provider agency insurance coverage and policies or current letters documenting staff coverage specified in subsection (b) or (c) shall be available to the Department upon request.
- e) All providers of CCP services must comply with all applicable local, State and federal statutes, rules and regulations.
- f) A provider shall provide services to all CCP clients referred by the Case Coordination Unit (CCU), with the following exceptions:
 - 1) The Plan of Care is determined to be inappropriate in the professional judgement of the provider.
 - A) The provider shall immediately notify the CCU of the provider's assessment and evaluation of the situation.
 - B) The provider and the CCU shall work together to determine if a Plan of Care that adequately meets the client's needs can be developed.
 - C) In the event the provider and the CCU cannot reach an agreement,

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the Department shall be contacted and shall determine the final resolution.

- 2) The provider is unable to accept all CCP referrals.
 - A) The provider shall request a cap on the number of clients to be served (service cap), in writing, to the Department.
 - B) The Department will not approve a service cap for a provider that is the only provider of in-home service in the service area or when it is not in the best interest of the program.
 - C) Upon approval of the request, the provider assumes responsibility for managing intake to maintain the cap.
- g) Any temporary change or deviation from the Plan of Care must be documented by the provider in the client's file. A provider shall not deviate from the client's Plan of Care without receipt of verbal (followed up, within 2 working days, with written instruction to be placed in the client's file) or written instruction from the Department or the CCU, except in cases of emergency, client refusal of service or client failure to be home to receive service.
- h) It shall be the responsibility of the provider to advise the CCU of any change in the client's physical/mental/environmental needs that the provider, through the direct service worker/supervisor, has observed, when the change would affect the client's eligibility or service level or would necessitate a change in the Plan of Care.
- i) All providers shall reply to requests by a client, by telephone or in writing, within 15 calendar days from the date of the request. The request and the response shall be documented in the client's file.
- j) Providers shall electronically submit a Vendor Request for Payment (VRFP) that shall be received by the Department no later than the 15th day of the month following the month in which services were provided. The VRFP shall state the number of units of service provided to each identified client during the service month.

1) Service Provided Prior to July 1, 2010:

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Reimbursement to the provider by the Department will be adjusted by calculating and deducting the client's incurred expense for care based upon the fixed fee share rate. Providers shall bill the Department for service rendered to clients in increments of full or one-half units only.

2) Service Provided On and After July 1, 2010:
Providers shall be reimbursed by the Department for the entire rate for each unit of service. There is no longer a deduction for the client's incurred expense for care. Providers shall bill the Department for service rendered to clients in increments of quarter units.

k) Client Incurred Expenses for Service Provided Prior to July 1, 2010

- 1) The provider shall be responsible for the collection from the client of the client incurred expense for care provided to the client in the following manner:
 - A) The billing shall be based, for each client, upon the units of service provided and the fixed fee share rate for the client's incurred expense for care as described in Section 240.870.
 - B) The provider must bill the client within 60 calendar days after the month in which the service was rendered.
 - C) A provider who fails to bill the client within 60 calendar days shall forfeit the right to collect the incurred expense for care. The client shall not be required to pay the expense and client services shall not be discontinued for failure to pay.
- 2) Providers shall not require clients to pay a greater share of the cost of services prescribed in the Plan of Care than required by the Client Agreement.
- 3) If a client requests additional service from the provider other than that allowed by the Client Agreement, the Department will not be billed for those additional units of service.
- 4) Providers may accept partial or full payment from a third party for a client's incurred expense. However, the liability for the proportionate

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share, if third party payment is not received, remains with the client as indicated by the expense for care agreement executed by the client and included as an integral part of the Client Agreement.

- 5) Providers have the option of not billing a client for the incurred expense for care. The client must be notified in advance if billing resumes.
- 6) Providers shall respond verbally or in writing to the client on any question presented to the provider, either verbally or in writing, regarding the validity of a billing. If the question is not resolved to the satisfaction of the client, the provider shall advise the client of his/her right to appeal the question, and the provider shall assist the client in filing an appeal if requested or needed. The provider shall also advise the client that non-payment shall result in discontinuance of CCP services. Providers may not discontinue services until authorized to do so by the CCU (refer to Section 240.935 of this Part).

7)h) The provider shall advise the CCU of any failure by a client to pay a monthly bill rendered by the provider for services provided to the client for more than 30 calendar days from the date of the initial monthly billing. The provider may request the CCU to discontinue service to the client in default as stated above (refer to Sections 240.875 and 240.935 of this Part).

8)m) If the client makes payment to the provider for incurred monthly expense that has already been reimbursed to the provider by the Department, the provider shall reimburse the Department within 30 calendar days from the date of receipt of payment from the client.

l)n) Providers shall provide the Department with an annual audit report to be completed by an independent Certified Public Accountant and in accordance with 74 Ill. Adm. Code 420.Subpart D. The audit report shall be filed at the offices of the Illinois Department on Aging, 421 East Capitol Avenue, #100, Springfield, Illinois 62701-1789, within 6 months from the date of the close of the provider's business fiscal year.

m)e) Providers must accept all correspondence from the Department. Failure to do so may lead to contract action (refer to Section 240.1665).

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| ~~n)p~~ Records

- 1) Providers must maintain records for administration, audit, budgeting, evaluation, operation and planning efforts by the Department in offering CCP services, including:
 - A) records of all CCP referrals to the provider, including the disposition of each referral;
 - B) client records, which shall include, but are not limited to, applicable forms as required by the Department;
 - C) administrative records, including:
 - i) data used by the Department to provide information to the public;
 - ii) service utilization;
 - iii) complaint resolution; and
 - iv) billing and payment information, plus the underlying documentation to support the units of service submitted to the Department for reimbursement.
- 2) These records shall be available at all times to the Department, the Illinois Department of Healthcare and Family Service (HFS), the U.S. Department of Health and Human Services (HHS), and/or any designees, and shall be maintained for a period of at least 6 years from the termination date of the Provider Agreement. Any records being maintained under this subsection ~~n)p~~ by a provider who ceases to provide the agreed services shall be transmitted in accordance with Subpart K.

- | ~~o)q~~ Providers must notify the Department within 7 days after any change in agency information (e.g., acquisition, assignment, consolidation, merger, sale of assets, transfer, etc.) or contact information (e.g., address, telephone, fax, email address, contact person, authorized representative, etc.).

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- 1) Providers must notify the Department at least 30 days in advance of any relocation of their administrative office.
- 2) Providers must submit documentation of changes in provider name, corporate structure and/or Federal Employer Identification Number to the Office of General Counsel. This documentation shall be reviewed to determine if an assignment of the Provider Agreement has occurred (see Section 240.1607(k)).

p) Providers must conduct criminal background checks, as required by the Illinois Healthcare Worker Background Check Act [225 ILCS 46], and check the HHS exclusion database and the HFS Office of Inspector General database on all agency staff and all regularly scheduled volunteers having access to financial information or one-on-one contact with CCP clients.

- 1) Provider agencies shall comply with the requirements of the Health Care Worker Background Check Act.
- 2) Staff refusing to submit to a background check shall not have contact with CCP clients in any capacity.

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

Section 240.1550 Standard Requirements for Adult Day Service Providers**EMERGENCY**

- a) An adult day service provider shall have on file and utilize written procedures to manage storage and administration of medications, including:
 - 1) storing and locking medications;
 - 2) labeling medications brought to the adult day service provider's site; and
 - 3) ensuring that:
 - A) prescribed medication is administered by an appropriately licensed professional to those adult day service clients who are determined to be unable to self-administer medications;

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- B) judgment of a client's inability to self-administer medications shall be documented by a physician's order or the CCU Plan of Care and/or the adult day service Plan of Care by the program nurse;
 - C) administration of all medications administered by the adult day service provider staff (prescription and non-prescription) are recorded in the client's case record; and
 - D) physician orders for medication are utilized and filed in the client's case record.
- b) A facility that houses an adult day service program (including satellite sites) shall meet the following criteria:
- 1) A separate identifiable area must be designated for sole use by the adult day service program, and a schedule established and posted for usage of any common program areas shared with other programs.
 - 2) There shall be a minimum of 40 square feet of activity area per client. (Multiple-use areas must be pro-rated on both time and client basis.) The activity area in the square feet per client requirement is exclusive of exit passages and fire escapes, administrative space, storage areas, bathrooms, kitchen used for meal preparation, space required for equipment and gymnasiums or other areas when used exclusively for active sports.
 - 3) All adult day service providers shall comply with the applicable provisions of the following codes and standards.
 - A) State of Illinois Codes and Standards

Code or Standard	Agency
i) Ill. Plumbing Code (77 Ill. Adm. Code 890)	Department of Public Health or its authorized local designee

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- | | | |
|------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ii) | Illinois Accessibility Code
(71 Ill. Adm. Code 400)

Environmental Barriers Act
[410 ILCS 25] | Capital Development Board
offers guidance to design
professionals and building
code officials regarding the
interpretation and
application of the Illinois
Accessibility Code

NOTE: It shall be
incumbent upon the
provider to assure that its
facility meets all applicable
requirements as
promulgated by the Capital
Development Board. (No
written documentation shall
be required.) |
| iii) | Fire Prevention and Safety
(41 Ill. Adm. Code 100) | Office of State Fire Marshal |
| iv) | Illinois Vehicle Code [625
ILCS 5] | Secretary of State of Illinois |
| v) | Food Service Sanitation (77
Ill. Adm. Code 750) | Department of Public Health
or its authorized local
designee |

B) Other Codes and References

Code or Standard**Agency**

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- i) National Fire Protection Association, 1 Batterymarch Park, Quincy MA 02169-7471 (NFPA 101 Life Safety Code: Chapters 16 and 17; 2009 edition; this incorporation includes no later editions or amendments) National Fire Protection Association and Office of State Fire Marshal shall inspect
 - ii) Americans With Disabilities Act (42 USC 12101 et seq.)
 - C) In addition to compliance with the standards set forth in this subsection (b)(3), all applicable local and State building, fire, health and safety codes, ordinances and regulations that are enforced by city, county or other local jurisdictions in which the facility is, or will be, located must be observed and documented through required inspections by appropriate officials.
- 4) Each facility shall have posted an emergency plan for evacuation and shall conduct quarterly fire drills in accordance with subsection (b)(3)(B)(i). Documentation of the dates of the fire drills must be on file at the facility.
- 5) Each facility shall maintain room temperatures in the facility of not less than 70 degrees Fahrenheit and not more than 85 degrees Fahrenheit by utilizing heating system/air conditioning/circulating fans.
- 6) Each facility shall designate a dining area (equipped with a sufficient number of chairs and table space) to accommodate the daily number of clients.
- 7) Each facility shall have and maintain in working order during operating hours at least one bathroom facility that is physically accessible to persons with disabilities for up to 12 clients and a minimum of 2 bathroom facilities (one accessible to persons with disabilities) to serve 13 or more clients.

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- 8) Each facility shall have space for office equipment and storage of supplies.
 - 9) Hot water temperatures shall be controlled to not exceed ~~119~~110 degrees but not less than 100 degrees Fahrenheit in client areas and bathroom facilities through appropriate plumbing mechanisms (e.g., anti-scald devices, pumps, and/or hot water tank thermostat settings).
 - 10) Unsupervised clients shall not be allowed in the kitchen if water temperatures are not controlled as required in subsection (b)(9). Clients should not be allowed in areas where supplies/medications are stored or where a microwave is in use unless supervised.
 - 11) Each facility shall have at least one quiet place equipped with a reclining chair, cot or bed where a client may rest.
 - 12) Exit areas shall be clear of equipment and debris at all times and shall be equipped with monitoring or signaling devices to alert staff to clients leaving the facility unattended.
 - 13) One landline telephone capable of accessing and being located by a 911 emergency response system, if available in the area, shall be immediately available within the client activity area. A list of emergency numbers shall be posted by the telephone.
 - 14) Supplies and equipment for emergency first aid shall be immediately accessible to client activity areas.
- c) An adult day service provider (including each satellite site) shall meet the following criteria relative to meals provided to clients (prepared on-site or contractual):
- 1) The adult day service provider shall provide to each client one meal at mid-day meeting a minimum of 33 percent of the Dietary Reference Intakes (DRI) (10th Revised Edition) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, 500 Fifth Street NW, Washington DC 20001 (2006; no further amendments or editions included). Supplementary nutritious snacks shall also be provided. The adult day service provider shall provide modified diets as directed by the client's physician.

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- 2) Adult day service providers (whether meals are prepared on-site or contractually) shall:
 - A) Have menus approved and so documented by the registered dietitian. Menus shall reflect portion sizes as appropriate.
 - B) Post menus in advance in a location visible to the clients within the adult day service facility.
 - C) Assure that menus are planned for a minimum of 4 weeks on a menu form.
 - D) Develop methods and follow written procedures to control portion sizes and to meet the one-third daily dietary reference intakes recommended.
 - E) One employee at each adult day service site, either handling/preparing or supervising the handling/preparing of foods, shall meet Food Service Sanitation rules of the Illinois Department of Public Health (77 Ill. Adm. Code 750).
 - F) Have on file and follow written procedures for receiving and storing food that must include:
 - i) verification of food quantities;
 - ii) checking and documentation of food temperatures at time of delivery and serving;
 - iii) equipment to be utilized;
 - iv) procedures to follow for foods that arrive above or below temperature, deteriorated food and food shortages.
 - G) Ensure that catered meals are transported in equipment that maintains temperatures of hot food at 140 degrees Fahrenheit, or above, and cold foods at 41 degrees Fahrenheit, or below. Foods shall be maintained and served at the above temperatures at the

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adult day service site.

- H) Ensure that potentially hazardous foods (i.e., food that consists in whole or in part of milk, milk products, eggs, meat, poultry, fish, shellfish or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms) intended to be served cold shall be pre-chilled and transported/maintained at a temperature of 41 degrees Fahrenheit, or below. Potentially hazardous food intended to be served hot shall be transported/maintained at a temperature of 140 degrees Fahrenheit, or above.
 - I) Ensure that potentially hazardous foods prepared on-site shall be prepared in accordance with required cooking temperatures as specified by 77 Ill. Adm. Code 750 and maintained until service at 140 degrees Fahrenheit, or above, for hot foods and 41 degrees Fahrenheit, or below, for cold foods.
 - J) If food is prepared by a caterer, the adult day service provider shall keep a copy of the current caterer's inspection certificates/letters on file to verify that the operation complies with all health, safety and sanitation regulations.
- d) An adult day service provider (including each satellite site) shall comply with applicable requirements of the current Illinois Vehicle Code [625 ILCS 5] and meet the following criteria relative to transportation provided to clients (directly or contractually):
- 1) Adult day service provider vehicles that transport clients shall be equipped with a working 2-way communications device and written procedures to be followed in the event of an emergency.
 - 2) An adult day service provider that uses its own vehicles to transport clients shall have on file and utilize written procedures to ensure, to the extent possible, that safe client transportation is provided.
 - 3) An adult day service provider that subcontracts with another entity to transport clients shall have on file and incorporate written procedures in

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the service agreement to ensure, to the extent possible, that safe client transportation is provided.

- e) Adult day service providers shall acquire and have on file an emergency contact and a recent photograph of each client for emergency purposes.
- f) An adult day service provider shall provide services to all CCP clients referred by the CCU, except:
 - 1) clients who do not meet the adult day service provider's admission criteria; and
 - 2) current clients whose condition warrants discharge under the adult day service provider's discharge criteria.
- g) It is the adult day service provider's responsibility to advise the primary caregiver, the client's case manager and/or appropriate professional of any changes in the client's health or functional ability.
- h) Management staff of the adult day service provider shall be required to complete adult day service management training.
 - 1) Training shall be completed by the provider prior to the award of a CCP adult day service contract from the Department.
 - 2) At a minimum, the provider Program Administrator, or Program Coordinator/Director if also functioning as the Program Administrator, shall complete this training.

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

SUBPART T: FINANCIAL REPORTING

Section 240.2020 Financial Reporting of In-home Service**EMERGENCY**

- a) Provider agencies will be required to submit a cost report as described in this Section, the Direct Service Worker Cost Certification. The report must be based

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upon actual, documented expenditures.

- 1) The report must be submitted annually, within 6 months of the end of the reporting period, and may be prepared as a part of the provider's annual audit.
 - 2) The report may be on either a calendar year basis or the provider's fiscal year (once a provider has elected to base the reports on a calendar or fiscal year, this election can be changed only upon written approval of the Department).
- b) The cost report must demonstrate that the provider has expended a minimum of 77% of the total revenues due from the Department, to include the client incurred expense that may have been applicable prior to July 1, 2010, for direct service worker costs as enumerated in Section 240.2050. For purposes of this report, the phrase "total revenues due from the Department" does not include any amount received as an enhanced rate for health insurance costs by a qualifying in-home service provider under Public Act 95-713 on or after July 1, 2008.
 - c) The cost report shall identify the provider's expenditures for direct service worker costs of program support costs, and administrative costs as enumerated in Section 240.2050.
 - d) The accuracy of the report must be attested to by an authorized representative of the provider.
 - e) The Department reserves the right to require the provider to engage an independent certified public accounting firm to verify the information and data submitted by the provider if the Department is in possession of evidence to suggest the information and data submitted is inaccurate, incomplete or fraudulent. This audit will be performed at the provider's expense.

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

Section 240.2040 Minimum Direct Service Worker Costs for In-home Service
EMERGENCY

- a) Providers are required to expend a minimum of 77% of the total revenues due

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from the Department (see Section 240.2020(b)) to include the client incurred expense that may have been applicable for direct service worker costs prior to July 1, 2010, as enumerated in Section 240.2050, during a reporting year.

- 1) This percentage is to be adhered to on a statewide basis.
 - 2) The remaining 23% of the total revenues may be spent by the provider agencies at their discretion on administrative or program support costs, also delineated in Section 240.2050.
- b) Failure of the provider to meet the requirements in subsection (a) may result in the following:
- 1) The provider will be required to submit and observe a Department-approved corrective action plan that shall include provider payments to current direct service workers in an amount that will, in total, bring the provider into compliance with the requirements of subsection (a).
 - 2) Failure by the provider to submit and/or observe a corrective action plan may result in the following Department sanctions:
 - A) closure of intake (all or some contracts) for a period of time provided by written notice to the provider; or
 - B) termination (all or some contracts).

(Source: Amended by emergency rulemaking at 34 Ill. Reg. 10854, effective July 15, 2010, for a maximum of 150 days)

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERALLY ASSEMBLY

STATEMENT OF OBJECTION
TO PROPOSED RULEMAKING

DEPARTMENT OF TRANSPORTATION

Heading of the Part: Accommodation of Utilities on Right-of-Way

Code Citation: 92 Ill. Adm. Code 530

<u>Section Numbers:</u>	530.10	530.230	530.400	530.530
	530.20	530.240	530.410	530.600
	530.30	530.270	530.420	530.700
	530.40	530.275	530.430	530.710
	530.100	530.290	530.440	530.830
	530.110	530.300	530.450	530.840
	530.120	530.310	530.460	530.900
	530.150	530.320	530.480	530.APPENDIX A
	530.220	530.330	530.500	530.ILLUSTRATION A
	530.225			

Date Originally Published in the Illinois Register: 2/16/10
34 Ill. Reg. 2451

At its meeting on 7/13/10, the Joint Committee on Administrative Rules objected to the Department of Transportation's rulemaking titled Accommodation of Utilities on Right-of-Way (92 Ill. Adm. Code 530; 34 Ill. Reg. 2451) because the Department lacks specific statutory authority to assess utilities for the cost of removal, relocation or modification of facilities located within a State right-of-way when the utility fails to complete the work by DOT established deadlines.

Failure of the agency to respond within 90 days after receipt of the Statement of Objection shall constitute withdrawal of this proposed rulemaking. 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 notice were received by the Joint Committee on Administrative Rules during the period of July 13, 2010 through July 19, 2010 and have been scheduled for review by the Committee at its August 10, 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>
8/26/10	<u>Department of Revenue</u> , Income Tax (86 Ill. Adm. Code 100)	5/21/10 34 Ill. Reg. 7189	8/10/10
8/28/10	<u>Department of Revenue</u> , Income Tax (86 Ill. Adm. Code 100)	5/28/10 34 Ill. Reg. 7513	8/10/10
9/1/10	<u>Department of Insurance</u> , Pre-Licensing and Continuing Education (50 Ill. Adm. Code 3119)	1/8/10 34 Ill. Reg. 479	8/10/10

PROCLAMATIONS

2010-227**Conservation Police Officer Month**

WHEREAS, the Department of Natural Resources' Division of Law Enforcement can trace its history to 1885 when Governor Richard J. Oglesby hired the first three Game Wardens to enforce the state's natural resource laws; and,

WHEREAS, both Game and later Fish Wardens were the predecessors of Illinois' Conservation Police Officers, enforcing hunting and fishing laws independently until the creation of the Division of Law Enforcement in 1928; and,

WHEREAS, Conservation Police Officers continue to serve the people of Illinois today through fulfillment of their credo "To be a vigilant guardian of natural resources, public safety, and homeland security"; and,

WHEREAS, this requires enforcement of the Illinois Compiled Statutes concerning natural resources by constantly pursuing and bringing to court deliberate offenders and educating those who have broken laws inadvertently; and,

WHEREAS, the Division of Law Enforcement's educational services and programs extend to agencies, law enforcement organizations and educational institutions; and,

WHEREAS, Conservation Police Offices are a vital resource during emergency and rescue situations, providing much-needed assistance; and,

WHEREAS, the Illinois Conservation Police Officers have protected the state's natural resources and have allowed for recreational safety for the past 125 years, making them the oldest statewide law enforcement agency in the Land of Lincoln; and

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim July, 2010 as **CONSERVATION POLICE OFFICER MONTH** in Illinois and encourage all citizens to demonstrate their thanks and support for the dedication of these men and women to Illinois' natural resources.

Issued by the Governor July 1, 2010

Filed by the Secretary of State July 16, 2010

2010-228**Flag Honors – Lt. Frank Fouts**

PROCLAMATIONS

WHEREAS, we hold the highest esteem and reverence for the men and women who answer the call to serve their friends, family and communities; and,

WHEREAS, first responders save countless lives every year with their heroic efforts; and,

WHEREAS, firefighters not only demonstrate the desire to serve, but have the courage to act calmly and professionally in otherwise terrifying situations; and,

WHEREAS, on the morning of July 1, 2010 one of these brave souls, Lt. Frank Fouts of the Kankakee Fire Department, was suddenly taken from us; and,

WHEREAS, we will always remember that throughout his 12 year career as a proud member and officer of the Kankakee Fire Department, Lt. Frank Fouts courageously volunteered to walk into fires as everyone else ran out; and,

WHEREAS, although Lt. Frank Fouts is no longer with us we will not forget the countless lives that were impacted by his public service, including those individuals he assisted in the last hours of his life; and,

WHEREAS, Lt. Frank Fouts was 37, and leaves behind a wife, Kathy, and two children: Grant, 6 and Parker, 10 months old. Not only did he serve the citizens of Kankakee and of this great state, but was a hero in his role as a husband and a father; and,

WHEREAS, on Tuesday, July 6, 2010, a funeral will be held in Bradley, Illinois, for Lt. Fouts:

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 July 5, 2010 until sunset on July 6, 2010 in honor and remembrance of Lt. Fouts, whose selfless service and sacrifice is an inspiration.

Issued by the Governor July 2, 2010

Filed by the Secretary of State July 16, 2010

2010-229
Peace Days

WHEREAS, Peace Day has been celebrated annually in Chicago, Illinois since September 7, 1978 through the observance of One Minute of Silence for World Peace; and,

PROCLAMATIONS

WHEREAS, in 1981, the United Nations proposed a resolution declaring one day every year as an International Day of Peace. This Day is observed to promote global cease-fire and non-violence from every country across the globe; and,

WHEREAS, Peace Day is used as a means of spreading the message of world peace and its vital importance to the future of the human race; and,

WHEREAS, the goal of Peace Day is to contribute to the peace-making process through positive peace-building activities, and to allow all individuals to harness their abilities and actively participate in creating a more peaceful world; and,

WHEREAS, the Peace School, an Illinois not-for-profit organization, has sponsored Peace Day since its inception and has been awarded the United Nations Peace Messenger designation for its significant contributions to peace; and,

WHEREAS, in 2001 a resolution was passed by the United Nations declaring September 21 of every year as International Day of Peace as a way of rededicating the United Nations to its goals of strengthening the ideals of peace and alleviating the tensions and causes of conflict; and,

WHEREAS, these events encourage all individuals to take a minute for peace every day as a positive step toward making every day Peace Day:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim September 7 - 21, 2010 as **PEACE DAYS** in Illinois, in recognition of this effort to build a more peaceful state, a more peaceful county, and a more peaceful world.

Issued by the Governor July 7, 2010

Filed by the Secretary of State July 16, 2010

2010-230
Teen Appreciation Week

WHEREAS, teenagers in this state and across the country play a variety of important roles in their families and communities; and

WHEREAS, throughout the teenage years, a person undergoes transitional stages in human development between childhood and adulthood; and

WHEREAS, during these transitions, teenagers need and deserve the community's understanding, guidance, and support; and

PROCLAMATIONS

WHEREAS, the creativity, energy, and passion of adolescents often help to refresh our culture and constructively challenge our ideas in a way that benefits our society; and

WHEREAS, negative publicity about teenagers often overshadows community awareness of their overwhelming accomplishments and positive contributions to the life of our community and society; and

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim August 9 – 15, 2010 as **TEEN APPRECIATION WEEK** in Illinois, and encourage all citizens to join in recognizing the great impact teenagers have on our communities.

Issued by the Governor July 7, 2010

Filed by the Secretary of State July 16, 2010

2010-231**Woodstock Folk Festival Day**

WHEREAS, folk music has come from the long-held tradition of folklore and has contributed to cultural history through its oral storytelling; and,

WHEREAS, folk music has influenced the music that has dominated this country for the past century, including country, blue grass, and rock & roll; and,

WHEREAS, the Woodstock Folk Festival commemorates this tradition in a day-long celebration of folk dancers, musicians, and storytellers; and,

WHEREAS, the Woodstock Folk Festival strives to introduce and celebrate local and national folk musicians to the people of the McHenry Country area; and,

WHEREAS, the Woodstock Folk Festival features well-known Illinois artists, such as the Sons of the Never Wrong and The Henhouse Prowlers, as well as local favorites; and,

WHEREAS, famed folk legend Bonnie Koloc, who has participated in the Chicago music scene since 1968 as a singer and songwriter, will perform; and,

WHEREAS, Koloc will also be honored with the Ninth Annual Lifetime Achievement Award for her accomplishments in the arts as a musical performer, acclaimed actress, illustrator, painter, and ceramist; and,

PROCLAMATIONS

WHEREAS, this year the Woodstock Folk Festival is holding its 25th annual musical celebration on Sunday, July 18th at historic Woodstock Square, one of the National Trust for Historic Preservation's Dozen Distinctive Destinations:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim July 18, 2010 as **WOODSTOCK FOLK FESTIVAL DAY** in Illinois, in celebration of twenty-five successful years of this festival's dedication to preserving and promoting the folk music tradition in the Land of Lincoln.

Issued by the Governor July 7, 2010

Filed by the Secretary of State July 16, 2010

201-232
NASCAR Day

WHEREAS, NASCAR's roots in Illinois date back to 1895, when the first-ever gasoline-powered race was held along Chicago's lakefront, thrilling onlookers and making Illinois a pioneer in propelling motorsports to their current pole position among the world's most exciting and popular spectator events; and,

WHEREAS, NASCAR today provides entertainment and excitement at racetracks throughout the Land of Lincoln, including Chicagoland Speedway and Route 66 Speedway in Joliet, Gateway International Raceway in Madison, and Macon Speedway in Macon; and,

WHEREAS, NASCAR racing history boasts a number of notable drivers from Illinois, including Rockford's Danica Patrick, Tinley Park's Tony Bettenhausen, and Elmhurst's Fred Lorenzen, among many others; and,

WHEREAS, NASCAR today is celebrated as a top spectator sport in Illinois and around the world, and works in partnership with public-spirited drivers to rally public support for our brave men and women in uniform; and,

WHEREAS, NASCAR racing stars in 2003 embarked on a five-day, 15,500-mile "Employer Support of the Guard and Reserve Civic Leader Tour" tour of the Operation Iraqi Freedom combat zone, visiting five military bases where Illinois soldiers were stationed and helping to raise employers' awareness of the unique skills, self-discipline and experience that returning veterans bring to the civilian workplace; and,

WHEREAS, NASCAR's July Race Weekend on July 9 and 10 at Chicagoland Speedway will bring thousands of Illinois racing fans to Illinois' largest sporting facility, a 1,300-acre, 75,000-

PROCLAMATIONS

seat, world class motorsports complex, where they will cheer on their favorite drivers while celebrating a uniquely American sporting tradition:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim July 8, 2010 as **NASCAR DAY** in Illinois, in honor of our state's long, storied history of auto racing and the bold, patriotic NASCAR drivers who provide thrills and excitement to millions of fans throughout the Land of Lincoln.

Issued by the Governor July 7, 2010

Filed by the Secretary of State July 16, 2010

2010-233
Blues Day

WHEREAS, the Blues is a uniquely American musical form that serves as the foundation of other genres including Jazz, Hip-Hop, Rock & Roll, Gospel and R&B; and,

WHEREAS, Chicago is the Blues capital of the world, the home to legendary artists and clubs, and one of the major cities from where Blues became an international sensation; and,

WHEREAS, the Blues continues to thrive in Chicago as an ever-evolving art form under such Blues greats as Fernando Jones, a guitarist, composer, and performer from the age of four and Chicago's own "Bluesman"; and,

WHEREAS, Fernando Jones's commitment to education has led to the founding of Blues Kids of America, a program aimed at the elementary, secondary, and collegiate levels created to promote, preserve, and perform the Blues; and,

WHEREAS, Blues Kids of America is hosting Blues Camp for Kids at Columbia College, a free, international camp from July 5th-9th, where children gather together for a multicultural, interdisciplinary musical experience; and,

WHEREAS, Blues Camp for Kids places youth from around the globe under the tutelage of acclaimed musicians in order to improve music literacy, while learning the importance of discipline, dedication, and teamwork; and,

WHEREAS, Blues Camp for Kids also strives to increase cultural awareness and create ties across generations and regions, culminating in a final activity on Friday, July 9, that encompasses both the musical and social goals of Blues Kids of America:

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THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim July 9, 2010 as **BLUES DAY** in Illinois, in recognition of Blues Kids of America and its contribution to preserving this important Chicago musical tradition.

Issued by the Governor July 8, 2010

Filed by the Secretary of State July 16, 2010

2010-234**Americans With Disabilities Act Day**

WHEREAS, the Americans with Disabilities Act (ADA) passed by Congress in 1990, established a clear and comprehensive prohibition of discrimination on the basis of disability, with disability defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual; and

WHEREAS, the passage of the ADA represents a major step toward protecting civil rights and improving the quality of life for persons with disabilities, persons who were often subject to discrimination and lacked federal protection; and

WHEREAS, the ADA has expanded opportunities for Americans with disabilities by reducing barriers and changing perceptions, increasing participation in community life; and

WHEREAS, the Americans with Disabilities Act Amendments Act of 2008 emphasizes that the definition of disability should be construed in favor of broad coverage of individuals to the maximum extent permitted by the terms of the ADA and generally shall not require extensive analysis; and

WHEREAS, the year 2010 marks the 20th anniversary of the ADA's civil rights guarantee for individuals with disabilities; and

WHEREAS, Illinois has a long-standing history of protecting the rights of persons with disabilities, going back 27 years to the passage of the Illinois Human Rights Act on December 6, 1979, which made discrimination against any person with a physical or mental disability illegal; and

WHEREAS, in the United States, 15 percent of the population aged five and older have some level of disability, representing 41.2 million people in the nation, with over two million of those citizens residing in Illinois, comprising 13 percent of the state's population; and

PROCLAMATIONS

WHEREAS, the State of Illinois and its agencies are committed to continuing efforts to implement the ADA and ensure that people with disabilities are able to fully participate in employment, transportation, education, communication, and community opportunities; and

WHEREAS, during the month of July, the Illinois Department of Human Services, in cooperation with a coalition of other state agencies, councils, and consumers, will celebrate the anniversary of the ADA with special events in Springfield and Chicago:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim July 22, 2010 as **AMERICANS WITH DISABILITIES ACT DAY** in Illinois, and encourage all citizens to reaffirm the principles of equality and inclusion, recognize the historical significance of the ADA, and in turn, do their part to ensure that people with disabilities are included in the mainstream of community life.

Issued by the Governor July 8, 2010

Filed by the Secretary of State July 16, 2010

2010-235**Barbershop Harmony Week**

WHEREAS, barbershop singing is a true American art form, the creation of which was influenced by African American musical traditions, formal church hymns, and recreational songs; and,

WHEREAS, barbershop's unique musical style—melodic, a cappella singing with special emphasis upon the dominant seventh chord—regained popularity in the 1940s; and,

WHEREAS, barbershop music continues to be widely-practiced and loved today, with hundreds of thousands of people participating in barbershop organizations, such as the Barbershop Harmony Society and its nine affiliates; and,

WHEREAS, the Barbershop Harmony Society unites those with a similar passion for singing, hosting conventions and competitions for the purposes of learning and building friendships; and,

WHEREAS, the organization has provided an often cherished service to their communities as well, with their harmonic performances, singing valentines, and educational programs for youths and adults; and,

WHEREAS, members of the Barbershop Harmony Society have contributed to the evolution of barbershop performance groups, as they now perform an expanding repertoire of contemporary music; and,

PROCLAMATIONS

WHEREAS, barbershop organizations are composed mainly of older men and a few youth; and,

WHEREAS, there is a need for increased public interest and education so that this time-honored tradition continues on; and,

WHEREAS, on September 24-26, 2010 the Illinois District of the Barbershop Harmony Society will hold its Fall Convention and Illinois barbershop championship competition:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim September 19-25, 2010 as **BARBERSHOP HARMONY WEEK** in Illinois, in order to introduce the melodic performances of this unique, American tradition to a greater number of citizens from across the state.

Issued by the Governor July 8, 2010

Filed by the Secretary of State July 16, 2010

2010-236**Breastfeeding Promotion Month**

WHEREAS, human breastmilk is widely acknowledged to be the only substance that provides complete nutrition and immunologic protection to an infant; and,

WHEREAS, breastfeeding promotes healthier mothers and babies, stronger family bonds, is economical, and benefits society through lower health care costs; and,

WHEREAS, breastfeeding is recognized by many health organizations, such as the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the American Dietetic Association, and the National Association of WIC Directors as the preferred method of infant feeding, and they support breastfeeding throughout the early years of life; and,

WHEREAS, the World Alliance for Breastfeeding has designated the first week of August as World Breastfeeding Week, with the theme "Just 10 Steps, the Baby-friendly Way," to revitalize activities within health systems and among health care providers and communities to support women in achieving their breastfeeding intentions; and,

WHEREAS, in Illinois, the Department of Human Services continues to foster networking and collaboration between those with breastfeeding skills and breastfeeding advocates,

PROCLAMATIONS

communities, and health professionals on how they can actively support and promote breastfeeding; and,

WHEREAS, the Illinois State Breastfeeding Task Force continues to work towards the vision that someday all families will live, work, and receive health care in a breastfeeding friendly culture, and a change will be created that results in breastfeeding as the cultural norm:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim August 2010 as **BREASTFEEDING PROMOTION MONTH** in Illinois, to increase public awareness, support and acceptance of breastfeeding.

Issued by the Governor July 8, 2010

Filed by the Secretary of State July 16, 2010

2010-237**Captive Nations Week**

WHEREAS, Captive Nations Week has been recognized since July 17, 1959, originating from U.S. Public Law 86-90, a joint resolution of the 86th Congress; and

WHEREAS, every year, Captive Nations Week organizers focus international attention on the plight and struggle of captive nations to rid themselves of oppressive rulers by organizing and unifying these country's voices of freedom; and

WHEREAS, although several former Captive Nations have been liberated from devastating and militaristic rule, the United States and the international community must remain cognizant of those countries still straining for freedom under precarious regimes; and

WHEREAS, this week should serve as a time of reflection and remembrance for all of the millions of people tragically lost to genocide and other forms of persecution under these cruel governments; and

WHEREAS, the 52nd Annual Captive Nations Week will highlight the struggle for freedom around the world in occupied territories:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim July 18 – 25, 2010 as **CAPTIVE NATIONS WEEK** in Illinois, and encourage all citizens to join in observance of this important week.

Issued by the Governor July 8, 2010

Filed by the Secretary of State July 16, 2010

PROCLAMATIONS

2010-238**MDA Firefighter Appreciation Month**

WHEREAS, thousands of dedicated and selfless firefighters in our state provide vital and lifesaving services to the citizens of their communities; and,

WHEREAS, when these heroes are not battling life-threatening situations, they are unselfishly contributing to their communities in other ways, including raising money for local charities and volunteering with agencies such as the Muscular Dystrophy Association (MDA); and,

WHEREAS, the MDA combats neuromuscular diseases through programs performing worldwide research, comprehensive medical and community services and far-reaching professional and public health education; and,

WHEREAS, the Illinois firefighters who have pledged their lives to saving the lives of others, have also pledged their efforts to help find cures for devastating diseases by supporting MDA's fight against neuromuscular diseases; and,

WHEREAS, in pursuit of this goal, the departments and districts of the Illinois firefighters are conducting "Fill the Boot" fundraising drives; and,

WHEREAS, many Illinois citizens have benefited from the funds raised by firefighters in the "Fill the Boot" campaign, and these public servants make invaluable contributions to our state in all tasks they perform; and,

WHEREAS, the State of Illinois is proud to recognize Illinois firefighters as they conduct fundraising projects in our state for the MDA:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim August 2010 as **MDA FIREFIGHTER APPRECIATION MONTH** in Illinois, and encourage all citizens to acknowledge the ongoing contributions to the wellbeing of our communities and citizens made daily by these brave men and women.

Issued by the Governor July 8, 2010

Filed by the Secretary of State July 16, 2010

2010-239**The American Legion Legacy Run Day**

WHEREAS, there are 1.2 million dependent children of U.S. military personnel; and,

PROCLAMATIONS

WHEREAS, the September 11th terrorist attacks upon the United States and the subsequent War on Terrorism have put many children of America's military personnel into single-parent situations, which often means their opportunity to attend college has been greatly diminished; and,

WHEREAS, the prospect of college should not be out of reach for the children left behind when a parent dies on active duty while serving in the U.S. Armed Forces, yet money provided by law has not kept up with rising higher education costs; and,

WHEREAS, to fill the gap in financial aid, The American Legion established The American Legion Legacy Scholarship Fund to help the children of active duty U.S. military, and National Guard and Reserve personnel who are federalized and die on active duty after September 11, 2001; and,

WHEREAS, to raise public consciousness of the need for and the availability of the scholarship, The American Legion will conduct The 5th Annual American Legion Legacy Run, a 5-day, 1,400-mile motorcycle tour that will travel through the State of Illinois on Sunday, August 22, 2010; and,

WHEREAS, providing for the children that were left behind is a civic duty, and helping to provide for their education is a powerful way to show our gratitude for the sacrifice of the parents who died protecting our country:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim Sunday, August, 22, 2010 as **THE AMERICAN LEGION LEGACY RUN DAY** in Illinois in honor and remembrance of the service men and women who have died while protecting our country since September 11, 2001 and invite all citizens to duly note the occasion.

Issued by the Governor July 8, 2010

Filed by the Secretary of State July 16, 2010

2010-240**Flag Honors – Officer Thor Soderberg**

WHEREAS, all citizens owe a tremendous debt of gratitude to the dedicated men and women of law enforcement who selflessly serve to protect our lives and keep our families and communities safe; and,

WHEREAS, every day, the men and women who work in law enforcement face great risks and, in many cases, put their safety on the line to perform their duties; and,

PROCLAMATIONS

WHEREAS, on the afternoon of July 7, 2010 one of these dedicated public servants, Officer Thor Soderberg of the Chicago Police Department, was suddenly taken from us; and,

WHEREAS, throughout his 11 year career as a proud member and officer of the Chicago Police Department, Officer Soderberg represented the City of Chicago and the State of Illinois admirably; and,

WHEREAS, although Officer Soderberg is no longer with us, he will always be remembered for the countless lives that were impacted by his public service; and,

WHEREAS, Officer Soderberg was an instructor at the police training academy and trained new generations of police officers. He imparted to them his understanding of the privilege it was to wear the uniform of a Chicago police officer; and,

WHEREAS, Officer Soderberg, in addition to his duties at the training academy, also worked one week a month on the violence prevention initiative Operation Protect Youth; and,

WHEREAS, Officer Soderberg was 43 and leaves behind a wife, Jennifer Loudon, who has established a memorial fund in her husband's name to help young people experience nature; and,

WHEREAS, on Thursday, July 15, 2010, a memorial service will be held for Officer Soderberg:

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 July 13, 2010 until sunset on July 15, 2010 in honor and remembrance of Officer Soderberg, whose selfless service and sacrifice is an inspiration.

Issued by the Governor July 12, 2010

Filed by the Secretary of State July 16, 2010

2010-241
Ghanafest Day

WHEREAS, on July 31, 2010, the Ghana National Council of Metropolitan Chicago is sponsoring the 22nd Annual Ghanafest; and,

WHEREAS, Ghanafest attracts thousands of visitors from all over the world. Last year, the festival attracted over twenty thousand participants; and,

PROCLAMATIONS

WHEREAS, Ghanafest is one of the single largest gatherings of African immigrants in the United States; and,

WHEREAS, from traditional African arts and crafts and tribal dress, to extraordinary Ghanaian foods and musical performances, Ghanafest is a great opportunity to experience the rich and diverse culture of Ghana; and,

WHEREAS, this year's guests include His Excellency John Dramani Mahama, Vice President of Ghana, His Excellency Daniel Ohene Agyekum, Ghanaian Ambassador to the United States, and the Honorable Alexander Asum Ahensa, Ghanaian Minister of Chieftaincy and Culture; and,

WHEREAS, Ghanaians and the Ghana National Council are celebrating 22 years of sharing this extraordinary presentation of African culture with all of the people of the Land of Lincoln; and

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim July 31, 2010 as **GHANAFEST DAY** in Illinois, and welcome all those attending Ghanafest to celebrate Ghanaian culture and heritage.

Issued by the Governor July 13, 2010

Filed by the Secretary of State July 16, 2010

2010-242**Taekwondo Day**

WHEREAS, the martial arts not only promote a healthy lifestyle, but they also teach values such as respect, courtesy, integrity, and perseverance; and,

WHEREAS, martial arts teach and instill important and valuable skills and lessons not only for self-defense, but also for self-confidence, self-control, and self-discipline; and,

WHEREAS, these skills and lessons are the basis and foundation for good character and future success in all aspects of life such as social relationships and career choices; and,

WHEREAS, in addition to personal development and enrichment, martial arts also provide a healthy emotional outlet for relieving stress and a safe social environment for children; and,

WHEREAS, the martial arts are also a sport that can truly be enjoyed by participants and spectators of all ages, making it a very enjoyable and family-oriented activity; and,

PROCLAMATIONS

WHEREAS, in terms of the number of practitioners, Taekwondo is one of the world's most popular martial arts; and,

WHEREAS, the national sport of South Korea, Taekwondo has enjoyed great popularity around the globe, and has been an Olympic sport since 2000; and,

WHEREAS, the United States National Taekwondo Federation (USNTF) was founded in 1989. Under the direction of Grand Master Dr. Duk Gun Kwon, the USNTF aims to assist owners of martial arts studios and martial arts instructors and to encourage the growth and practice of Taekwondo in the United States; and,

WHEREAS, in pursuit of these goals, the USNTF regularly offers a variety of seminars, tournaments and other special events for practitioners of the martial arts; and,

WHEREAS, on July 30 to August 1, 2010, the USNTF will hold the 17th USNTF International Taekwondo Championships at Triton College in River Grove, Illinois; and,

WHEREAS, this event will bring practitioners of Taekwondo from around the globe to the Land of Lincoln for three days of seminars and competitions; and

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim July 31, 2010 as **TAEKWONDO DAY** in Illinois, in celebration of the 17th USNTF International Taekwondo Championships, and in recognition of the benefits of the practice of the martial arts.

Issued by the Governor July 13, 2010

Filed by the Secretary of State July 16, 2010

2010-243**Legion of Honor Day**

WHEREAS, each year, French people around the world celebrate Bastille Day on July 14. Formally called La Fête Nationale, the French national holiday commemorates the 1790 Fête de la Fédération, held on the first anniversary of the storming of the Bastille on July 14, 1789; and,

WHEREAS, the observance of Bastille Day provides an opportunity to reflect upon the sacrifices made during the French Revolution, and celebrates the ideals of freedom and democracy; and,

WHEREAS, these most cherished of ideals, embraced by the people of the United States, France, and democratic nations around the world, have been bravely defended by members of the

PROCLAMATIONS

Armed Forces of the United States and her allies in numerous military conflicts throughout the years; and,

WHEREAS, throughout our nation's history, America's men and women in uniform have demonstrated bravery and courage in the face of danger; and,

WHEREAS, our veterans answered the call to duty with honor, decency and selflessness; and,

WHEREAS, as we recall the service of these veterans, we are reminded that the defense of freedom comes with great loss and sacrifice; and,

WHEREAS, it is our duty to ensure the sacrifice of these heroes is never forgotten. Particularly now, as we lose more of our nation's World War II veterans, it is imperative that their service is remembered; and,

WHEREAS, each year, as part of the Bastille Day celebrations hosted by the Consulate General of France in Chicago, WWII veterans are honored with the Legion of Honor from the French government, in recognition of their sacrifice in the war in the European theater; and,

WHEREAS, the Legion of Honor is an esteemed recognition extended by the French government to all veterans who served in the European theater from D-Day to V-E Day; and,

WHEREAS, it is important that we recognize these true patriots of freedom, liberty and democracy, and remember the service and sacrifice of the generation of World War II veterans which have earned this generation the fitting designation as the Greatest Generation:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim July 14, 2010 as **LEGION OF HONOR DAY** in Illinois, in recognition of our state's World War II veteran recipients of the French Legion of Honor.

Issued by the Governor July 14, 2010

Filed by the Secretary of State July 16, 2010

2010-244**Illinois Lifeline Awareness Week**

WHEREAS, in today's highly interconnected world, telephones provide a lifeline to emergency help and a vital link to government services, community resources, friends and family; and,

PROCLAMATIONS

WHEREAS, not everyone can afford the cost of a home telephone, thus many of our nation's households still do not have telephone service in their homes. In Illinois, between 5 and 10 percent of our population are without any phone service; and,

WHEREAS, the Federal Communications Commission (FCC) and the Illinois Commerce Commission have joined in a collaborative effort to make telephone service more affordable for the nation's low-income consumers by providing a discount on the connection fee and monthly charges for local telephone service; and,

WHEREAS, the Link-Up America (Link-Up) and Lifeline Assistance (Lifeline) programs offer tremendous benefits for eligible consumers in America and make basic telephone service more affordable; and,

WHEREAS, the Link-Up program provides a generous discount to consumers on the installation of telephone service in their homes; and,

WHEREAS, the Lifeline program provides a discount to eligible low-income customers on their monthly phone bill; and,

WHEREAS, consumers should not be without local phone service because they cannot afford it, therefore the promotion of Link-Up and Lifeline is imperative to ensure that every citizen has access to basic local telephone service; and,

WHEREAS, the FCC, the National Association of Regulatory Utility Commissioners (NARUC), the National Association of State Utility Consumer Advocates (NASUCA), other state and federal agencies, cities, counties, organizations, and telecommunications companies are committed to increasing awareness about the availability of the Link-Up and Lifeline programs and are encouraging eligible citizens to sign up for the programs; and,

WHEREAS, these organizations have joined together to design and implement a comprehensive outreach plan to promote Link-Up and Lifeline subscribership:

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim September 12-18, 2010 as **ILLINOIS LIFELINE AWARENESS WEEK**, and call upon government agencies, industry leaders and consumer advocates to educate residents about state and federal programs for telephone connectivity and further initiate and promote outreach events during this special week.

Issued by the Governor July 14, 2010

Filed by the Secretary of State July 16, 2010

ILLINOIS ADMINISTRATIVE CODE
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